

FACT SHEET

Women and the Health Care Law in Missouri

The health care law, also known as the Affordable Care Act, protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services women need. Approximately 17 million women will gain coverage because of the Affordable Care Act.¹ Millions of women already benefit from the new law, and all women will gain important protections when the law is fully implemented in 2014.

Problems Women Face Today

While the broken health insurance system affects everyone, women are particularly disadvantaged by current insurance practices and unmanageable health care costs:

- Women comprise a disproportionate share of health care consumers, often managing multiple chronic conditions and paying more out-of-pocket costs, causing their health care to be prohibitively expensive and frequently unaffordable.²
- Women routinely forgo needed services and care. Indeed in 2008, one in four women reported going without needed health care because they could not afford it.³
- In most states, women are routinely denied coverage because of "Pre-Existing Conditions" such as having had a C-section, breast or cervical cancer, or receiving medical treatment for domestic or sexual violence.

What These Problems Mean for Women in Missouri

- As of 2010, approximately 339,000 women, over 18.1% of women in Missouri, are uninsured. The numbers are even higher for women of color. In Missouri, 29.7% of Black women and 39.2% of Hispanic women are uninsured compared to 16.1% of White women.⁴
- Women who are able to buy health insurance on the individual market often have to pay more than men for the same coverage, a practice known as gender rating. In Missouri, 100% of plans practice gender rating, with 60% even charging non-smoking women more for coverage than male smokers.⁵
- Individual market insurance plans often don't cover all of the services women need. In Missouri, no individual market plans cover maternity care.⁶

How the Health Care Law is Already Working in Missouri

Immediate Access to Health Care for Women and Families

- The law allows young adults to remain on their parents' health insurance until age 26. Over 1 million young women across the country have gained insurance coverage through this provision of the health care law. Over 39,667 young people in Missouri have gained coverage thanks to the law.⁷

- Children with pre-existing conditions can no longer be denied health coverage. This provision is already helping 115,100 kids in Missouri with pre-existing conditions access health care.⁸
- 1,254 uninsured women with pre-existing conditions in Missouri have already enrolled in the state run Pre-Existing Condition Insurance Plan.⁹

Greater Access to Preventive Care

- Health plans must now cover certain preventive services such as mammograms, flu shots, and colon cancer screenings at no additional out-of-pocket-costs such as co-payments. Approximately 549,000 women in Missouri can receive preventive services without a co-payment.¹⁰

Insurance Reforms and New Limits on Costs

Insurance companies must already abide by new rules that enable people to keep their health coverage and get the care they need. For example, health plans are no longer allowed to cancel health insurance policies or drop coverage when people become sick, and must offer an explanation when they increase premiums by more than 10 percent. Plans must post all explanations online and consumers must have a chance to comment on the rate increase.¹¹ The health care law also reduces what women and families will have to pay for health care by capping out-of-pocket expenses.

Furthermore, in Missouri:

- Nearly 792,000 women in Missouri no longer have a lifetime limit on their health coverage.¹² The law prohibits lifetime limits on most benefits.
- 1,623,000 people in Missouri are already seeing the effects of a federal requirement that insurance companies must spend 80-85 percent of premiums on health care, instead of on administrative costs and profits. Insurance companies that have not met this standard are required to provide rebates to consumers, which are expected to total \$18,420,954 in Missouri in 2012.¹³

Benefits for Women on Medicare

- Over 431,945 women on Medicare in Missouri have received preventive services at no additional cost in 2011.¹⁴
- Already, 45,949 women on Medicare in Missouri have saved an average of \$595 on prescription drugs as the new law has begun closing the so-called doughnut-hole in Medicare's prescription drug benefit.¹⁵

Many Benefits and Protections on the Way

Access to Coverage in Missouri

- By 2014, there will be a health insurance exchange up and running in Missouri, where women can easily compare plans and shop for affordable, comprehensive health insurance coverage for themselves and their families. Starting in 2014, uninsured women in Missouri will have new options for insurance coverage.
 - 180,450 women in Missouri will be newly eligible for Medicaid coverage.¹⁶
 - 126,983 women in Missouri will be eligible for tax credits to help them purchase coverage through the exchange.¹⁷

