

VOTER PARTICIPATION DATA CENTER

2017 Agenda for Unmarried Women: Summary

January 2017

Affordable Care Act: In the years since its enactment in 2010, the Affordable Care Act (ACA) has helped millions of Americans gain access to health insurance,¹ promoted better health – especially for women – through its “core tenets of access, affordability and quality,”² produced few of the negative economic consequences forecast by the Act’s opponents,³ and actually reduced the federal deficit (because its revenue increases and spending curbs more than offset its cost increases).⁴ ***Yet all of these gains are in serious jeopardy given the announced plans of Donald Trump and Congressional Republican leaders to “fully repeal and replace” the Affordable Care Act.***⁵ **Protecting those gains must be a top priority for unmarried women and their supporters in 2017.**

HHS reported in March 2016 that the ACA had resulted in 20 million more Americans obtaining health insurance coverage, cutting the uninsured rate for nonelderly adults (ages 18 to 64) by 43 percent (from 20.3% to 11.5%) between October 2013 (when ACA Open Enrollment began) and February 2016.⁶ Data from the Census Bureau’s annual report on “Health Insurance Coverage in the United States” provide a more comprehensive look at the impact of the ACA. Among those 18 and over, unmarried women obtained particularly large gains in coverage, with the number of uninsured falling from 10.1 million in 2013 to 6.8 million in 2015.

| <u>Category</u> | <u>2013 uninsured rate</u> | <u>2015 uninsured rate</u> | <u>Change</u> |
|------------------------|----------------------------|----------------------------|-------------------------|
| All | 15.3% | 10.3% | -5.0 |
| Men | 16.7% | 11.4% | -5.3 |
| Women | 13.9% | 9.2% | -4.7 |
| <i>Married women</i> | <i>11.0%</i> | <i>7.5%</i> | <i>-3.5</i> |
| <i>Unmarried women</i> | <i>16.9%</i> | <i>11.0%</i> | <i>-5.9⁷</i> |

Two 2016 HHS reports further highlighted gains in women’s health care under the ACA:

- Women can no longer be denied coverage or charged more because of their gender.
- Over half (53.6%) of those gaining insurance coverage through the ACA Marketplaces (6.8 million out of a total of 12.7 million) are women and girls.

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- An estimated 55.6 million women with private health insurance are guaranteed coverage of recommended preventive services (including mammograms and screenings for cervical cancer) with no out-of-pocket costs.
- As many as 65 million women with pre-existing conditions can no longer be discriminated against or charged higher premiums for their health coverage.
- An estimated 8.7 million women with individual insurance coverage gained coverage for maternity services.⁸

Though the public remains divided over the Affordable Care Act as a general concept, there is no great desire to see it repealed. In the Kaiser Health Tracking Poll conducted one week after the 2016 General Election, just 26% supported repeal of the entire law, whereas 17% wanted to see it retained but scaled back, 19% favored continuing the law as is, and 30% endorsed expanding the law (with 8% undecided). Furthermore, solid majorities expressed favorable impressions of nearly all of the law's specific provisions.⁹

During the 2016 campaign Donald Trump and Congressional Republicans made clear their intention to “fully repeal and replace” the Affordable Care Act.¹⁰

Many commentators and analysts have commented negatively on the impact of these plans if carried out. A September 2016 analysis by the RAND Corporation found that Trump's proposals “decrease the number of insured, increase out-of-pocket spending for consumers enrolled in individual market plans, and raise the federal deficit compared to the ACA...People with lower incomes would be more affected than other groups. This is true largely because repealing the ACA means eliminating Medicaid expansion, which covers people with incomes below 138 percent of the federal poverty level...The combined effect of the Trump proposals is to decrease the number of insured by 20.3 million and increase the federal deficit by \$5.8 billion [in 2018].”¹¹

In an August 2016 report, the Center for American Progress analyzed the impact of a proposal developed by House Speaker Paul Ryan, though most of the comments apply to the Trump plan as well: “The [Ryan proposal] outlines a plan to quarantine people who are old and/or sick in separate, more expensive, and unsustainable markets. These reforms would transfer assistance from low-income people to high-income people and from the sick to the healthy. They would not only raise costs for older and less healthy Americans but would also destabilize the entire health care system, shift costs to parents and families, and make everyone's coverage less secure...In place of the high-quality, comprehensive health plans now available to consumers on the marketplace, House Republicans would create a race to the bottom with bare-bones plans attractive to only the healthiest individuals. They would eliminate the ACA's essential health benefits and caps on out-of-pocket spending. As a result, plans would generally have less comprehensive coverage paired with higher deductibles...In addition to scaling back the comprehensiveness of coverage, House Republicans also would reduce financial assistance for consumers...The

