



## **The Huge Benefits of Health Reform for American Women**

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From young to old, American women are gaining vital new benefits and protections as the Affordable Care health reforms go into full effect. In the past, women have been more likely than men to go uninsured or pay more for coverage. Too often, they have put off care for themselves or loved ones because of worries about cost. Now women are benefitting from new insurance protections, expansions of Medicaid, and enhancements in Medicare. They also gain from the availability in 2014 and beyond of tax credits to help individuals and families buy affordable private insurance on the state and federal health care exchanges.

### **Insured Women Get Enhanced Protections and Benefits**

Reform ends gender discrimination in private insurance and improves access to free care:

- Women cannot be charged more than men for health insurance, and no one can be turned down because of a preexisting health problem. Insurance companies cannot use fine print to deny care to, for example, a woman with newly discovered breast cancer.
- Health insurance plans must pay for maternity and well-baby care, and nursing mothers have the right to take time in a suitable place at work to express breast milk.
- Many preventive services are covered without any co-pays from patients – including prescription contraceptives, at least one “well woman” visit to the doctor each year, support for breastfeeding and prescribed breast pumps, vaccinations, and screening for domestic violence or sexually transmitted diseases. Tests such as mammography and screening for colon cancer and cervical cancer are also covered without co-pays.
- Women on Medicare get free mammograms, bone density screenings, and other life-saving tests. And those with high costs from prescription drugs will get more complete coverage.
- A woman on Medicaid can count on the inclusion of family planning services.

### **Expanded Coverage for Women Will Save Lives and Improve Health**

Beyond these new protections and access to free services for already-insured women, health reform will extend affordable insurance coverage to millions of women currently without it – allowing America to catch up to the rest of the advanced world in women’s health. Among 17 advanced nations, the United States ranks worst in infant mortality and has surprisingly high rates of maternal mortality as well. For all American women, according to a 2013 report by the National Research Council and the Institute of Medicine, life expectancy is lower for U.S. females than for women in other high-income nations.

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Lack of full health insurance coverage helps to explain such poor results. Before reform, some 19 million U.S. women between 18 and 64 were uninsured – and fear of high costs prompts such women to put off doctor visits, tests, and needed treatments. The results can be very sad, according to the American Congress of Obstetricians and Gynecologists and other sources:

- Compared to those with health insurance coverage, uninsured women, especially women of color, are 60% more likely to be diagnosed with late-stage cervical cancer, and they are between 30% and 50% more likely to die from cancer and its complications.
- Pregnant women without insurance get less prenatal care and are more likely to give birth to low-weight babies who die or face prolonged health problems. Such women are also more likely to suffer high blood pressure or a serious complication called placental abruption.
- An uninsured woman is less likely to use prescription birth control, which can prevent unwanted or high-risk pregnancies.

## **New Flexibilities for Women and Families**

Women more often than men want to take time away from the paid workforce or to decrease job hours. A woman may want to care for a new baby or an ill or disabled family member. Or she may want to pursue further education, start a business, or volunteer in the community. Yet before health reform, such women were often trapped into full-time jobs to keep health employer insurance, especially if they or a family member has health problems. When fully implemented, the new Affordable Care reforms give women and families greatly increased flexibility:

- For example, a family of four living in Bangor, Maine with an annual income of \$70,000 can buy a good “silver-level” insurance plan through the federal Affordable Care marketplace for as little as \$517 per month. If the mother decides to reduce hours and earn \$20,000 less each year, the family’s insurance could cost as little as \$248 a month. Between lower insurance costs and no further need to pay for babysitting, the family would save at least \$11,000 each year.
- Because almost 10% more women than men receive insurance through a spouse’s employer, health reform gives women new protections when spouses die or lose jobs. A woman unhappy in her marriage can also move on and still secure coverage for herself and her children.

## **Women Have a Huge Stake in Full Implementation**

With all the new benefits, it is hardly surprising that women were 55% of those who bought coverage, usually at subsidized prices, on the state and federal Affordable Care marketplaces through the end of January 2014. Many women are also newly eligible for Medicaid. Sadly, however, not all American women are getting intended benefits. The Affordable Care Act as originally written promised to reduce the ranks of 19 million uninsured women by 90%. But so far some two dozen states led by conservative Republicans are refusing to get the word out or use federal funds to expand Medicaid. According to Marion Johnson of Duke University, about four million poor women in the recalcitrant states are being excluded from health reform so far. Those states need a push, because the new health reforms are vital to women and too good to refuse if we want strong families, productive adults, and healthy children in the decades ahead.

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**Research and data for this brief were drawn from the American College of Obstetricians and Gynecologists' Committee on Health Care for Underserved Women, as well as from reports issued by the Henry J. Kaiser Foundation, the National Research Council, and the Central Intelligence Agency.**