

**REPRODUCTIVE RIGHTS & HEALTH**

## New Data Estimates 64.3 Million Women Have Coverage of Birth Control and Other Preventive Services Without Out-of-Pocket Costs

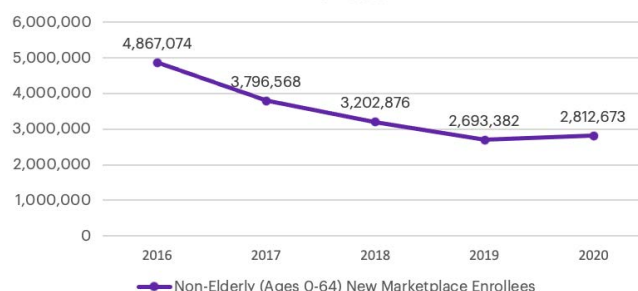
The National Women's Law Center has calculated new 2020 estimates indicating that – thanks to the Affordable Care Act (ACA) – 166 million people have insurance coverage of preventive services, including birth control, without out-of-pocket costs. This figure includes 64.3 million women,<sup>1</sup> nearly 3 million more women covered since 2019 – a 5% increase. NWLC calculations also estimate how many people per state have this coverage. These coverage estimates include only those with access to preventive services without cost-sharing through private insurance, and do not include those who received the same coverage through Medicaid expansion. This year's increase in coverage is due largely to an increased percentage of individuals enrolled in non-grandfathered plans.<sup>2</sup>

The ACA requires most health plans to cover a set of preventive services without out-of-pocket costs, including a specific group of preventive services for women, like birth control,<sup>3</sup> well-woman visits, and breastfeeding support and supplies. This benefit – and the birth control coverage in particular – is an incredibly popular part of the ACA and is improving women's health and economic security across the country. Without out-of-pocket costs as a barrier to preventive services, women are better able to access the care they need. This is particularly true for contraception, where research has shown that the benefit has allowed some women to use prescription birth control for the first time and others to use more effective, longer-acting – but more expensive – methods of birth control.<sup>4</sup> Yet a group of states supported by the Trump Administration is attempting to dismantle the entire ACA through the *California v. Texas* lawsuit.<sup>5</sup> As the Supreme Court prepares to rule on this case in 2021, the health, lives, and financial security of not just the 64.3 million women who depend on this coverage, but of all the 166 million people who depend on the ACA for preventive services, are at stake.

### Estimated Number of People With Preventive Services With Zero Cost-Sharing, 2016-2020

Year	Children (0-17)	Women (18-64)	Men (18-64)	Total (0-64)
2016	35,032,043	56,719,166	55,216,444	146,967,654
2017	36,131,038	58,033,195	56,084,569	150,248,803
2018	38,986,774	62,043,446	60,604,414	161,634,635
2019	37,267,123	61,352,581	59,516,805	158,136,509
2020	39,284,460	64,314,496	62,459,018	166,057,973

### Non-Elderly (Ages 0-64) New Marketplace Enrollees



Source: NWLC calculations based on CMS 2016-2020 Marketplace Open Enrollment Period Public Use Files

