

Women and Health Reform

The Affordable Care Act (ACA) will provide new affordable health insurance options to thousands of Iowans. In addition, it offers significant consumer protections that will specifically benefit Iowa women.

Medicaid and the New Marketplace

Most Iowa women get their health insurance through an employer. However, only 28 percent of Iowa women get their insurance through their own employment; most are dependent on a spouse or another family member for their insurance.¹ This leaves the majority of Iowa women vulnerable to losing coverage if they were to be widowed or divorced, or if their spouse lost their job. These women, along with Iowa's uninsured women, will have new options for obtaining affordable health insurance starting in 2014.

Starting in 2014, the 55,500 Iowa women whose earnings fall below 138 percent of the federal poverty level (FPL; \$30,843 in 2011 for a family of four) will qualify for Medicaid — the jointly run federal-state health insurance program. Uninsured Iowans with earnings above this level will be able to purchase health insurance in newly created marketplaces, called exchanges.² The 115,300 uninsured Iowa women with earnings between 139 percent and 400 percent FPL (\$89,400 for a family of four) will qualify for premium tax credits, which phase out as the 400 percent level is approached. Just 1.5 percent of Iowa's uninsured women's earnings exceed the new Medicaid or premium tax credits thresholds.³

Consumer Protections

Iowa women will benefit from the consumer protections contained in the health law — the end of lifetime and annual benefit limits, the end of unfair rescissions of coverage, and the ability to see an OB-GYN without needing a referral.⁴ These protections went into effect on September 23, 2011.

In addition to these protections, enrollees in new health plans will be able to access a number of preventive services free of cost-sharing requirements. A number of the approved preventive services will benefit Iowa women. For example, approved preventive services include: breast cancer screening, cervical cancer screening, genetic counseling for the breast cancer gene, osteoporosis screening for seniors, and others.⁵

Assured Maternity Care and End of Gender-based Premium Pricing

Starting in 2014, all health plans sold in the exchange will be required to cover health services related to pregnancy. Further, insurers will be prohibited from denying coverage or charging higher premiums based on one's health history or sex.

See all "ACA at One" Issue Snapshots from
the Iowa Fiscal Partnership at www.iowafiscal.org

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¹ IFP analysis of U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2008-2010.

² For an explanation of exchanges, see “What is a Health Benefits Exchange? Understanding a Key Component of the New Health Law,” Iowa Fiscal Partnership, February 17, 2011. <<http://www.iowafiscal.org/2011docs/110217-IFP-exchanges-bgd.pdf>>.

³ U.S. Census Bureau.

⁴ See “The Affordable Care Act’s Consumer Protections,” Iowa Fiscal Partnership March 23, 2011.

⁵ Sara R. Collins, Sheila D. Rustgi, and Michelle M. Doty, “Realizing Health Reform’s Potential: Women and the Affordable Care Act of 2010,” Commonwealth Fund. July 2010.

<http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Jul/1429_Collins_Women_ACA_brief.pdf>.