

HEALTH REFORM AT A GLANCE: MEETING WOMEN'S HEALTH CARE NEEDS

In our current health care system, women often face higher health costs than men and multiple other barriers to health insurance. Fewer women are eligible for employer-based coverage, and comprehensive coverage in the individual health care market is often unavailable or prohibitively expensive. As a result, many women are under- or uninsured, and simply can't afford the services they need. In a recent study, more than half of women — compared with 39% of men — reported delaying needed medical care due to cost.

WOMEN'S HEALTH PROVISIONS IN THE BILL:

- Makes key preventive care more affordable by eliminating cost-sharing on recommended preventive services (e.g., breast cancer screening, well baby, and well child care) delivered by Medicare, Medicaid, the new public health insurance option and private plan options in the Health Insurance Exchange. Over a number of years, all employer sponsored health plans would be required to cover preventive benefits without cost-sharing.
- Prohibits new plans from charging women more than men for health insurance. This protection will extend to health plans offered by employers over time as well.
- Includes coverage of maternity services as a benefit category in the essential benefits package. All plans in the Exchange would be required to cover maternity services and over time, plans outside the Exchange would be required to do so as well.
- Bans the insurance industry practice of rejecting applicants with pre-existing conditions, which has kept women with histories of health problems — even survivors of domestic violence — from accessing individual coverage.
- Requires employers to offer, at a minimum, essential health insurance coverage to their employees or contribute into the system to help their workers afford coverage through the Health Insurance Exchange.
- Offers affordability credits to ensure that insurance available in the Exchange is affordable for women and everyone with an income below 400% of poverty.
- All plans within the Exchange and outside the Exchange over time will be required to contain a standardized annual out-of-pocket spending limit to prevent women and their families from facing bankruptcy due to medical expenses.