

FACT SHEET

King v. Burwell:

Data Shows Millions of Women at Risk of Losing Affordable Health Insurance

February 2015

*The Affordable Care Act (ACA) makes historic strides for women's health and economic security, but is once again under attack. The health care law provides premium tax credits and other financial assistance to help low and moderate-income individuals and families—many of whom are women—purchase health insurance and reduce out-of-pocket expenses such as co-payments and deductibles. The Supreme Court will soon hear one of several challenges opponents of the law have brought against this core provision of the ACA, and will likely issue its decision by early summer. The National Women's Law Center (NWLC)'s new analysis of data from the American Community Survey shows what's at stake for women in *King v. Burwell*. As the accompanying table and the following highlights illustrate, millions of women – including a disproportionate number of women of color – could lose access to affordable health coverage in states with federally-facilitated insurance Marketplaces.*

Millions of women already benefit from the law's financial help.

We estimate that approximately 4.2 women already receive premium tax credits to purchase health insurance; many of these women also receive cost-sharing reductions, which reduce out-of-pocket expenses such as deductibles and copayments. In fact, fifty-four percent of enrollees who purchased coverage on the federally-facilitated Marketplaces are women.¹

New data emphasizes how *King v. Burwell* threatens women's access to affordable health coverage.

Our analysis of the American Community Survey illustrates how important the *King v. Burwell* decision will be for women. In addition to the women already enrolled and receiving financial help, many more are eligible to receive premium tax credits in order to make their monthly premiums affordable. According to our analysis, nearly seven million women, including those already enrolled, are eligible for tax credits in the federally-facilitated Marketplaces. These seven million women are at risk of losing the financial help they need to buy health insurance coverage.²

- **The vast majority of women eligible for financial help live in states with federally-facilitated Marketplaces.** Across the country, over nine million women are eligible for financial help, but nearly seven million of these women live in states with federally-facilitated Marketplaces. These women are at risk of losing their access to affordable, comprehensive health insurance just because of where they live.
- **Women of color would be disproportionately affected.** Of the nearly seven million women at risk of losing their eligibility for financial help, approximately half (3.4 million) are women of color.

o This includes 1.8 million Latinas, 1.1 million African American women, 250,000 Asian women, and 106,000 Native American women.

- **Over two million of the women at risk live in just two states.**

- o Over 1.2 million women in Texas and over 900,000 women in Florida are at risk of losing access to affordable health coverage.
- o Other states with the largest numbers of eligible women include Georgia, North Carolina and Illinois.

Health insurance purchased on the Marketplace has important benefits for women.

The ACA protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services women need. Without financial help, women will lose access to comprehensive health coverage, including:

- **Access to preventive care without cost-sharing:** Health plans must now cover certain preventive services such as mammograms, flu shots, and colon cancer screenings with no additional out-of-pocket-costs such as co-payments. All health plans on the Marketplace must also cover certain women's preventive services without cost-sharing, such as the full range of FDA-approved contraceptive methods and contraceptive counseling, well-woman visits, screening for gestational diabetes, breastfeeding support, supplies, and counseling, and domestic violence screening and counseling.
- **Access to services women need:** All health plans offered on the health insurance Marketplaces must cover specified essential health benefits, including maternity and newborn care, mental health treatment, and pediatric services. Prior to the Affordable Care Act, only 12 percent of individual market plans covered maternity care.³
- **Continued care for existing medical conditions:** If women can no longer afford their health insurance, those who are already enrolled in health plans could lose access to their health care professionals and prescription drugs.

King v. Burwell could destabilize the health care law

The success of the health care law rests on three important principles—reforming the health insurance market, requiring individuals to purchase health insurance, and providing financial help for individuals to purchase coverage. By attacking the premium tax credits that are already available to millions of women, *King* could destabilize the entire health care law. This financial help makes coverage affordable and ensures broad participation in health insurance Marketplaces; without it, the individual insurance market in these states would fall apart as premiums skyrocket and millions of women and their families have to risk going without health insurance. *King* puts in jeopardy the health care law's advances towards ensuring women's access to affordable, comprehensive health coverage.

Factsheet last updated on March 19, 2015

Number of Women at Risk of Losing Access to Affordable Health Insurance

State	All women	African American Women	Latina Women	Asian Women	Native American Women
Alabama	145,910	43,920	13,070	2,820	1,020
Alaska	28,860	580	2,200	3,250	8,120
Arizona	176,060	6,770	77,360	4,940	12,340
Arkansas	86,200	11,300	7,950	2,120	940
Delaware	15,690	3,760	2,760	460	insufficient data
Florida	915,190	168,840	341,220	29,680	3,970
Georgia	405,350	138,410	69,110	19,360	1,660
Illinois	303,320	51,360	98,040	17,730	700
Indiana	205,830	22,100	20,240	3,990	990
Iowa	44,000	1,400	4,440	1,570	370
Kansas	81,220	5,920	18,760	2,410	1,060
Louisiana	184,650	74,340	12,250	4,640	1,570
Maine	33,700	70	440	720	310
Michigan	193,660	30,230	11,570	4,650	1,200
Mississippi	109,640	43,070	5,310	2,180	1,050
Missouri	182,270	28,670	10,740	3,770	1,350
Montana	40,670	insufficient data	1,430	420	5,120
Nebraska	46,840	2,950	10,050	1,150	1,220
Nevada	98,690	7,080	39,090	8,620	1,450
New Hampshire	27,400	400	1,210	850	insufficient data
New Jersey	202,160	32,460	80,320	19,460	700
New Mexico	70,220	780	34,280	1,040	14,130
North Carolina	353,510	86,460	61,580	9,920	6,180
North Dakota	10,760	insufficient data	390	insufficient data	1,430
Ohio	232,770	32,780	11,130	3,950	460
Oklahoma	158,120	10,290	23,520	3,640	17,000
Oregon	108,620	1,800	19,650	5,080	1,900
Pennsylvania	221,740	31,430	22,490	9,650	430
South Carolina	172,810	55,250	16,540	3,080	620
South Dakota	21,600	insufficient data	1,110	260	4,640
Tennessee	198,150	35,870	19,390	4,410	960
Texas	1,298,620	136,850	741,060	49,950	6,730
Utah	84,740	780	25,680	2,660	2,160
Virginia	222,770	56,320	43,840	17,440	1,100
West Virginia	48,960	1,560	500	430	130
Wisconsin	108,140	8,890	15,180	4,350	2,410
Wyoming	19,320	insufficient data	2,660	90	980
Total	6,858,160	1,132,690	1,866,560	250,740	106,400

1. Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, "Health Insurance Marketplaces 2015 Enrollment Period: March Enrollment Report;" (March, 2015) *available at* http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Mar2015/ib_2015mar_enrollment.pdf.
2. The data is drawn from the U.S. Census Bureau's 2008-2012 American Community Survey five-year sample and the University of Minnesota's Integrated Public Use Microdata Series. The data include uninsured adult women (age 18–64) with income between 100–400% of the federal poverty level living in states that have not expanded Medicaid eligibility and women between 138–400% of the federal poverty level in states that have expanded their Medicaid programs. This is an approximation for eligibility; the estimates do not account for women's immigration status, women who have an offer of coverage through their employer, or women who have an offer through their spouse's employer but remain uninsured.
3. Danielle Garrett, National Women's Law Center, *Turning to Fairness: Insurance Discrimination against Women Today and the Affordable Care Act*, (March 2012).