

Why the Affordable Care Act Matters for Women: **Summary of Key Provisions**

OCTOBER 2016

The Affordable Care Act (ACA) is the greatest advance for women's health in a generation. Improving access to health care has long been a priority for women for a number of reasons, including the fact that women have more contact with the health care system over their lifetimes than do men; their health care needs are greater, especially during their reproductive years; and many women coordinate health care for spouses, children, aging parents and other loved ones. The ACA has already improved women's access to health insurance coverage, making access to quality, affordable health care more of a reality for women and their families.

Expanding Access to Health Care

- ▶ **Millions of women have gained access to affordable health care coverage.** Changes made to the health care system by the ACA have enabled 9.5 million previously uninsured women to enroll in affordable, comprehensive health coverage.¹
- ▶ **Women can no longer be denied coverage because they are sick or have pre-existing conditions.** The ACA has ended outrageous, predatory practices that allowed insurers to refuse to cover women who had breast cancer or cesarean sections, received medical treatment due to domestic violence or have chronic conditions like high blood pressure or diabetes. In addition, insurers are now prohibited from imposing lifetime dollar-value caps on coverage and barred from placing annual dollar-value caps on essential health benefits like maternity care.
- ▶ **Children and young adults now have improved access to quality care.** The ACA gives young adults the right to stay on their family's health insurance plans until age 26. Additionally, health plans are now prohibited from denying coverage to children with pre-existing conditions, such as asthma or diabetes.
- ▶ **Expanding and improving Medicaid.** Medicaid provides essential care for women throughout their lives, from family planning and maternal health services to nursing home care. Women make up a majority of the Medicaid population² and, under the ACA, states are encouraged to expand eligibility for their Medicaid programs to include individuals with household incomes up to 138 percent³ of the Federal Poverty Level (FPL). This closes gaping holes in the nation's safety net. Unfortunately, not all states have chosen to expand their Medicaid programs, leaving millions of otherwise eligible women and families without affordable coverage options.

- ▶ **Essential community providers will continue to provide health services to the women they serve.** The ACA requires insurance plans to include essential community providers in their networks, particularly family planning providers, HIV/AIDS providers, federally qualified health centers, Indian health care providers and certain types of hospitals. This provision ensures that women who rely on these providers can continue to receive care.

Increasing Health Plan Options and Affordability

- ▶ **Women no longer have to pay more than men for the same insurance policies.** The ACA prohibits plans in the individual and small group markets from charging women higher premiums simply because of their gender. Furthermore, for the first time in history, gender discrimination is prohibited in many health care programs.
- ▶ **Many women and their families have access to financial help.** Premium tax credits and cost-sharing subsidies are available to help many women and families with lower incomes afford insurance in the marketplace. For women and families who don't qualify for Medicaid coverage, premium subsidies and cost-sharing assistance may be available to help make private coverage more affordable. Those earning between 100 and 400 percent of the FPL (up to \$47,520 for an individual and \$97,200 for a family of four⁴) may be eligible for premium tax credits that reduce the cost of their monthly health-insurance premiums. Individuals or families with incomes between 100 and 250 percent of the FPL (up to \$29,700 for an individual and \$60,750 for a family of four⁵) may be eligible for cost-sharing subsidies to reduce their out-of-pocket health care costs. An eligible individual or family must enroll in a Silver-level plan to receive cost-sharing subsidies.
- ▶ **Women are now able to comparison shop when choosing health plans for themselves and their families.** HealthCare.gov and state-based health insurance marketplaces give women access to unbiased online information about health insurance options so they can choose the best plans for themselves and their families. These websites offer tools such as the Summary of Benefits and Coverage, which helps consumers compare health plans. In addition, some marketplace websites, including Healthcare.gov, now include integrated provider and prescription drug directories – tools that are vital in helping consumers find plans that include their preferred providers and prescription drugs.

Guaranteeing Coverage for Key Health Care Services

- ▶ **Women are guaranteed coverage for maternity care services.** Women purchasing insurance in the individual or small group markets are now guaranteed access to maternity coverage as an essential health benefit. Prior to the ACA, few individual health plans provided any coverage for maternity care,⁶ which can be very expensive: \$21,001 was the average cost of all payments made for maternity and newborn care in 2010 for women who had commercial insurance.⁷ The ACA also prohibits most plans from requiring women seeking OB/GYN care to receive pre-authorization or a referral, saving women time and money.

