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WOMEN'S
LAW CENTER**

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New Data Estimates 62.1 Million Women Have Coverage of Birth Control and Other Preventive Services Without Out-of-Pocket Costs

New 2021 estimates indicate that 62.1 million women¹ ages 18-64² have insurance coverage of preventive services, including birth control, without out-of-pocket costs as required by the Affordable Care Act (ACA). 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,³ well-woman visits, breast and cervical cancer screenings, and comprehensive lactation support and supplies.

The new data mark a 3.4% decrease⁴ in the number of women covered by private health insurance since 2020, meaning nearly 2.2 million fewer women have private coverage this year. This decrease may be due to fewer people enrolled in private health insurance through employers as a result of the massive job losses seen during the pandemic.⁵ Nearly 6.3 million fewer people ages 0-64, a decrease of 3.8%, were enrolled in private health insurance in 2021 compared to 2020 (see methodology for further explanation of dataset years and estimate years). However, some states saw far more dramatic decreases in enrollment in 2021, such as a 19.2% decrease in New Mexico and a 12.8% decrease in Connecticut, while others saw small increases in enrollment, such as a 4.1% increase in Rhode Island and 2.1% in Mississippi.

While decreases in private coverage are troubling, it is important to note the crucial role the public health safety net, including Medicaid coverage, has played during this timeframe. Medicaid and the Children's Health Insurance Program saw a 10.1 million increase in enrollees from February 2020 to February 2021⁶ Medicaid and CHIP provide critical coverage, including coverage of family planning services and supplies. Medicaid expansion, specifically, requires coverage of preventive services and has led to reduced cost barriers,⁷ increased access to earlier interventions,⁸ and reduced overall mortality rates.⁹ The preventive services benefit 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, women's use of preventive services has increased. Women are less likely to delay or forgo preventive care such as cancer screenings, counseling,

screening and vaccines for healthy pregnancies, and blood-pressure checks due to cost. Additionally, some people are able to use prescription birth control for the first time and others are finally able to use more effective, longer-acting – but more expensive – methods of birth control.¹⁰ And more people are able to use their preferred method of birth control.¹¹ Ultimately, high-quality, free preventive care is essential to ensuring women’s health and wellbeing.

Estimated Number of Americans with Preventive Services With Zero Cost-Sharing, 2017-2021

| YEAR | CHILDREN (0-17) | WOMEN (18-64) | MEN (18-64) | TOTAL (0-64) |
|------|-----------------|---------------|-------------|--------------|
| 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 |
| 2021 | 37,471,380 | 62,130,484 | 60,170,735 | 159,772,600 |

Estimated Number of People with Preventive Services With Zero Cost-Sharing, 2021

| | CHILDREN (<18) | WOMEN (18-64) | MEN (18-64) | TOTAL (0-64) |
|----------------------|-------------------|-------------------|-------------------|--------------------|
| UNITED STATES | 37,471,380 | 62,130,484 | 60,170,735 | 159,772,600 |
| ALABAMA | 551,152 | 883,449 | 813,113 | 2,247,714 |
| ALASKA | 68,238 | 104,589 | 99,309 | 272,137 |
| ARIZONA | 767,717 | 1,211,386 | 1,236,460 | 3,215,563 |
| ARKANSAS | 281,511 | 518,109 | 503,783 | 1,303,403 |
| CALIFORNIA | 4,495,604 | 7,187,594 | 7,321,856 | 19,005,054 |
| COLORADO | 639,356 | 1,087,817 | 1,112,292 | 2,839,464 |
| CONNECTICUT | 372,803 | 656,368 | 627,735 | 1,656,905 |
| DELAWARE | 92,692 | 186,940 | 163,647 | 443,280 |
| DISTRICT OF COLUMBIA | 58,955 | 164,385 | 159,389 | 382,729 |
| FLORIDA | 1,893,193 | 3,995,122 | 3,912,508 | 9,800,822 |
| GEORGIA | 1,086,612 | 2,006,298 | 1,840,686 | 4,933,595 |
| HAWAII | 145,555 | 247,677 | 254,682 | 647,914 |
| IDAHO | 251,200 | 340,899 | 339,856 | 931,955 |
| ILLINOIS | 1,672,110 | 2,570,015 | 2,539,744 | 6,781,870 |
| IOWA | 399,797 | 622,162 | 623,900 | 1,645,860 |
| KANSAS | 397,401 | 552,021 | 544,522 | 1,493,943 |
| KENTUCKY | 470,395 | 768,536 | 773,425 | 2,012,355 |
| LOUISIANA | 451,880 | 715,744 | 690,054 | 1,857,678 |
| MAINE | 117,701 | 260,225 | 233,376 | 611,301 |
| MARYLAND | 762,749 | 1,248,394 | 1,166,346 | 3,177,489 |
| MASSACHUSETTS | 789,524 | 1,419,230 | 1,348,266 | 3,557,019 |

