

## Health Care Reform and Preventive Care for Women

Women have long been at a disadvantage in the health care system in the United States—they pay significantly higher premiums than men and are more likely to be uninsured. Since the passage of the Patient Protection and Affordable Care Act last year, the Act has already improved women’s health care coverage and is estimated to benefit almost 30 million women nationwide by the time all of its provisions go into effect. One provision requires private insurance companies to cover certain preventive health services at no out-of-pocket costs. According to a U.S. Department of Health and Human Services (HHS) [announcement](#), a full range of women’s preventive services, such as annual well-woman visits and all contraception methods approved by the Food and Drug Administration (FDA), are to be among the services covered. The Act has been under attack recently, but [recent reports](#) paint a bleak portrait of the status of women’s health care today and show just how integral the implementation of the Act and its coverage of preventive services are to women of all races, ethnicities, and socioeconomic backgrounds.

### Rising Costs of Health Care

The recession has only exacerbated the gaps in women’s health care coverage and made the need for affordable health care more acute. In 2010 an estimated [27 million](#) working-age women went without health insurance. That is almost one in three women 19–64. For women with family incomes below 133 percent of the federal poverty line, that number rises to [one in two](#). But coverage is not the only problem. The rising cost of health care is affecting those *with and without* health insurance, especially women who can pay premiums up to 84 percent higher than men for the same coverage. [Recent studies](#) show that women have been cutting back on services as a result of rising health care costs that have not been matched by rises in income. The number of working-age women who spent 10 percent or more of their income on premiums and out-of-pocket costs rose from 25 percent in 2005 to 33 percent in 2010. For low-income women, the numbers are even more staggering. In 2010 over half of women living in households with incomes below the poverty line spent 10 percent or more of their income on premiums and out-of-pocket costs—that’s twice as many as in 2001.

### Preventive Care

The increase in premiums and out-of-pocket costs has led many people simply to stop going to the doctor. Preventive care is often the first to go, even though it can save both lives and money. Women, who need more preventive health services than men, are also more likely to forgo these services and screenings because of cost. Indeed [in 2010](#) less than half of all women were up to date with recommended preventive screenings and care, and 48 percent of all women—both insured and uninsured—reported that they did not fill a prescription, skipped a recommended test, or did not see a doctor when they had a medical problem because of the associated costs. [Studies](#) have shown, however, that when out-of-pocket costs are eliminated or significantly reduced, women are more likely to get much-needed preventive services and screenings, such as pap smears and mammograms.

## Coverage of Preventive Services for Women

The Patient Protection and Affordable Care Act's requirement that private insurance companies cover preventive services and screenings at no out-of-pocket costs is especially helpful for women. The preventive services required to be covered are determined by HHS and already included mammograms and pap smears. The original list, however, had major gaps where women's preventive services were concerned, and HHS tasked the Institute of Medicine with researching what crucial women's preventive services were missing. On August 1 HHS [adopted](#) all of the Institute of Medicine's [recommendations](#) including full coverage of FDA-approved contraception devices and methods. Contraception is unaffordable for a large number of women, and nearly [half of all pregnancies](#) in the United States are unplanned. For teenagers, the number rises to 80 percent. Contraceptive care and counseling will allow women to plan and time their pregnancies. This will significantly lower health and other risks correlated with unplanned pregnancies, such as gestational diabetes, lower birth weights in infants, higher rates of poverty, and higher rates of abortion. Making all contraceptive services affordable, including those with high up-front costs such as intrauterine devices, sterilization, and implants, will allow women to use the most effective and appropriate contraceptive method for them, the method they might have forgone because of costs. This will reduce the rate of unintended pregnancy and abortion and make family planning easier and more accessible for middle- and low-income women.

Full coverage of contraception may be the most controversial of the adopted guidelines, but the other preventive services approved by HHS are no less significant. The guidelines cover screening for gestational diabetes, screening and testing for the human papilloma virus, screening and counseling for sexually transmitted infections, including HIV (human immunodeficiency virus), screening and counseling for interpersonal and domestic violence, counseling and support for breast-feeding, including costs of supplies, and full coverage of annual well-woman visits. (To read more about the covered services, [click here](#).) The coverage of annual well-woman visits will allow women the opportunity to receive preventive services such as those now required to be covered. These requirements will go into effect for all insurance plans beginning on or after August 1, 2012, and will greatly reduce the amount of money that women spend on health care and give all women greater access to quality health services, crucial preventive services among them.

Attorneys at the Sargent Shriver National Center on Poverty Law are leading experts in Illinois on the Patient Protection and Affordable Care Act and its state implementation. They understand women as health care consumers and patients. As implementation on the federal and state level unfolds, WOMANVIEW informs and engages its readers on the health care reform issues affecting women. For more information, contact Wendy Pollack, director, Women's Law and Policy Project, Sargent Shriver National Center on Poverty Law, at [wendypollack@povertylaw.org](mailto:wendypollack@povertylaw.org). Please visit a great source of information on health care reform: Illinois Health Matters ([www.illinoishealthmatters.org](http://www.illinoishealthmatters.org)), a website managed by health policy and community-based organizations, including the Shriver Center.