- ▶ **Women are guaranteed coverage for preventive services with no cost-sharing.** The ACA requires most health insurance plans to cover preventive services without copays, deductibles or other out-of-pocket costs. These benefits include coverage for: breastfeeding support, counseling and equipment; well-woman visits; gestational diabetes screening; sexually transmitted infection (STI) counseling; contraceptive methods and counseling; and interpersonal and domestic violence screening and counseling, among others.⁸

Increasing Support for Pregnant Women and New Parents

- ▶ **Nursing mothers have the right to a reasonable break time and a place to express breast milk (pump) at work.** The ACA requires most health insurance plans to cover, with no cost-sharing, breastfeeding counseling and supplies for nursing mothers. Coverage must extend for the duration of breastfeeding.⁹ In addition, it requires employers to provide reasonable break time and a place other than a bathroom for employees who are nursing to pump breast milk up to their child's first birthday.¹⁰
- ▶ **Pregnant and parenting women have access to a home visiting program.** The ACA provides support for a maternal, infant and early childhood home visiting program for those in at-risk communities. Currently, this program funds evidence-based efforts that, among other things, aim to improve maternal and child health. Eligible pregnant women and families take part in home visits with trained professionals who provide health, parenting and child development support and information.¹¹

Improving the Health Care Delivery System

- ▶ **The ACA is improving how we pay for and deliver health care services.** The ACA created the Center for Medicare & Medicaid Innovation (CMMI) to test, evaluate and expand new payment and care delivery models that improve the quality of care and care coordination. For example, new models of health care payment and delivery currently being tested include Accountable Care Organizations, primary care transformation initiatives such as the Comprehensive Primary Care Initiative, and best practice initiatives such as the Partnership for Patients.
- ▶ **Women have improved access to coordinated care.** By investing in primary care, patient safety and CMMI, the ACA lays the groundwork to improve the quality and coordination of care. This means patients will be less likely to experience dangerous drug interactions, duplicative tests and procedures, conflicting diagnoses and preventable readmissions – and their family caregivers will get the support they need.

Reducing Health Care Discrimination and Disparities

- ▶ **Reducing health care discrimination.** For generations, sex discrimination in health care has persisted — in pricing, in coverage, in access to care, in research and more — seriously harming women's health. The ACA prohibits government agencies, as well as health entities such as hospitals, clinics, community health centers, insurers and more that accept federal funding, from discriminating based on sex, race, color, national

origin, disability or age. The ACA is the first time federal civil rights law has broadly prohibited discrimination on the basis of sex in federally funded health programs.

- ▶ **Addressing health disparities.** The ACA seeks to address and reduce health disparities. Through efforts like increased access to preventive care, including no-cost family planning services, women can receive care earlier and more often, helping to reduce inequality in health care access and health outcomes. In addition, the ACA orders the U.S. Department of Health and Human Services (HHS) to define data collection categories by race, ethnicity, sex, disability and primary language. With this change and others, HHS will be better able to identify health disparities across populations and decide how to allocate resources to improve access and health outcomes. In addition, better data can help doctors and practices identify and reduce disparities.

Improving Access to Reproductive Health Care

- ▶ **More low-income women have timely access to family planning services, thanks to an ACA provision that simplifies the process for states to expand Medicaid eligibility for these services.** Medicaid enrollees benefit from the Medicaid program's guarantee of family planning services without out-of-pocket costs. The law allows states to expand Medicaid coverage for family planning services for lower-income individuals who would not otherwise be eligible through State Plan Amendments (SPA). The SPA process makes it much easier for state Medicaid programs to increase access to these services because states no longer have to go through a cumbersome federal waiver process or reapply after initial SPA approval. Currently, 27 states have extended Medicaid eligibility for family planning services.¹²
- ▶ **The ACA supports evidence-based, medically accurate, comprehensive sexuality education.** The ACA includes the Personal Responsibility Education Program (PREP), a state grant program that funds comprehensive approaches to sex education. Specifically, the PREP funds evidence-based programs to educate adolescents about both abstinence and contraception in order to prevent unintended teen pregnancy and STIs, including HIV/AIDS.¹³ In April 2015, Congress extended the PREP program funding through fiscal year 2017.
- ▶ **The ACA contraception coverage benefit has increased access for millions of women.** The ACA's guarantee of coverage without cost-sharing for preventive services, including contraceptive methods and counseling, has had a tremendously positive impact on women's lives and health. Access to contraception not only prevents unintended pregnancy and improves birth outcomes, it also helps women achieve economic stability. Currently, more than 55 million women benefit from the preventive services requirement,¹⁴ and it is estimated that women saved more than \$1.4 billion in out-of-pocket costs on birth control pills in 2013 alone as a result of the birth control benefit.¹⁵ Two-thirds of women using birth control pills now have no out-of-pocket cost – a dramatic increase from 15 percent prior to enactment of the benefit.¹⁶

