WHY REPEAL AND REPLACE IS A WOMEN’S ISSUE

The Republican plan to eliminate or change substantial portions of the Affordable Care Act is likely to have a disproportionately deleterious impact on women. This is why.

WOMEN COMPARED TO MEN USE MORE MEDICAL SERVICES AND SPEND MORE ON HEALTHCARE

Women make more visits each year to primary care physicians than do men and are more likely than men to take at least one prescription drug on a daily basis. According to the Health Care Cost Institute, “In 2015, spending was $5,684 per woman and $4,581 per man. ... From 2012 to 2015, the difference in spending between genders rose from $1,071 per capita to $1,103 per capita. Per capita spending for women was higher than for men on every type of service, except brand prescriptions.”

WOMEN ARE LESS ABLE THAN MEN TO BE ABLE TO AFFORD HEALTH CARE.

According to the Department of Labor, women earn less than men. In 2016, for example, women who worked full time in wage and salary jobs had median usual weekly earnings of $749, which was 82 percent of men’s median weekly earnings ($915).

The Republican plan emphasizes tax credits and health savings accounts, both of which are irrelevant to low-income Americans.

Once again, the Department of Labor found that women are more likely than men to be among the working poor. This is the group that has the most to lose with the Republican plan to eliminate the Medicaid expansion.

For more information, contact:
Susan Sered
ssered@suffolk.edu
THE REPUBLICAN APPROACH TO MEDICAID DISPROPORTIONATELY IMPACTS WOMEN

Nationally, women make up 56% of Medicaid recipients (in 2015). In states that did not expand Medicaid under the ACA, women are an even greater proportion of Medicaid recipients. In South Carolina, for example, 67% of Medicaid recipients are women. In Nebraska 66% are women. Thus, phasing out the Medicaid expansion will disproportionally hurt women.

The ethos of suspicion directed at Medicaid recipients will further hurt women. For example, the Republican plan requires states to re-determine Medicaid eligibilities “no less frequently than every six months.” Given that women bear the greater share of responsibility for arranging health care in American households, the need to frequently recertify eligibility will place an increased burden on women.

NEAR ELDERLY WOMEN ARE AT PARTICULAR RISK OF LOSING COVERAGE UNDER THE REPUBLICAN PLAN

Women are less likely than men to be insured through their own job (35% vs. 44% respectively) and more likely to be covered as a dependent (24% vs. 16%), a disparity that reflects the fact that women are more likely than men to work at part-time jobs in order to carry out duties as primary caregivers for children, sick and disabled family members, and elderly parents.

At the same time, many American women are married to men who are slightly or significantly older than they. This means that when the husband retires and becomes eligible for Medicare, the wife loses the “dependent” coverage she had while her husband was employed, but she herself will not yet be Medicare eligible.

This age group has particularly high healthcare needs.

Under the A.C.A., plans can charge their oldest customers only three times the prices charged to the youngest ones. The Republican plan allows insurers to charge older customers five times as much as younger ones and gives states the option to set their own ratio.

PLANNED PARENTHOOD

The Republican plan singles out Planned Parenthood, prohibiting federal funding for Planned Parenthood for one year beginning with the enactment of the law. This will have a disproportionately negative impact on women.

Two and a half million women and men in the United States annually visit Planned Parenthood affiliate health centers for a variety of healthcare services. Most of these people are women. An estimated one in five women in the U.S. has visited a Planned Parenthood health center at least once in her life.

ABORTION

Under the Republican plan, qualified health plans cannot include abortion coverage except for pregnancies that present life-threatening physical risks (not mental health risks) and pregnancies that resulted from rape or incest.

This provision not only reduces access to a needed medical procedure, but it also seems to require some sort of process for determining whether a pregnancy is life-threatening or confirming that a pregnancy is a result of rape or incest. This potentially could force women to prove (to the satisfaction of an insurance company) that she indeed was raped, and it certainly would delay performing the abortion – a delay that in and of itself presents health risks to women.

The Republican plan does allow insurance to pay to treat “any infection, injury, disease or disorder that has been caused or exacerbated by the performance of an abortion.” Since legal abortions performed by a qualified medical provider in a suitable medical setting are extremely safe, this provision seems to be set up for women who have resorted to “backstreet” abortions. While it is unlikely that the plan’s intent is to encourage illicit abortions, this provision seems to acknowledge that an increase in unsafe abortions may be a consequence of the plan.