



What is At Stake?

Affordable Care Act Repeal and the Risk for Survivors of DV/IPV

What is at stake?

- Affordable, comprehensive health insurance for low and middle income families
- Financial support for the purchase of health insurance
- Reforms that prohibit insurance discrimination against survivors of DV
- Women's preventive services package including screening and brief counseling for IPV

The Affordable Care Act (ACA) made coverage affordable and provided a guaranteed and expanded set of benefits that women and their families need. For women who have stayed in unhealthy relationships for fear of losing their health insurance, the ACA offers options to access affordable health care not tied to their abusive partner. For women who do not get insurance through their or their spouse's employer, the ACA offers affordable coverage through the state Health Insurance Marketplaces, with financial assistance offered on a sliding scale. In addition, coverage dramatically expanded for low-income women thanks to the 32 states that have expanded their Medicaid programs to cover everyone at or below 138% of FPLⁱ.

Thanks to the ACA, women cannot be turned away from receiving health care – this includes prohibiting insurance discrimination against victims of domestic violence. All new health insurance products—including commercial plans—must cover a robust package of preventive health services, including screening and brief counseling for DV/IPV, as well as other health services that are important to women's health.

Today, all of this is at risk.

The Congress and incoming Administration are considering policy that will repeal key provisions of the ACA. At risk are the parts of the law that expand access to health insurance coverage and provide financial help to make coverage affordable. The repeal also puts at risk the coverage of specific health care services that are critical for survivors of DV/IPV.

What is at stake?

A recent study by the Urban Institute estimates that repeal would increase the number of uninsured people in the US from 28.9 million to 58.7 million in 2019, an increase of 29.8 million people (103%). The rate of insurance in the non-elderly population would increase from 11% to 21%, a higher rate of insurance than before the ACA due to other changes to the insurance landscapeⁱⁱ.

If the Marketplace (healthcare.gov) is repealed or if the financial help is eliminated, all women who purchase coverage in the Marketplace are at risk to lose their coverage. Either there will be no plans available or coverage will become unaffordable and out of reach. This could directly impact as many as **8.8 million women (about 9% of women)** who purchased insurance on their own (either through the Marketplace or through private insurers in the individual market) in 2015ⁱⁱⁱ.

Women in states who have expanded Medicaid are at risk to have their eligibility eliminated and to lose coverage if the Medicaid expansion is repealed. Other proposals also seek to curb federal Medicaid funding to limit spending, which would have a dramatic impact on coverage as well. Medicaid covered 17% of non-elderly women in 2015^{iv} and half of all births in the US—all of this coverage is at risk if the ACA is repealed or other structural changes to Medicaid are passed.

What benefits may be at risk?

The ACA made comprehensive services available in every plan, and also requires all new health plans to cover a women's preventive health package. These services must be offered to all women free of charge. **This includes coverage of screening and brief counseling for DV/IPV, which must be offered at no cost to the patient by all new private insurance plans.**

ACA repeal could remove the requirement that plans offer the women's health package. This would mean that plans do not have to offer screening and brief counseling for DV/IPV or could charge cost-sharing patients who receive the services.

Other critical services are also at risk as part of the women's preventive health package including, but not limited to:

- Maternity screenings (e.g., Anemia screening on a routine basis; Gestational diabetes screening)
- Birth control services;
- HIV screening and counseling;
- Counseling on sexually transmitted infections
- Mammograms and pap tests;
- Tobacco use screening and interventions; and
- Other USPFTF recommended services.

Health plans must also cover a range of preventive services and screenings for all adults including^v:

- Alcohol misuse screening and counseling;
- Depression screening;
- Diet counseling for adults at higher risk for chronic disease; and
- Obesity screening and counseling.

Coverage of all of these services is at risk. We know health and wellness are a part of survivors' path to independence and healing. These health services are crucial to women and their families and particularly to survivors. It is important to note that this benefit package is required in **all** health plans—including commercial, employer-sponsored plans. This means that women covered by their employer-sponsored plan are at risk to see their benefits and/or coverage decrease.

ⁱ Families USA. January 2016. A 50-state Look at Medicaid Expansion. Accessed at: <http://familiesusa.org/product/50-state-look-medicaid-expansion>

ⁱⁱ Urban Institute. December 2016. Implications of Partial Repeal of the ACA through Reconciliation. Accessed at: <http://www.urban.org/sites/default/files/publication/86236/2001013-the-implications-of-partial-repeal-of-the-aca-through-reconciliation.pdf>

ⁱⁱⁱ Kaiser Family Foundation. October 2016. Women's Health Insurance Coverage. Accessed at: <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

^{iv} Kaiser Family Foundation. October 2016. Women's Health Insurance Coverage. Accessed at: <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

^v <https://www.healthcare.gov/preventive-care-adults/>