Services Missouri Women Need

- Starting in August 2012, all new health plans must cover a list of women’s preventive services with no co-payments¹⁸; these include the full range of FDA-approved contraception methods and contraceptive counseling, well-woman visits, screening for gestational diabetes, breastfeeding support, supplies, and counseling and domestic violence screening and counseling.¹⁹
- Starting in 2014, all new health plans must cover a list essential health benefits including maternity and newborn care, mental health treatment, and pediatric services such as vision and dental care.

An End to Insurance Discrimination

- Starting in 2014, women will no longer be treated as a pre-existing condition and be denied insurance coverage for a history of pregnancy; having had a C-section; being a survivor of breast, or cervical cancer; or having received medical treatment for domestic or sexual violence.
- By 2014 insurance companies will no longer be allowed to charge women and small employers with a predominately-female workforce more for coverage.

For more information please visit: <http://www.nwlc.org>.

- 1 Kaiser Family Foundation, Impact of Health Reform on Women’s Access to Coverage and Care (Dec. 2010), available at <http://www.kff.org/womenshealth/upload/7987.pdf>.
- 2 Elizabeth M. Patchias and Judy Waxman, National Women’s Law Center, *Women and Health Coverage, the Affordability Gap*, (April 2007), available at http://www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf.
- 3 Ibid.
- 4 National Women’s Law Center analysis of 2010 health insurance data from the U.S. Census Bureau Current Population Survey’s (CPS) 2011 Annual Social and Economic (ASEC) Supplements, available at http://www.census.gov/hhes/www/cpstc/cps_table_creator.html.
- 5 Garrett, Danielle, National Women’s Law Center, *Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act*, (March 2012).
- 6 Ibid.
- 7 Lambrew, Jeanne, “New Data: The Affordable Care Act in Your State” (March 5, 2012), available at <http://www.whitehouse.gov/blog/2012/03/05/new-data-affordable-care-act-your-state>.
- 8 Families USA, *States are Benefitting from Provisions of the Affordable Care Act*, (March 2011), available at: <http://familiesusa2.org/assets/pdfs/health-reform/Benefits-of-Health-Care-Law.pdf>.
- 9 *Supra* note 7.
- 10 Ibid.
- 11 *Rate Review Works: Early Achievements of Health Insurance Rate Review Grants*, (Sept. 20, 2011), available at <http://www.healthcare.gov/law/resources/reports/rate-review09202011a.pdf>.
- 12 *Supra* note 7.
- 13 Kaiser Family Foundation, *Insurer Rebates Under the Medical Loss Ratio: 2012 Estimates*, (April 2012), available at <http://www.kff.org/healthreform/upload/8305.pdf>.
- 14 *Supra* note 7.
- 15 Ibid.
- 16 *Supra* note 1.
- 17 Ibid.
- 18 Grandfathered plans do not have to cover the list of preventive services. Grandfathered plans are group plans that were created or individual plans that were purchased before March 23, 2010. A plan becomes “un-grandfathered” if it significantly cuts benefits, increases co-insurance, increases co-payments by the greater of medical inflation plus 15 percentage points or medical inflation plus \$5, increases deductibles or out-of-pocket limits by greater than medical inflation plus 15 percentage points, decreases premium contributions by more than 5 percentage points, or adding or lowering annual limits. If a plan becomes “un-grandfathered” it will be required to cover the preventive services with no cost sharing. It is expected that most plans will lose their grandfathered status by 2019.
- 19 Coverage of Preventive Health Services, 47 CFR § 147.130 (2011), and Women’s Preventive Services: Required Health Plan Coverage Guidelines (Aug. 1, 2011), <http://www.hrsa.gov/womensguidelines/>.