



The Affordable Care Act and Reproductive Health: What's at Stake

Reproductive health care is basic health care for women. Yet many women lack access to the care they need to stay healthy and to make healthy decisions for themselves and their families.

The Affordable Care Act includes many provisions that will improve women's reproductive health—by improving access to health insurance coverage for maternity care and family planning services, making it easier for states to expand Medicaid coverage of family planning, and more.

Yet there are efforts underway in Congress to undo the Affordable Care Act's promise to make prescription birth control more affordable, and there are serious threats to undo the already restrictive abortion compromise included in the Affordable Care Act and eliminate coverage for abortion that millions of women already have.

The Affordable Care Act Expands Access to Family Planning—But These Important Advances Are At Risk

- The Affordable Care Act requires all new health plans to cover and eliminate cost-sharing for preventive services and screenings recommended by the US Preventive Services Taskforce, as well as a set of additional preventive health services for women.
- An expert panel of the Institute of Medicine is currently developing recommendations about what additional preventive services for women will be covered and provided with no cost-sharing. Women's health advocates, in keeping with Congress' intent, are working to ensure—and fully expect—that family planning is recognized as a key preventive service for women.
- Yet a coordinated campaign is already underway to prevent the Institute of Medicine from even recommending that prescription contraceptives are included among the list of preventive services required to be covered, and we expect an even more aggressive effort to prevent any guarantee that all insurance plans cover this basic health care.
- The Affordable Care Act also makes more women eligible for insurance coverage—through Medicaid, which requires coverage of family planning services; to young people who can now stay on their parent's insurance until age 26; and by making insurance more available and affordable through Exchanges—that will give more women coverage for contraceptives. Any effort to repeal or defund these important coverage expansions will take all coverage, including contraceptive coverage, away from newly-eligible women.

The Affordable Care Act Makes It Easier for States to Expand and Maintain Medicaid Coverage for Family Planning—But This Critical Provision Has Already Been Targeted

- The Affordable Care Act includes a provision, known as the Medicaid Family Planning State Option, that makes it easier for states to make more women eligible for family planning services under the Medicaid program.

- Wisconsin and South Carolina have already expanded eligibility for family planning services under their state's Medicaid program through this important provision, and several more states—California, Ohio, and New Mexico—have already applied to do so.
- This common-sense measure helps states expand access to health care *and* save millions of dollars that they can then put towards other pressing needs.¹
- This important provision has already been targeted for elimination. Representative Phil Gingrey (R-GA) filed an amendment to H.R. 1 that would have prevented the Centers for Medicare and Medicaid Services (CMS) from implementing the Medicaid Family Planning State Option—and potentially denying millions of low-income women access to the family planning services they need.

Though the Affordable Care Act Already Includes Restrictions on Abortion Coverage, Efforts Are Underway to Eliminate Private Insurance Coverage for Abortion Altogether

- The Affordable Care Act treats abortion care—a key component of reproductive health care for women—differently than all other health care services. Health care plans cannot use federal funds for abortion services beyond those permitted under the Hyde Amendment (in cases of life endangerment, rape, and incest) and plans that include coverage for such services will be required to follow certain requirements to collect and segregate private funds.
- The House of Representatives is currently considering two different bills (H.R. 3 and H.R. 358) that would undo the compromise on abortion that facilitated passage of the Affordable Care Act and would jeopardize the insurance coverage for abortion that millions of women currently have. A core premise of the Affordable Care Act is that if you like the coverage you have, you can keep it. And yet, by threatening to take away health coverage women already have, both these bills undo that most basic premise.

The Affordable Care Act Expands Access to Maternity Care—Benefits that Will Be Lost If Efforts to Defund or Repeal the Law Succeed

- “Maternity and newborn care” are among the categories of health services that must be covered as “essential health benefits” in all new health plans sold to individuals and small groups (i.e. businesses with up to 100 employees), as well as all plans participating in the new Health Insurance Exchanges—new, easy-to-use insurance shopping centers—starting in 2014.
 - This new requirement is critical, as it is currently very difficult—and sometimes impossible—for women to find coverage for maternity care in the individual health insurance market.²
- The Affordable Care Act prohibits health plans from denying coverage for “pre-existing conditions.” Currently, a woman’s application can be rejected, or the pregnancy-related care she needs can be excluded, because of pregnancy or a condition relating to pregnancy (e.g., if she has previously had a Cesarean section).³ By 2014, these discriminatory practices are banned for all plans except existing individual health plans.⁴
- Any effort to repeal or defund the Affordable Care Act will take these important coverage guarantees and consumer protections away from women.

For more information on women and the health reform law, visit the National Women's Law Center website: www.nwlc.org/reformmatters

¹ Edwards, J, Bronstein, J and Adams, K. Evaluation of Medicaid Family Planning Demonstrations (Alexandria, V.A.: the CNA Corporation, Nov. 2003), cited in Frost, Jennifer J., Sonfield, Adam, and Gold, Rachel Benson. Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services, Occasional Report 28, 10 (Washington, D.C.: The Guttmacher Institute, Aug. 2006), <http://www.guttmacher.org/pubs/2006/08/16/or28.pdf>.

² Brigitte Courtot and Julia Kaye, National Women's Law Center, *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition* (Oct. 2009), <http://www.nwlc.org/pdf/stillnowheretoturn.pdf>.

³ Denise Grady, *After Caesareans, Some See Higher Insurance Cost*, New York Times (June 1, 2008) http://www.nytimes.com/2008/06/01/health/01insure.html?pagewanted=1&_r=2

⁴ For children, the prohibition on pre-existing condition exclusions begins in September 2010.