For too long, women have often paid more for their health care than men, lacked insurance coverage for services that are vital to their health and wellness, and have been subject to discrimination based on gender by insurance companies. The Affordable Care Act has worked to address these problems, and this month, eight new provisions went into effect that specifically benefit women. These preventive measures support many of the 12 priorities outlined in Chicago’s Public Health Agenda such as healthy mothers and babies, adolescent health, access to care and HIV prevention.

**Newly-Covered Preventive Services**
The annual well-woman visit represents the foundation for preventive screenings by enabling women to obtain age-appropriate prevention services from their providers. Pregnant women and new parents are now able to obtain critically important screenings. For example, co-pays are no longer required for gestational diabetes screening. Such screenings promote early detection and treatment to reduce complications of diabetes for both the baby and the mother during pregnancy and later in life. For new mothers, breastfeeding supplies, support, and counseling will now be provided at no cost. This benefit helps the mother to initiate and maintain breastfeeding, which in turn helps the young child with proper nutrition and decreased risk of obesity, among other benefits.

Family planning and sexual health efforts will now be supported by the coverage of FDA-approved contraceptive methods and counseling, and by new provisions providing coverage for counseling for sexually transmitted infections, screening and counseling for HIV/AIDS, and DNA testing for human papillomavirus (HPV) to encourage early screening, detection, and treatment.

Finally, new health plans will cover screening for women and adolescent girls for interpersonal and domestic violence, making it easier to reach the estimated 25% of women who report intimate partner violence during their lifetimes.

Other preventive services have been in place since the ACA passage in 2010, including mammograms, cervical cancer screening, prenatal care, and flu and pneumonia immunizations. Health care plans are also required to cover well-baby and well-child visits.

**Essential Benefits**
The ACA identified a package of “essential benefits” that health plans in state health insurance exchanges and Medicaid are required to cover. Maternity and newborn care, currently is not available through many individual insurance policies, is one of these essential benefits. Essential benefits for children include access to oral and vision care.

**Health Insurance Coverage Access, Equity, Expansion, and Affordability**
The ACA provides increased access to coverage. As of 2010, young adults were able to continue on their parents’ health insurance up to age 26. In Illinois, over 102,000 young adults have utilized this option. The provision to prevent denial of insurance to children with pre-existing conditions was also effective in 2010 and adults will receive this benefit beginning in 2014. In the meantime, individuals who have been uninsured for at least six months and cannot obtain health insurance due to pre-existing conditions can apply to be part of the federally funded pool to obtain health insurance coverage. Another important component of accessibility is the elimination of lifetime limits on spending (2010) and the phasing out of annual limits (2014).
Higher premiums for women will be banned as of 2014. Many insurance companies used this “gender rating” to cover costs for services that men do not use, such as gynecological and maternity care. This practice, however, does not seem justified because premiums for women are still higher even when plans excluded maternity care. Rates are also higher for non-smoking women compared to men who do smoke.

The Supreme Court June 2012 ruling upholding the ACA disallowed penalties for states not expanding Medicaid to 133% of federal poverty level (plus 5% income disregard). However, if states choose to expand their Medicaid programs, more uninsured low-income individuals will have access to health insurance coverage, including adults without dependent children. This eligibility change will improve the health of many uninsured women who delay or forgo care due to costs.

One of the more significant components of the ACA’s work on health insurance expansion and affordability is the establishment of state Health Insurance Exchanges (HIE), which will be operational in 2014 and will allow individuals to purchase health coverage. Women, who are often covered by the employee-based insurance plans of their spouse or partner will particularly benefit from the security of the HIE, as a job loss or a relationship change will no longer mean loss of insurance.

Through the HIE and Medicaid programs, many of the uninsured, including women and children, will be able to obtain health insurance coverage. However, the undocumented will not be able to purchase coverage through the HIE and will not be eligible for expanded Medicaid. To protect the most vulnerable of this population, Illinois will continue to cover undocumented pregnant women and children through the Moms and Babies and All Kids programs. Other undocumented populations may seek low-cost preventive and primary care at federally qualified health centers (FQHCs). The ACA is investing in $11 billion for FQHC expansion and renovation to increase access to care. However, specialty and diagnostic care will continue to be difficult to obtain.

**Improvements for Children**

The ACA forwards initiatives and policies to improve children’s health, including those benefits previously mentioned in this brief: coverage on parent insurance plan until age 26, elimination of coverage denial due to pre-existing conditions, well-baby and well-child visits with no co-pay, and improved prenatal and post-natal services that will improve the child’s health. Children will have increased access to oral health care because HIE health plans must provide coverage for oral health for children and increased funding is being made available to school-based health centers where oral health care is a qualified service. The ACA also promotes preventive oral health services through school-based dental sealant programs and public education campaign focused on childhood caries.

**Improvements for Older Women**

The ACA strengthened Medicare’s services to women in 2011 with the coverage of several preventive services, including: an annual wellness visit, a personalized prevention plan, mammograms, and bone mass measurement for women at risk of osteoporosis. The ACA is working to improve prescription medication coverage (Medicare Part D) by closing the “donut hole,” i.e., the gap in coverage when beneficiaries are required to cover all of their prescription costs (between $2,840 and $4,700 spent). As of 2011, beneficiaries receive a 50% discount on brand
name drugs when they reach the donut hole and in 2020 the donut hole will be closed.

Older women are more likely to have chronic conditions than men—hypertension, osteoporosis, arthritis and asthma, and therefore will benefit from ACA initiatives to improve care coordination delivery care models and transition services between home, hospital, or other health facilities.  

Another ACA component that benefits older women is the establishment of Geriatric Education Centers. These centers will support training on geriatrics and long-term care issues for health professionals as well as caregivers, of which many are women. Therefore, these centers will help both the patient and the person who is serving them.

Federal Administrative Coordination
Finally, along with a focus on service provision and system improvement, the ACA is implementing administrative changes at the federal level to better address women’s health. The U.S. Department of Health and Human Services (HHS), Office of Women’s Health has been charged to work more closely with other HHS offices on disease prevention, health promotion, and service delivery and research to coordinate women’s health care throughout their lifespan.

References:

Suggested Citation: Cohen, S. The Affordable Care Act: Improving the Health of Women and Children. Healthy Chicago 2012; August 2012.