AMERICA'S WOMEN HAVE THE MOST TO GAIN

In our current health care system, women often face higher health care costs than men and multiple other barriers to obtaining health insurance. In the individual insurance market, **women face discrimination** — often being charged substantially higher premiums for the same coverage as men or being denied coverage for such "pre-existing conditions" as pregnancy, having had a C-section, or being a domestic violence victim. **Fewer women have access to insurance** than men, since many are ineligible for employer-based coverage. 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.**

ENDING DISCRIMINATION

WOMEN ARE CHARGED UP TO 48% MORE THAN MEN IN THE INDIVIDUAL MARKET

In 2008, 14.5 million American women purchased health insurance through the individual market. According to a recent study, these women pay up to 48% more in premium costs than men. An insurance industry practice known as "gender rating" means men and women are often charged different premiums for the same coverage. The practice is allowed in all but 12 states.

Health insurance reform will make it illegal for insurance companies to use "gender rating" – charging women more than men for the same coverage – when reforms are fully implemented in 2014.

WOMEN ARE DENIED COVERAGE OR CHARGED MORE FOR "PRE-EXISTING CONDITIONS" LIKE PREGNANCY, C-SECTIONS, OR DOMESTIC VIOLENCE

DOMESTIC VIOLENCE: In eight states and the District of Columbia, it is perfectly legal for insurance companies in the individual insurance market to deny coverage to victims of domestic violence. One survey found that at least eight major insurance providers would not provide health, life or disability coverage to victims, with one industry advocate arguing that insuring a victim of domestic violence would be akin to covering "a smoker who doesn't stop smoking."

C-SECTION: As a spokesperson for America's Health Insurance Plans explains, a number of health insurance companies treat having had a C-section as a pre-existing condition, or charger higher premiums or deductibles. "'Sometimes the coverage will come with a rider saying that coverage for a Caesarean delivery is excluded for a period of time,' Ms. Pisano said." [New York Times, 6/1/08]

PREGNANCY: Many American women have had pregnancy treated as a pre-existing condition. For example, a Georgia woman who conceived a child after she had started work at a small downtown firm had her employer's insurance company label the pregnancy a pre-existing condition and refuse to cover pre-natal care and the delivery. [Atlanta Journal and Constitution, 6/7/92]

Health insurance reform will make it against the law for insurance companies to deny coverage or charge higher premiums on the basis of a "pre-existing condition," when reforms are fully implemented in 2014. In the meantime, beginning this year, there will be an interim high-risk pool providing access to affordable coverage to those who are currently uninsured because of a pre-existing condition.

79 PERCENT OF WOMEN WITH INDIVIDUAL MARKET POLICIES DO NOT HAVE ANY MATERNITY COVERAGE

In a 2008 report, the National Women's Law Center analyzed 3,500 individual market insurance policies and found just 12% included comprehensive maternity coverage and another 9% provided coverage that was not comprehensive. Only 14 states currently require maternity coverage in policies sold on the individual market.

Health insurance reform includes coverage of maternity services in the essential benefits package in the new Health Insurance Exchanges.

EXPANDING ACCESS

MANY WOMEN HAVE NO ACCESS TO EMPLOYER-PROVIDED COVERAGE

Currently, less than half of America's women can obtain affordable health insurance through a job, partly because more women tend to work for small businesses and/or part-time.

Health insurance reform creates new Health Insurance Exchanges or marketplaces, for the millions who do not have health insurance through their employers. The Exchanges will give America's women new insurance security—guaranteeing choices of quality, affordable insurance (at rates large groups get) if they lose their job, switch jobs, move or get sick. Premium assistance is provided to those with incomes up to 400% of poverty.

EVEN EMPLOYER-PROVIDED COVERAGE IS IN DECLINE

Most Americans still get their health insurance coverage through their job and 60 million women currently have health insurance through an employer – but this system is continuing to erode. Between 2000 and 2009, employers who offered health insurance fell from 69% to 60%.

Health insurance reform stabilizes and strengthens our current employer-provided health insurance system – including increasing competition for better prices. The Congressional Budget Office estimates that, under reform, there will be 9 million more Americans in employer-provided coverage by 2019.

MAKING HEALTH CARE AFFORDABLE

WOMEN MORE OFTEN FACE UNAFFORDABLE OUT-OF-POCKET COSTS

Any medical event can place a woman at risk for potentially devastating financial costs, even when she has insurance. In a recent study, more than half of women reported delaying needed medical care due to cost – compared with 39% of men.

Health insurance reform reins in exploding premiums, expands access to affordable health insurance to all Americans, provides premium assistance for those who need it, bans insurance companies from imposing lifetime caps, and tightly restricts their use of annual caps on coverage.

PREVENTIVE SERVICES ARE OFTEN UNAFFORDABLE FOR WOMEN AND CHILDREN

In many cases, even women and children with insurance do not receive key preventive care –from mammograms to well-baby and well-child care – because they cannot afford the co-pays. Partly due to costs, one in five women over age 50 has not had a mammogram in the past two years.

Health insurance reform eliminates all co-pays and deductibles for preventive services, both under Medicare and new private plans.