

The Affordable Care Act

Since its passage in 2010, the Affordable Care Act (ACA), also known as Obamacare, has been instrumental in increasing the number of women living with heart disease who have health insurance. In particular, the ACA's provision banning health insurance providers from denying coverage to people with pre-existing conditions, including women with heart disease, has been transformative for many who were previously unable to access coverage.

Under the ACA, women cannot be denied coverage, charged higher prices, or offered inadequate plans simply because they are women. Each ACA plan must cover a set of defined essential benefits, including preventive care, and cap out-of-pocket expenses. In addition to expanding coverage options through the individual marketplace, the law also allows states the opportunity to expand Medicaid to a broader group of people who meet specific qualifications, including working families who cannot afford out-of-pocket health insurance costs but do not quite meet the low-income qualifications for traditional Medicaid.

Between 2010 and 2015, before and after implementation of the ACA, an estimated 7.5 MILLION women (19-64) gained health insurance.¹



What's at Stake

Heart disease is the number one killer of women. For those living with or at risk of heart disease, insurance coverage is the difference between getting the care you need to manage your condition or relying on emergency rooms and low-cost or free health clinics for care. High quality, affordable health coverage means women with heart disease can access the treatments, devices, and medications their doctors order and follow the prescribed regimen, without going into debt or having to make tough decisions about whether to pay rent, buy healthy food, or fill a prescription.

An estimated 48 million women in the United States live with or at risk of heart disease. One year after the ACA went into effect, between 2013 and 2014:²

- **1.3 million individuals** who had suffered from heart disease, hypertension, or stroke gained health insurance.
- The percentage of women *with* heart disease who were uninsured dropped from **16.7% to 12.4%**.
- The percentage of women *at risk* for heart disease who were uninsured dropped from **20.5% to 15.8%**.

The ACA's focus on prevention, including coverage for blood pressure and cholesterol/ lipid screenings, smoking cessation services, and more, is critical for women who are at risk for heart disease. The ACA allows millions of women with heart disease the opportunity to access the treatment and medications they need to manage their risk factors.

The ACA continues to provide women affected by heart disease with access to affordable, high-quality care. But there is more to be done to expand access to care. More than one in ten (11%) women between the ages of 18 and 64 remain uninsured.³ At the same time, the CDC reported that women between the ages of 35-64 are experiencing high rates of heart attack and other cardiovascular events. Unfortunately, proposed legislation and regulations threaten to undo the progress that has been made by the ACA and to jeopardize access to care for too many women with heart disease.

Efforts to Dismantle the ACA

Several actions in the last two years compromise protections for women with heart disease, threaten to dramatically increase premiums, and could reduce consumers' options for high-quality, full-coverage insurance plans.



After several failed attempts throughout 2017 to repeal the ACA, in December of that year, Congress successfully passed a tax bill that repeals the ACA's individual mandate, a keystone of the law. By 2019, Americans will no longer be required to obtain a certain level of health insurance. The number of uninsured women will likely increase following the repeal, and the change is estimated to drive up the cost of coverage. In the summer of 2018, the administration finalized two rules that allow the expanded use of insurance plans

**There are an estimated
67 MILLION
women and girls
nationwide living with a
pre-existing condition.⁴**

known as association health plans (AHAs) and short-term plans. Both offer fewer consumer protections than required by the ACA and will draw younger and healthier Americans away from the individual Marketplace. Short-term plans are allowed to deny coverage to patients with pre-existing conditions and to charge higher rates for those who have been sick before.

At the same time, the Department of Health and Human Services cut \$16 million in federal support for the Navigator program, which assists Americans with purchasing health insurance during the ACA annual enrollment period. Without these services, many individuals seeking health insurance will struggle to find plans that meet their needs. Open enrollment for 2019 plans is scheduled for November 1, 2018 through December 15, 2018.

Take Action

Despite ongoing efforts to undermine the ACA, it continues to create access for many women with heart disease around the country. That is why it is critical that we make our voices heard. Tell elected officials your heart story and how health insurance has impacted your access to care. Demand that they continue to act to defend protections for people with pre-existing conditions.



¹ <https://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>

² http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_480864.pdf

³ <https://www.kff.org/other/state-indicator/nonelderly-adult-women/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁴ <https://www.americanprogress.org/issues/women/news/2018/06/21/452643/moving-backward/>