

# Affordable Care Act delivers significant benefits for women

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According to a new study appearing in the *American Journal of Preventive Medicine*, published by Elsevier, the rate of health insurance coverage and access to affordable acute and preventive care services improved for women after the implementation of the Affordable Care Act (ACA). The greatest advances were seen in women in the lowest income groups.

"After the ACA was fully implemented in 2014, more [women](#) in low- and middle-income groups were able to find affordable insurance coverage and access acute and preventive healthcare services than they had previously. In addition, women in all income groups reported greater uptake of preventive healthcare screenings and influenza immunization," explained lead investigator Lois Kaye Lee, MD, MPH, Division of Emergency Medicine, Boston Children's Hospital, Boston, MA, USA.

Prior to the ACA, women faced a myriad of challenges that prevented about a third of them from obtaining affordable insurance and care. The ACA addressed many of the inequities, including gender rating (where women were charged higher insurance premiums than men), denial of coverage for pre-existing conditions (including pregnancy), and lack of coverage for services/prescriptions (including maternity care and contraceptives). In 2010, the ACA raised the bar for essential health benefit standards that private health insurance plans were required to provide. In 2014, it facilitated private health insurance through state exchanges and expanded Medicaid eligibility in many states.

This study focuses on patterns of insurance affordability, access to healthcare, and use of preventive services ([influenza immunization](#), [blood pressure screening](#), cholesterol screening, and mammograms) for a study sample representing over 41 million women, aged 19-64 years, in the three income groups corresponding with the levels used by the ACA in determining Medicaid and subsidy eligibility. A survey sample from the National Health Interview Survey, a large national survey database, was used. The investigators examined self-reported [insurance](#) affordability, access to care, and preventive services before and after the ACA rollout. They compared women in the low-, middle-, and high-income groups. While improvements were seen in all income groups, women in the lowest income group demonstrated the greatest gains in the studied measures.

The findings demonstrate that the ACA was associated with improved healthcare affordability, access to care, and receipt of preventive care for women. Prior to the ACA, 40 percent of low-income survey respondents were uninsured. With the ACA's more affordable options, the uninsured rate for low-income women dropped to 17 percent in 2014 and 11 percent in 2016. More than four percent of the lowest income group were more likely to have visited a physician within a year in 2014-2017 than earlier in the study period. Increases of three to seven percent were seen for the other preventive care screenings and inoculations for the corresponding groups during the same period. Notably, there were increases in blood pressure checks, cholesterol screenings, and flu shots across all income groups after the ACA's policies were in effect.

"Given current debates around the ACA and women's historical challenges obtaining healthcare, this research is important to highlight how women's access and affordability of care have improved as a result of the ACA. Efforts to alter the ACA should consider the impact of policy changes on women's health and preventive care. We hope our

findings will inform policy makers and result in more affordable, accessible, and equitable healthcare for all women," Dr. Lee concluded.

**More information:** *American Journal of Preventive Medicine* (2019).  
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