# House Republicans' Repeal Bill Would Harm Women and Families

#### **MARCH 2017**

The Affordable Care Act (ACA) is working. The law is the greatest advance for women's health in a generation. It brought historic gains for women's access to affordable, high-quality health care. In contrast, House Republicans' recently released repeal bill — the "American Health Care Act" (AHCA) — would wreak havoc on our health care system by making health coverage more expensive and inadequate for millions of women and families. Its many harmful provisions also promote an agenda that would deny women access to comprehensive, high-quality and affordable health care, including the comprehensive reproductive health care and abortion services that are essential to their health, equality and economic security.

## The AHCA Cuts Financial Assistance that Women and Families Need to Purchase Coverage.

The bill makes it harder for low-income women and families to afford health coverage by repealing the ACA's premium and cost-sharing subsidies and proposing age-based tax credits that fall well short of what the ACA currently provides. In 2016, 6.8 million women and girls enrolled in health plans through the health insurance marketplaces created by the ACA; many of these women received tax credits and subsidies to make the comprehensive coverage they need more affordable. This bill would force women to increase the amount of money they put toward premiums and cost sharing, thereby creating new, and for many, insurmountable, barriers to getting the care they need. Research shows that women routinely face financial barriers to affording care. In fact, unmet health care needs due to cost are significantly more common among women than among men. The provides and formula in the substitution of the provides and proposing age-based tax credits and proposing a

Under the Republican bill, women and families would also face increased premium costs if they experience a break in coverage. The Republican bill introduces a continuous coverage penalty that punishes those who experience a coverage gap by forcing them to pay a 30 percent premium surcharge to their insurer. This penalty would be a huge hardship for families already struggling to make ends meet.

In short, this bill would leave millions of women and families without the ability to afford or access comprehensive, quality health coverage.



## The AHCA Undermines Access to Preventive Services by Diminishing Access to Coverage.

Denying women access to affordable coverage also means denying women access to key preventive services like birth control. Fifty-five million women have benefitted from the ACA's guarantee of no-cost-sharing coverage for preventive services.<sup>4</sup> Access to contraception improves health outcomes and saves women money. It is estimated that because of the ACA, women saved more than \$1.4 billion in out-of-pocket costs on oral contraception in 2013 alone.<sup>5</sup> Two-thirds of women using birth control now have no out-of-pocket cost — a dramatic increase from 15 percent prior to enactment of the benefit.<sup>6</sup> The coverage guarantee has increased access to long-acting reversible contraceptives, such as intrauterine devices (IUDs), which are considered the most effective method of birth control but have a high cost barrier. Access to contraception also enables women to plan if and when to have children, which helps women create stability to better achieve economic security. Pushing health coverage out of reach also pushes this vital element of women's health and economic security out of reach.

#### The AHCA Threatens Access to Essential Types of Health Care.

The bill erodes women and families' ability to afford quality coverage in numerous ways, and threatens access to essential health benefits like maternity care and mental health services. Not only would it be harder for women and families to afford insurance premiums, but changes in key standards would mean that despite paying higher premiums, women and families would receive less adequate coverage.

By repealing certain standards about how much coverage insurers must provide in relation to the premiums they charge (the actuarial value of a health plan), insurers are given more latitude to increase out-of-pocket costs (e.g., deductibles, co-insurance, co-pays). That means insurers could shift more costs to women and families, including for essential health services. By imposing dramatically higher cost-sharing obstacles, insurers could once again put essential health care services like maternity care and mental health services out of reach.

Any provisions that reduce affordability or access to essential health care services will seriously undermine both the health and economic stability of women and families.

#### The AHCA Guts Medicaid, Shredding Our Health Care Safety Net.

The bill repeals Medicaid expansion and transitions Medicaid to per capita cap funding by 2020, thereby cutting funds for the program. This will have a devastating effect on low-income families and women of color.

