

Women's Health and Affordable Care Act

Insurance Companies Can't Deny Coverage to Women. Before the ACA, insurance companies selling individual policies could deny coverage to women due to pre-existing conditions, including having been pregnant. In 2014, it will be illegal for insurance companies to discriminate against anyone with a pre-existing condition.

Women Have a Choice of Doctor. Under the ACA, all Americans joining new insurance plans have the freedom to choose from any primary care provider, OB-GYN, or pediatrician in their health plan's network, or emergency care outside of the plan's network, without a referral.

Women Pay the Same as Men. Before the ACA, women could be charged more for individual insurance policies simply because of their gender. In 2014, insurers will not be able to charge women higher premiums than they charge men.

Many Preventive Services for Women Must Be Covered without Copays. Under the ACA, the following preventive services must be covered under all new health care plans, with no out-of-pocket costs:

- Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
- Contraception: FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs*
- Domestic and interpersonal violence screening and counseling for all women
- Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- HIV screening and counseling for sexually active women
- HPV DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
- Sexually Transmitted Infections (STI) counseling for sexually active women
- Well-woman visits to obtain recommended preventive services

* Religious employers are exempted from having to provide contraception coverage to women. Religious-affiliated employers (such as Catholic hospitals or private schools) are exempted from providing contraception coverage, but the insurer must provide such coverage at no cost to the employee.

Many Additional Preventive Services for Women Must Be Covered. Under the ACA, the following preventive services must be covered under all new health care plans:

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- BRCA counseling about genetic testing for women at higher risk
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40

- Breast Cancer Chemoprevention counseling for women at higher risk
- Cervical Cancer screening for sexually active women
- Chlamydia Infection screening for younger women and other women at higher risk
- Folic Acid supplements for women who may become pregnant
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk