



2010 Historic Health Care Reform Bill Rundown

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Get the Facts!

The health-care reform legislation has dealt a major blow to the pro-choice movement, but it also greatly expands access to health care for women and children. Whether women come out ahead or are set back depends on how you weigh the pros and cons. **Here are some of the key provisions of the bill not related to abortion:**

- ❖ **More women will be covered.** Access to health-care will be expanded to **4.5 million** newly eligible women. Overall, the bill will extend coverage to **94%** of non-elderly Americans according to the Capital Budget Office. This increase is of particular benefit to women because women are more likely than men to be uninsured. In 2014, health-care exchanges will be established that allow small businesses, nonprofits, and individuals to purchase insurance at affordable rates. People making from **133%** to **400%** of the Federal Poverty Level (roughly \$29,000 to \$88,000 for a family of four) will qualify for credits to help them purchase insurance.
- ❖ **Medicaid will reach more people.** In 2014, people will be able to qualify for Medicaid based on income level alone, rather than categorical requirements such as disability, pregnancy, or having a dependent child. Anyone making less than **133%** of the Federal Poverty Level will qualify.
- ❖ **More young people will be covered.** Coverage of dependents will be expanded. Effective six months after enactment of the law, insurance companies will not be able deny coverage to children with pre-existing conditions, and dependents will be able to remain on an insurance plan up to the age of **26**.
- ❖ **Coverage won't be denied for pre-existing conditions.** Beginning in 2014, insurance companies will not be permitted to deny coverage to people of any age with a pre-existing condition. (Chronic medical conditions like diabetes, mental illnesses, domestic violence abuse, pregnancy, cancer, and previous Cesarean section can currently be considered preexisting conditions).
- ❖ **Gender rating, or charging women more for coverage, will be limited.** Currently, insurance plans in most states can charge women more for insurance than they charge men. "Gender ratings," previously prohibited in only 10 states, allowed insurance companies to charge women up to **45%** more than men. When the health-care exchanges are created, participating plans will not be able to engage in this practice. However, private plans catering to companies with more than 200 employees will not be subject to the new gender rating requirements and can continue to charge women more, but only up to a maximum 3:1 ratio.
- ❖ **Age rating will be limited.** Age rating will persist, though with limitations. Previously permitted to charge up to seven times more for individuals over age **65**, insurance companies are now limited to a three fold rate increase.
- ❖ **Preventive care will be expanded.** Plans participating in the health-care exchanges must offer certain preventive care services at no charge to the plan participant, including Pap smears, screening for sexually transmitted infections, and routine mammograms after age **50**.
- ❖ **Maternity care has been greatly expanded.** Women are now able to directly access OBGYN care. Previously, many plans required a woman to obtain a referral first. Employers are now required to provide time for new mothers to express breast milk, and smoking cessation programs will be available free of charge to expectant mothers.
- ❖ **Coverage will be required by law.** Beginning in 2014, legal citizens who do not buy health insurance will have to pay an annual penalty, starting at **\$95** and rising substantially over time, unless the cheapest available plan costs more than **8%** of their income, or the family falls below the poverty line. (Native Americans, people with religious objections, and people below the tax-filing threshold will be exempt.) Likewise, companies employing more than **50** people will be fined if they do not provide insurance.

- ❖ **More funding for sex education.** The law includes **\$50 million** a year for five years of funding for abstinence-only education programs, which have been shown to be ineffective. Overall, abstinence only programs will now receive **\$250 million** a year from various federal sources. At the same time, funding for evidence-based sex education is increasing by **\$75 million** per year, with an additional **\$25 million** per year going to experimental and “untested” programs.
- ❖ **More facilities will accept insurance coverage.** In addition to expanding personal coverage, the health-care reform bill expands the type of facilities able to accept insurance. Free-standing birth centers will now be able to accept insurance from patients, as will federally qualifying community health centers and clinics. By 2015, such clinics will be able to double the patients they serve each year.
- ❖ **Limits on immigrant coverage were upheld.** The five-year waiting period for legal immigrants to access the federal benefit of tax-affordability credits has been eliminated, but the five-year waiting period before legal immigrants can access Medicare and Medicaid is being upheld. Unauthorized immigrants will not even be able to purchase insurance in exchange plans, regardless of their ability to pay for the plans out of pocket.

FOR MORE INFORMATION OR TO BECOME ACTIVE IN SUPPORTING WOMEN’S REPRODUCTIVE RIGHTS:

Please visit: <http://www.nownyc.org>

TAKE ACTION! Let your leaders know that you were not represented when health care reform was passed with unacceptable compromises on abortion. Call the U.S. Capitol Switchboard at 202.224.3121 or contact your Senator:

Senator Gillibrand: 202-224-4451 | Senator Schumer: 202-224-6542

White House: 202-456-1111 | Write My Congressperson: 202-224-3121