

Why the Affordable Care Act Matters for Women: **Expanding Access to Health Insurance**

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In 2010, the year the Affordable Care Act (ACA) was signed into law, approximately 19 million women – one in five women ages 19 to 64 – were uninsured.¹ By 2014, the ACA will provide nearly all of these women with access to comprehensive health coverage by expanding Medicaid eligibility, making private plans more affordable, and eliminating discriminatory practices that have long kept women and small businesses out of the private market. The ACA will also make it easier for women to find and enroll in the health insurance option that best meets their needs and the needs of their families.

Historic Expansion of Medicaid

Medicaid provides essential care over the spectrum of women's lives, from family planning and maternal health services to nursing home care. Yet restrictive state eligibility rules have long kept many women from accessing the benefits of this critical program.

In 2014, the ACA will close this gaping hole in the nation's safety net.

- ▶ In 2014, Medicaid eligibility will be expanded to individuals and families with household family incomes up to 133 percent of the Federal Poverty Level (FPL).²
 - ▶ Given current poverty level guidelines, that means a childless woman earning up to \$14,856 annually would qualify for Medicaid, as would a family of four with income of \$30,657 per year.
 - ▶ With this change, ten million more women will qualify for Medicaid's comprehensive health coverage with strong out-of-pocket cost (cost-sharing) protections.³
- ▶ Beginning in 2014, states have the option to establish federally-financed Basic Health Plans to extend "Medicaid look-alike" coverage – comprehensive, affordable insurance plans with limited cost-sharing – to individuals and families earning up to 200 percent

Why the ACA Matters for Women Fact Sheets

- ▶ [Summary of Key Provisions \(pdf\)](#)
- ▶ [Expanding Access to Health Insurance \(pdf\)](#)
- ▶ [Affordability and Choice in the Insurance Marketplace \(pdf\)](#)
- ▶ [Improving Health Care for Older Women \(pdf\)](#)
- ▶ [Improving Health Coverage for Lower-Income Women \(pdf\)](#)
- ▶ [Better Care for Pregnant Women and Mothers \(pdf\)](#)
- ▶ [Expanding Medicaid Family Planning Services \(pdf\)](#)
- ▶ [Preserving Access to Women's Health Clinics \(pdf\)](#)
- ▶ [Coverage of Women's Preventive Services, Including Contraception \(pdf\)](#)
- ▶ [Comprehensive Sex Education for Teens \(pdf\)](#)
- ▶ [Restrictions on Abortion Coverage \(pdf\)](#)

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of FPL (currently \$22,340 for an individual and \$46,100 for a family of four).

Affordable Private Health Insurance Options

The high cost of health insurance places a distinct burden on women, who often struggle to pay for premiums due to lower wages. Women are also more likely to own⁴ the smallest businesses, which often struggle to provide health insurance coverage to employees. These problems have been exacerbated because many insurers practice gender rating – charging women and small business that employ women higher rates simply because of gender.

The ACA establishes critical protections to level the playing field and make private health insurance options more affordable for women purchasing coverage on their own or through small businesses.

- ▶ Many small businesses across the country have already begun reporting decreases in premiums due to the ACA's medical loss ratio requirements which ensure premium dollars go toward medical care instead of administration and profits.⁵
- ▶ Beginning January 1, 2014, women will no longer have to pay more than men for the same insurance policies. The ACA prohibits gender rating as well as health status rating (charging higher premiums based on enrollees' health status or history).
- ▶ Tax credits will also be available to help women and families earning up to 400 percent of the FPL (an annual income of \$44,680 for an individual or \$92,200 for a family of four in 2012) afford private insurance in the individual market.
- ▶ In addition, hundreds of thousands of small businesses nationwide are eligible for a substantial new health care tax credit that makes it more affordable to offer health coverage to workers.

Some health plans consider domestic violence survival to be a pre-existing condition, pushing survivors out of the insurance market.

In 2014, the ACA will prohibit insurers from denying coverage for pre-existing conditions.

