

## ***Women of Color & The Affordable Care Act***

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The Affordable Care Act (ACA) represents a major change in health insurance. ACA safeguards citizens against insurer bias toward pre-existing conditions, pregnancies, and domestic violence. ACA also protects against annual and/or lifetime caps by insurers for chronic diseases while enrolled in healthcare plans. Additionally under ACA, Medicaid, the country's public health insurance system, offers coverage to previously excluded uninsured adults. Each of these provisions is especially important for Women of Color who have not received medical or preventive services at rates comparable to non-Hispanic White women. Such discrepancies are partly due to exorbitant U.S. healthcare costs and these women prioritizing the care of others before meeting their own healthcare needs (National Partnership for Women and Families, 2014; Nash et.al. 2011; Fowler, 2006).

### **HEALTH CARE ISSUES FOR WOMEN OF COLOR**

Before the passage of ACA, the Kaiser Foundation (2001) and the American Cancer Society (2009) reported that Women of Color experience higher percentages of pre-existing conditions and chronic diseases (e.g., diabetes, hypertension, heart disease, obesity, HIV/AIDS, depression, arthritis, and particular forms of cancer) than non-Hispanic White women. Studies show that early diagnosis, treatment, and preventive care will make a major difference in the health of these populations of women (Oliver-McNeil and Artinian, 2002; Wyatt et al., 2008). In 2004, the Kaiser Foundation reported that African American women (29%) and Latinas (13%) are more likely than non-Hispanic White women to report their health as fair or poor. African American women are more likely to have a physical condition limiting routine activities of contributing to school, work, and the home. Latinas are less likely to report that they have a chronic condition needing on-going care, despite reporting a fair or poor health status. The Center for American Progress (2013) reports five African American women die per day from breast cancer. Additionally, Women of Color, especially African American women, represent the majority of women living with HIV and comprise sixty-five percent of newly diagnosed HIV cases.

### **ACA ENROLLMENT AND BENEFITS FOR WOMEN OF COLOR**

During the first enrollment period in 2013, like many citizens, African American women and Latinas questioned the affordability and availability of ACA insurance. To raise awareness and educate these women about ACA as a health insurance program, trusted members of their communities (African and Hispanic clergy, community groups, and civic organizations) partnered with Enroll America to discuss ACA's value in person, by phone, and at community and church events. Women became key outreach partners, enrolling friends, family members, and young adults because of their role as health care decision makers (Enroll America, 2014). Women of Color learned more about their investment in healthcare coverage options through "Take Care People" and "She Knows" campaigns designed by the Ad Council. These women embraced their roles as partner-envoys; they assisted in spreading the word through house parties, webinars, tele-town hall meetings or forums, on Twitter and Facebook, blogs, and emails. Women of Color made up 59% of the persons enrolled in ACA, were 68% of women who connected to the state's healthcare marketplace via [GetCoveredAmerica.org](http://GetCoveredAmerica.org), and requested follow-up about coverage options in high numbers (Enroll America, 2014). ACA insurance

provisions have increased access to health services for African American women and Latinas by expanding Medicaid coverage to include incomes up to 138 percent less than or equal to the federal poverty level (Kaiser Foundation, 2015). This is especially important for women with chronic disease. For example, women living with HIV, through Medicaid expansion under ACA, may now receive housing, childcare, and nutrition support alongside treatment and/or prevention services. These women will benefit from no-copays, screening and counseling for this disease and other sexually transmitted diseases.

## **PROBLEMS FOR WOMEN OF COLOR AND INSURANCE EXPANSION**

Despite expansion of Medicaid benefits, the Supreme Court ruling on ACA in 2012 made the Medicaid expansion under ACA optional for states (Kaiser Foundation, 2015). Twenty-nine states, including Washington, DC have extended Medicaid coverage, while seventeen states have not, and four states are currently deliberating. Fifty-five percent of African Americans reside in twenty-three states that have not expanded Medicaid eligibility (i.e., Virginia, North and South Carolina, Texas, Georgia, Alabama, Tennessee, Louisiana, and Mississippi). By comparison, thirty-eight percent of Latinos and twenty-three percent of Asians also live in non-expansion states (Urban Institute 2014; Pew Charitable Trust, 2015; Kaiser Foundation, 2014). Over half of these states have limited preventive services, including breast and cervical cancer treatments even though breast cancer is more common among African American women under the age of 45. The risk of dying from breast cancer is lower for Asians, Latinas, and Native-American women (Breastcancer.org, 2015); however, a large percentage of low-income women, which includes a disproportionate number of Women of Color, remain uninsured. Four out of ten women reported being uninsured at the end of 2013; nearly a quarter being African Americans (22%), and over one-third being Hispanic (36%). Furthermore, the following facts cross all racial categories of women:

