

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

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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 they often coordinate health care for spouses, children, aging parents and other loved ones.

The ACA is steadily improving women's access to health insurance coverage, making health care more affordable, and expanding benefits – all of which are priorities for women. Quite simply, the ACA makes affordable, quality health care more of a reality for women and their families.

- ▶ **Millions of women are gaining access to affordable health care coverage.** Changes made to the health care system by the ACA have enabled millions of previously uninsured women to enroll in affordable, comprehensive health coverage through Medicaid and the health insurance marketplace.
- ▶ **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. (The ACA prohibits all health programs and activities receiving federal funds, including tax credits, subsidies and contracts, from discriminating against women and other protected classes.)
- ▶ **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, cesarean sections, received medical treatment due to domestic violence or have chronic conditions like high blood pressure or diabetes. Additionally, insurers are now prohibited from imposing lifetime dollar-value caps on coverage and they are 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 until age 26. Additionally, health plans are now prohibited from denying coverage to children with pre-existing conditions, such as asthma or diabetes.
- ▶ **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, most health plans purchased in the individual market did not cover maternity care.¹ Women with individual plans either had to go without maternity benefits and pay out-of-pocket for their care, or purchase costly maternity coverage “riders.”² Maternity care 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.³

- ▶ **Women are guaranteed coverage for preventive services such as birth control, mammograms and cervical cancer screenings, with no cost-sharing.** Most private insurance plans – including most employer-sponsored plans⁴ – are required to cover a wide range of recommended preventive services without cost-sharing, including well-women visits; screenings for gestational diabetes, osteoporosis and colon cancer; Pap smears and pelvic exams; human papillomavirus (HPV); DNA testing; sexually transmitted infection (STI) and HIV screenings and counseling; all U.S. Food and Drug Administration (FDA) approved contraceptive methods; breastfeeding support, counseling and supplies; and screenings and counseling related to interpersonal violence. Most plans also must cover screenings and vaccinations critical to children’s health without out-of-pocket costs. The ACA also requires Medicare to waive cost-sharing for many of these services and to provide a free, annual comprehensive wellness visit that includes personalized prevention planning services.
- ▶ **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 of family planning services for lower-income women through State Plan Amendments (SPA). The SPA process makes it much easier for state Medicaid programs to provide these services to women because states no longer have to go through a cumbersome federal waiver process or reapply after initial SPA approval.
- ▶ **Nursing mothers have the right to a reasonable break time and a place to express breast milk (pump) at work.** The law provides the first national standard for nursing moms at work: Employers now have to offer certain employees a private space that is not a bathroom in which to pump breast milk.⁵
- ▶ **Pregnant and parenting women have access to a home visiting program.** The ACA provides support for at-risk communities through a home visiting program that pairs eligible new and expectant families with trained professionals. These professionals provide parenting information, resources and support during pregnancy and a child’s first years to support the child’s health, development, school readiness and more.⁶
- ▶ **Women have improved access to coordinated care.** By investing in primary care, patient safety and the Center for Medicare and Medicaid Innovation, the ACA lays the groundwork to improve 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 help they need.
- ▶ **Senior women will save thousands of dollars as reform closes the Medicare prescription drug coverage gap.** The drug coverage gap, referred to as the “donut hole,” requires beneficiaries to pay 100 percent of drug costs up to the point when

Medicare begins to pay again. Under the ACA, a typical Medicare beneficiary who hits the donut hole could save substantially by 2020, when it will close completely.⁷

- ▶ **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 information about health insurance options online so they can choose the best plans for themselves and their families.
- ▶ **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 hospitals that serve medically underserved and low-income populations. This provision ensures that women who rely on these providers can continue to receive care.
- ▶ **The ACA supports evidence-based, medically accurate, comprehensive sexuality education.** The ACA provided \$75 million per year for five years to the Personal Responsibility Education Program (PREP), a state grant program that funds comprehensive approaches to sex education. Specifically, PREP funds evidence-based, medically accurate, age-appropriate programs to educate adolescents about both abstinence and contraception in order to prevent unintended teen pregnancy and STIs, including HIV/AIDS. In April 2015, Congress extended PREP program funding through fiscal year 2017.
- ▶ **Abortion care can be covered, but it is treated differently than every other health care service.** Coverage of abortion was one of the biggest points of contention during the debate over the ACA. While women's reproductive health advocates were able to defeat efforts to completely undermine access to abortion care, abortion services are still treated unfavorably by the law. The ACA imposes restrictions on insurance providers that offer plans that include abortion coverage in the health insurance marketplaces and on the individuals who buy these plans.

1 National Women's Law Center. (2009, October). *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition*. Retrieved 12 August 2015, from <http://www.nwlc.org/resource/still-nowhere-turn-insurance-companies-treat-women-pre-existing-condition>

2 The Henry J. Kaiser Family Foundation. (2013, August). *Health Reform: Implications for Women's Access to Coverage and Care*. Retrieved 12 August 2015, from <http://www.kff.org/womenshealth/upload/7987.pdf>

3 Truven Health Analytics. (2013, January). *The Cost of Having a Baby in the United States, Table 11*. Retrieved 12 August 2015, from <http://transform.childbirthconnection.org/reports/cost/>

4 Note: Some employers – nonprofit organizations that hold themselves out as religious and certain closely held for-profit corporations – are eligible for an accommodation that allows them not to pay for coverage of contraception but ensures their employees receive contraceptive coverage directly from the insurer, or for self-insured plans, the third party administrator.

5 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 12 August 2015, from http://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btnm.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.

6 U.S. Dept. of Health and Human Services Health Resources and Services Administration. *Maternal, Infant, and Early Childhood Home Visiting*. Retrieved 12 August 2015, from <http://mchb.hrsa.gov/programs/homevisiting/>

7 U.S. Dept. of Health and Human Services Office of the Asst. Secretary for Planning and Evaluation. (2012, February). *ASPE Issue Brief: Medicare Beneficiary Savings and the Affordable Care Act*. Retrieved 12 August 2015, from <http://www.aspe.hhs.gov/health/reports/2012/MedicareBeneficiarySavings/ib.shtml>

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 www.NationalPartnership.org.

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