

Why the ACA 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 health care has long been a priority for women, reflecting their experiences as patients, mothers, and caregivers. Women, on average, have far more contact with the health care system over their lifetimes than do men. The health care needs of women are greater, especially during their reproductive years, and historically women have played a central role in coordinating health care for family members, from spouses and children to aging parents.

The ACA will improve women's access to health insurance coverage, make health care more affordable, and expand benefits — all priorities for women. The ACA is moving us closer to the day when essential women's health services are covered, prevention is a priority, and care is coordinated so family caregivers don't have to shoulder unmanageable burdens. Quite simply, reform is making affordable, quality health care more of a reality for women and their families.

- ▶ **Millions of women are gaining access to affordable health care coverage.** By 2014, changes to the health care system under the ACA could make nearly 19 million previously uninsured women eligible for affordable, comprehensive health coverage through expanded Medicaid coverage and subsidies for women who lack employer sponsored health insurance.
- ▶ **Women will not have to pay more than men for the same insurance policies.** Beginning in 2014, the ACA will prohibit new plans in the individual and small group market from charging women higher premiums simply because of their gender (a.k.a., gender rating). Furthermore, for the first time in history, gender discrimination will be prohibited in all federally funded health care. The inclusion of this basic protection means that any insurance companies receiving federal funds (including tax credits, subsidies and contracts) will be prohibited from discriminating against women — including when defining and administering their benefit packages.
- ▶ **Women will not be denied coverage because they are sick or have pre-existing conditions.** In 2014, the ACA ends outrageous, predatory practices that have allowed

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

insurers to refuse to cover women who get breast cancer, have C-sections, receive medical treatment for domestic violence or have chronic conditions like high blood pressure or diabetes. In addition, as of September 23, 2010, insurers could no longer impose lifetime dollar-value caps on coverage and between 2010 and 2014, annual dollar-value caps on coverage are being progressively phased out.

- ▶ **Children and young adults will have greater access to quality care.** Already, 2.5 million more young adults, including an estimated 1.1 million young women, are insured because the ACA gives them the right to stay on their family's health insurance until age 26. Health plans can also no longer deny coverage to children with pre-existing conditions such as asthma or diabetes.
- ▶ **Women will be guaranteed preventive services such as birth control, mammograms and cervical cancer screenings, with no deductibles or copays.** New private insurance plans will be required to cover a wide range of recommended services without cost-sharing, including well-women visits; screenings for gestational diabetes, osteoporosis, and colon cancer; pap smears and pelvic exams; HPV DNA co-testing; STI and HIV screenings and counseling; all FDA-approved contraceptive methods; breastfeeding support, counseling, and supplies; and screenings and counseling related to interpersonal violence. Private 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 as well provide a free annual, comprehensive wellness visit that includes personalized prevention planning services.
- ▶ **More low-income women have timely access to family planning services by simplifying the process for states to expand Medicaid eligibility for family planning services.** Timely access to contraceptive services can improve maternal and child health by providing women with essential services to plan their pregnancies. Those Americans who will be newly eligible for Medicaid in 2014 will benefit from the program's guarantee of family planning services without out-of-pocket costs, along with coverage for its comprehensive package of reproductive health services beyond family planning (excluding abortion).
- ▶ **Nursing mothers will have the right to a reasonable break time and a place to express breast milk at work.** The law provides the first national standard for nursing moms at work; employers will now have to offer hourly employees (employees covered by overtime laws) a clean, safe space – not a bathroom – in which to pump.
- ▶ **Pregnant and parenting women on Medicaid will get access to needed services.** New and expectant families will benefit from a home visitation program that pairs them with trained professionals to provide parenting information, resources and support during pregnancy and throughout their child's first three years. This includes services for, and education about, post-partum depression, anti-smoking programs, violence prevention and more.
- ▶ **Senior women will have access to coordinated care.** By investing in primary care, patient safety, and the new Center for Medicare and Medicaid Innovation, the ACA lays the groundwork to improve quality and coordination of care. This means that older 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.** Each year, about 16 percent of Medicare beneficiaries—a large number of them women—hit the “donut hole” in their prescription drug coverage meaning that they are responsible for paying 100% 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 over \$3,000 by 2020, when the donut hole will be closed completely.
- ▶ **Women will be able to do comparison shopping when choosing health plans for their families.** The new website HealthCare.gov – and coming in 2014, state-based health insurance exchanges – will give women access to unbiased information about health insurance options online so they can choose the best plans for themselves and their families.
- ▶ **Family caregivers – who are typically women – will benefit from new supports that help them care for their loved ones while also taking care of themselves.** For example, the ACA establishes Geriatric Education Centers (GECs) to support training in geriatrics, chronic care management, and long term care issues for family caregivers, as well as health professionals and direct care workers. The GECs are required to train family caregivers at minimal or no charge and to incorporate mental health and dementia best care practices into their curricula.
- ▶ **Family planning providers and Women’s Health Clinics will continue to provide health services to the women they serve.** The National Partnership helped secure language in the ACA that requires insurance plans to contract with essential community providers (ECPs), including women’s health centers, HIV/AIDS clinics, community health centers, and public hospitals that serve medically under-served and low-income populations. This provision ensures that women who rely on these clinics can continue to receive care from their regular health care provider, and will help to address what is expected to be a substantial need for primary care providers to respond the increase in individuals with insurance.
- ▶ **The ACA supports evidence-based, medically accurate, comprehensive sexuality education.** The ACA provides \$75 million per year for five years to the Personal Responsibility Education Program (PREP), a state grant program to fund comprehensive approaches to sex education. Unfortunately, the ACA also includes money for abstinence-only until marriage education.
- ▶ **Abortion care can be covered, but 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. Reproductive health advocates were able to defeat efforts to completely undermine access to abortion under the law, however, abortion is the only health care service that is treated unfavorably. The law imposes restrictions on insurance providers who offer plans that include abortion coverage in the health insurance exchanges.

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. © 2012 National Partnership for Women & Families. All rights reserved.