Guaranteed Access to Private Health Insurance

Today, it can be nearly impossible to access health insurance on the individual market without a blemish-free medical history – literally. Health plans have been known to deny or drop women from coverage for conditions ranging from acne to C-sections to breast cancer.

The ACA ensures that women and families can purchase and keep the health plans of their choice.

- ▶ The ACA prohibits private health insurers from retroactively canceling someone's coverage when they incur high health care costs – protecting women and families from significant financial hardship and stress.

- ▶ Beginning in 2014, new private health plans will no longer be able to turn away women and families applying for or renewing coverage. These new plans will also be prohibited from excluding particular items or services from coverage on the basis of a pre-existing condition.
 - ▶ The prohibition on pre-existing condition exclusions and denials protections went into effect for kids under age 19 in September 2010.
 - ▶ To help uninsured adults with pre-existing conditions access coverage before 2014, new Pre-Existing Condition Insurance Plans (PCIP) are available in every state.
- ▶ To ensure that recent high school and college graduates aren't without coverage as they search for work and start their careers, the ACA allows young adults to stay on their parents' insurance plans until they are 26 years old. This provision is already benefitting 2.5 million young adults, including an estimated 1.1 million young women.⁶

Insurance Shopping Made Easy

For millions of American families – as well as many small businesses – women are the ones who gather information, compare plans, and make the decisions about which plans best suit their families' needs and budgets. Often, these decisions have been hampered by limited options and inaccessible or incomprehensible information about what is covered and at what cost.

Under the ACA, women and families, as well as small businesses, will have access to new one-stop-shops – referred to as health insurance exchanges – that will connect them with a range of reliable health coverage options and enable apples-to-apples comparisons of these choices.

Women and families will have unprecedented access to standardized, unbiased information about plan choices so they can assess plans based on the things that matter most to them.

- ▶ Exchanges are required to be up and running in every state by October 2013 to help individuals and small businesses purchase coverage for 2014.
- ▶ Through an exchange, women and families will have unprecedented access to standardized, unbiased information about plan choices so they can assess plans based on the things that matter most to them – such as premiums and cost-sharing requirements, quality, provider network, and scope of benefits.
- ▶ Plans will be vetted before they are sold on the exchanges to ensure they all meet basic standards for marketing practices (e.g., insurers cannot intentionally discourage women with high health care costs from enrolling in a particular plan), provider network adequacy, and quality.
- ▶ Exchanges will also determine eligibility for and enroll lower-income women and families in the health coverage options that best suit their personal circumstances, including public programs such as Medicaid, and subsidized private insurance.

¹ Kaiser Family Foundation. (2011, December). Fact Sheet: Women's Health Insurance Coverage. Retrieved March 6, 2012 at <http://www.kff.org/womenshealth/upload/6000-091.pdf>

² In 2014, Medicaid eligibility will be expanded to individuals and families with household family income at or below 133% FPL. However, a standard 5% income disregard used when determining eligibility effectively raises the limit to 138% of FPL.

³ Kaiser Family Foundation. (2012, January). Medicaid's Role for Women Across the Lifespan: Current Issues and the Impact of the Affordable Care Act. Retrieved March 6, 2012 at <http://www.kff.org/womenshealth/upload/7213-03.pdf>

⁴ U.S. Census Bureau. (2011, June). Women in Business: A Demographic Review of Women's Business Ownership. Survey of Business Owners - Women-Owned Firms: 2007. Retrieved March 7, 2012 at <http://www.census.gov/econ/sbo/get07sof.html?12>

⁵ Jost, Timothy S. (2012, December 15). The New Medical Loss Ratios. Testimony before the House Small Business Subcommittee, Washington, D.C. Retrieved March 6, 2012 at http://smbiz.house.gov/UploadedFiles/Jost_Testimony.pdf

⁶ U.S. Department of Health and Human Services. (2011, December 14). New data: Affordable Care Act helps 2.5 million additional young adults get health insurance. News release. Retrieved March 6, 2012 from <http://www.hhs.gov/news/press/2011pres/12/20111214d.html>

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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