



**U.S. House of Representatives
Committee on Energy and Commerce
Ranking Member Frank Pallone, Jr.
Democratic Staff Report**

**Turning Back the Clock: Republican Plans to Repeal the
Affordable Care Act Will Reverse Progress for Women**

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EXECUTIVE SUMMARY

Nearly seven years ago, Congress passed and President Obama signed the Affordable Care Act (ACA) into law. The ACA was the culmination of decades of bipartisan efforts to reform the American healthcare system. The law promised and delivered affordable, higher quality health insurance by adding new consumer protections and requiring more accountability from insurance companies. It provided access to care for those who had previously gone without, including individuals with pre-existing conditions, low-income individuals and their families, and young adults. It saved seniors thousands of dollars in drug costs and put Medicare on a more sustainable path, helping protect the Medicare promise for decades to come.

Since it was passed into law, the ACA has dramatically transformed the American healthcare landscape. Over 20 million people have gained coverage because of the ACA. The uninsured rate has dropped to a historic low of 8.6 percent. The growth of healthcare spending has slowed dramatically, resulting in trillions of dollars of savings.

This report analyzes changes in access to healthcare for women, with a focus on low-income women, in each state and the District of Columbia since the implementation of the ACA. The report relies on data collected by the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), which compiles survey data from all 50 states about health-related risk behaviors, chronic health conditions, and use of preventive services; the CDC's National Vital Statistics System (NVSS), which collects data from vital registration systems operated by each state, two cities, and five territories; and the U.S. Census Current Population Survey (CPS).

In nearly every state and for nearly every metric analyzed, women reported significant improvements in access to healthcare following implementation of the ACA. Additionally, women in states that chose to expand Medicaid experienced even greater improvements in coverage and care. For example, states that expanded Medicaid saw greater declines in the uninsured rate and reported greater declines in the number of women reporting that they could not see a doctor because of cost within the past 12 months. Additionally, states that expanded Medicaid experienced greater increases in both the number of women who were able to receive a routine checkup within the last year and in the number of women who were able to receive prenatal care in the first trimester of pregnancy. These findings indicate that women across the country are benefitting from the protections offered by the ACA.

The ACA has also played an important role in reducing disparities between minority women and all women in terms of access to insurance. Low-income women and women of color are historically at the greatest risk of being uninsured.¹ However, the ACA has resulted in a significant narrowing of these disparities, with huge reductions in the uninsured rate for low-income and minority women. States that expanded Medicaid saw greater reductions in the uninsured rate for both groups.

¹ Kaiser Family Foundation, *Disparities in Health and Health Care: Five Key Questions and Answers* (Aug. 12, 2016) (kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/).

Health coverage matters for women and their families. Those with health coverage are more likely to obtain needed preventive, primary, and specialty care services that may make the difference between life and death. For instance, mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their babies are five times more likely to die.² As our investigation indicates, the expansion of health coverage under the ACA has in fact led to greater access to these lifesaving healthcare services among all women.

President-elect Donald Trump and the Republican-led Congress now promise to repeal the ACA and do away with Medicaid expansion. This extreme anti-women plan will roll back important and hard fought new protections gained under the law, such as the requirement that insurance plans cover women's health services like maternity care and women's preventive services without cost sharing like contraception. The Republican approach will undermine the health of millions of American women and their families by denying them routine and lifesaving care.

² Child Trends, *Late or No Prenatal Care: Indicators on Children and Youth* (Dec. 2015) (www.childtrends.org/wp-content/uploads/2014/07/25_Prenatal_Care.pdf).

I. BACKGROUND

Prior to passage of the Affordable Care Act (ACA), women faced unfair and discriminatory practices that limited access to both routine and lifesaving care when obtaining health insurance in the individual market. Women were routinely charged significantly higher premiums than men for their health insurance and were charged as much as 85 percent more than men for the same coverage.³ They were denied coverage for “pre-existing conditions” like pregnancy, having had a Caesarian section, or even being victims of domestic violence.⁴

