



How Does Health Reform Affect Illinois Women?

The Affordable Care Act (federal health care reform) includes a number of provisions that protect and promote women's access to health care. Some of these provisions have already gone into effect, and some will be phased in over the next several years. These provisions include:

Increased Protections in the Private Insurance Market

- Being a woman will no longer be considered a pre-existing condition.
 - o Starting in 2014, insurance companies will no longer deny coverage or charge more for pre-existing condition exclusions. Currently, pre-existing conditions can include pregnancy, having had a cesarean section, breast or cervical cancer, and/or being a survivor of domestic or sexual violence.
- Women will no longer be discriminated against by insurance companies.
 - o Starting in 2014, insurance companies will be unable to continue charging women more for coverage just because of their gender.
- Women will be able to access insurance that actually covers basic needs, including preventive services.
 - o Plans sold on the Health Insurance Exchange (the new competitive health insurance marketplace) will be required to offer a basic benefits package that includes maternity and newborn care, mental health, prescription drug coverage (including birth control), and preventive and wellness services.

Making Health Insurance and Health Care More Affordable

- Women will have access to FREE preventive care.
 - o Preventive health services must be provided to women without a co-pay, cost-sharing, or deductible for plans beginning on or after September 23, 2010. In August 2012, *additional* preventive services such as annual visits, birth control, and breastfeeding support services will also be provided to women at no cost.
- More women will be eligible for coverage under Medicaid.
 - o Starting in 2014, Medicaid will be expanded to allow for persons with incomes up to 133% FPL (or ~\$29,000 a year for a family of four) to be eligible. An estimated 154,300 uninsured women in Illinois will be newly eligible for Medicaid coverage.
- Women in middle-class families will be eligible to receive help paying for private health insurance.
 - o In 2014, households with income less than 400% FPL (approximately \$84,000/year for a family of four) will be eligible for new premium tax credits and cost-sharing reductions to help with monthly health insurance premiums and out-of-pocket costs. Approximately 471,000 women in Illinois would be eligible for these subsidies.

Additional Provisions

- Young women, who could otherwise become uninsured once they "age out" of their parent's coverage, will have the option to stay on that coverage up to age 26. These young adults do not need to be living with their parent or deemed as a dependent on their parent's taxes. *Over 2.5 million people* have already gained coverage through this provision.
- Women can benefit from the new tax credits to help small businesses and nonprofits provide coverage.
- As of September 23, 2010, women in new and non-grandfathered insurance plans now have direct access to an OB/GYN of their choosing without the need for a referral.
- Nursing mothers will benefit from a requirement that employers with over 50 employees provide a reasonable break time and location, that is private and not a bathroom, to pump breast milk.
- Women make the majority of health care decisions in most families, such as choosing a provider and serving as the primary caregiver for children and older adults. Confusing forms and complicated policy documents can make it difficult to make educated decisions about health care. Provisions in federal reform will require insurance companies to provide information about coverage in a clearer, more uniform, and transparent manner.

Information compiled from the [National Women's Law Center](#) and [healthcare.gov](#) (last updated 1-24-12)