

5 Ways Health Reform Helps Women

1. **ALREADY IN PLACE: Medicaid state option to expand family planning**

The ACA created a new Family Planning State Option to allow states to expand access to family planning for individuals who do not qualify for Medicaid but need family planning services. Previously, states could only enroll these individuals in Medicaid family planning programs that are temporary and permitted to limit services and enrollment. This new option allows states to incorporate this limited-scope coverage into their state Medicaid programs, creating an entitlement for all those who qualify.

2. **ALREADY IN PLACE: Coverage of preventive care without cost-sharing**

The ACA requires all new insurance plans to cover certain preventive health benefits without cost-sharing. This is particularly significant for women, who have important preventive health needs, lower incomes, and are more likely to forgo preventive care due to cost. Beginning in August 2012, this coverage requirement will expand to include additional women's preventive health services, including contraception.

3. **ALREADY IN PLACE: The end of discriminatory insurance practices**

For the first time, the ACA prohibits sex-based discrimination by all health programs and insurers that receive federal funding. Beginning in 2014, insurers will no longer be permitted to deny women coverage based on "preexisting conditions" such as pregnancy, cesarean sections or domestic violence. Additionally, insurers in the individual and small group markets will no longer be permitted to charge women higher premiums than men.

4. **COMING SOON: Expansion of Medicaid**

Beginning in 2014, Medicaid will expand to cover an additional 16 million individuals living near or below poverty. Although many women already benefit from Medicaid, only those who are pregnant, parenting or living with a disability have historically qualified for enrollment. The ACA expands eligibility to all individuals with incomes below 138 percent of the federal poverty level. For the first time, low-income women who do not meet previous eligibility criteria – 55 percent of currently uninsured women – will qualify for comprehensive Medicaid coverage.

5. **COMING SOON: Coverage of maternity care**

According to a report by the National Women's Law Center, 87 percent of insurance plans sold in the individual market do not cover maternity care for women. Starting in 2014, the ACA changes this by requiring all new health plans to cover maternity care as a part of the Essential Health Benefits package. Millions of women will thus have access to affordable coverage for the services they need to stay healthy during pregnancy and safely give birth to healthier babies.

Health reform has done so much already – let's finish the job!

Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP has submitted comments on proposed federal regulations addressing women's health and the importance of maintaining these critical ACA protections:
 - [NHeLP comments on the Essential Health Benefits Bulletin](#)
 - [NHeLP comments on women's preventive health services requirements](#)
- ✓ NHeLP has published short papers focusing on the ACA and women's health. These include:
 - [Q&A: The New Family Planning State Plan Option Under the ACA](#)
 - [The ACA and Nursing Mothers](#)
- ✓ NHeLP is actively engaged in efforts to protect the preventive health services coverage requirements in the ACA against attacks that would allow employers to refuse to provide their employees with the required coverage. For more information:
 - [NHeLP Issue Brief on Health Care Refusals and Contraception](#)
 - [NHeLP Congressional Testimony on Health Care Refusals](#)
- ✓ NHeLP is proud to be a part of "I Will Not Be Denied," a campaign organized by the National Women's Law Center and joined by other prominent reproductive and women's health advocates:
 - [Watch the "I Will Not Be Denied" campaign video](#)
 - [Sign a petition to stand up for women's health](#)