- Single mothers are twenty-four percent more likely to be uninsured;
- Sixty-six percent or two out of three uninsured women are part of families with at least one adult working full-time and eighty-three percent are in families with at least one part-time or full-time worker who may be uninsured; Generally, women, including employed Women of Color, are less likely to be insured by employers and more likely to receive coverage as a dependent (Kaiser Foundation, 2014).

Under section 2713 of ACA all private plans must provide a range of preventive services and must not require cost sharing. However, for employed women and Women of Color receiving preventive services through private insurers from their employer-sponsored health care plans, they must pay cost sharing (i.e., high copayments, large deductibles, or no co-insurance). This often occurs in firms where employees earn \$55,000+ per year. An employer-sponsored or grandfathered health care plan refers to insurance coverage in effect before March 2010 (Kaiser Foundation, 2012; Kaiser Foundation, 2014). From 2012 through 2014:

- Twenty-six percent of workers covered by employers are still enrolled in grandfathered plans. Non-Hispanic White women and Women of Color enrolled in employer-sponsored plans are still charged co-pays or other forms of cost-sharing (Kaiser Foundation, 2014);
- Separately billed office, preventive service, and physician visits not for preventive service may require cost sharing;
- Services may be performed by an out-of-network provider when an in-network provider is available (Kaiser Foundation, 2014);

- In 2012, forty-one percent of all workers were covered by employer-sponsored group health plans expanding their list of covered preventive services in accordance with ACA (Kaiser Family Foundation, 2012; ASPE, 2014).

## **HOW ARE PREVENTIVE SERVICES WORKING**

Although not disaggregated by race and gender specifically, the Health Resources and Services Administration (HRSA) reports serving nearly 21.7 million people in 2013, of which sixty-two percent were racial/ethnic minorities with thirty-five percent having health insurance. HRSA is an agency within the U.S. Department of Health and Human Services responsible for increasing access to health care and attaining health equity to the geographically isolated and economically or medically vulnerable. Salganicoff, et. al., (2014) report:

- Seventy-nine percent of Hispanic and eighty-eight percent of African American women received checkups, counseling, and screening tests;
- Eighty-three percent of Hispanic and ninety-three percent of African American women had high blood pressure screening;
- Sixty-six percent of Hispanic and sixty-three percent of African American women had blood cholesterol screening;
- Seventy-two percent of Hispanic and seventy-six percent of African American women had Pap smear tests;
- Event-two percent of Hispanic and seventy-nine percent of African American women had mammograms;
- Thirty-four percent Hispanic and thirty-five percent of African American women had, colonoscopies;
- Forty-two percent of Hispanic and thirty-nine percent of African American women had mental health screening.

The Office of the Assistant Secretary for Planning and Evaluation reports that the number of women filling prescriptions for oral contraceptives (with no co-pay) more than quadrupled from 1.2 million in 2012 to 5.1 million in 2013- an increase of 3.9 million. This is salient for Latinas and African American women who experience unintended pregnancies at double and triple the rate of white women, respectively. Additionally, this provision has assisted in the purchase of contraceptives for Women of Color who are at higher risk of gestational diabetes during pregnancy (Center for American Progress, 2015). Data on Women of Color's access to preventive services is compiled, analyzed, and issued by the Office of Assistant Secretary for Planning and Evaluation (ASPE), generally every two years. ASPE reports are informed by the yearly recommendations of the United States Preventive Services Task Force (USPSTF).

## **FUTURE OUTLOOK**

The future outlook is positive for Women of Color's receipt of medical and preventive healthcare services. The allocation of \$295.5 million dollars in formula-based supplement funding for 1,195 community health centers (CHCs) on the mainland, Puerto Rico, U.S. Virgin Islands, and Pacific Basin will enhance existing services. It will facilitate the additional hiring of providers for oral health, behavioral health, pharmacy, and vision services for an estimated 1.5 million new patients nationwide (ACA, September 2014). As Fowler and Durr (2013) argue, ACA insurance provisions will provide affordable and equitable health care for individuals, across their life span, especially for women in general and for Women of Color in particular.

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