The passage of the ACA dramatically reformed accessibility, quality, and affordability of health coverage in the United States. The law was heralded as “the greatest advance for women’s health in a generation” and “one of the greatest victories for women’s rights in recent decades.”⁵ Since implementation of the ACA marketplaces in 2014, 8.2 million adult women have gained health insurance under the law.⁶ The uninsured rate among women aged 18 to 64 has decreased from 19.3 percent in 2010 to 10.8 percent in 2015.⁷

The ACA contains a number of provisions to guarantee access and affordability of healthcare for women. The law makes advance premium tax credits and cost-sharing reductions available to millions of Americans to reduce monthly health insurance premiums and out-of-pocket medical costs. The law prohibits discrimination on the basis of sex in health programs receiving federal dollars.⁸ Individual and small group health plans cannot use gender to

³ National Women’s Law Center, *Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act* (Mar. 2012) (www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf); House Committee on Energy and Commerce, Minority Staff, *The Anti-Women Voting Record of The U.S. House of Representatives 112th Congress* (Sept. 2012).

⁴ House Committee on Energy and Commerce, Minority Staff, *The Anti-Women Voting Record of The U.S. House of Representatives 112th Congress* (Sept. 2012).

⁵ National Partnership for Women and Families, *Why the ACA Matters for Women* (July 2012) (go.nationalpartnership.org/site/DocServer/SUMMARY.pdf?docID=10001); Families USA, *Being a Woman Just Got a Little Easier: How the Affordable Care Act Benefits Women* (July 2012) (familiesusa.org/sites/default/files/product_documents/Affordable-Care-Act-Benefits-Women.pdf).

⁶ Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, *Health Insurance Coverage and the Affordable Care Act* (Sept. 22, 2015) (aspe.hhs.gov/sites/default/files/pdf/111826/ACA%20health%20insurance%20coverage%20brief%2009212015.pdf).

⁷ Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, *The Affordable Care Act: Promoting Better Health For Women* (June 14, 2016) (aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf).

⁸ Patient Protection and Affordable Care Act, Pub. L. No.111-148, §1557 (2010).

determine premiums.⁹ The ACA also prohibits insurers from denying women coverage or charging women more for their coverage because of their reproductive choices, because they have been the victims of domestic violence, or because of pre-existing conditions.¹⁰

Additionally, prior to the ACA, insurance companies frequently did not cover important women's health services, such as prescription drugs and treatment for mental health conditions.¹¹ Prior to the ACA, a vast majority of plans in the individual market did not cover maternity care and some charged an exorbitant supplemental premium, or "rider," for individuals to obtain coverage.¹²

The ACA reformed the individual market to ensure that plans meet women's healthcare needs. All individual and small group market plans are now required to cover a series of Essential Health Benefits, which include maternity and newborn care.¹³ Health insurance plans are also required to cover recommended preventive health services without any copays or deductibles, removing financial barriers to important services critical to women's health, safety, and well-being. These services include well-woman visits; breastfeeding supplies, counseling, and support; vaccinations; all FDA-approved contraceptive methods; domestic violence screening and counseling; and screenings for depression, HIV, diabetes, cancer, sexually transmitted diseases, and other diseases and conditions that adversely affect women.¹⁴

Additionally, the expansion of Medicaid coverage to adults with incomes below 138 percent of the federal poverty level (FPL) under the ACA allowed millions of low-income women to gain coverage in the 32 states (including the District of Columbia) that adopted the expansion. To date, 19 states still have failed to expand Medicaid coverage – a devastating choice for both low-income individuals and consumers as a whole.¹⁵ Women in many of these

⁹ National Women's Law Center, *Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act* (Mar. 2012) (www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf).

¹⁰ House Committee on Energy and Commerce, Minority Staff, *The Anti-Women Voting Record of The U.S. House of Representatives 112th Congress* (Sept. 2012).

¹¹ Kaiser Family Foundation, *Women's Health Insurance Coverage* (Oct. 2016) (files.kff.org/attachment/fact-sheet-womens-health-insurance-coverage).

¹² National Women's Law Center, *Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act* (Mar. 2012) (www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf).

¹³ Kaiser Family Foundation, *Women's Health Insurance Coverage* (Oct. 2016) (files.kff.org/attachment/fact-sheet-womens-health-insurance-coverage).

¹⁴ *Id.*; see also Healthcare.gov, *Preventive Care Benefits for Women* (www.healthcare.gov/preventive-care-women) (accessed Nov. 28, 2016).

