Don’t Turn Back the Clock on Women’s Health
Protect Access to Women’s Health Care

ACOG supports the landmark women’s health gains made by the Affordable Care Act (ACA)
The ACA is far from perfect, but it’s vital that we preserve the ACA’s landmark women’s health coverage gains ACOG worked hard to secure. Affordable access to care improves health and reduces health system and employer costs. Reforms to our health care system must not compromise or reduce these health insurance guarantees and protections.¹

ACOG opposes the American Health Care Act (AHCA). This proposal would turn the clock back on vital coverage, benefits, and consumer protections under the ACA. According to the Congressional Budget Office (CBO) analysis of the bill, 14 million people would lose coverage by 2018, and 24 million people would lose coverage over ten years.

The AHCA would:
• Threaten affordability of premiums and cost-sharing subsidies to help women purchase insurance
  o Under the ACA, premiums are available to help small employers and low-income individuals purchase private health insurance.
  ▪ In 2011, nearly 40% of uninsured women had incomes between 139% and 399% of the federal poverty level, making them eligible for subsidies.²
• Roll back Medicaid expansion, and reduce Medicaid spending by $880 billion by 2026 according to the CBO
  o Medicaid covers 48% of all U.S. births and plays a critical role in ensuring healthy moms and healthy babies through access to pregnancy-related care.³
  o The Medicaid per capita cap proposal would reduce low-income women’s access to care. ACOG opposes per capita caps and block grants, which shift costs to states. States would likely respond by cutting benefits, limiting eligibility, or cutting physician payments, any of which would reduce access to care for low-income women.
  o Medicaid expansion has ensured a public safety net for no-income and low-income non-pregnant women.
    ▪ Between 2010 and 2015, the uninsured rate among women ages 18-64 decreased from 19.3% to 10.8%, nearly half.⁴
    ▪ Hospital uncompensated care costs dropped by $10.4 billion in 2015.⁵
• Let states opt out of providing essential health benefits including maternity coverage for all women in all plans
  o An estimated 8.7 million American women gained maternity services under the ACA. Previously, only 12% of individual market plans covered these services.⁶
    ▪ Before the ACA, nearly one-third of women reported lacking health insurance or transitioning between types of coverage around the time of pregnancy.⁷
    ▪ Every $1 spent on prenatal care saves $3.38, primarily in reduced spending for low birthweight and preterm infants.⁸
• Allow states to opt out of critical ACA protections, threatening to bring back pre-existing condition exclusions, gender rating, coverage rescissions, and annual and lifetime benefit caps;
  o Under the ACA, roughly 65 million women with pre-existing conditions, such as a prior C-section or a history of domestic violence, can no longer be denied coverage.
    ▪ Prior to the ACA, gender rating cost women approximately $1 billion annually.⁹ A 25-year-old woman could pay 81% more than a man for identical coverage.⁹
    ▪ Pre-ACA, 39.5 million women were subject to lifetime coverage limits, leaving those with serious health issues vulnerable to losing coverage mid-treatment.¹⁰
• Repeal the Prevention and Public Health Fund, which helps states keep communities healthy and safe and bends the cost curve
• Interfere with patients’ access to the qualified provider of their choice, including Planned Parenthood clinics.
In addition to the provisions listed in this document, it is imperative that currently insured individuals do not lose their coverage as a result of any action or inaction by policymakers, and consumer and benefit protections remain intact.


Garrett, D. Ibid.

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