

Women's Health Coverage and the Affordable Care Act

When women go without health care, they are at risk for chronic health conditions and poorer health.¹ In the United States, women have higher rates of insurance coverage, yet they are more likely than men to postpone or avoid medical care due to cost and other barriers.² This fact sheet examines women's health in Missouri, and the impact of the Patient Protection and Affordable Care Act on their access to quality health coverage and care.

History of Women's Health Coverage

Since the 1950s, employer-based insurance has been the dominant form of health coverage. Currently, the majority of women are covered by employer-based insurance; however, 24 percent of U.S. women are insured as dependents on spouses' job-based plans. As dependents, these women risk losing coverage should they become divorced or widowed.³ In 1965, Medicare and Medicaid were enacted, providing public insurance to the poor, elderly and people living with disabilities. While most women do not receive coverage through Medicare or Medicaid, women make up the majority of individuals receiving public insurance.

Distribution and Trends in Women's Coverage

In Missouri, more than one in eight women do not have health insurance. In some counties and St. Louis City, the rate of uninsured women is as high as one in five.⁴ For women living at or below 200 percent of the federal poverty line, this rate jumps to nearly one in three (32%). Thirteen percent of Missouri women are uninsured, which is three percent less than the number of uninsured men in the state (16%). This difference may be due to the number of women receiving public insurance. Women make up the majority (55%) of older adults and adults with disabilities receiving Medicare in Missouri. Women also constitute the majority (62%) of people receiving Medicaid coverage in Missouri.⁵ Despite higher rates of insurance coverage through federal programs, Missouri women are more likely than men to be living at or below the federal poverty line (16.7% of women versus 10.7% of men), and women are more likely to delay or avoid health care due to cost.⁶

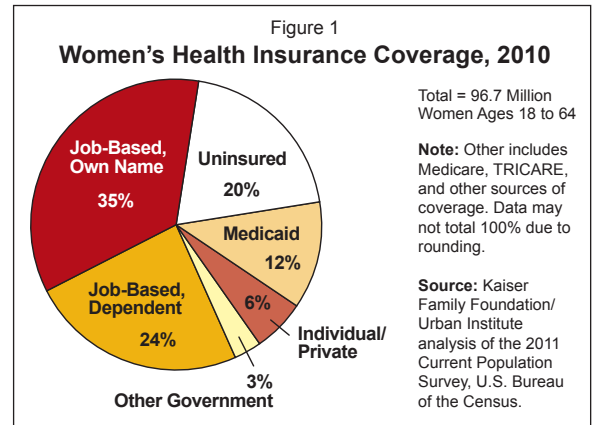
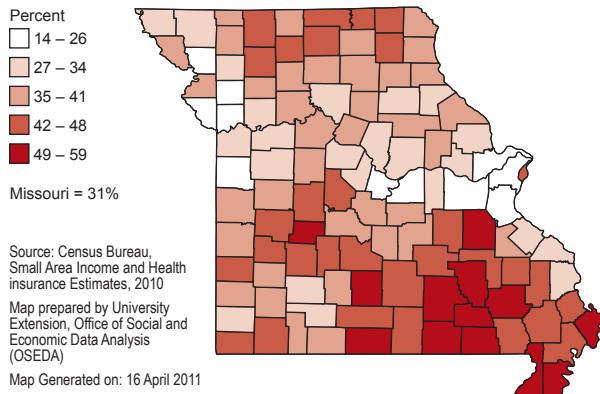


Figure 2
Females 65 and Younger Living Below 200% Poverty Level by County, 2007



Women's Access to Care

In 2007, one in four women nationwide reported having delayed or gone without preventive care because of its cost.⁷ By 2009, more than half of U.S. women reported doing so.⁸ A similar national study found that women's reasons for delaying care differed according to barrier type as well as race and ethnicity. African-American and Hispanic women are more likely than white women to delay care because of cost, lack of insurance, problems finding child care, transportation barriers, or the inability to take time off work (see Figure 3).⁹ Lesbians and bisexual women are more likely than their heterosexual counterparts to postpone care due to cost, lack of insurance coverage or discrimination in health settings.^{10, 11}

Nearly half (47.7%) of female-headed households with children under age 5 are living in poverty in Missouri.¹² As nearly one third (32%) of Missouri households are headed by a single parent (65% in St. Louis City), affordable health care is critical.¹³ Women in Missouri, and throughout the nation, can pay up to 150 percent