¹⁵ These states include Alabama, Florida, Georgia, Idaho, Kansas, Maine, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming. See Kaiser Family Foundation, *Status of State Action on the Medicaid Expansion Decision* (kff.org/health-reform/state-indicator/state-activity-

non-Medicaid expansion states remain without affordable coverage options and fall into the coverage gap, where many low-income women continue to go without health insurance.

Despite these significant improvements in women's healthcare, the Republican Party continues to vehemently oppose the ACA. Since the Republicans gained control of the House in 2010, they have voted more than 60 times to repeal or undermine the law.¹⁶ In that time, they have also failed to develop and agree upon a viable replacement plan.¹⁷

President-elect Trump campaigned on the promise to completely repeal the law and reform the Medicaid program.¹⁸ After his election, the President-elect indicated that he plans to keep parts of the law while abolishing the rest.¹⁹ He has not offered an explanation of how such a system would work. The President-elect's nominees for leading health policy positions similarly support ACA repeal and drastic cuts to Medicaid.²⁰ The nomination of Rep. Tom Price (R-GA) to lead the Department of Health and Human Services (HHS) has raised concerns among women's groups, which have described him as "a grave threat to women's health" and "someone who has made clear throughout his career that he does not trust women to make [their] own decisions about [their] health care."²¹

President-elect Trump and Congressional Republicans have recently coalesced around a plan to repeal the law in early 2017 but postpone the effective date of the repeal for up to three years.²² Under this plan, Republicans would delay even working on a replacement plan until they have repealed the law. This irresponsible and unworkable plan to "repeal and delay" could throw the insurance market into disarray, leaving consumers and insurers unsure how to plan for the future.²³

around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0) (accessed Nov. 28, 2016).

¹⁶ Congressional Research Service, *Legislative Actions to Repeal, Defund, or Delay the Affordable Care Act* (Nov. 30, 2016).

¹⁷ *GOP's Delayed-Repeal Obamacare Plan Faces Major Obstacles*, Bloomberg (Dec. 1, 2016).

¹⁸ Donald J. Trump for President, *Healthcare Reform to Make America Great Again* (www.donaldjtrump.com/positions/healthcare-reform) (accessed Dec. 1, 2016).

¹⁹ *Donald Trump, in Exclusive Interview, Tells WSJ He Is Willing to Keep Parts of Obama Health Law*, Wall Street Journal (Nov. 11, 2016).

²⁰ *Trump's picks for HHS and CMS signal a move to barrel through ACA repeal and replacement*, Modern Healthcare (Nov. 28, 2016).

²¹ Planned Parenthood Federation of America, *Trump Nominates Extreme Opponent of Women's Health* (Nov. 29, 2016); NARAL Pro-Choice America, *NARAL Statement on Nomination of Tom Price as Secretary of HHS* (Nov. 29, 2016).

²² *GOP may delay Obamacare replacement for years*, Politico (Dec. 1, 2016).

²³ *G.O.P Plans Immediate Repeal of Health Law, Then a Delay*, New York Times (Dec. 2, 2016).

The Trump Administration’s healthcare strategy will likely undo much of the progress made for women since passage of the ACA. The President-elect’s approach reverses the clock for women, who now face the possibility of once again being discriminated against and charged more simply because of their sex.

II. FINDINGS

A. ACA Repeal Threatens to Reverse the Dramatic Reductions in the Uninsured Rate Among Women, and Low-Income Women in Particular

The implementation of the ACA has resulted in dramatic reductions in the uninsured rate among non-elderly women, from 19.3 percent in 2010 to 10.8 percent in 2015.²⁴ Before the ACA’s first open enrollment period, more than 15.9 million non-elderly women were uninsured.²⁵ By 2015, approximately 11.2 million women were uninsured, meaning a net 4.7 million women had gained coverage.²⁶ Efforts to repeal the law would reverse this progress, leaving millions of women and their families uninsured and without adequate access to care.

Women in states that opted to expand Medicaid saw the most dramatic reductions in the uninsured rates. In Medicaid expansion states, the average reduction in the uninsured rate among women from 2012 to 2014 was 4.6 percent. Non-expansion states also experienced significant reductions, with the uninsured rate dropping 3.6 percent over the same period.

