

# Why the Affordable Care Act Matters for Women: Preserving Access to Women's Health Clinics

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Today, many uninsured or underinsured Americans receive their care from publicly funded clinics and health providers across the country known as essential community providers (ECPs). Many of these providers do not require insurance or any payment. They include family planning clinics, Sexually Transmitted Infection clinics, and community health centers. By 2014, health reform will require that all Americans have health insurance coverage, so many people who currently receive services from ECPs will be purchasing private health insurance coverage. Private plans do not generally include ECPs in their coverage networks; therefore, health reform requires private health plans participating in health insurance exchanges to contract with essential community providers.

## 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 \(pdf\)](#)

Also available at [www.nationalpartnership.org/ACA](http://www.nationalpartnership.org/ACA)

## Expansive Definition of Essential Community Providers

**The National Partnership strongly supports the important work of ECPs across the country because they can help guarantee that all women have access to appropriate local health care and can continue to use their chosen provider as the Affordable Care Act (ACA) is implemented. The National Partnership is monitoring implementation of the ACA to ensure that access to women's health clinics is a fundamental consideration.**

- ▶ The National Partnership worked hard to secure language in the ACA that requires insurance plans to contract with ECPs, including women's health centers, HIV/AIDS clinics, community health centers, and public hospitals that serve medically underserved and low-income populations.
- ▶ This provision establishes a critical protection for newly insured patients to access the primary and preventive care they need from providers in their communities. It is also

vitaly important for racial and ethnic minorities who often have less access to medical care.

- ▶ Guaranteeing access to ECPs not only helps increase the number of primary care providers, it can also help expand the geographic availability of providers. Whether clinics are located in low-income urban neighborhoods, rural or remote areas, or near public transportation, providers serving in these clinics are accustomed to meeting the special needs of low-income populations – and that includes easy access to affordable health services.
- ▶ This important requirement will not only allow many of the newly insured to continue to receive care from their regular health care providers, but it will also help to address what is expected to be a substantial need for primary care providers to respond to the increase in individuals with insurance.
- ▶ Title X family planning clinics and women’s health centers are a very important part of the ECP network. Reproductive health clinics serve millions of men, women and children, and provide essential health services. For many women, these clinics are their only source of health care.

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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](http://www.NationalPartnership.org).

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