Per capita cap proposals give states a set amount of federal money to care for Medicaid enrollees. It is widely believed that federal dollars would fail to keep up with rising health care costs, shifting more and more costs to states. States, which are already strapped for resources, would either have to cover increasing health care costs over time or drastically cut services. Given current financial realities at the state level, instituting per capita caps for the Medicaid program is expected to result in reduced eligibility for enrollments and the rolling back of coverage benefits. Per capita caps simply pass health care costs on to state governments and taxpayers and likely leading states to limit enrollment or coverage of services.

Undermining Medicaid will have particularly serious consequences for women. Medicaid covers services ranging from family planning to maternity care to nursing home care. Medicaid provides coverage for nearly half of all births in the United States. It accounts for 75 percent of all publicly-funded family planning services. And, it covers half (51 percent) of all long-term care spending, which is essential for millions of older women.<sup>9</sup>

In 2015, Medicaid, 17 percent of non-elderly adult women received their health coverage through Medicaid. Medicaid covers the poorest and sickest population of women. Approximately 66 percent of women with Medicaid had incomes below 200 percent of poverty. Over 25 percent of women covered by Medicaid rate their own health as fair or poor, compared to 6 percent of women covered by employer-sponsored insurance. Attacks on the Medicaid program also disproportionately impact women of color: Black women and Latinas are more likely than white women to be insured through Medicaid.

#### The AHCA Blocks Access to Planned Parenthood and Denies Care to Millions.

The bill also defunds Planned Parenthood from the Medicaid program, denying 2.5 million people access to essential health care. <sup>13</sup> Planned Parenthood is a vital and trusted health care provider for millions of people in the United States. As one of the nation's leading providers of high quality, affordable health care for women, men and young people, Planned Parenthood provides vital services such as contraception, screening and treatment for sexually transmitted infections (STIs), abortion care and breast and cervical cancer screenings. In 2015 alone, Planned Parenthood provided more than 4 million STI tests and treatments, more than 360,000 breast exams, more than 270,000 cervical cancer screenings, and contraceptives for more than 2 million people. <sup>14</sup> More than half of Planned Parenthood health centers are located in rural or underserved areas where it is often the *only* health care provider offering these services. <sup>15</sup>

The Congressional Budget Office estimates that at least 390,000 people would lose access, and approximately 650,000 people could face reduced access to preventive health care within a year if Congress were to block Medicaid patients from seeking care at Planned Parenthood health centers. <sup>16</sup> Women of color would be particularly at risk, especially Black and Latina women who face substantially more barriers to accessing quality health care.

#### The AHCA Further Restricts Coverage for Abortion Care.

In addition, the bill demonstrates the House leadership's determination to eliminate coverage for abortion care. The bill harshens already harmful abortion coverage restrictions by denying anyone who receives a health care tax credit<sup>17</sup> the ability to purchase a plan that covers abortion care beyond life endangerment, rape or incest. Insurance companies would therefore likely stop offering these plans, resulting in a total lack of abortion coverage on the individual market. Abortion coverage restrictions deny women the ability to make their own health care decisions. They push critical care out of reach for women. They undermine women's equity and ability to achieve financial stability, support their families and participate in the workforce.

## The AHCA Is an Attack on Women's Health, Equity and Financial Stability.

Taken together, core provisions of the bill – gutting Medicaid, repealing major provisions of the ACA, pushing essential care out of reach for women, and defunding Planned Parenthood health centers – are an assault on women's access to health care, their financial security and their ability to participate and contribute fully and equally to our society.

<sup>&</sup>lt;sup>1</sup> Aron-Dine, A., & Straw, T. (2017, March 9). House Tax Credits Would Make Health Insurance Far Less Affordable in High-Cost States. Retrieved 10 March 2017, from http://www.cbpp.org/research/health/house-tax-credits-would-make-health-insurance-far-less-affordable-in-high-cost

<sup>&</sup>lt;sup>2</sup> U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2016, March). Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report. Retrieved 16 December 2016, from <a href="https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf">https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf</a>

<sup>&</sup>lt;sup>3</sup> Shartzer, A, Long, S.K., & Benatar, S. (2015). Health Reform Monitoring Service: Health Care Costs Are a Barrier to Care for Many Women. Urban Institute Health Policy Center. Retrieved 9 March 2017, from <a href="https://hrms.urban.org/briefs/Health-Care-Costs-Are-a-Barrier-to-Care-for-Many-Women.html">https://hrms.urban.org/briefs/Health-Care-Costs-Are-a-Barrier-to-Care-for-Many-Women.html</a>