Low-income women (defined as women making annual salaries of \$25,000 or less) experienced even more significant reductions in the uninsured rate. As with all women, low-income women in Medicaid expansion states saw greater reductions in the uninsured rate when compared to non-expansion states. The average decrease in the uninsured rate among low-income women in Medicaid expansion states was 7.9 percent, in comparison to 6.5 percent for states that opted not to expand Medicaid.

²⁴ Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, *The Affordable Care Act: Promoting Better Health for Women* (June 14, 2016) (aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf).

²⁵ *Id.*

²⁶ Kaiser Family Foundation, *Women’s Health Insurance Coverage* (Oct. 21, 2016) (kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/).

Table 1: Average Uninsured Rate Among Low-Income Women in Medicaid Expansion vs. Non-Medicaid Expansion States, 2012 to 2014

	2012	2014
Average State Uninsured Rate Among Low-Income Women in Medicaid Expansion States	18.3%	10.4%
Average State Uninsured Rate Among Low-Income Women in Non-Medicaid Expansion States	22.7%	16.2%

Between 2012 and 2014, the uninsured rate for seven Medicaid expansion states fell by over 10 percent for low-income women. Kentucky and New Mexico each decreased the uninsured rate for low-income women by nearly 20 percent. West Virginia, Arkansas, and Nevada saw reductions in the uninsured rates above 15 percent, while Oregon’s uninsured rate dropped by just under 15 percent. In contrast, many states that chose not to expand Medicaid continue to have very high uninsured rates among low-income women, such as Texas (28 percent) and Georgia (21 percent).

Table 2: States Experiencing the Greatest Reductions in Uninsured Rates Among Low-Income Women, 2012 to 2014

	Low-Income Women, 2012	Low-Income Women, 2014	Decrease in Uninsured Rate among Low-Income Women from 2012 to 2014	Percentage Reduction, 2012 to 2014
Kentucky	24.2%	5.0%	19.2%	79%
New Mexico	31.4%	12.3%	19.1%	61%
West Virginia	21.8%	4.4%	17.4%	80%
Arkansas	26.1%	10.5%	15.7%	60%
Nevada	31.1%	15.8%	15.3%	49%
Oregon	23.0%	8.5%	14.4%	63%
South Dakota*	22.8%	11.0%	11.8%	52%
Georgia*	33.1%	21.4%	11.7%	35%
Idaho*	27.3%	16.0%	11.3%	41%
Florida*	29.7%	19.4%	10.3%	35%
Alabama*	25.0%	14.8%	10.2%	41%
California	22.6%	12.5%	10.1%	45%
Illinois	23.0%	13.1%	9.9%	43%
Maryland	18.0%	8.0%	9.9%	55%

**States that had not expanded Medicaid as of 2014.*

B. ACA Repeal Threatens to Reverse the Dramatic Reductions in the Uninsured Rate Among Minority Women

People of color are at greater risk of going uninsured and having inadequate access to healthcare, resulting in poorer health outcomes.²⁷ While there is a great deal more work to do to reduce health disparities, the implementation of the ACA has narrowed the disparity in coverage between minority women and all women. Minority women in all 50 states and the District of Columbia have experienced historic gains in coverage since the implementation of the ACA.

Table 3: Uninsured Rate Among All Women, Black, and Hispanic Women, 2012 to 2014

	2012	2014
Uninsured Rate Among All Women	14.1%	9.6%
Uninsured Rate Among Black Women	17.1%	10.6%
Uninsured Rate Among Hispanic Women	27.0%	18.1%

Some states, particularly Medicaid expansion states, have made especially impressive strides in reducing the uninsured rate among minority women. For instance, the uninsured rate among Hispanic women in Arizona fell by nearly 14 percentage points, from 31 percent in 2012 to 17.3 percent in 2014. The uninsured rate among black women in Kentucky fell by nearly 15 percentage points, from 21.5 percent to 6.6 percent. The average decrease in the uninsured rate among minority women in Medicaid expansion states exceeded the average decrease in the uninsured rate among minority women in non-Medicaid expansion states.