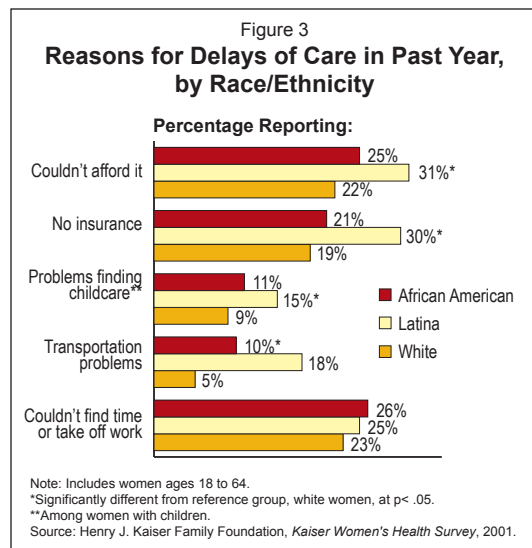
Implementation Timeline for the ACA

2010

- People can no longer be dropped from insurance if they become sick.
- Children cannot be denied coverage because of a pre-existing condition.
- There will no longer be lifetime caps on coverage (a maximum amount that can be spent on an individual).
- New plans must cover preventive services with no co-pays.
- Small businesses that provide insurance to employees may be eligible for tax credits.
- Young adults can remain on parents' insurance up to age 26.
- A temporary insurance pool will open for uninsured individuals with pre-existing conditions.
- Medicare beneficiaries that reach the coverage gap and are therefore paying 100% out of pocket for prescription drugs are eligible for a \$250 rebate.
- Pregnant and postpartum women enrolled in Medicaid will have access to tobacco cessation programs at no cost.
- Employers with more than 50 employees will provide break time and private areas for women who are nursing.

Health Reform Timeline

more for premiums than men, while also paying out-of-pocket costs for gender-specific services such as maternity care, contraception, and breast cancer screenings. In fact, the majority of U.S. states, including Missouri, do not require health insurance providers to cover maternity care in their plans. When essential health services such as maternity care and cancer screenings are not included in women's health coverage, women face additional financial burdens. Women in the U.S. experience higher rates of financial burden from medical care than men do, including higher rates of having had trouble paying medical bills. Women are more likely to have to pay medical bills over time, and more likely to be unable to pay them at all.¹⁴



While affordability and access to health care contribute greatly to a woman's experience of positive health outcomes, culturally competent care is equally important for all women. African-American and Hispanic women in Missouri receive less adequate prenatal care and are more likely than white women to be living at or below the federal poverty line. These disparities in income and access contribute to higher rates of infant deaths, cancer, diabetes, and HIV/AIDS in Missouri's African-American and Hispanic communities.¹⁵ The low birth weight rate for African-American newborns in Missouri remains twice that of white newborns.¹⁶

Patient Protection and Affordable Care Act

In March of 2010, President Obama signed into law new health reform legislation, the Patient Protection and Affordable Care Act (ACA). This law increases access to care and coverage by:

- providing tax credits to make health insurance more affordable;
- expanding eligibility for private and public insurance;
- improving primary care through the inclusion of Essential Health Benefits, or required health care services that must be built into every insurance plan; and
- promoting access to, and use of, preventive services such as cancer screenings and well-woman visits by eliminating co-pays.

These changes are being implemented between 2010 and 2018, and have the potential to reduce the amount of women who are currently paying for health coverage; increase the number of women who have insurance coverage; and expand the health care services women receive.¹⁷

Benefits of the ACA Increasing Coverage¹⁸

Insurance companies no longer will be able to cancel a woman's policy if she becomes sick, or enforce lifetime or annual limits on her coverage. All

new insurance plans, including those in the Exchanges, will be required to have a cap on the amount women pay in out-of-pocket costs, including deductibles and co-pays. Insurers' plans no longer can deny coverage based on pre-existing conditions such as pregnancy and injury due to domestic violence or rape. More than one in five Missouri women (21.8%) have reported being physically hurt by an intimate partner during their lifetimes.¹⁹ A similar provision was implemented in 2010, ending the denial of coverage to children with pre-existing conditions. Additionally, insurance companies no longer can charge different premiums based on gender, health status, or occupation. These reforms will reduce cost barriers that have caused women in Missouri to delay or go without care.

