

30 Million Women Will Benefit from Health Care Reform

Women across the nation and socioeconomic levels stand to benefit greatly from health care reform. The Patient Protection and [Affordable Care Act of 2010](#), signed into law by President Obama on March 23, 2010, makes health care coverage more affordable, protects women from gender discrimination and unfair premium costs, and makes health insurance easier to obtain while improving and expanding access to the health services that women need. In fact, protection against discrimination started immediately upon signing; any insurance company, health care provider or health plan that receives federal funding cannot discriminate on the basis of sex, race, national origin, age, or disability.

The [National Women's Law Center](#) and the [Commonwealth Fund](#) have done extensive work to make clear what health care reform means for women. An issue brief entitled "[Realizing Health Reform's Potential: Women and the Affordable Care Act of 2010](#)" by the Commonwealth Fund, reports up to 30 million women are estimated to benefit; 15 million women who are now uninsured could gain subsidized insurance coverage and another 14.5 million insured women will benefit from the improved coverage or reduced premiums under the law. Below is a summary of provisions that will tangibly benefit women.

Health Insurance More Affordable and Accessible

Medicaid Expansion. Beginning in January 2014, Medicaid eligibility will expand to 133 percent of the federal poverty level and will potentially benefit 8.2 million low-income women not already eligible for Medicaid. This provision is most likely to provide insurance coverage for uninsured women since half of women who are uninsured live in households with incomes under 133 percent of the federal poverty level (\$14,404 for a single woman and \$29,327 for a family of four). According to the National Women's Law Center, up to [154,300 uninsured, low-income women in Illinois](#) will now be eligible for Medicaid through this expansion.

Health Insurance Exchanges. Beginning in January 2014, exchanges can provide low- and moderate-income women with subsidies in the form of tax credits to help with premiums and out-of-pocket costs. Up to 7 million uninsured women nationwide and [471,000 women in Illinois](#) will benefit from health insurance exchanges and subsidies. Subsidies are available for women and their families with incomes up to 400 percent of the federal poverty level (\$43,320 for a single woman and \$88,200 for a family of four).

Out-of-Pocket Spending Limits. Women will benefit from out-of-pocket spending limits which make many women underinsured because of high costs when compared to income. This provision is required for new health plans starting January 2014.

Preexisting Condition Coverage and Guaranteed Issue. Uninsured women with a preexisting condition will now be able to gain coverage through preexisting condition insurance plans. Many women have been denied coverage for C-sections and breast or cervical cancer or for being treated medically for domestic or sexual violence. This provision will benefit 100,000 women nationwide and is being phased in now through 2013--the ban is now in effect for children with preexisting conditions for all plans except existing individual health plans. Beginning January 2014, new insurance plans (not existing individual plans) cannot exclude women for preexisting conditions. In fact, in January 2014, all new health insurance plans must guarantee issue and renewability, that is, accept all individuals and groups who apply for coverage.

Insurers Covering Young Adults on Parent's Health Insurance Policy. As of September 23, 2010, insurers are to allow young adults up to age 26 to remain on their parent's health insurance policy. Young women are [more likely to be uninsured](#) than women in any other age group.

Closing the Medicare Coverage Gap. Older women will benefit from a provision that will provide rebates for drug coverage, which will help close the Medicare Part D "doughnut hole." Women are disproportionately affected by the "doughnut hole" coverage gap. Phasing out this gap in coverage begins this year with a \$250 automatic rebate to Medicare beneficiaries who reach the "doughnut hole". The coverage gap will be eliminated entirely in January 2020.

Health Care Reform Offering Comprehensive Health Services to Women

Maternity Coverage. Starting in 2014, millions of women will benefit from a new rule that requires health care plans in individual, small-group, and exchange markets to cover a broad range of services such as maternity and newborn care, prescription drug coverage, and mental health services.

Access to Family Planning Services. Family planning services and supplies must now be included in Medicaid benchmark plans, and will be likely required for individual, exchange and small-group health plans beginning in January 2014. Under the Medicaid Family Planning State Option, states now have the option to expand Medicaid coverage for family planning services without a federal waiver.

Free Standing Birth Centers. Freestanding birth centers are covered by Medicaid as of March 23, 2010.