The uninsured rate among black and Hispanic women remains significantly above the national average for all women. As illustrated in Table 3, the uninsured rate for Hispanic women is nearly double the uninsured rate among all women. Although Hispanic women experienced a nine percent reduction in the uninsured rate between 2012 and 2014, more needs to be done to address this disparity.

The ACA repeal threatens to undo all the progress made to reduce the uninsured rates among minority women. While more work remains to be done to address disparities in insurance coverage, repealing the ACA would detract from efforts to expand coverage for minority women and would likely exacerbate and widen existing disparities in access to healthcare.

C. ACA Repeal Threatens to Reverse Gains Made in Women’s Access to Preventive Services

The ACA has not only enabled women who previously did not have access to health insurance to gain coverage; it has also increased access to preventive care and screenings that are critical to long-term health and wellness. Under the ACA, consumer health insurance plans must cover a variety of preventive services (without charging copayment or coinsurance), including

²⁷ Kaiser Family Foundation, *Key Facts on Health and Health Care by Race and Ethnicity* (June 2016) (files.kff.org/attachment/Chartpack-Key-Facts-on-Health-and-Health-Care-by-Race-and-Ethnicity).

blood pressure screening, depression screening, immunization vaccines for adults, and obesity screening and counseling.²⁸

The ACA requires that all marketplace plans and many other plans cover particular preventive services for women (without charging copayment or coinsurance).²⁹ These include:

- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Cervical cancer screening
- Domestic and interpersonal violence screening and counseling
- Osteoporosis screening for women over age 60
- Sexually transmitted infections screening and counseling
- Tobacco use screening and interventions
- Well-woman visits for women under 65

Additional preventive services are covered for women who are pregnant or may become pregnant.³⁰ These include:

- Anemia screening
- Breastfeeding comprehensive support and counseling and access to breastfeeding supplies
- Contraception³¹
- Folic acid supplements
- Gestational diabetes screening
- Hepatitis B screening
- Expanded tobacco intervention and counseling for pregnant tobacco users
- Urinary tract or other infection screening

Regular checkups are essential for early illness detection and disease prevention, and women in particular require regular checkups for their reproductive and overall health.³²

²⁸ Healthcare.gov, *Preventive Care Benefits for Adults* (www.healthcare.gov/preventive-care-adults/) (accessed Nov. 30, 2016).

²⁹ Healthcare.gov, *Preventive Care Benefits for Women* (www.healthcare.gov/preventive-care-women/) (accessed Dec. 1, 2016).

³⁰ *Id.*

³¹ Contraception services covered under the Affordable Care Act include “FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs).” Women who have health insurance plans sponsored by certain exempt “religious employers” do not have access to coverage for these services under the Affordable Care Act.

³² Centers for Disease Control and Prevention, *Regular Check-Ups are Important* (Dec. 23, 2015) (www.cdc.gov/family/checkup/); Commonwealth Fund, *Women and Health Coverage, the Affordability Gap* (Apr. 2007)

Overall, the number of low-income women nationally who reported that they were unable to see a doctor in the past twelve months (despite a medical need) because of cost fell from 32.5 percent in 2012 to 27.2 percent in 2014, a reduction of nearly 26 percent. Additionally, our analysis found that in the vast majority of states, the number of low-income women who were unable to see a doctor because of cost dropped significantly between 2012 and 2014, with more dramatic declines in Medicaid expansion states. Arizona saw the greatest reductions in this statistic, with nearly 39 percent of low-income women citing cost as a reason they had not seen a doctor in 2012 and only 27 percent citing cost as a barrier in 2014. This represents a 30 percent reduction in just two years.

Table 4: Percentage of Low-Income Women Reporting That They Could Not See a Doctor Because of Cost in the Past 12 Months, All States

