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eliminating racism
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ACA REPEAL: What's at Stake for Women

YWCA believes that quality, affordable health care is critical to everyone, but for many women, children, and people of color getting the insurance coverage and medical care they need is a struggle. The Affordable Care Act (ACA, also known as "ObamaCare"), together with programs such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), are vital to help women and their families manage the cost and accessibility of health care.

Unfortunately, current actions in Congress threaten the progress made since the ACA was enacted. In January 2017, Congress began the complicated process of repealing the ACA by passing Sen.Con.Res. 3. If the law is repealed, the Congressional Budget Office (CBO) estimates that 18 million Americans will lose health insurance coverage in the first year, and more than 30 million will lose coverage by 2020.[i] This includes the 9.5 million women who would be uninsured if not for the ACA.[ii] Millions more will lose access to critical programs and protections afforded by the law.

Repealing the Affordable Care Act, especially without adopting a comprehensive, well-vetted, comparable replacement plan, is detrimental to women's health across the country. Here's what's at stake for women:

Women would lose coverage for no-cost preventative services.

Preventative Care. Under the ACA, those with insurance can receive preventative care with no cost-sharing (meaning no co-insurance, co-pays, or deductibles). These services include blood pressure screening; obesity screening and counseling; flu and other vaccinations; tobacco cessation treatments; well-woman visits; gestational diabetes screening; domestic violence screening and counseling; FDA-approved contraceptives; breastfeeding counseling and equipment; STI testing and treatment; and mammograms and colonoscopies.[iii], The Department of Health and Human Services (HHS) currently estimates that 137 million Americans – including 55.6 million women – with private health insurance have access to recommended preventive care services without a copay or deductible because of the ACA's preventive care provisions.[iv]

Insurance companies would again be allowed to discriminate against women.

Premiums: Prior to the ACA, insurers often used a practice called "gender rating" to charge women more for health insurance premiums, simply because of their gender. Ninety-two of the best-selling plans charged women more than men for the same health care coverage.[v] This resulted in women paying $1 billion more than men each year for the same plans.[vi] Under the ACA, as of 2014, no new individual or small group marketplace insurer can use gender-rating to discriminate against women.[vii]

Maternity Care. Before the ACA, only 12 percent of plans sold on the individual marketplace offered maternity coverage. In addition, this coverage was often lacking, making women wait up to a year to use the benefit, or charging deductibles of up to $10,000.[viii] Under the ACA, all private marketplace plans, as well as most private insurance in the individual and small employer markets,

must offer a set of essential health benefits, including maternity and newborn care.[ix] In 2012, 8.7 million Americans gained maternity coverage due to the Affordable Care Act.[x]

Pre-Existing Conditions: Before the passage of the ACA, individual market insurers could refuse to offer coverage based on pre-existing conditions. Many women were denied coverage due to gender-based pre-existing conditions, like being a victim of domestic violence or sexual assault, having cesarean sections, and surviving breast and cervical cancers. The ACA made it illegal for insurance companies to deny coverage or to charge more for coverage based on any pre-existing condition.[xi] An estimated 65 million women with pre-existing conditions can no longer be discriminated against, or be forced to pay higher premiums, due to pre-existing conditions.[xii]

Non-discrimination in health insurance and care. Prior to the ACA, there was no federal law that provided comprehensive protection against discrimination in health insurance or care. This led to high levels of discrimination in purchasing insurance, paying for care, and in receiving proper diagnoses and treatment.[xiii] The ACA made it illegal to discriminate in health care and insurance based on gender, race, national origin, age, and disability.[xiv] An accompanying HHS rule made discrimination based on sexual orientation or gender identity illegal, as well.[xv]

Women will lose critical protections for themselves and their families.

