

AAUW advocates for universal access to quality, affordable health care, including insurance, and comprehensive family planning services.

Despite massive spending, health care outcomes in the United States continue to lag behind many other high-income countries. While more Americans are now able to access affordable health insurance and preventive care thanks to the 2010 Affordable Care Act (ACA), disparities in health care persist. We need quality and affordable health care for all as we strive towards a more equitable economy.

Health Care Reform is a Women's Issue

Health care security is intrinsically tied to economic security, and women have borne a disproportionate burden of the ongoing dual health and economic crises. When it comes to their families, women make [approximately 80%](#) of all family health care decisions. Further, about 60% of women assume primary responsibility for decisions regarding family health insurance plans.

While women working full-time in the U.S. are paid [only 83%](#) of what men earn, women also utilize more [health care services](#) than men. In 2019, however, still more than [one in 10](#) women remained uninsured. As a result, women face a high level of health care insecurity and many struggle with unpaid medical bills and [long-lasting debt](#) when they can't afford the care they need.

Affordable Care Act

The implementation of the ACA has helped to reduce the number of uninsured Americans over the past decade. In 2020, [only 9.7%](#) of Americans remain uninsured—a decrease from [nearly 17%](#) in 2009.

The ACA has also had a [significant impact](#) on women's health and helped in reducing racial and ethnic disparities in health care access, with 5.2% more young women, 5.1% more Black women, and 6.5% more Hispanic women gaining access to a regular source of care.

- **Fewer women of reproductive age are uninsured.** The number of uninsured women ages 15–44 [dropped by 36%](#) during the first two years of ACA implementation. In the first year alone we saw a [20% decrease](#) in the number of uninsured women living below the poverty line. In the first six years of ACA implementation, the number of uninsured women ages 15-64 dropped by [almost half](#). By 2019, the number of uninsured women living below the poverty line had [dropped by 25%](#).
- **The practice of “gender rating” ended.** Gender rating is the process by which insurance companies charge men and women different premiums for individually purchased health care plans. The ACA banned gender rating for plans offered in both the individual and small group markets (defined as organizations employing 100 or fewer persons) beginning in 2014. This discriminatory practice was costing women [approximately \\$1 billion more](#) than men for health coverage.
- **Coverage of women's reproductive health services is required.** Under the ACA's coverage of contraception, [67% more](#) women have been able to access birth control without a copay. In addition, [87% of insured women](#) no longer pay out of pocket for a hormonal IUD. An [increased use](#) of contraception has, in part, led to a decline in the number of unplanned pregnancies.
- **The ACA ensured access to and coverage of preventive services and care.** The ACA has secured preventive services for women including contraception, breastfeeding support, and sexually transmitted infection and HIV screenings. About 137 million Americans now have access to preventive services without cost sharing, including 55 million women.

Medicaid and Medicare

Medicaid is the national health insurance program for low-income Americans jointly funded by the federal government and states. More than 39 million women are enrolled in Medicaid, who account for nearly 58% of the program's total adult beneficiaries. [One out of every 10 women](#) in the United States receives health care through this program.

A major part of the ACA was an expansion of Medicaid eligibility to people under age 65 with incomes of up to 133% of the poverty line. However, the Supreme Court ruled in its 2012 NFIB v. Sebelius decision that the federal government cannot require states to expand their Medicaid program, and cannot make states' current Medicaid funds contingent on participating in expansion.

While most states and Washington, D.C. have expanded their Medicaid programs over the past decade, 12 states have yet to do so—leaving [2.2 million people](#) without health care coverage. Though the 2021 American Rescue Plan provided a significant financial incentive for the remaining states to expand Medicaid, [state legislatures](#) in Texas and Wyoming have since voted against expansion. The Missouri state legislature also rejected funding for the state constitutional amendment adopted in 2020 which would expand their Medicaid program.

Medicare is the national health insurance program for seniors, though it also covers younger people with certain conditions. In 2019, Medicare covered [approximately 31.2 million women](#), making up more than 55% of all program beneficiaries and [more than 60%](#) of enrollees in the prescription drug program. Women live longer and on average have greater need for the services Medicare covers.

At their core, Medicaid and Medicare represent two crucial elements of the social safety net. They, along with the federal-state Children's Health Insurance Program, which has covered millions of previously uninsured children since its implementation in 1997, are bedrocks of our health care system. Americans, especially women, rely heavily on the protections these programs offer and the services they provide. As implementation of health care reform begins, these programs must continue to be maintained and strengthened.

Standing Against Privatization

Some members of Congress have proposed changing the structure of Medicaid by converting it into a block grant. This means the federal government would shift from covering a set share of Medicaid costs for each state to covering a set dollar amount for each state. With block grants, states would gain the ability to restrict eligibility, cut benefits, and increase barriers to enrollment. The Centers for Medicare & Medicaid Services (CMS) issued [guidance](#) in January 2020 that allowed states to apply for block grant waivers. A Medicaid block grant was approved a year later in Tennessee, though the CMS guidance has since been placed [under review](#) by the administration. This change in structure would be detrimental to states and the millions of Americans who would lose crucial health care coverage or be deterred from enrolling.

Additional Resources

[*Activist Toolkit: Putting Women at the Center of Crisis Recovery*](#)

American Association of University Women (AAUW)