

Health Reform: What's in It for Women?

The Basics

Women tend to have greater health needs and fewer financial resources than men, which makes them more sensitive to systemic changes in the health care system. The new health law makes several systemic changes to make health care more affordable and secure for millions of women. But, it also brings new and continued restrictions on abortion coverage.

New Anti-discrimination rules



Insurance companies will no longer be able to charge higher rates just for being a woman.

The new law bans “gender rating” - or the practice of insurance companies to charge women higher premiums based on their gender—in 2014. The new law will also limit age-rating to no more than 3:1.

Comprehensive Coverage

Medicaid’s eligibility requirements rely heavily on the presence of a pregnancy or dependent children, so most childless women who are uninsured can not access the program. In the New York, childless adults can get public health insurance up to 100% of the Federal Poverty Level (\$10,800 for an individual). However, the new law raises Medicaid eligibility levels for all adults up to 133% of FPL (\$14,400 for an individual) in 2014.

Women not eligible for Medicaid who earn below 400% of poverty (\$43,300 for an individual) may be able to get federal subsidies to help pay for the cost of health insurance on the new insurance Exchange.

Starting in 2011, all private health insurance plans

will also be required to offer a basic package of preventative and screening services. This will include such things as pap smears and mammograms, and will not be subject to co-pays.

Strong Insurance Regulations

Starting this year, insurance companies can no longer set lifetime limits, or unreasonable annual limits, on benefits. This especially helps women who need expensive care for pregnancy, cancer, or chronic illness. Insurance companies can also no longer cancel coverage if a person gets sick.

Starting in 2014, insurance companies may no longer deny coverage for pre-existing conditions, such as diabetes, or having previously had a cesarean section.

Abortion Coverage

Not everything in the new law is an improvement. Federal funds still may not be used for abortion services, and the law bans the use of federal subsidies to purchase private coverage on the Exchange that includes abortion coverage.

Women who receive subsidies to buy insurance on the Exchange will now have to specifically elect to have abortion coverage. This will require sending in



Federal subsidies may not be used to buy insurance with abortion coverage.

two separate checks to pay for their insurance each month—one check for their abortion coverage, and one check for everything else.



Coverage for pre-existing conditions, like cesareans, can no longer be denied by insurance companies.

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