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RESEARCH BRIEF

47 MILLION WOMEN WILL HAVE GUARANTEED ACCESS TO WOMEN'S PREVENTIVE SERVICES WITH ZERO COST-SHARING UNDER THE AFFORDABLE CARE ACT

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The Affordable Care Act requires many insurance plans (so-called “non-grandfathered” plans) to provide coverage for and eliminate cost-sharing on certain recommended preventive health services, for policies renewing or issued on or after September 23, 2010.¹ Many of these recommended preventive services are based on guidelines from the U.S. Preventive Services Task Force.²

In addition, pursuant to the Affordable Care Act, in August 2011, the Department of Health and Human Services (HHS) Health Resources and Services Administration published [guidelines](#) on women's preventive services that require non-grandfathered health insurance plans to cover certain recommended preventive services specifically for women, without charging a co-pay, co-insurance or a deductible beginning in plan years starting on or after August 1, 2012. The Guidelines are based on recommendations to the Department from the [Institute of Medicine](#) (IOM). The Department provided for an exemption for certain religious employers, and a transition is provided for certain additional non-profit organizations with religious objections to contraception coverage.³

Based on the most recent data from the Census Bureau, we estimate that under the Affordable Care Act, approximately 47 million women will have guaranteed access to these additional preventive services without cost-sharing for policies renewing on or after August 1, 2012.⁴

¹ *Preventive Regulations*. U.S. Departments of Treasury; Labor; and Health and Human Services.

² Preventive services include colonoscopy screening for colon cancer, well-child visits, flu shots for all children and adults, and other services. *Recommended Preventive Services*. U.S. Department of Health and Human Services, 2011. Accessed at: (<http://www.healthcare.gov/law/resources/regulations/prevention/recommendations.html>)

³ The Guidelines were published alongside an amendment to the July 2010 Preventive Services Rule that required non-grandfathered health plans to cover certain recommended preventive services without cost-sharing.

⁴ Data come from the Census Bureau's Current Population Survey, for the year 2010, for women ages 15-64 with private health insurance coverage, excluding those who also report Medicare coverage. The total number of women from the CPS was then discounted by an estimate of the proportion of people enrolled in grandfathered coverage. The 2011 Kaiser Family Foundation Employer survey was used to estimate the fraction of employees in grandfathered plans in 2011, and we assumed that the fraction of employers who would relinquish grandfathered status in 2012 would be equal to the fraction that relinquished this status in 2011. We do not have data to determine

These services include well-woman visits, screening for gestational diabetes, HPV DNA testing, domestic violence screening and counseling, HIV screening and counseling for sexually transmitted infections, breastfeeding supplies, contraceptive methods and family planning counseling. Increased access to these services will help improve health and well-being among women. For example, family planning services improve maternal health and birth outcomes through encouraging appropriately spaced pregnancies, and breastfeeding support can help improve child health and development.⁵ Also, rates of gestational diabetes range from 2% to 10% of pregnancies in the United States. Preventive screenings for women with gestational diabetes are especially important given that these women are more likely to develop diabetes after pregnancy.⁶

We estimated how the 47 million women in non-grandfathered plans are distributed across states, and across racial/ethnic groups. Table 1 presents the national total and totals by state.⁷ Figure 1 presents breakdowns by race and ethnicity.⁸

The estimates in this brief are based on the 2010 Current Population Survey and reflect the total number of women ages 15-64 with private health insurance, discounted by the proportion of individuals estimated to be enrolled in grandfathered plans. These estimates do not take into account that the proportion of grandfathered plans may vary by state, that some women may already have coverage for these services without cost-sharing, or that some employers are exempt from the requirement to provide these benefits.

current cost-sharing on these services, so this estimate may include some women who already have no cost-sharing on these services. However, from anecdotal information, we expect there are very few women with zero cost-sharing coverage currently for domestic violence screening, and relatively few with zero cost-sharing for contraceptive services. Further, we have not adjusted the estimate to reflect women who are covered by religiously-affiliated institutions.

⁵ Institute of Medicine (2011). *Clinical Preventive Services for Women: Closing the Gaps*. Washington, D.C.

⁶ Centers for Disease Control and Prevention (2011). 2011 National Diabetes Fact Sheet <http://www.cdc.gov/diabetes/pubs/estimates11.htm#8>.

⁷ These estimates assume that the fraction of people with private insurance in non-grandfathered plans is uniform across states and race/ethnicity groups.

⁸ The Census Bureau records race and ethnicity separately, so the numbers presented in Figure 1 add to more than the total number of privately insured women ages 15-64 in the CPS.