| | CHILDREN (<18) | WOMEN (18-64) | MEN (18-64) | TOTAL (0-64) |
|-----------------------|--------------------------|----------------------|--------------------|---------------------|
| MICHIGAN | 1,251,276 | 1,888,166 | 1,787,149 | 4,926,591 |
| MINNESOTA | 803,575 | 1,215,111 | 1,190,309 | 3,208,996 |
| MISSISSIPPI | 292,352 | 549,682 | 478,272 | 1,320,307 |
| MISSOURI | 764,384 | 1,206,435 | 1,147,028 | 3,117,848 |
| MONTANA | 122,097 | 183,899 | 180,646 | 486,642 |
| NEBRASKA | 288,064 | 386,157 | 399,518 | 1,073,739 |
| NEVADA | 335,327 | 565,312 | 567,833 | 1,468,472 |
| NEW HAMPSHIRE | 160,031 | 280,983 | 288,573 | 729,586 |
| NEW JERSEY | 1,092,767 | 1,775,398 | 1,801,150 | 4,669,315 |
| NEW MEXICO | 132,407 | 274,551 | 266,747 | 673,706 |
| NEW YORK | 2,071,641 | 3,707,985 | 3,287,399 | 9,067,025 |
| NORTH CAROLINA | 975,071 | 2,036,963 | 1,908,599 | 4,920,634 |
| NORTH DAKOTA | 117,096 | 149,323 | 162,187 | 428,606 |
| OHIO | 1,304,502 | 2,132,453 | 2,067,037 | 5,503,992 |
| OKLAHOMA | 384,786 | 623,388 | 619,329 | 1,627,503 |
| OREGON | 531,124 | 862,098 | 792,737 | 2,185,959 |
| PENNSYLVANIA | 1,446,901 | 2,587,710 | 2,496,013 | 6,530,625 |
| RHODE ISLAND | 129,674 | 221,176 | 204,950 | 555,800 |
| SOUTH CAROLINA | 493,662 | 956,531 | 955,364 | 2,405,557 |
| SOUTH DAKOTA | 119,504 | 168,734 | 180,230 | 468,468 |
| TENNESSEE | 734,322 | 1,206,438 | 1,155,514 | 3,096,275 |
| TEXAS | 3,518,533 | 5,264,539 | 4,861,329 | 13,644,400 |
| UTAH | 635,310 | 659,970 | 636,974 | 1,932,254 |
| VERMONT | 62,080 | 122,289 | 122,506 | 306,875 |
| VIRGINIA | 1,059,035 | 1,789,718 | 1,702,716 | 4,551,470 |
| WASHINGTON | 926,102 | 1,591,881 | 1,559,964 | 4,077,947 |
| WEST VIRGINIA | 183,865 | 297,483 | 313,158 | 794,506 |
| WISCONSIN | 740,392 | 1,244,849 | 1,320,155 | 3,305,396 |
| WYOMING | 74,010 | 108,535 | 100,016 | 282,562 |

Estimated Percent Change in Number of People with Preventive Services Coverage from 2020 to 2021

| | PERCENT CHANGE IN OVERALL COVERAGE | PERCENT CHANGE IN WOMEN'S COVERAGE |
|----------------------|------------------------------------|------------------------------------|
| UNITED STATES | -3.4% | -3.8% |
| ALABAMA | -6.8% | -6.4% |
| ALASKA | -2.4% | -7.7% |
| ARIZONA | -8.2% | -5.7% |
| ARKANSAS | -5.6% | -5.0% |
| CALIFORNIA | -4.5% | -2.7% |
| COLORADO | 0.0% | -3.8% |
| CONNECTICUT | -8.3% | -12.8% |
| DELAWARE | -0.6% | -8.5% |
| DISTRICT OF COLUMBIA | -4.4% | -6.2% |
| FLORIDA | -2.0% | -1.6% |
| GEORGIA | -3.8% | -3.3% |
| HAWAII | -3.9% | -0.3% |
| IDAHO | -6.0% | -4.2% |
| ILLINOIS | -3.3% | -2.8% |
| INDIANA | 0.5% | -1.6% |
| IOWA | 0.1% | -1.8% |
| KANSAS | -2.3% | -1.8% |
| KENTUCKY | -8.0% | -6.4% |
| LOUISIANA | -5.9% | -1.6% |
| MAINE | -2.4% | -10.7% |
| MARYLAND | -9.8% | -8.3% |
| MASSACHUSETTS | -4.6% | -9.1% |
| MICHIGAN | -4.0% | -4.9% |
| MINNESOTA | 0.3% | -2.1% |
| MISSISSIPPI | 5.7% | 2.1% |
| MISSOURI | -2.5% | -3.6% |
| MONTANA | 0.7% | -0.7% |
| NEBRASKA | 0.9% | 0.2% |
| NEVADA | -4.9% | -6.3% |
| NEW HAMPSHIRE | -5.0% | -4.4% |
| NEW JERSEY | -0.9% | -3.5% |
| NEW MEXICO | -14.7% | -19.2% |
| NEW YORK | 0.5% | -2.3% |
| NORTH CAROLINA | 2.7% | 1.4% |
| NORTH DAKOTA | -3.0% | -3.7% |
| OHIO | -6.7% | -7.0% |