## Estimated Number of People with Preventive Services with Zero Cost Sharing

	Children (<18 Years)	Women (18-64 Years)	Men (18-64 Years)	Total (0-64 Years)
United States	39,284,460	64,314,496	62,459,018	166,057,973
Alabama	542,823	948,393	909,435	2,400,651
Alaska	74,585	107,135	113,188	294,907
Arizona	786,037	1,320,202	1,304,537	3,410,776
Arkansas	310,278	549,041	512,374	1,371,693
California*	4,438,951	7,527,488	7,573,810	19,540,249
Colorado*	667,952	1,087,581	1,195,966	2,951,499
Connecticut*	473,066	715,678	710,412	1,899,157
Delaware	117,537	187,979	179,013	484,529
District of Columbia*	75,309	171,945	160,867	408,121
Florida	1,993,235	4,076,015	3,887,584	9,956,834
Georgia	1,184,756	2,085,843	1,833,393	5,103,993
Hawaii	148,304	257,764	243,802	649,870
Idaho*	263,219	362,611	346,975	972,805
Illinois	1,655,283	2,656,852	2,663,442	6,975,577
Indiana	957,922	1,319,434	1,372,866	3,650,222
Iowa	390,780	621,412	663,430	1,675,622
Kansas	378,733	565,163	578,179	1,522,074
Kentucky	517,980	835,629	796,216	2,149,825
Louisiana	401,166	760,544	726,978	1,888,688
Maine	155,673	266,591	262,174	684,439
Maryland*	783,039	1,383,326	1,297,463	3,463,828
Massachusetts*	911,669	1,488,100	1,512,419	3,912,189
Michigan	1,262,346	1,966,496	1,950,919	5,179,761
Minnesota*	845,599	1,211,251	1,221,584	3,278,434
Mississippi	286,273	520,223	486,987	1,293,483
Missouri	824,255	1,236,769	1,174,549	3,235,573
Montana	120,536	182,557	186,902	489,995
Nebraska	289,374	382,848	399,242	1,071,464
Nevada*	376,740	594,649	596,431	1,567,820
New Hampshire	166,849	295,901	300,525	763,276
New Jersey	1,299,605	1,791,264	1,748,872	4,839,742
New Mexico	195,211	321,901	317,152	834,264
New York*	2,115,084	3,688,329	3,478,850	9,282,263
North Carolina	1,001,164	1,983,586	1,867,641	4,852,391
North Dakota	122,517	153,928	168,718	445,163
Ohio	1,431,493	2,285,526	2,199,394	5,916,413
Oklahoma	484,760	682,403	688,041	1,855,204
Oregon	547,729	825,801	804,726	2,178,256
Pennsylvania	1,585,309	2,719,148	2,553,595	6,858,052
Rhode Island*	106,902	203,302	223,596	533,801
South Carolina	616,986	1,072,799	940,962	2,630,747
South Dakota	129,025	182,581	181,799	493,405
Tennessee	812,950	1,346,161	1,236,258	3,395,368
Texas	3,680,219	5,524,311	5,211,538	14,416,068
Utah	623,304	651,421	671,563	1,946,288
Vermont*	67,547	127,858	117,524	312,928
Virginia	1,036,824	1,778,445	1,647,595	4,462,864
Washington*	980,759	1,635,608	1,594,913	4,211,281
West Virginia	182,008	303,207	299,346	784,562
Wisconsin	784,275	1,240,210	1,232,150	3,256,635
Wyoming	80,520	111,288	113,118	304,926

**Source:** NWLC calculations based on U.S. Census Bureau, 2020 Current Population Survey (CPS), Annual Social and Economic Supplement (ASEC) and Centers for Medicare & Medicaid Services (CMS), 2020 Marketplace Open Enrollment Period (OEP) Public Use Files. \*CMS has limited data for these states on the number of newly enrolled individuals by demographic group. A national proxy was used to determine these estimates.

**Methodology:** Figures are derived by summing the number of non-elderly individuals with non-grandfathered<sup>6</sup> private health coverage, obtained from the most recent U.S. Census Bureau Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC), and the number of individuals newly enrolled in marketplace coverage during the most recent open enrollment period, obtained from CMS open enrollment data. In the CPS, respondents self-identify their sex as either male or female. New Marketplace enrollees self-identify their gender as either male or female on the Exchange application.

CPS data on private health insurance coverage are from 2019 and are the most recent data available. The number of individuals enrolled in non-grandfathered private health plans was estimated from CPS health insurance data. This estimate is also based on the Kaiser Family Foundation (KFF) Employer Health Benefits Survey, which found that, in 2019, **87 percent** of individuals with employer-based coverage were in non-grandfathered plans that are required to cover recommended preventive services with zero cost sharing. This analysis assumes that the proportion of those in grandfathered plans with any private insurance is the same as those with employment-based insurance, and that individuals who were enrolled in non-grandfathered plans in 2019 continue to be enrolled in non-grandfathered plans in 2020.

This methodology for determining coverage by non-grandfathered plans differs slightly from the methodology used for NWLC estimates produced before 2019. Previous analyses used the percentage of individuals in non-grandfathered plans during the year in which the most recent CPS was conducted. For this set of estimates, NWLC used the percentage of individuals in non-grandfathered plans during the year before the CPS was conducted (in this case, 2019), to reflect the fact that the CPS questionnaire asks respondents whether they had health insurance coverage during the previous calendar year. This methodology assumes those people who reported they had coverage in 2019 continue to have coverage now.