Increasing Access

Medicaid eligibility will be expanded up to 133 percent of the federal poverty level. According to the 2010 U.S. Census, an estimated 187,000 (or 61% of) uninsured women in Missouri will be eligible for this expanded Medicaid coverage.²⁰ Additionally, many women purchasing insurance directly will qualify for tax credits based on their household incomes. The credits are available to households earning less than or equal to 400 percent of the federal poverty line.²¹ In Missouri, 67

percent of the total population lives at or below 400 percent of the federal poverty line, and will be eligible for federal tax credits to help cover part of the cost of insurance coverage, should they choose to purchase insurance directly.²² These tax credits will help women without coverage purchase private insurance at a more affordable rate. It is estimated that 93 percent of uninsured women in Missouri will receive coverage or assistance in purchasing coverage through these reforms.^{23, 24} Finally, young adults under age 26 represent the highest uninsured rates of all age groups. As of 2010, young adults are permitted to remain as dependents on their parents' insurance until age 26.²⁵

Beginning in 2014, employers with more than 50 employees would pay a fine if workers receive subsidized coverage through an Exchange. Five percent of Missouri's businesses with more than 50 employees are female-owned, compared to 17 percent of small businesses with fewer than 50 employees.²⁶ Small business owners already can benefit from tax credits for insurance premiums (began in 2010) and other provisions that allow small businesses to cover sick workers without being charged higher premiums.²⁷

Increasing Care

As a result of the ACA, all insurance policies will cover a designated set of health care benefits that have been identified as necessary for promoting good health. These are known as Essential Health Benefits. Prior to the ACA, nearly 20 percent of low-income insured women reported "fair" or "poor"

The Individual Mandate and Insurance Exchanges

Beginning in 2014, most people – with the exception of those with financial hardships or certain religious beliefs – will be expected to carry insurance or pay a fine. Individuals and families, including those with pre-existing conditions, will be able to choose from a variety of plans offered in a newly established exchange or online health insurance marketplace.

2011

- Insurance companies must provide a rebate to enrollees if the insurer spends less than 85% of premiums on health services.
- Rural doctors, pharmacies, and hospitals see Medicare payments increase by up to 10%.
- Medicare beneficiaries that reach the coverage gap and are therefore paying 100% out of pocket for prescription drugs are eligible for a 50% discount on brand name drugs.

2014

- Insurance exchanges open, and subsidies become available for individuals and families whose income is below 400% of the federal poverty line.
- Most Americans are required to have health insurance, or pay a penalty of \$95 per individual or \$285 per family. This penalty increases over time.
- Businesses with more than 50 employees would pay a fine if workers receive subsidized coverage through an Exchange.
- Insurance companies no longer can charge higher premiums because of gender, health status, or occupation.
- Insurance plans will include coverage of Essential Health Benefits, including maternity and newborn care, prescription drugs, and preventive and wellness services.
- Insurers are no longer able to deny coverage because of a pre-existing condition (including pregnancy and surviving abuse).
- Federal grants will support community health, including home visits for women with postpartum depression.

satisfaction levels with the number of benefits included in their plans.²⁸ While in the past, women may have paid out of pocket for particular services, the establishment of Essential Health Benefits ensures that certain services will be covered by their insurance plans (see Figure 4 for examples of what is covered).

Maternity and newborn care will be covered in all insurance plans. Preventive care will become a required benefit, and women will no longer have to pay out of pocket for breast and cervical cancer screenings, STI screenings, and other preventive services identified as “highly effective.”²⁹ In addition to preventive services, women will have access to prescription drug coverage. This access has the potential to impact women’s health, as 32 percent of low-income U.S. women report not having filled a prescription due to its cost. This percentage is even higher for uninsured, low-income women (44%).³⁰

Some changes are already benefitting women, as pregnant and postpartum women enrolled in Medicaid now have access to no-cost tobacco cessation programs. Employers with more than 50 staff members are required to provide break time and private areas for nursing women who use breast pumps. Finally, federal grants are being given to states to support home visits and services to women experiencing postpartum depression.³¹

Throughout the U.S., too many women have not had regular access to gender-specific, culturally competent, affordable health care. They have been burdened by medical costs, faced barriers to care, and paid out of pocket for health services that are essential to being a healthy woman. Missouri women, like others across the nation, have experienced inconsistency in care and coverage. The ACA presents an opportunity for women, their providers, insurers and employers to positively affect women’s health and reduce the health disparities that women face.

Endnotes

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Figure 4

Essential Health Benefits

- Maternity and newborn care
- Emergency services
- Hospitalization
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventative and wellness services
- Chronic disease management
- Pediatric oral and vision care