	2012	2014	Difference	Percentage Reduction, 2012 to 2014
National	32.5%	27.2%	5.2%	16%
Alabama*	38.3%	33.4%	4.9%	13%
Alaska*	29.5%	25.1%	4.4%	15%
Arizona	38.9%	27.1%	11.8%	30%
Arkansas	42.0%	33.8%	8.2%	20%
California	31.0%	23.4%	7.6%	25%
Colorado	33.8%	25.8%	8.0%	24%
Connecticut	25.1%	19.4%	5.7%	23%
Delaware	22.9%	18.4%	4.5%	20%
DC	24.1%	16.6%	7.5%	31%
Florida*	37.8%	35.7%	2.1%	6%
Georgia*	39.3%	36.8%	2.5%	6%
Hawaii	18.5%	13.7%	4.9%	26%
Idaho*	37.9%	29.7%	8.2%	22%
Illinois	28.1%	21.9%	6.2%	22%
Indiana*	30.9%	29.3%	1.5%	5%
Iowa	28.5%	18.2%	10.3%	36%
Kansas*	37.1%	28.5%	8.5%	23%
Kentucky	32.7%	28.5%	4.3%	13%
Louisiana*	35.5%	33.4%	2.1%	6%
Maine*	20.1%	19.5%	0.5%	2%
Maryland	26.2%	21.7%	4.5%	17%
Massachusetts	17.5%	14.4%	3.1%	18%
Michigan	28.2%	25.3%	3.0%	11%
Minnesota	24.2%	18.7%	5.5%	23%

(www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf).

Mississippi*	39.8%	31.2%	8.7%	22%
Missouri*	32.1%	28.6%	3.6%	11%
Montana*	31.0%	24.8%	6.2%	20%
Nebraska*	29.6%	26.4%	3.1%	10%
Nevada	35.8%	31.3%	4.5%	13%
New Hampshire	34.0%	28.1%	5.9%	17%
New Jersey	32.2%	31.1%	1.1%	3%
New Mexico	32.0%	27.5%	4.5%	14%
New York	26.0%	21.7%	4.3%	17%
North Carolina*	37.1%	31.5%	5.6%	15%
North Dakota	22.4%	15.8%	6.5%	29%
Ohio	26.8%	25.5%	1.3%	5%
Oklahoma*	36.0%	31.7%	4.4%	12%
Oregon	33.3%	26.2%	7.0%	21%
Pennsylvania*	27.1%	26.7%	0.4%	1%
Rhode Island	26.2%	21.4%	4.7%	18%
South Carolina*	40.9%	34.6%	6.3%	15%
South Dakota*	20.2%	21.8%	-1.6%	-8%
Tennessee*	31.2%	27.8%	3.4%	11%
Texas*	42.0%	34.2%	7.8%	19%
Utah*	31.6%	28.8%	2.8%	9%
Vermont	17.9%	16.1%	1.7%	9%
Virginia*	32.1%	27.1%	5.0%	16%
Washington	33.5%	26.0%	7.5%	22%
West Virginia	34.8%	26.3%	8.5%	24%
Wisconsin*	26.2%	19.3%	6.9%	26%
Wyoming*	31.3%	27.8%	3.5%	11%
<i>Average, All Expansion States</i>	28.8%	23.1%	5.7%	20%
<i>Average, All Non-Expansion States</i>	33.1%	28.9%	4.2%	13%

**States that had not expanded Medicaid as of 2014.*

Our analysis also examined the frequency with which low-income women reported receiving regular checkups in 2012 and 2014. More women across the country were able to have regular checkups, including “well-woman” visits, most likely due to expanded coverage under the ACA. Nationally, the percentage of low-income women who reported receiving an annual checkup in the last 12 months increased from 66 percent to 69.2 percent. In nearly all states, the percentage of low-income women who were able to receive regular checkups increased from 2012 to 2014.

In many states that have failed to expand Medicaid, the percentage of low-income women who had a regular checkup in the previous year were still at low levels. Eight of the ten states

with the lowest percentage of women reporting having had a checkup in the past twelve months had not expanded Medicaid as of 2014. In the states with the lowest statistics – Alaska, Idaho, Utah, and Wyoming – fewer than 60 percent of women reported having had a checkup, well below the national average of 69.2 percent.

Table 5: Percentage of Low-Income Women Reporting Receiving a Regular Checkup in the Past 12 Months, Top Five and Bottom Five States

	2012	2014
Massachusetts	78.9%	80.7%
Rhode Island	71.5%	79.2%
Tennessee*	75.2%	78.7%
New York	73.0%	77.6%
Connecticut	72.2%	76.0%
Nevada	60.3%	59.6%
Utah*	54.9%	56.4%
Wyoming*	55.7%	55.4%
Idaho*	49.2%	53.3%
Alaska*	60.5%	49.1%

*States that had not expanded Medicaid as of 2014.