In the 2020 OEP report, new marketplace enrollment data was reported by race and gender only for the 38 states using the HealthCare.gov federal enrollment platform. Total newly enrolled marketplace figures and figures for men and women include persons over 65 years old, who make up between 0% and 3% of total marketplace enrollment in states that reported data by age. In twelve states (CA, CO, CT, ID, MD, MA, MN, NV, NY, RI, VT, WA) and the District of Columbia, where new enrollment by either age or gender was not reported, NWLC estimated the number of new marketplace enrollments for women, men, and children by multiplying the numbers of newly enrolled persons (reported for all 50 states and D.C.) in each state by the overall proportion of each demographic among new enrollees in the 38 states that reported breakdowns by age and gender. For example, women make up approximately 54 percent, children make up approximately 11 percent, and elderly persons make up approximately 1 percent of all new marketplace enrollees in the 38 states that used the HealthCare.gov platform. To estimate the new enrollment of adult, non-elderly women in New York, we applied these percentages to the overall number of new marketplace enrollees (63,442) to calculate the number of children (6,669) and the number of elderly persons (727) newly enrolled in marketplace plans. We then subtracted the estimates for children and elderly adults from the total number of new enrollees, resulting in the total number of adult, non-elderly persons ages 18 to 64 (56,046). We then multiplied this estimate by the overall percentage of new enrollees who were women in states using the HealthCare.gov platform (approximately 54 percent), resulting in the total number of adult, non-elderly women (30,367) newly enrolled in marketplace plans.



## SOURCES

1. The Affordable Care Act's preventive services requirement applies to coverage provided through non-grandfathered insurance plans regardless of an individual's gender identity. This factsheet's uses of the terms "women" and "men" reflect the data gathered by underlying surveys. Please see the Methodology section for more information.
2. Estimates are based on the 2020 U.S. Census Bureau Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC), which measures health insurance coverage in 2019. In 2019, 87% of covered workers were enrolled in non-grandfathered plans. See Kaiser Family Foundation, *2019 Employer Health Benefits Survey* (Sept. 2019), available at <https://www.kff.org/health-costs/report/2019-employer-health-benefits-survey/>. In 2018, 84% of covered workers were enrolled in non-grandfathered plans. See Kaiser Family Foundation, *2018 Employer Health Benefits Survey* (Oct. 2018), available at <https://www.kff.org/health-costs/report/2018-employer-health-benefits-survey/>. The increase in the percentage of covered workers enrolled in non-grandfathered plans between 2018 and 2019 may reflect plans that used to be grandfathered becoming non-grandfathered, and may also reflect workers who were enrolled in grandfathered plans switching to non-grandfathered plans.
3. In July 2020, the Supreme Court allowed Trump Administration rules drastically changing compliance with birth control coverage to go into effect. *Little Sisters of the Poor Saints Peter & Paul Home v. Pennsylvania*, 140 S. Ct. 2367 (2020.) The rules enable virtually any employer or university that objects to birth control to exclude coverage as otherwise required by the ACA. The Trump Administration estimated that up to 126,000 women would lose birth control coverage as a result of the rules, but the Law Center believes a more accurate estimate is likely hundreds of thousands of women. The actual number of people who lose coverage as a result of the rules is not able to be calculated because there is no tracking mechanism for which employers and universities claim the exemption. Thus, the estimates in this fact sheet do not reflect the number of people who have lost coverage as a result of the Trump birth control rules.
4. See, IMS Inst. for Healthcare Informatics, *Medicine Use and Shifting Costs of Healthcare: A Review of the Use of Medicines in the United States in 2013, (2014)*, available at [http://www.plannedparenthoodadvocate.org/2014/IIHI\\_US\\_Use\\_of\\_Meds\\_for\\_2013.pdf](http://www.plannedparenthoodadvocate.org/2014/IIHI_US_Use_of_Meds_for_2013.pdf), The Express Scripts Lab, *Express Scripts 2015 Drug Trend Report Health Insurance Exchange* (March 2016), available at <http://lab.express-scripts.com/lab/~media/bed6ee9784474511a8534c397e346d56.ashx>, and Jonathan M. Bearak et al., *Changes in out-of-pocket costs for hormonal IUDs after implementation of the Affordable Care Act: an analysis of insurance benefit inquiries*, 93 *Contraception* 139 (2016) available at [http://www.contraceptionjournal.org/article/S0010-7824\(15\)00575-2/abstract](http://www.contraceptionjournal.org/article/S0010-7824(15)00575-2/abstract).
5. Nat'l Women's L Ctr., *Case Against the Affordable Care Act Threatens to Devastate Women's Health and Economic Security* (Nov. 2020) available at <https://nwlc.org/wp-content/uploads/2020/11/ACA-2020-11-09.pdf>.
6. Non-grandfathered plans are group health plans created after March 23, 2010, group health plans that have implemented significant changes since that date, or individual plans purchased after that date.