



REPRODUCTIVE RIGHTS & HEALTH

THE RISK OF REPEAL: HOW ACA REPEAL WILL HURT WOMEN'S HEALTH AND ECONOMIC SECURITY

The Affordable Care Act not only expanded health insurance coverage to millions of individuals who were previously uninsured, it changed the landscape for women's health insurance coverage and access to lifesaving health services. As some members of Congress consider repealing this ground-breaking legislation, it is imperative to understand the particular damage that repeal poses for women's health and economic security.

PRE-ACA	POST-ACA
Women experienced high uninsurance rates. Approximately 19 million women in the U.S., over 19% of women, were uninsured pre-ACA. The numbers were even higher for women of color. ¹	Post-ACA, fewer than 8% of women and girls are uninsured. ² In 2016, 6.8 million women and girls purchased affordable, quality health plans through the health insurance marketplaces. ³ And all racial and ethnic groups have benefited from expanded access to coverage thanks to the ACA. ⁴
Insurance companies denied insurance coverage to women based upon "pre-existing conditions," such as having had a cesarean delivery, a prior pregnancy, breast or cervical cancer or receiving medical treatment for domestic or sexual violence. ⁵	The ACA prohibits insurance companies from denying coverage to individuals based upon "pre-existing conditions." Approximately 65 million women with pre-existing conditions can no longer be denied health coverage. ⁶
Insurance companies discriminated against women by charging them significantly more than men for health insurance — a practice known as "gender rating." Before the ACA took effect, 92% of best-selling plans on the individual market practiced gender rating - costing women approximately \$1 billion a year. ⁷	The ACA banned the practice of gender rating, prohibiting insurance companies from charging women more than men for the same coverage. ⁸



PRE-ACA	POST-ACA
Most plans in the individual market failed to cover services important to women. For example, only 12% of individual market plans covered maternity services. ⁹	Under the ACA, individual and small group plans must cover a list of essential benefits, including maternity services, and other services that women need. ¹⁰
Women faced high out-of-pocket costs for critical preventive health services. Women were more likely than men to forego needed preventive services due to cost. ¹¹	The ACA includes a ground-breaking provision requiring all plans to cover a set of evidence-based women's preventive services, including birth control and well-woman visits, without out-of-pocket costs. ¹² Women have reaped significant savings as a result of this provision. In fact, in just one year, women saved \$1.4 billion on birth control pills alone. ¹³
No federal law provided comprehensive protection against sex discrimination in health care or health insurance. Sex discrimination took many forms, from obtaining insurance coverage to receiving proper diagnosis and treatment, seriously harming women and causing them to pay more for health care and health insurance and risk receiving improper diagnoses and less effective treatments.	The ACA includes the first-ever federal broad prohibition on sex discrimination in health care and health insurance. ¹⁴ This historic provision, known as Section 1557, also prohibits discrimination based on race, color, national origin, age, and disability.
A population of lower-income women who did not qualify for Medicaid but could not afford private coverage was in dire need of affordable health coverage in order to access the care they needed to get and stay healthy. ¹⁵	Medicaid now covers 17% of the nation's non-elderly women post-ACA, ¹⁶ which gave states the option to expand their Medicaid programs. ¹⁷ Women have benefited substantially from this expansion as more women rely on Medicaid coverage than men. ¹⁸

Repeal of the ACA could return us to a world where insurance companies can indiscriminately charge women more than men for health coverage, deny women coverage of critical services, and impose high costs that effectively deter women from accessing care that is essential to their health and well-being. This not only harms women's health, it also undermines the economic security of families and communities. ACA repeal risks too much for women and families.

- 1 NATIONAL WOMEN'S LAW CTR, *Women and the Health Care Law in the United States* (May 2013), available at http://nwlc.org/wp-content/uploads/2015/08/us_healthstateprofiles.pdf (citing National Women's Law Center analysis of 2011 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) 2012 Annual Social and Economic Supplements, available at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html).
- 2 National Women's Law Center calculations based on U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplements, available at <http://www.census.gov/topics/income-poverty/poverty.html>.
- 3 DEPARTMENT OF HEALTH AND HUMAN SERVICES, *The ACA Is Working for Women* (July 21, 2016), available at <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-working-women/index.html>.
- 4 National Women's Law Center analysis based on U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplements, available at <http://www.census.gov/topics/income-poverty/poverty.html>.
- 5 See BRIGETTE COURTOT & JULIA KAYE, NATIONAL WOMEN'S LAW CTR, *STILL NOWHERE TO TURN: INSURANCE COMPANIES TREAT WOMEN LIKE A PRE-EXISTING CONDITION 10* (2009), available at <https://nwlc.org/wp-content/uploads/2015/08/stillnowheretoturn.pdf>.



- 6 DEPARTMENT OF HEALTH AND HUMAN SERVICES, *supra* note 3.
- 7 DANIELLE GARRETT, NATIONAL WOMEN'S LAW CTR, TURNING TO FAIRNESS: INSURANCE DISCRIMINATION AGAINST WOMEN TODAY AND THE AFFORDABLE CARE ACT 7 (Mar. 2012), available at http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf.
- 8 Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg.
- 9 DANIELLE GARRETT, *supra* note 7, at 4.
- 10 Patient Protection and Affordable Care Act, 42 U.S.C. § 18022.
- 11 NATIONAL WOMEN'S LAW CTR, *Women's Preventive Services in the Affordable Care Act: Frequently Asked Questions* (May 2013), available at https://nwlc.org/wp-content/uploads/2015/08/womens_prev_services_in_the_aca_faq_5-13-13.pdf.
- 12 Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg-13(a).
- 13 Nora V. Becker & Daniel Polsky, *Women Saw Large Decrease in Out-of-Pocket Spending for Contraceptives After ACA Mandate Removed Cost Sharing*, 34 HEALTH AFFAIRS 1204 (July 2015), available at <http://content.healthaffairs.org/content/34/7/1204.abstract>.
- 14 Patient Protection and Affordable Care Act, 42 U.S.C. § 18116.
- 15 Lower-income uninsured women were more likely to go without care because of cost and less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. DANIELLE GARRETT & STEPHANIE GLOVER, NATIONAL WOMEN'S LAW CTR, MIND THE GAP: LOW-INCOME WOMEN IN DIRE NEED OF HEALTH INSURANCE (Jan. 2014), available at <http://www.nwlc.org/resource/mind-gap-women-dire-need-health-insurance>.
- 16 KAISER FAMILY FOUNDATION, *Women's Health Insurance Coverage* (Oct. 21, 2016), available at <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.
- 17 Patient Protection and Affordable Care Act, 42 U.S.C. § 1396d(a).
- 18 Seventeen (17) percent of adult women ages 18 to 64 are enrolled in Medicaid, compared to 13 percent of adult men. National Women's Law Center calculations based on U.S. Census Bureau, Current Population Survey, 2016 Annual Social and Economic Supplements, available at <http://www.census.gov/topics/income-poverty/poverty.html>.