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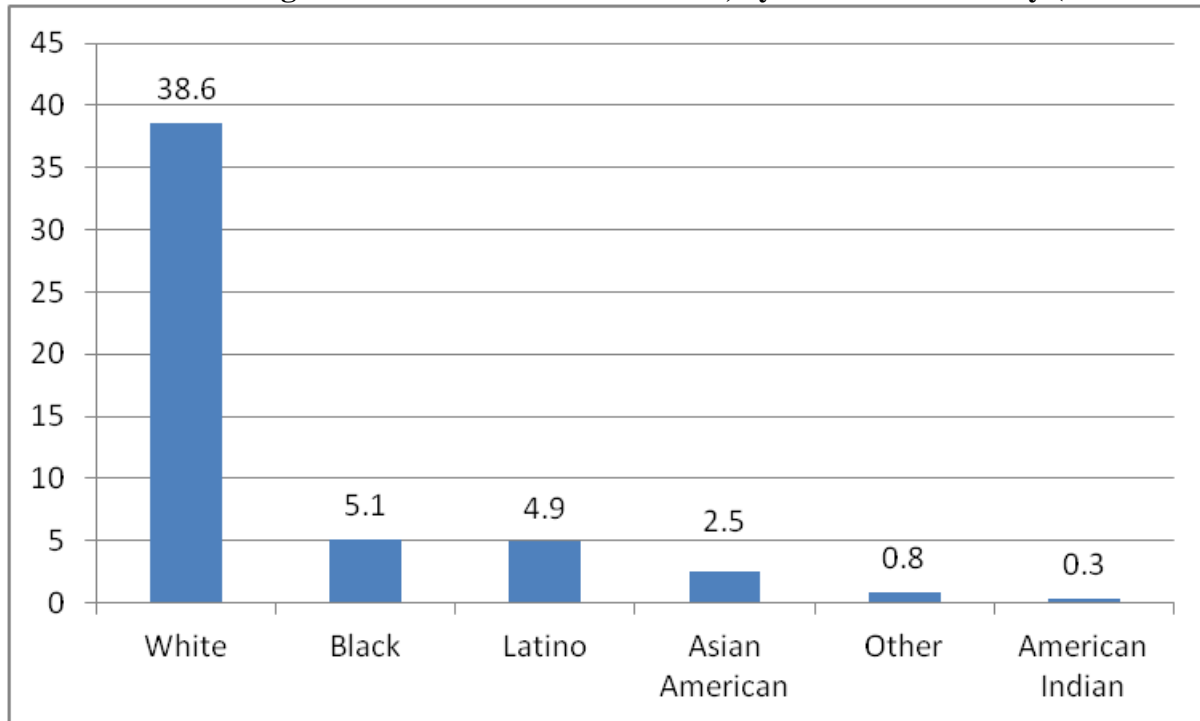
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TABLE 1:
Number of Women Estimated to Receive Guaranteed Women's Preventive Health Services without Cost-Sharing under the Affordable Care Act, by State

State	Number of Women
Alabama	742,787
Alaska	107,031
Arizona	916,996
Arkansas	388,275
California	5,306,748
Colorado	868,691
Connecticut	637,900
Delaware	144,717
District of Columbia	101,816
Florida	2,489,759
Georgia	1,481,402
Hawaii	210,665
Idaho	222,749
Illinois	2,048,961
Indiana	983,850
Iowa	519,908
Kansas	450,915
Kentucky	650,425
Louisiana	592,117
Maine	212,588
Maryland	1,042,794
Massachusetts	1,212,350
Michigan	1,557,614
Minnesota	899,810
Mississippi	381,704
Missouri	940,103
Montana	140,400
Nebraska	306,915

State	Number of Women
Nevada	391,181
New Hampshire	253,146
New Jersey	1,445,004
New Mexico	259,439
New York	3,092,653
North Carolina	1,352,427
North Dakota	110,215
Ohio	1,852,561
Oklahoma	555,857
Oregon	633,784
Pennsylvania	2,121,806
Rhode Island	174,974
South Carolina	649,693
South Dakota	132,029
Tennessee	960,501
Texas	3,412,175
Utah	465,617
Vermont	109,043
Virginia	1,376,205
Washington	1,095,830
West Virginia	258,764
Wisconsin	967,875
Wyoming	84,685
US Total	47,315,456

FIGURE 1:
Number of Women Estimated to Receive Guaranteed Women’s Preventive Health Services without Cost-Sharing under the Affordable Care Act, by Race and Ethnicity (in Millions)⁹



⁹ The Census Bureau records race and ethnicity separately, so the numbers presented in Figure 1 add to more than the total number of privately insured women ages 15-64 in the CPS. Specifically, individuals reporting Latino ethnicity have also reported one of the race categories shown in Figure 1.