

EQUITY

FORWARD

The Affordable Care Act: Why It Matters for Your Reproductive Healthcare

Background

The Affordable Care Act (ACA) has been deemed the “most important advance in women’s health policy since Medicare became law in 1965” by the Department of Health and Human Services’ (HHS) [Office on Women’s Health](#). Due to the ACA, millions of people have gained insurance coverage – uninsured rates fell for [every demographic](#) and in [every state](#). In the [decade](#) since its enactment, [pre-existing conditions](#) like pregnancy, HIV, gender dysphoria, and [cervical cancer](#) are no longer grounds for an insurer to deny coverage or charge a higher premium. Insurers are [no longer](#) able to charge women more for insurance than men (gender rating). The proportion of women of reproductive age who were uninsured has [declined by 40 percent](#). [Preventive](#) services – birth control, maternity care, mammograms, STI and HIV screenings, and screenings for anxiety – are covered without additional costs to the insured.

Yet, the Trump Administration has subverted much of that progress. An Obama-era regulation interpreted the ACA’s Section 1557, or non-discrimination clause, to define discrimination on the basis of sex as inclusive of abortion, sex stereotyping, and gender identity. These protections for LGBTQ people and abortion patients regressed in June 2020, when the Trump Administration’s [final rule](#) eliminated the broader definition of “sex” from Section 1557. This final rule is now in legal jeopardy because of a recent Supreme Court [ruling](#) interpreting the definition of sex discrimination as inclusive of sexual orientation and gender identity.

The Trump Administration also weakened the ACA’s birth control benefit – which mandates that employers provide insurance coverage for birth control – with its rule granting exemptions to employers with moral or religious objections to contraception. Though the rule was challenged in multiple courts, it was [upheld by the Supreme Court](#) in July 2020. Many employees of religious affiliated hospitals, universities, and nonprofits may now be [barred](#) from the contraception of their choice because of their employer’s ideologies. They are also barred from using contraceptives for non-birth control purposes, including controlling [endometriosis](#) or reducing the risk of [ovarian cancer](#).

The ACA’s Future Depends On An Upcoming Supreme Court Case

[California v. Texas](#)

The Supreme Court oral arguments are set to occur November 10, 2020. The constitutionality of the ACA’s individual mandate will be reviewed. Possible outcomes of their decision range from keeping the ACA as is, to invalidating it in part, to striking the entire law in some states, or striking the entire law for the country.

EQUITY

FORWARD

The Affordable Care Act: Why It Matters for Your Reproductive Healthcare

What Does This Mean For The General Public?

The ACA expanded reproductive freedom in many ways. Equitable access to care allows people to control if, when, and how they create their families. Some of the progress at stake is:

- More than [60 million women](#) currently able to access birth control without an out-of-pocket cost under the ACA
- The ACA's [essential health benefits](#) that reduce significant barriers to reproductive care
- The [more than half](#) of nonelderly women and girls who have preexisting conditions – and are currently protected from unfair insurance premiums or outright coverage denial because of the ACA
- Coverage for more people of reproductive age as the ACA Medicaid expansions broadened income eligibility
- [Community rating and guaranteed issue](#), which prevented the use of gender rating and [health status](#) rating, to charge disparate pricing for women and those with preexisting conditions
- Medicaid expansion, which addressed [ethnic disparities](#) in coverage rates in states that implemented it.