

OCTOBER 2012

ASSESSING THE PRESIDENTIAL CANDIDATES' POSITIONS ON WOMEN'S HEALTH COVERAGE AND REPRODUCTIVE HEALTH CARE

Health care and women's health in particular have been central issues in the 2012 election. Women frequently cite health care as one of the top issues that they are concerned about, reflecting their experiences with the health care system as patients, mothers, and caregivers for frail and disabled family members. The candidates, President Barack Obama and former Massachusetts Governor Mitt Romney, have divergent approaches as to how they would address different facets of women's health care. This brief discusses two major aspects of health care that are important to women — health coverage and the Affordable Care Act and reproductive health care — and summarizes the presidential candidates' stated positions on these topics.

Health Coverage and the Affordable Care Act

Approximately 19 million women across the U.S. lack insurance coverage.⁷ Uninsured individuals are more likely to have inadequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes.⁸ Uninsured women are more likely to postpone care and to forgo filling prescriptions than their insured counterparts and often delay or skip important preventive care such as mammograms and Pap smears.⁹ Obtaining insurance coverage has been difficult for many women because they or their spouses work part-time/year and do not receive fringe benefits from their employers or they work in firms or industries that don't offer insurance. The individual insurance market has also been out of reach for many women because either they have had a preexisting medical condition that limits their coverage options or they haven't been able to afford the premiums charged by insurers. Furthermore, individual insurance plans have often charged women more than men for the same coverage, a practice called *gender rating*, and many plans also lacked maternity benefits in the standard benefits package.¹⁰ Medicaid, the federal-state program serving many low-income individuals, has historically only been available to poor women who were also pregnant or had dependent children or were disabled or 65 or older.¹¹ Women under 65 who didn't have children or who were not pregnant generally have not qualified for Medicaid no matter how poor they were.

The Affordable Care Act

Starting in 2014, the Affordable Care Act (ACA) will require most individuals to obtain insurance coverage either through Medicaid or private insurance from an employer or purchased in state-based health insurance exchanges. Insurance that is available through the exchanges will cover health benefits that include doctor visits, hospitalizations, preventive and wellness services, maternity care and newborn care, mental health and substance abuse disorder services, and prescription drugs, all of which are important services for women that have not been uniformly covered by individual

KEY FACTS

- One in five (20%) women ages 18 to 64 are uninsured.¹
- One in four non-elderly women has gone without or delayed needed care because they could not afford the costs.²
- Half of all women use at least one prescription drug (51%) on a regular basis, and nearly a quarter (23%) of women ages 45 to 64 take at least six medications regularly.³
- Childbirth and pregnancy-related conditions are leading causes of hospitalization in the U.S., accounting for nearly 25% of hospital stays and about half of U.S. births are paid for by Medicaid.⁴
- Most individually purchased plans do not cover maternity care. One study estimated 13% of such plans offer maternity coverage.⁵
- Even though women have longer life expectancies than men, women suffer from chronic disease and disability at higher rates than men.⁶

plans in the past.¹² In addition, the law requires new plans to cover without cost-sharing preventive services recommended by the US Preventive Services Task Force, such as mammography, cervical cancer screening, and prenatal care.¹³ The ACA also requires new private plans to cover, free of cost-sharing, a new set of preventive services for women that includes: FDA-approved contraceptives; “well woman” visits; domestic violence screening; breastfeeding supports; screening for STIs, HIV, and gestational diabetes.¹⁴ The ACA includes a number of insurance reforms that will affect plans sold on the insurance exchanges and the individual insurance market. These include banning the practices of gender rating and pre-existing condition exclusions, as well as varying premiums based on health status, starting in 2014.

Where do the candidates stand on health reform? The two presidential candidates have very different viewpoints on the role of the federal government in expanding coverage to the uninsured (Table 1).

President Obama: The federal ACA is one of the major pieces of legislation promoted and signed by President Obama. President Obama supports the implementation of the ACA to expand coverage to the uninsured and reform insurance coverage.

Governor Romney: Repeal of the ACA has been a central element of Governor Romney’s campaign platform. Governor Romney believes that health care reform is a state issue and opposes federal requirements for health care. He has stated that he would provide states with waivers to block implementation of the law on his first day in office with the goal of eventually repealing the ACA.¹⁵

Reproductive Health Care

Reproductive health care is a key element of women’s health care. Almost half (49%) of pregnancies in the U.S. are unintended, and more than four in ten of these pregnancies end in abortion.¹⁶ Federal and state programs, including Medicaid and Title X, provide funding so that low-income women can gain access to a broad range of contraceptive services to help prevent unintended pregnancy and to assure that pregnancies are timed to promote the best possible maternal and infant outcomes. More than 5.2 million people, mostly women, obtained family planning services at Title X-funded sites in 2010 and millions more women gained access to family planning services through Medicaid.¹⁷ Historically, the financing of and access to reproductive health care services have been the focus of numerous state and federal policies. In particular, policies regarding access to abortion and contraception have been the center of many partisan debates. Federal and state choices regarding access to contraception, through the ACA as well as through Medicaid and Title X will shape how women gain access to these services.