D. ACA Repeal Threatens to Reverse Gains Made in Women’s Use of Preventive Services

Our analysis explored access to several preventive services among low-income women. We examined trends between 2012 and 2014 for how many low-income women aged 50 to 74 had a mammogram in the last two years. According to the National Cancer Institute, screening mammography can help reduce the number of deaths from breast cancer for women ages 40 to 74, especially for women over 50.³³ Finding breast cancer early greatly improves a woman's chances for successful treatment.³⁴

Nationally, the percentage of low-income women between the ages of 50 and 74 who reported receiving a mammogram in the past two years increased from 67.8 percent in 2012 to 72 percent in 2014. Additionally, our analysis found that in a significant majority of states, the percentage of low-income women who were able to receive a mammogram increased between 2012 and 2014, with larger increases in Medicaid expansion states (1.5 percent versus 2.8 percent). In 2014, over 75 percent of low-income women in twelve states reported having

³³ National Cancer Institute, *Mammograms* (www.cancer.gov/types/breast/mammograms-fact-sheet#q3) (accessed Dec. 1, 2016).

³⁴ Department of Health and Human Services, Office of Women’s Health, *Mammograms fact sheet* (www.womenshealth.gov/publications/our-publications/fact-sheet/mammograms.html) (accessed Dec. 1, 2016).

received a mammogram in the previous two years. Ten of the twelve states have expanded Medicaid.

Table 6: Percentage of Low-Income Women Who Reported Receiving a Mammogram in the Past 2 years, Top 10 States

	2012	2014	Difference
Massachusetts	82.6%	83.2%	0.6%
Delaware	77.9%	82.8%	4.9%
Puerto Rico	79.8%	81.9%	2.2%
Connecticut	78.0%	80.6%	2.5%
Hawaii	77.0%	80.6%	3.6%
New York	73.5%	80.1%	6.6%
Minnesota	77.5%	78.2%	0.7%
Maine*	76.0%	77.5%	1.5%
New Hampshire	67.0%	77.2%	10.2%
Louisiana*	71.9%	76.7%	4.8%
Rhode Island	73.6%	76.1%	2.5%
California	71.3%	75.8%	4.6%

*States that had not expanded Medicaid as of 2014.

Our analysis also examined how many low-income women aged 21 to 65 had a Pap test in the last three years. According to the CDC, cervical cancer is the easiest gynecologic cancer to prevent by utilizing regular screenings and follow-ups.³⁵ Pap tests can detect early signs of cervical cancer and find abnormal cancer cells before they turn into cancer cells.³⁶ The American Cancer Society (ACS), the U.S. Preventive Services Task Force (USPSTF), and the American College of Obstetricians and Gynecologists (ACOG) all recommend women ages 21 to 65 receive Pap tests every three years.³⁷ Pap tests are covered under the ACA without any cost-sharing.³⁸

³⁵ Centers for Disease Control and Prevention, *Gynecologic Cancers: What Should I Know About Screening?* (Mar. 29, 2016) (www.cdc.gov/cancer/cervical/basic_info/screening.htm).

³⁶ Department of Health and Human Services, Office of Women’s Health, *Pap test* (www.womenshealth.gov/publications/our-publications/fact-sheet/pap-test.html) (accessed Dec. 1, 2016).

³⁷ Centers for Disease Control and Prevention, *Cervical Cancer Screening Guidelines for Average-Risk Women* (www.cdc.gov/cancer/cervical/pdf/guidelines.pdf) (accessed Dec. 1, 2016).

³⁸ Department of Health and Human Services, *Preventive Services Covered Under the Affordable Care Act* (Sept. 23, 2010) (www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/).

The percentage of low-income women who have received cervical cancer screenings from a Pap test actually decreased slightly between 2012 and 2014, both nationally and in individual states. The three primary bodies that offer recommendations on cervical cancer screenings have all changed their screening recommendations since 2009, reducing the recommended frequency of screenings.³⁹ As a result, the number of women receiving a Pap test has fallen in recent years.⁴⁰ These changes make it difficult to isolate the ACA's effects on screening rates between 2012 and 2014.

