

REPRODUCTIVE RIGHTS & HEALTH

CASE AGAINST THE AFFORDABLE CARE ACT THREATENS TO DEVASTATE WOMEN'S HEALTH AND ECONOMIC SECURITY

The Affordable Care Act changed the landscape for women's health insurance and provided access to lifesaving health services. A Supreme Court decision in *California v. Texas* to invalidate the ACA would devastate women's health and economic security and wreak havoc on the tens of millions who have benefitted from its passage.

PRE-ACA	POST-ACA
Insured Rates	
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, only 7% of women and girls are uninsured. ² Millions of 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
Pre-Existing Conditions	
Before the ACA, insurance companies denied insurance coverage to women based upon "pre-existing conditions," such as having had a cesarean delivery, a prior pregnancy, 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." Over 68 million women with pre-existing conditions can no longer be denied health coverage, ⁶ including the millions of women who have tested positive for the coronavirus.
Gender Rating	
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
Coverage of Essential Health Benefits	
Most plans in the individual market failed to cover services important to women. For example, pre-ACA, only 12% of individual market plans covered maternity services. ⁹	Under the ACA, individual and small group plans must cover a list of essential health benefits, including maternity services, prescription drugs, mental health and substance use disorders, and other services that women need. ¹⁰
Preventive Services	
Women faced high out-of-pocket costs for critical preventive health services. Before the ACA, women were more likely than men to forgo needed preventive services due to cost. ¹¹	The ACA requires plans to cover a set of preventive services without out-of-pocket costs, including a specific group of women's preventive services, like birth control and well-woman visits.¹² Now, 64.3 million women have this coverage, and are better able to access the preventive care they need.¹³ And 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.¹⁴
Discrimination	
Before the ACA there was no federal law that provided comprehensive protection against sex discrimination in health care or health insurance. Women paid more for health care and health insurance yet received improper diagnoses and less effective treatments.	The ACA includes the first-ever federal broad prohibition on sex discrimination in health care and health insurance. ¹⁵ This historic provision, known as Section 1557, also prohibits discrimination based on race, color, national origin, age, and disability.
Medicaid	
Pre-ACA, a population of lower-income women could not afford private coverage, yet did not qualify for Medicaid. ¹⁶	The ACA's expansion of Medicaid brought critical coverage to more women across the country. Medicaid now covers 17% of the nation's women. ¹⁷ Medicaid expansion increases access to earlier interventions ¹⁸ ; reduces cost barriers ¹⁹ ; and improves overall mortality rates. ²⁰

If the Supreme Court were to invalidate the ACA, it would 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.

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