1 U.S. Dept. of Health and Human Servs., Office of the Asst. Secretary for Planning and Evaluation. (2016, March). *Health Insurance Coverage and the Affordable Care Act, 2010-2016*. Retrieved 12 October 2016, from <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>

2 The Henry J. Kaiser Family Foundation. (2015). *Health Insurance Coverage of Women 19-64*. Retrieved 12 October 2016, from <http://kff.org/other/state-indicator/nonelderly-adult-women/?dataView=1¤tTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>; The Henry J. Kaiser Family Foundation. (2015).

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- Health Insurance Coverage of Men 19-64*. Retrieved 12 October 2016, from <http://kff.org/other/state-indicator/nonelderly-adult-men/?dataView=1¤tTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 3 In 2014, Medicaid eligibility expanded to individuals and families with household family income at or below 133 percent FPL. However, a standard 5 percent income disregard used when determining eligibility effectively raises the limit to 138 percent FPL.
- 4 Families USA. (2016, February). *Federal Poverty Guidelines*. Retrieved 2 September 2016, from <http://familiesusa.org/product/federal-poverty-guidelines>
- 5 Families USA. (2016, February). *Federal Poverty Guidelines*. Retrieved 2 September 2016, from <http://familiesusa.org/product/federal-poverty-guidelines>
- 6 National Women's Law Center. (2009). *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition*. Retrieved 2 September 2016, from <https://nwlc.org/wp-content/uploads/2015/08/stillnowheretoturn.pdf>
- 7 Truven Health Analytics. (2013, January). *The Cost of Having a Baby in the United States, Table 11*. Retrieved 12 October 2016, from <http://transform.childbirthconnection.org/reports/cost/>
- 8 U.S. Dept. of Health and Human Servs. (2011, August). *Affordable Care Act Rules on Expanding Access to Preventive Services for Women*. Retrieved 12 October 2016, from <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-rules-on-expanding-access-to-preventive-services-for-women/index.html>
- 9 U.S. Centers for Medicare & Medicaid Services. *Health benefits & coverage, Breastfeeding benefits*. Retrieved 2 September 2016, from <https://www.healthcare.gov/coverage/breast-feeding-benefits/>
- 10 U.S. Dept. of Labor, Wage and Hour Division. (2010, March). *Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision*. Retrieved 2 September 2016, from http://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btmn.htm. Note: This requirement applies to employees who are not exempt from Section 7 of the Fair Labor Standards Act. Employers with fewer than 50 employees are exempt from this requirement if it would impose an undue hardship.
- 11 U.S. Dept. of Health & Human Services, HRSA. (2016, July). *Home Visiting*. Retrieved 2 September 2016, from <http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting>
- 12 Alabama, California, Connecticut, Florida, Georgia, Indiana, Iowa, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia, Washington, Wisconsin, and Wyoming. Guttmacher Institute. (2016, October). *Medicaid Family Planning Eligibility Expansions*. Retrieved 6 October 2016, from <https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>
- 13 U.S. Dept. of Health and Human Servs., Family & Youth Services Bureau. (2016, June). *State Personal Responsibility Education Program Fact Sheet*. Retrieved 12 October 2016, from <http://www.acf.hhs.gov/fysb/resource/prep-fact-sheet>
- 14 U.S. Dept. of Health and Human Servs., *ASPE Data Point* (May 14, 2015), available at <https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>
- 15 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 (2015), available at <http://content.healthaffairs.org/content/34/7/1204.full.pdf+html>
- 16 Adam Sonfield et al., *Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update*, 91 Contraception 44 (2015) available at [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00687-8/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/pdf)

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