<sup>&</sup>lt;sup>4</sup> U.S. Department of Health and Human Services. (2015, September 16). *The ACA is Working for Women*. Retrieved 19 December 2016, from <a href="http://www.hhs.gov.edgesuite.net/healthcare/facts/factsheets/2015/09/aca-working-women.html">http://www.hhs.gov.edgesuite.net/healthcare/facts/factsheets/2015/09/aca-working-women.html</a>

<sup>&</sup>lt;sup>5</sup> Becker, N.V., & Polsky, D. (2015). Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing. *Health Affairs, 34*, 71204-1211. Retrieved 19 December 2016, from <a href="http://content.healthaffairs.org/content/34/7/1204.full.pdf+html">http://content.healthaffairs.org/content/34/7/1204.full.pdf+html</a>

<sup>&</sup>lt;sup>6</sup> Sonfield, A., Tapales, A., Jones, R.K., & Finer, L.B. (2014). Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives. *Contraception*, 91, 44-48. Retrieved 19 December 2016, from <a href="http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/pdf">http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/pdf</a>

<sup>7</sup> Park, E., Aron-Dine, A., & Broaddus, M. (2017, March 8). House Republican Health Plan Shifts \$370 Billion in Medicaid Costs to States. Retrieved 10 March 2017, from <a href="http://www.cbpp.org/research/health/house-republican-health-plan-shifts-370-billion-in-medicaid-costs-to-states">http://www.cbpp.org/research/health/house-republican-health-plan-shifts-370-billion-in-medicaid-costs-to-states</a>

<sup>&</sup>lt;sup>8</sup> Park, E., Aron-Dine, A., & Broaddus, M. (2017, March 8). House Republican Health Plan Shifts \$370 Billion in Medicaid Costs to States. Retrieved 10 March 2017, from <a href="http://www.cbpp.org/research/health/house-republican-health-plan-shifts-370-billion-in-medicaid-costs-to-states">http://www.cbpp.org/research/health/house-republican-health-plan-shifts-370-billion-in-medicaid-costs-to-states</a>

<sup>&</sup>lt;sup>9</sup> Kaiser Family Foundation. (2016, October 21). Women's Health Insurance Coverage. Retrieved 10 March 2017, from <a href="http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/">http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/</a>

<sup>10</sup> Ibid.

<sup>&</sup>lt;sup>11</sup> See note 10

<sup>&</sup>lt;sup>10</sup> Sonfield, A. (2017, March 9). Why Protecting Medicaid Means Protecting Sexual and Reproductive Health. *Guttmacher Policy Review, 20*. Retrieved 10 March 2017, from <a href="https://www.guttmacher.org/article/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health">https://www.guttmacher.org/article/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health</a>

<sup>&</sup>lt;sup>13</sup> Planned Parenthood. (2016). Fact Sheet: The Urgent Need for Planned Parenthood Health Centers. Retrieved 10 March 2017, from https://www.plannedoarenthood.org/files/7814/8106/3998/20161207 Defunding fs d01.pdf

<sup>&</sup>lt;sup>14</sup> Planned Parenthood. (2016). Fact Sheet: This is Who We Are. Retrieved 30 November 2016, from https://www.plannedparenthood.org/files/6814/6833/9709/20160711 F5 General d1.pdf

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at NationalPartnership.org.

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<sup>&</sup>lt;sup>15</sup> See note 13.

<sup>&</sup>lt;sup>16</sup> Congressional Budget Office. (2015). Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015. Retrieved 30 November 2016, from <a href="https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf">https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf</a>

<sup>&</sup>lt;sup>17</sup> The AHCA repeals the ACA's tax credits, effective in 2020. Until 2020, use of existing tax credits is prohibited for purchase of any plan that covers abortion beyond life endangerment, rape, or incest. After 2020, this bill would put a new age-based tax credit in place, and the same abortion restriction would apply to these credits.