



# AFSCME Facts

## Women and the Affordable Care Act

The Affordable Care Act (ACA) is among the greatest advancements in women's health in decades. Prior to the ACA, women were often underinsured and uninsured; now, thanks to the passage and implementation of the Affordable Care Act, women are on equal ground in health care.

### ***Insurance Reforms***

The Affordable Care Act mandates that insurance companies can no longer charge women more for the same health care coverage simply because of their gender. In addition all pre-existing conditions, including those that specifically affect women, must be covered beginning in 2014.

### ***Preventative Health Care***

In addition to the regular preventative care the ACA mandates, the law specifically provides certain guarantees for women. For example, women may receive mammograms, HPV screening and annual checkups under the mandated preventative care services with no copays or deductibles. Further, women are authorized to see any OB/GYN of their choosing in their plan's network, enabling them to find the right provider for their individual needs. For a complete list of preventative services available to women, please visit [healthcare.gov/what-are-my-preventive-care-benefits/#part=2](http://healthcare.gov/what-are-my-preventive-care-benefits/#part=2).

### ***Reproductive Health***

Qualified Health Plans (QHP) must cover FDA approved birth control at no cost to women. This means a woman can access oral contraception (the pill), injectables, the ring, contraceptive implants, diaphragms, cervical caps, and non-surgical permanent contraceptives without paying a co-payment or having the costs applied to her deductible. Sterilization for women is also covered with no co-pay or deductible.

Accommodations were made for women that work for religious employers, such as churches or houses of worship. Women that work for a designated religious employer may have to pay for

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these services out-of-pocket. If the employer is a non-profit religious organization (hospital, university, etc.) then the insurer or third party administrator will make separate payments for the contraceptive services that beneficiaries use. This will be at no cost to women who use these services in-network.

### ***Maternity/Newborn Coverage***

The ACA significantly improved maternity and newborn care. First, maternity and newborn coverage is now an included “essential health benefit” meaning that Qualified Health Plans are required to include this care in the coverage they provide.

There is also significantly better “after baby” care. For example, now insurance companies must pay for breastfeeding equipment, such as breast pumps, and support to make it easier for new mothers to breastfeed if they choose to do so. In addition, employers are required to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child’s birth. For more information on breastfeeding in the workplace, please visit [dol.gov/whd/nursingmothers](http://dol.gov/whd/nursingmothers).