

The American Association of University Women believes that everyone is entitled to high-quality, affordable, and accessible health care.

Health care security is intrinsically tied to economic security, and this relationship is particularly true for women who earn less than men on average and are therefore less able to afford insurance or care. Despite massive spending, health care outcomes in the United States continue to lag behind many other Western nations. But more Americans are now able to access affordable health insurance and the preventive care they need thanks to the Affordable Care Act (ACA), which passed into law in 2010.

Drastic Drop of Uninsured Rates

The implementation of the ACA has begun to make significant progress in reducing the number of uninsured Americans.

- In 2009, 50.7 million Americans were uninsured—nearly 17 percent of the nation.¹
- In 2015, the uninsured rate hit a historic low; only 9.1 percent of Americans remain uninsured.²
- The ACA is making progress in reducing ethnic disparities in health care access, with 5.2 percent more young women, 5.1 percent more black women, and 6.5 percent more Hispanic women gaining access to a regular source of care.³

Health Care Reform Is a Women's Issue

While all Americans have benefitted from meaningful health care reform, the issue has particular resonance for women. According to the Department of Labor, women make approximately 80 percent of all family health care decisions, and about 60 percent of women report that they assume primary responsibility for decisions regarding family health insurance plans.⁴

When it comes to their own health care, women face unique challenges. Women earn around 80 cents for every dollar men earn,⁵ but women also utilize more health care services than men.⁶ As a result, women face a high level of health care insecurity. These factors add up to too many women and their families with unpaid medical bills and long-lasting debt problems as a result of health problems.⁷

Affordable Care Act

The Affordable Care Act has made a significant impact on women's health.

- **Fewer women of reproductive age are uninsured.** The number of uninsured women ages 15–44 has dropped by 36 percent under the first two full years of ACA implementation.⁸ In the first year alone we saw a 20 percent decrease in the number of uninsured women living below the poverty line.⁹
- **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. Under the ACA, gender rating was banned for plans offered in both the individual and small group markets (defined as organizations employing 100 or fewer persons) beginning in 2014.¹⁰ This discriminatory practice was costing women approximately \$1 billion more than men for health coverage, which the ACA has eliminated.¹¹
- **Coverage of women's reproductive health services is required.** Under the ACA's coverage of contraception, 67 percent more women have been able to access birth control without a copay.¹² In addition, 87 percent of insured women no longer pay out of pocket for a hormonal IUD.¹³ An increased use of contraception has led to a decline in the number of unplanned pregnancies.¹⁴
- **The ACA ensured access to and coverage of preventive services and care.** The ACA has secured preventive services to women including contraception, breastfeeding support, and sexually transmitted infection and HIV screenings.¹⁵ About 137 million Americans now have access to preventive services without cost sharing, including 55 million women.¹⁶

Despite these clear benefits from ACA for millions of Americans, Congress has repeatedly voted on repealing the law without replacing these critical policies and

ensuring all Americans have healthcare coverage. A repeal of the Affordable Care Act would eradicate years of progress in expanding health care access to women. Birth control coverage, well-woman visits, and the end of discrimination are all at stake if the law is repealed. AAUW is committed to fighting against attempts to abolish women's health care access as we know it.

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, which accounts for nearly 58 percent of the program's total adult beneficiaries. One out of every 10 women in the United States receives her health care through this program.¹⁷

A major part of the 2010 health care law was an expansion of Medicaid eligibility to people under age 65 with incomes of up to 133 percent of the poverty line. In its 2012 decision on the constitutionality of the law, the Supreme Court ruled that the federal government cannot make states' current Medicaid funds contingent on participating in Medicaid expansion. Many states have cited the modest increase in state funding needed for Medicaid expansion as grounds to reject it.¹⁸

Medicare is the national health insurance program for seniors, though it also covers younger people with certain conditions. In 2015, Medicare covered approximately 28.7 million women, making up more than 55 percent of all program beneficiaries. Women live longer and on average have greater need for the services Medicare covers. For instance, more than 60 percent of enrollees in the prescription drug program are women.¹⁹

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 inception 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

Attempts to privatize Medicare would simply shift the costs of Medicare to senior citizens. The implementation of a voucher system, like what Speaker Paul Ryan proposed in 2012, would result in 59 percent of seniors forced to pay higher premiums just to maintain the Medicare plans they currently hold.²⁰ Private insurance companies can still charge people 65 and older three times more than younger people, rendering the capacity of vouchers to maintain health care security essentially useless.²¹

Congressional Republicans are also proposing to change 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. By changing how Medicaid works, states would gain the ability to restrict eligibility, cut benefits, and increase barriers to enrollment. One place this proposal has been detailed was in a House Budget Committee plan, which suggested cutting \$913 billion from the program and would result in 14 million people losing coverage or the ability to gain coverage in the future.²² The change in structure is detrimental to states and the millions of Americans who would lose crucial health care coverage or be deterred from enrolling.

