



The Affordable Care Act & Women's Health

In 2011 and 2012, 71 million Americans with private health insurance gained access to preventive services with no cost sharing through the Affordable Care Act. Under non-grandfathered health plans, beginning for plan years that began on or after August 1, 2012, preventive services such as mammograms, cervical cancer screenings, and others, are covered with no cost sharing. (A non-grandfathered health plan refers to a plan in place when the Affordable Care Act was enacted that has not been changed in specified ways). In addition, certain recommended preventive services are free for people on Medicare.

The Affordable Care Act makes women's health a priority by expanding access to preventive care. Recognizing that women are more likely to need preventive health services but often have less ability to pay for these services, the Department of Health and Human Services adopted new [Guidelines for Women's Preventive Services](#) in August 2011. These guidelines allowed 47 million women to gain guaranteed access to [eight additional preventive services](#) without paying more at the doctor's office. In addition to coverage for an annual well-woman preventive care visit, the following recommended preventive services are included in the HHS guidelines¹, and are covered without cost-sharing under non-grandfathered plans:

Maternal Health

- **Gestational diabetes screening:** This screening is for women 24-28 weeks pregnant, and those at high risk of developing gestational diabetes, which can develop into Type II diabetes. Children of women with gestational diabetes are at significantly increased risk of being overweight and insulin-resistant.
- **Breastfeeding support, supplies, and counseling:** Pregnant and postpartum women enrolled in non-grandfathered plans have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment. Breastfeeding is one of the most effective preventive measures to promote the health of mothers and children.

Sexual Health

- **STI counseling:** Sexually active women enrolled in non-grandfathered plans have access to annual counseling on sexually transmitted infections (STIs), which can reduce risk behaviors in patients.
- **HPV DNA testing:** Women aged 30 and above enrolled in non-grandfathered plans have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of Pap smear results. Early screening, detection, and treatment can help to reduce cervical cancer prevalence.
- **HIV screening and counseling:** Sexually active women enrolled in non-grandfathered plans have access to annual HIV screening and counseling. Access to HIV testing is critically important for women nationally; of the over 280,000 women living with HIV in 2009, it is estimated that 15% were unaware that they were HIV-positive.
- **Contraception and contraceptive counseling:** With the exception of employees of certain religious organizations, women of childbearing age enrolled in non-grandfathered plans have access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider.

Intimate Partner Violence

- **Interpersonal and domestic violence screening and counseling:** Screening and counseling for interpersonal and domestic violence will be covered for all adolescent and adult women. According to the [CDC](#), more than 1 in 3 women (36%) have experienced rape, physical violence and/or stalking by an intimate partner in her lifetime. Identifying current or past violence can help prevent further abuse and lead to improved health status.

In addition to covering the cost of screening and counseling for intimate partner violence, the Affordable Care Act has several provisions that will benefit survivors of domestic violence.



How the Affordable Care Act Benefits Domestic Violence Survivors

By making insurance affordable and easier to obtain, the Affordable Care Act allows survivors of domestic violence access to services to treat [chronic health conditions often associated with abuse](#), and referrals to resources to prevent further violence. Additionally, it helps women who feel trapped in abusive relationships due to economic dependency, which can include health insurance through their partner, to leave that partner and seek safety. Here are some key changes to health coverage that will benefit domestic violence survivorsⁱⁱ:

Prohibits Pre-Existing Condition Exclusion Based on Domestic Violence History

- Beginning on January 1, 2014, the Affordable Care Act will prohibit insurance companies, health care providers, and health programs that receive federal financial assistance from denying coverage to women based on many factors, *including being a survivor of domestic or sexual violence*.
- Before this protection, seven states allowed insurers to deny health coverage to domestic violence survivors, and only 22 states had enacted adequate domestic violence insurance discrimination protections.

Exempts Survivors of Domestic Violence from Penalty Fee for Not Having Insurance

- Starting in 2014, most people must have health coverage or pay a fee known as the “individual shared responsibility payment.” If you can afford health insurance but choose not to buy it, you must pay this fee.
- Survivors of domestic violence who have recently experienced abuse are not required to pay the fee; they qualify for a [hardship exemption](#).

Requires Coverage of Mental Health & Substance Abuse Disorder Treatment

- The Affordable Care Act will require most health insurance plans on the Health Insurance Marketplace to cover mental health and substance use disorder services. Under the Affordable Care Act, non-grandfathered [health plans must cover preventive services](#) like depression screening for adults and behavioral assessments for children at no cost. Starting in 2014, most plans will not be able to deny patients coverage or charge more due to pre-existing health conditions, including mental illnesses.
- Mental health coverage will significantly benefit survivors. According to the [CDC](#), 63% of female victims of intimate partner violence experienced at least one symptom of Post-Traumatic-Stress-Disorder (PTSD), and [research](#) shows that intimate partner violence is a major risk factor for depression, deliberate self-harm, and suicide.

Increases Support for Native Survivors

- The Affordable Care Act established a new program for behavioral health in the Indian Health Service (IHS) that addresses violence and abuse, expanding treatment and prevention for Native survivors, their children and partners.

To learn how to sign up for health insurance in the Health Insurance Marketplace, visit:

www.healthcare.gov

To learn more about coverage for mental health and substance abuse disorder treatment, visit:

www.mentalhealth.gov

ⁱUnless otherwise stated, all information on women’s preventive services retrieved from:

<http://www.hhs.gov/healthcare/facts/factsheets/2011/08/womensprevention08012011a.html>

ⁱⁱUnless otherwise stated, all information on how ACA benefits domestic violence survivors retrieved from:

<http://www.healthcaresaboutipv.org/wp-content/blogs.dir/3/files/2012/09/ACA-and-DV-final.pdf>

For more information, please contact the Division of Family Violence Prevention and Services at:
www.acf.hhs.gov/fvpsa or 202-401-5319. Updated: **December 2013**.