Abortion

Since the Supreme Court issued the *Roe v. Wade* ruling in 1973 legalizing access to abortion in all states, abortion policy has been a highly polarized political issue. Some groups have supported the ruling and the Court’s interpretation of a woman’s right to privacy while others have advocated for the ruling to be overturned. In the years since the ruling, numerous federal and state laws have been enacted to address access to abortion services, placing limits on consent for minors, waiting periods and other requirements regarding how abortion services are paid for, as well as limits on the types of providers that offer abortion services and the types of abortion procedures that physicians may provide. In 1977, a federal law known as the Hyde Amendment banned the use of any federal funds for abortion, except when the pregnancy is a result of rape, incest, or if it is determined to endanger the woman’s life. Initially affecting only funding for Medicaid-financed abortions, over the years, its reach broadened to prohibit any federal funds for abortion for federal employees, women in the Indian Health Service, and in the military. More recently, it was used to ban any federal subsidies and tax credits available through the ACA from being used toward premium costs for insurance plans in Health Insurance Exchanges that cover abortion services.

Contraception

Contraception is one of the most widely used preventive services by women of reproductive age. Historically many private insurance plans did not cover the costs of contraceptives for women. Over the past two decades, private insurance coverage of contraceptives has increased in response to federal court rulings and state laws that require insurers to cover contraceptives. State laws, however, have had limited reach as they do not apply to self-funded plans. The ACA broadens coverage of contraceptives under private insurance to millions of women, by requiring that, as of August 2012, new private plans (including those that are self-funded as well as those sold on the group or individual markets) cover FDA-approved contraceptives and counseling without cost sharing. Employers that are houses of worship with a religious objection to contraception are exempt, and other religiously-affiliated employers have a one year transition or “accommodation” period to implement this provision. Numerous lawsuits have been filed against the federal government to block the implementation of this provision, and legislation has been introduced by Congress to give employers and health providers the ability to refuse to implement this and other aspects of the ACA for which they have a moral or religious objection.¹⁸ There has also been longstanding federal support for family planning and reproductive health services for low-income women through Medicaid and the Title X family planning program. Some in Congress have called for the elimination of the Title X program, arguing that federal dollars should not be used to pay for family planning services at clinics like Planned Parenthood that also provide abortion services, despite the fact that federal funds cannot be used to pay for abortion services (only in limited circumstances) per the Hyde Amendment.

International Family Planning

Since the 1960s the U.S. has supported international family planning efforts by providing funds to international nongovernmental organizations (NGOs) that deliver family planning services and reproductive health care to women in low-income countries. Federal support of these programs has not been without controversy as debates have concerned both the level of funding provided to international NGOs for family planning and reproductive health as well as its use, particularly related to abortion. One of the most contentious has been the “Mexico City Policy” that was first instituted by President Reagan in 1984 through executive order. This order required foreign NGOs to certify that they would not perform or promote abortion as a method of family planning using funds from any source as a condition for receiving U.S. funding. This policy was rescinded by President Clinton, reinstated by President Bush, and rescinded again by President Obama in January 2009.^{19,20}

Where do the candidates stand on reproductive health care policy? This year’s presidential candidates hold very different positions on most issues regarding reproductive health, including financing and access to abortion and contraceptive services, as well as assistance to international agencies (Table 1).

President Obama: President Obama supports access to abortion services for women granted by *Roe v. Wade*²¹ and he also supports the funding limitations imposed by the Hyde Amendment. He reiterated his support for the Hyde Amendment when the ACA was passed by issuing an executive order specifying and reaffirming that the Amendment rules also apply to the federal tax credits that the ACA provides to some individuals to pay for insurance coverage.²² President Obama supports the ACA’s contraceptive coverage requirement, including an exemption for religious houses of worship as well as a one year delay for nonprofit religiously affiliated employers that object to contraception.^{23,24} He supports funding for the federal Title X family planning program²⁵ and supports policies that assure that women served by public programs have free choice of family planning providers.²⁶ President Obama rescinded the “Mexico City” policy.²⁷