Health Insurance Exchanges. Coverage through state and federal health insurance exchanges began in every state on January 1, 2014. These exchanges provide a place to compare plans and shop for affordable and comprehensive health insurance coverage. Eligible applicants can access tax credits or subsidies to help them purchase coverage through the exchanges. In 2016, 6.8 million women and girls selected quality, affordable health plans in the exchanges.[xvi]

Expanded Medicaid Coverage. Effective in 2014, states have the option to expand Medicaid coverage to include individuals and families with very low incomes but who did not fall below the poverty line. The law also removed requirements that Medicaid recipients be either pregnant, mothers of children 18 and younger, disabled, or over 65.[xvii] The federal government agreed to cover 100% of the cost of this coverage expansion for the first three years (2014-2016), phasing down to 90 percent after that through 2022.[xviii] The expansion was designed to provide coverage to more than 17 million people, up to 10.3 million of whom were women.[xix] However, not all states opted to expand Medicaid coverage. As of December 2016, 31 states and the District of Columbia had implemented Medicaid expansion.[xx]

Young Adults Can Stay On Parents' Plans. Prior to the ACA, many health plans dropped coverage for dependents once they reached a certain age, regardless of where they lived, or whether they were in school or were employed. The ACA requires any plan or issuer offering dependent coverage to permit children to stay on their parents' plan until age 26.[xxi] In 2010, about 30 percent of young adults between 19 and 29 had no health insurance. By the end of 2015, 5.7 million young adults had gained coverage under the ACA.[xxii] This is especially important for young women, as they are more likely than others to report delaying needed health care because of cost.[xxiii]

No Lifetime Caps. The ACA prohibits annual and lifetime limits on most benefits, ensuring that coverage doesn't run out during a time of need.[xxiv] Forty million women no longer have a lifetime limit on the coverage they need.[xxv]

Women of color, LBQ/TGNC individuals, and other marginalized communities will lose access to protections and tools meant to reduce health disparities.

Increased access to health insurance coverage and care. While women of color represent 36 percent of women in the United States, prior to the ACA they accounted for more than 53 percent of all uninsured women.[xxvi] The passage and implementation of the ACA has led to historic drops in the uninsured rate among Black women (42 percent), Latinas (36 percent), Asian and Pacific Islander women (46 percent) and American Indian and Alaska Native women (25 percent).[xxvii]

In addition, structural racism and economic inequality have created health disparities for women of color across a wide range of health conditions, such as disproportionate rates of diabetes, obesity, heart disease, unintended pregnancy, sexually transmitted infections, maternal mortality, and negative birth outcomes. Increased access to health coverage can help reduce the primary driver of racial health disparities – a lack of access to comprehensive health insurance and health care.[xxviii] However, under the ACA, the percentage of women with a usual source of care has increased since 2010, particularly among Black women (a 5.1 percentage point increase), Latinas (a 6.5 percentage point increase), and women with incomes at or below 400 percent of the federal poverty level (a 3.8 percentage point increase).[xxix]

Expanded data collection. The ACA also made investments to standardize data-collection across the U.S. Department of Health and Human services in the categories of race, ethnicity, sex, gender identity, disability, and primary language.[xxx] Better data collection can help us better understand and address health disparities using targeted interventions.

Health Literacy & Cultural Competency. The ACA made a commitment to increasing consumer health literacy, and to developing cultural competency for providers.[xxxi] Under the law, insurers must use plain language to make it easier for consumers who have low literacy levels or limited English proficiency to understand their health insurance options and benefits. The ACA also offers incentives for increasing racial and ethnic diversity among the health care workforce.[xxxii]

YWCA POSITION

YWCA supports the strong and viable healthcare infrastructure currently provided by the Affordable Care Act, Medicaid, Medicare, state health insurance programs, and reproductive health service providers. YWCA opposes repeal of the ACA without a comprehensive replacement that preserves protections for women and families. YWCA also opposes changes to Medicaid, Medicare, and CHIP that would weaken benefits or reduce the number of people eligible for coverage. Moreover, YWCA opposes efforts to limit the ability of reproductive health service providers to provide accessible, safe, and comprehensive services to patients.

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