| | PERCENT CHANGE IN OVERALL COVERAGE | PERCENT CHANGE IN WOMEN'S COVERAGE |
|----------------|------------------------------------|------------------------------------|
| OKLAHOMA | -8.6% | -12.3% |
| OREGON | 4.4% | 0.4% |
| PENNSYLVANIA | -4.8% | -4.8% |
| RHODE ISLAND | 8.8% | 4.1% |
| SOUTH CAROLINA | -10.8% | -8.6% |
| SOUTH DAKOTA | -7.6% | -5.1% |
| TENNESSEE | -10.4% | -8.8% |
| TEXAS | -4.7% | -5.4% |
| UTAH | 1.3% | -0.7% |
| VERMONT | -4.4% | -1.9% |
| VIRGINIA | 0.6% | 2.0% |
| WASHINGTON | -2.7% | -3.2% |
| WEST VIRGINIA | -1.9% | 1.3% |
| WISCONSIN | 0.4% | 1.5% |
| WYOMING | -2.5% | -7.3% |

Source: NWLC calculations based on U.S. Census Bureau, 2021 Current Population Survey (CPS), Annual Social and Economic Supplement (ASEC) and Centers for Medicare & Medicaid Services (CMS), 2021 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-grandfathered¹² 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 the 2021 ASEC data which reports on 2020 and are the most recent data available. To provide 2021 estimates, it is assumed that those who had coverage in 2020 continue to have coverage in 2021. 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 2020, [86 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 2020 continue to be enrolled in non-grandfathered plans in 2021.

This methodology for determining coverage by un-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, 2020), 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 2020 continue to have coverage now.

In the 2021 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 53.4 percent, children make up 19.5 percent, and elderly persons make up 1.3 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 multiplied the overall number of new marketplace enrollees (34,081) by 9.5 percent to calculate the number of children (3,239) and by 1.3 percent to estimate the number of elderly persons (439) 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 (30,403) ages 18 to 64. We then multiplied this estimate by 53.4 percent (the overall percentage of new enrollees who were women in states using the HealthCare.gov platform), resulting in the total number of adult, non-elderly women (61,249) newly enrolled in marketplace plans.

¹The 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.

²Open Enrollment Period (OEP) reports used in preventative services calculations have age ranges from 0-17 and 18 onward, therefore NWLC calculations also use 0-17 and 18-64 to report estimates.

³In 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 Biden Administration has indicated it will revisit these rules by Feb. 2022. 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.

⁴Estimates are based on non-rounded numbers to report the most accurate percent change.

⁵Estimates 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/>.

⁶Bradley Corrallo and Avirut Mehta, "Analysis of Recent National Trends in Medicaid and CHIP Enrollment," Kaiser Family Foundation (September 21, 2021), available at <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/#footnote-533033-1>

⁷Id.

⁸DANIELLE GARRETT & STEPHANIE GLOVER, NAT'L WOMEN'S LAW CTR, MIND THE GAP: LOW-INCOME WOMEN IN DIRE NEEDED OF HEALTH INSURANCE (Jan. 2014), https://nwlc.org/wp-content/uploads/2015/08/mindthegapmedicaidreportsummary_1-22-14.pdf.

⁹Shailender Swaminathan et al., Association of Medicaid Expansion With 1-Year Mortality Among Patients with End-Stage Renal Disease, 320 JAMA 2242-50 (2018); Sarah Miller et al., Medicaid and Mortality: New Evidence from Linked Survey and Administrative Data (Nat'l Bureau of Econ. Research, Working Paper No. 26081, 2019).

¹⁰Nat'l Women's L Ctr., The Affordable Care Act's Birth Control Benefit: Too Important to Lose (June 2018), available at <https://nwlc.org/resources/the-affordable-care-acts-birth-control-benefit-too-important-to-lose/>.

¹¹Kaiser Family Foundation, Survey: OBGYNs Report that the Affordable Care Act Has Increased Use of Contraceptives Among Patients, but the Cost of Reproductive Health Care Still a Burden for Their Low-Income Patients (Feb. 25, 2021), available at <https://www.kff.org/womens-health-policy/press-release/survey-obgyns-report-that-the-affordable-care-act-has-increased-use-of-contraceptives-among-patients-but-the-cost-of-reproductive-health-care-still-a-burden-for-their-low-income-patients/>

¹²Non-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.