Governor Romney: Governor Romney has stated that he is “pro-life,” that the *Roe v. Wade* ruling should be overturned, and that abortion policy should be regulated by the states.²⁸ If he were to repeal the ACA, he would eliminate the contraceptive coverage, and has stated that he supports legislation that broadens exemptions to providers and employers who claim religious conflict with certain health care services.²⁹ With regard to public funding for family planning, Governor Romney has said that he would eliminate the Title X program and would not permit any federal funds to be granted to organizations such as Planned Parenthood that provide abortions with private funds, in addition to family planning services.³⁰ Governor Romney has stated that he would reinstate the Mexico City policy on his first day in office.³¹

Table 1: Side by Side Comparison of the Candidates' Positions on Women's Health Issues

PRESIDENT BARACK OBAMA (D)

GOVERNOR MITT ROMNEY (R)

Federally Defined Health Benefits

- The ACA requires private health plans to cover a wide range of benefits, including maternity care.
- The ACA requires Medicare and private insurance to cover, without cost-sharing, preventive services recommended by the US Preventive Services Task Force, such as mammography, cervical cancer screening, and prenatal care.
- The ACA includes mandatory coverage without cost-sharing for a new set of preventive services for women with private insurance including: FDA-approved contraceptives; "well woman" visits; domestic violence screening; breastfeeding supports; screening for STIs, HIV, and gestational diabetes.³²

- Would work to repeal the ACA and would provide states with waivers to block implementation of the law on his first day in office.³³ This would eliminate the requirement of including health benefits such as maternity care (which would affect most women in the individual insurance market).
- ACA repeal or blockage would revoke ACA's no-cost coverage of preventive services for women in private insurance plans and Medicare.

Insurance Reforms

- The ACA prevents insurers from denying coverage for pre-existing conditions, such as pregnancy or prior cesarean delivery.
- Prohibits policy holders from being charged higher premiums based on gender (gender-rating), health status, or occupation under the ACA.
- The ACA requires plans to extend age of dependents up to age 26.

- Would prevent discrimination against individuals with pre-existing conditions who maintain continuous coverage.³⁴
- Would make sure the marketplace allows for individuals to purchase policies that cover their family members until an unspecified age.³⁵

Abortion

- Supports "woman's right to choose"³⁶ and access to abortion and believes that the *Roe v. Wade* Supreme Court ruling should be upheld.³⁷
- President Obama issued an executive order specifying and reaffirming that the Hyde Amendment rules also apply to the ACA. This order bans the use of federal funds, including tax credits and cost-sharing reduction payments, to pay for abortion services unless pregnancy is a result of rape, incest, or certified by a physician to place the woman at risk of death unless an abortion is performed.³⁸

- States he is "pro-life" and believes the Supreme Court should overturn *Roe v. Wade* and that abortion policy should be made at the state level.³⁹ Believes abortion "should be limited to rape, incest, or to save the life of the mother."⁴⁰
- Supports the Hyde Amendment, banning the use of federal funds to pay for abortion services unless pregnancy is a result of rape, incest, or certified by a physician to place the woman at risk of death unless an abortion is performed.⁴¹

Contraceptive Coverage

- The ACA provision on preventive services for women includes a new requirement for new private plans to cover contraceptive supplies and services without cost sharing.⁴²
- Certain religious employers (houses of worship) are exempt from the contraceptive coverage provision if they have a religious objection to contraception. President Obama's Administration has also extended a one year transition or "safe harbor" period to other religiously affiliated non-profit employers who are opposed to contraception to implement this rule.⁴³

- Would repeal the ACA, which would include the provision that requires plans to cover contraception as a mandatory benefit.
- Supported a Senate Bill (the Blunt Amendment)⁴⁴ that would have provided a broad exemption to any health care provider or employer who objects for religious or moral reasons to any aspect of the ACA, including but not limited to the contraceptive mandate.⁴⁵

Federal Funding for Contraceptives

- Supports Title X program to provide contraceptive services, supplies, and other related services to low-income women.⁴⁶
- President Obama's Administration supports continued federal funding under Medicaid and Title X and policies that assure free choice of family planning providers to provide contraceptive and related services under public programs.⁴⁷

- Would eliminate all Title X funding.⁴⁸
- Opposes any public funding for any care provided by Planned Parenthood or other organizations that also provide abortion services.⁴⁹

International Family Planning Assistance

- Issued an Executive Order rescinding the Mexico City Policy, which prohibited foreign NGOs from receiving federal support if they did not certify that they would not perform or promote abortion as a method of family planning using funds from any source.⁵⁰

- Supports the Mexico City Policy and would reinstate it on first day in office.⁵¹

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