

Women Will Lose Health Care Benefits They Depend on Under S. 1955

The Health Insurance Marketplace Modernization and Affordability Act of 2005 (S. 1955) allows insurance plans in the small, large, and individual health insurance markets to ignore nearly every state benefit protection, including state laws that require insurance companies to treat women's health fairly and equitably. Rather than improving the health care system, S. 1955 does just the opposite: it takes away health care benefits that millions of people depend on.

Under S. 1955, State Laws that Protect and Improve Women's Health Will Be Lost

Many of the hundreds of benefit protections that will be lost under S. 1955 were enacted by states to ensure that women's health needs were addressed by the insurance market. Dozens of states have enacted laws that protect and improve women's health, including laws that:

- give women direct access to their ob/gyns, rather than forcing them to make two visits to the doctor in order to get the basic healthcare they need
- protect women from discrimination by requiring health plans to include contraceptive coverage in an otherwise comprehensive drug benefit
- provide coverage for annual ovarian cancer, cervical cancer, and STI screenings
- ensure that pregnant women can stay with their doctors for the duration of their pregnancies, even if the doctor is no longer in the insurance company's network

These laws have helped women get the health care they need and the fair treatment they deserve. S. 1955 would eliminate these and other protections, even though they exist in dozens of states.

Women in Nearly Every State Will Lose Benefits

S. 1955 allows many insurance plans to ignore state laws that require certain benefits to be covered, unless 45 states have enacted the same benefit protections. This means that women in nearly every state will lose benefits they have come to depend on:

- In Ohio, women may lose direct access to their ob/gyns, coverage for infertility treatment, and coverage for cervical cancer screenings.
- In New Hampshire, women may lose coverage for contraceptives, direct access to their ob/gyns, and coverage for maternity care.
- In Tennessee, women may lose coverage osteoporosis screenings and direct access to their ob/gyns.

S. 1955 Overrides State Laws that Promote Fairness for Women

A number of benefit protections and provider access laws were enacted as a result of differences in the way women use the health care system that private insurance did not take into account:

- Unlike men, women often rely on both a primary care doctor and an ob/gyn for their basic health care. When managed care companies started limiting access to specialists, 38 states enacted laws so women could visit their ob/gyns directly without additional cost and delay.
- Even though contraception is basic health care for millions of women, insurance plans regularly refused to include it in their otherwise comprehensive drug benefits. In response to this inequity, 22 states now require plans that cover other prescription drugs to provide the same level of coverage for prescription contraceptives.
- A 1994 study found that women of reproductive age spent 68 percent more in out-of-pocket health care costs than men. Reproductive health-related services and supplies that were not covered by health insurance accounted for much of this difference.

Under S. 1955, Women Will Lose Benefits that Improve their Health

The benefit protections that are at stake with S. 1955 are not unnecessary or extravagant; they give women access to basic care that improves their health and lives.

- Studies have shown that contraceptive coverage laws have significantly rates of insurance coverage for contraceptives. Planning pregnancies improves maternal and child health outcomes, and contraception reduces unintended pregnancies and the need for abortion.
- Women who visit an ob/gyn are more likely to receive cervical cancer screening, pelvic exams, and HIV/AIDS counseling than women who do not.