Additional Resources

"The Affordable Care Act and Women"
Department of Health and Human Services
www.hhs.gov/healthcare/facts-and-features/factsheets/women-and-aca/index.html

"Women's Health Policy"
Kaiser Family Foundation
kff.org/womens-health-policy/

You provide the voice; we'll provide the megaphone. Sign up to take action for women and girls today:
bit.ly/AAUWActionNetwork.

-
- ¹ U.S. Census Bureau. (2010). *Income, Poverty, and Health Insurance Coverage in the United States, 2008*. www.census.gov/prod/2010pubs/p60-238.pdf
- ² National Center on Health Statistics. (2015). *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, 2015*. www.cdc.gov/nchs/data/nhis/earlyrelease/insur201605.pdf
- ³ Department of Health and Human Services. (2016). *The Affordable Care Act: Promoting Better Health for Women*. aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf
- ⁴ U.S. Department of Labor. (2013). "Fact Sheet: General Facts on Women and Job-Based Health." www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/fact-sheets/women-and-job-based-health
- ⁵ AAUW. (2016). *The Simple Truth about the Gender Pay Gap*. www.aauw.org/research/the-simple-truth-about-the-gender-pay-gap/
- ⁶ National Women's Health Center and the Commonwealth Fund. (2007). *Women and Health Coverage: The Affordability Gap*. www.nwlc.org/sites/default/files/pdfs/WomenandHealthReform.pdf
- ⁷ Ibid.
- ⁸ Guttmacher Institute. (2016). *Uninsured Rate among Women of Reproductive Age Has Fallen More Than One-Third under the Affordable Care Act*. www.guttmacher.org/article/2016/11/uninsured-rate-among-women-reproductive-age-has-fallen-more-one-third-under
- ⁹ Guttmacher Institute. (2015). *Fewer U.S. Women of Reproductive Age Were Uninsured in 2014* www.guttmacher.org/article/2015/09/fewer-us-women-reproductive-age-were-uninsured-2014
- ¹⁰ National Women's Law Center. (2010). "Gender Rating in the Individual Health Insurance Market." hrc.nwlc.org/policy-indicators/gender-rating-individual-health-insurance-market
- ¹¹ National Women's Law Center. (2012). *Turning to Fairness: Insurance Discrimination against Women Today and the Affordable Care Act*. www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf
- ¹² Guttmacher Institute. (2014). "New Study Shows Privately Insured Women Increasingly Able to Obtain Prescription Contraceptive Methods with No Out-of-Pocket Costs." www.guttmacher.org/news-release/2014/new-study-shows-privately-insured-women-increasingly-able-obtain-prescription
- ¹³ Guttmacher Institute. (2015). "New Study Shows Steep Decline in Out-Of-Pocket Costs for Hormonal IUDs." www.guttmacher.org/news-release/2015/new-study-shows-steep-decline-out-pocket-costs-hormonal-iuds
- ¹⁴ CNN. (2016). "Unintended Pregnancy Rate in U.S. Is High, but Falling." www.cnn.com/2016/03/02/health/unintended-pregnancy-rate/
- ¹⁵ Kaiser Family Foundation. (2015). "Preventive Services Covered by Private Health Plans under the Affordable Care Act." kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/#footnote-160040-18
- ¹⁶ Department of Health and Human Services. (2015). *The Affordable Care Act Is Improving Access to Preventive Services for Millions of Americans*. aspe.hhs.gov/pdf-report/affordable-care-act-improving-access-preventive-services-millions-americans
- ¹⁷ Kaiser Family Foundation. (2012). "Medicaid's Role for Women across the Lifespan." kff.org/health-reform/issue-brief/health-reform-implications-for-womens-access-to-2/
- ¹⁸ Center on Budget and Policy Priorities. (2013). *Status of the ACA Medicaid Expansion after Supreme Court Ruling*. www.cbpp.org/sites/default/files/atoms/files/status-of-the-aca-medicaid-expansion-after-supreme-court-ruling.pdf
- ¹⁹ Kaiser Family Foundation. (2015). "Distribution of Medicare Beneficiaries by Gender." kff.org/medicare/state-indicator/medicare-beneficiaries-by-gender/
- ²⁰ National Committee to Preserve Social Security and Medicare. (2016). "Medicare Privatization Tops the GOP Agenda." www.ncpsm.org/EntitledtoKnow/entryid/2247/medicare-privatization-tops-the-gop-agenda
- ²¹ The Center for Public Integrity. (2015). *Privatizing Medicare Would Create More Problems Than It Solves*. www.publicintegrity.org/2015/08/03/17746/privatizing-medicare-would-create-more-problems-it-solves
- ²² Center on Budget and Policy Priorities. (2015). "Proposed Medicaid Block Grant Would Add Millions to Uninsured and Underinsured." www.cbpp.org/blog/proposed-medicaid-block-grant-would-add-millions-to-uninsured-and-underinsured