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House Republican plan's tax credits would only be adjusted for age, rather than income. This means that, unlike under the ACA, the tax credits would not be structured progressively...Compounding this problem, House Republicans would eliminate the ACA's cost-sharing reductions. This additional financial assistance helps low-income marketplace enrollees afford their copays, deductibles and other forms of cost-sharing...Although House Republicans claim that their plan will protect people with preexisting conditions, in reality only people who maintained continuous coverage would be protected from rate hikes....The House Republican plan's actions to weaken the private insurance market would be compounded by the fact that they would simultaneously gut the health care safety net...In addition to cutting the traditional Medicaid program, the House Republican plan also targets the expansion of Medicaid under the Affordable Care Act. The plan would massively reduce federal funding for the Medicaid expansion over several years, shifting costs to the states in a clear attempt to force them to roll back eligibility or cut benefits. In addition, it would foreclose any of the 19 remaining states that have not yet expanded Medicare from doing so in the future, affecting about 3 million people currently in the coverage gap."¹²

Priorities for Unmarried Women in ACA debate:

Preserving the gains for unmarried women—who are disproportionately low-income—provided through the Affordable Care Act should be one of the highest priorities for supportive groups in the next Congress. Pursuing this objective will put supporters in the position of seeking to preserve benefits that are widely supported without necessarily having to defend some of the unpopular means of paying for those benefits (most notably the individual mandate and the “Cadillac tax” on high-cost health plans), while requiring opponents to go on record (hopefully via recorded votes) in opposing the benefits

The key objectives should include: a) restoration of the Medicaid expansion; b) elimination of Medicaid reductions through block-granting or per-capita caps; c) restoration of income-based premium tax credits and cost-sharing reductions for private non-group insurance plans; d) offsetting these provisions (which must be done under Reconciliation requirements) by restoring as many of the ACA's tax and fee increases as required (including the tax on net investment income and the Medicare HI surtax on high-income taxpayers as well as the fees on pharmaceutical manufacturers and health insurance providers, and, if necessary, the “employer mandate” penalty); e) restoring of the full ban on denial of coverage because of pre-existing conditions by eliminating any limitation of the ban to those with “continuous coverage;” f) requiring insurance plans to provide coverage for a range of preventive health services without cost-sharing; g) prohibiting insurance companies and health providers receiving federal funding from discrimination based on race, national origin, age, disability or sex; and h) prohibiting use of gender or health status in determining premiums. Also, care must be given to make sure that the Republican plan retains the provision allowing young people to remain on their parents' insurance plans until age 26.

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- ¹ Namrata Uberoi, Kenneth Finegold, and Emily Gee, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, *Health Insurance Coverage and the Affordable Care Act, 2010-2016*, March 3, 2016, <http://www.aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>.
- ² Simmons, et al, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, *The Affordable Care Act: Promoting Better Health for Women*, June 14, 2016, <http://www.aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>.
- ³ Cathy Schoen, *The Affordable Care Act and the U.S. Economy: A Five-Year Perspective*, The Commonwealth Fund, February 2, 2016, <http://www.commonwealthfund.org/publications/fund-reports/2016/feb/aca-economy-five-year-perspective>.
- ⁴ Christine Eibner, "Estimating the Impacts of the Trump and Clinton Health Plans," The RAND Blog, September 2016, <http://rand.org/blog/2016/09/estimating-the-impacts-of-the-trump-and-clinton-health.html#>.
- ⁵ Donald J. Trump for America, "Donald Trump's Contract with the American Voter," <http://www.donaldjtrump.com/contract>; and Committee for a Responsible Federal Budget, "What's the Plan to Replace 'Obamacare?'" November 30, 2016, <http://www.crfb.org/blogs/whats-plan-replace-obamacare>.
- ⁶ Namrata Uberoi, Kenneth Finegold, and Emily Gee, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, *Health Insurance Coverage and the Affordable Care Act, 2010-2016*, March 3, 2016, pp. 2, 5, <http://www.aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>.
- ⁷ Figures were calculated from data from U.S. Census Bureau, "Current Population Survey, Annual Social and Economic Supplement," using the CPS Table Creator available at <http://www.census.gov/cps/data/cpstablecreator.html> (visited on September 18, 2016).
- ⁸ Department of Health and Human Services, "The ACA is Working for Women," updated July 21, 2016, <https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-working-women/index.html>; and Simmons, et al, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, *The Affordable Care Act: Promoting Better Health for Women*, June 14, 2016, p. 2, <http://www.aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>.
- ⁹ Kaiser Family Foundation, "Kaiser Health Tracking Poll: November 2016," December 1, 2016, <http://www.kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-november-2016>.
- ¹⁰ Donald J. Trump for America, "Donald Trump's Contract with the American Voter," <http://www.donaldjtrump.com/contract>; and Committee for a Responsible Federal Budget, "What's the Plan to Replace 'Obamacare?'" November 30, 2016, <http://www.crfb.org/blogs/whats-plan-replace-obamacare>.
- ¹¹ Christine Eibner, "Estimating the Impacts of the Trump and Clinton Health Plans," The RAND Blog, September 2016, <http://rand.org/blog/2016/09/estimating-the-impacts-of-the-trump-and-clinton-health.html#>.
- ¹² Maura Calsyn and Thomas Huelskoetter, *House GOP Proposals Would Make Health Care Coverage Less secure for All Americans*, Center for American Progress, August 1, 2016, <http://www.americanprogress.org/issues/healthcare/reports/2016/08/01/141954/house-gop-proposals-would-make-health-coverage-less-secure-for-all-americans-2>.