Preventive Care. Beginning September 23, 2010, preventive care is required at no cost to the insured for all new plans, excluding grandfathered plans. This provision provides critical services to women such as breast and cervical cancer screening, osteoporosis screening, blood pressure and cholesterol testing, depression screening, and immunizations. Some required services target certain age groups.

Restrictions on Detrimental Health Insurance Practices

Gender Rating. Millions of women will benefit from the new rule banning gender rating, or denying coverage or charging higher premium costs on the basis of health or gender. This ban affects new individual and small group health plans beginning in January 2014.

Lifetime and Annual Coverage Limits Prohibited. Starting September 23, 2010, health care plans are barred from placing lifetime dollar limits on covered services; 10,000 women could gain coverage through this ban. The ban on annual limits will be phased in beginning September 23, 2010, with a complete ban (except for those health plans grandfathered in) in 2014, but in the meantime the cap has been raised to higher dollar limits to ensure more coverage. By 2013 some 1,750 women will gain coverage as a result of the annual cap ban.

Cancellations on Coverage. The ban on the rescission on coverage, which allows insurance companies to investigate the health records of enrollees who become ill to determine whether there is any reason to cancel or rescind coverage, will take effect September 23, 2010. In all, 5.5 million women who currently have health insurance through the individual market will not have to worry about their health insurance policies being cancelled in times of illness (few employer group plans ever rescind policies).

Additional Provisions that Benefit Women and Girls

Direct Access to Obstetrical and Gynecological Care. Starting September 23, 2010, women will have direct access to obstetrical and gynecological care, that is, no referrals necessary. This applies to all new plans, not existing health plans.

Nursing Mothers. Beginning immediately, working, nursing mothers now are required to have reasonable breaks and a private place to express milk at their place of employment.

New Long-Term Care Program to Assist Caregivers. Starting in October 2011, Community Living Assistance Services and Support (C.L.A.S.S.), a voluntary, long-term services and support insurance program, will provide relief for caregivers, often women, who care for family members with functional limitations.

New Grant Programs to Support Mothers, Women and Girls. These programs include providing grants to establish home-visiting programs to provide support and education for pregnant women, new mothers and families; treatment and support programs for women with postpartum depression; and supportive service programs for pregnant and parenting teens and women in school. Illinois has already applied for a grant under the pregnant and parenting teens grant program.

Equitable Work Reimbursement for Midwives. Certified midwives will now receive the same Medicare reimbursement and equal pay as physicians for the same work starting in January 2011.

Individual Requirement to Have Health Insurance

The requirement for all U.S. citizens and documented residents to have minimum health insurance coverage (through the individual insurance market, an insurance exchange, a public program, or an employer) or face a penalty (with some exemptions) is controversial, but necessary to achieve near-universal coverage for women and their families. This requirement begins in 2014.

Abortion Services and the Patient Protection and Affordable Care Act of 2010

While the Patient Protection and Affordable Care Act provides many gains in women's access to health care, there are certain restrictions that prove to be a setback. Abortion services are restricted, consistent with the Hyde Amendment, which prohibits the use of federal funds to provide abortion services except in cases of life endangerment, rape, and incest. This applies to women who receive subsidies to purchase insurance through health insurance exchanges, are enrolled in preexisting condition insurance plans, as well as women who are eligible under the Medicaid expansion. Exchanges have the option to provide abortion services but must follow stringent procedures to make certain that federal subsidies are not used for abortion services. In addition, the Act allows states to prohibit abortion coverage in plans offered through an exchange if the state enacts a law that requires such a prohibition.

Conclusion

Thus offered a substantial expansion and improvement of health insurance coverage, millions of women and their families will benefit from the Patient Protection and Affordable Care Act's provisions. Up to 30 million women either will gain health care coverage through expansion and subsidies or will have improved and more affordable health care coverage. The Act's provisions will secure women's access to health care and comprehensive services while reducing their cost burden.

For more information, contact Wendy Pollack, director, Women's Law and Policy Project, Sargent Shriver National Center on Poverty Law, at 312.368.3303 or wendypollack@povertylaw.org.

Published by the SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW. Funded in part by generous grants from the Sophia Fund for Advocacy of the Chicago Foundation for Women, the Jo & Art Moore Family Fund, and The Libra Foundation.