Finally, we examined the proportion of all women, regardless of income, who received prenatal care in the first trimester of pregnancy in 2012 and 2014, using NVSS data. Prenatal care during the first trimester is particularly crucial to the health of both the mother and the baby.⁴¹ The percentage of women nationally who received prenatal care in the first trimester ticked upwards from 2012 to 2014, from 74.1 percent to 76.7 percent, an encouraging trend. This trend was more pronounced in Medicaid expansion states, which experienced an average of a 3.1 percent increase in women receiving first trimester prenatal care. Non-Medicaid expansion states also saw an increase of 2.4 percent.

Our analyses show encouraging trends in how often low-income women receive regular checkups and in cost becoming less of a factor in the decision to see a doctor. Additionally, our analyses show important trends in improved access to preventive services, such as mammograms and prenatal care during the first trimester. These improvements in healthcare access and use of preventive services help individuals live longer, healthier lives and help keep healthcare costs down.⁴² Repealing the ACA could result in a dangerous reversal of these trends and could lead to low-income women failing to receive recommended preventive services.

³⁹ ACOG revised their recommendation in 2009 and ACS and the USPSTF each revised their recommendations in 2012. Health Resources and Services Administration, *Cervical Cancer Screening* (www.hrsa.gov/quality/toolbox/asures/cervicalcancer/) (accessed Dec. 5, 2016); American Cancer Society, *New Screening Guidelines for Cervical Cancer* (Mar. 14, 2012) (www.cancer.org/cancer/news/new-screening-guidelines-for-cervical-cancer); U.S. Preventive Services Task Force, *Cervical Cancer: Screening* (Mar. 2012) (www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening).

⁴⁰ Guttmacher Institute, *U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010* (May 2013) (www.guttmacher.org/sites/default/files/report_pdf/sources-of-care-2013.pdf).

⁴¹ Child Trends, *Late or No Prenatal Care: Indicators on Children and Youth* (Dec. 2015) (www.childtrends.org/wp-content/uploads/2014/07/25_Prenatal_Care.pdf).

⁴² Centers for Disease Control and Prevention, *Preventive Health Care: What's the Problem?* (June 12, 2013) (www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/preventivehealth.html).

III. CONCLUSION

Women, especially low-income and minority women, have experienced unprecedented advances in the quality, affordability, and accessibility of healthcare under the ACA and the leadership of the Obama Administration. In the span of just a few years, these women have seen significant expansions in coverage, dramatic reductions in the uninsured rate, and increased access to important preventive services. The ACA has made meaningful changes in the lives of women of every age and race and in every state. If every state elected to expand Medicaid, the improvements in coverage and care would be even more dramatic.

Our report shows that women in every single state are actively taking advantage of the ACA's reforms. The ACA has meant undeniable progress for women. Yet, President-elect Trump and the Republican-led Congress have made it their mission to undo that progress. They plan to reverse the clock and once again subject women to discrimination by insurance companies. Under the Trump Administration, women may face a system where they have to pay higher premiums than men for plans that do not cover necessary services. The President-elect and the Republican-led Congress also plan to eliminate Medicaid expansion, leaving many low-income women unable to access critical medical care. These policies are dangerous for women and for all Americans.

APPENDIX A: METHODOLOGY

This report analyzes the state of women’s health coverage across the country before the full implementation of the ACA in 2012 and after the law’s full implementation in 2014. The data is primarily drawn from three government databases: the Current Population Survey (CPS), the Behavioral Risk Factor Surveillance System (BRFSS), and the National Vital Statistics System (NVSS). The CPS is jointly operated by the U.S. Census Bureau and the U.S. Bureau of Labor Statistics.⁴³ It is a monthly household survey that collects data on employment, the labor force, hours of work, earnings, and demographic statistics. The BRFSS is a health-related telephone survey that collects data from all 50 states, as well as the District of Columbia and three U.S. territories. The BRFSS is the largest continuously conducted health survey system in the world. The NVSS is housed within CDC’s National Center for Health Statistics (NCHS) and collects data through partnerships with vital registration systems in each state, two cities, and five territories.⁴⁴

The report examines the following metrics before and after the first year of full ACA implementation: the uninsured rate, whether respondents had a regular checkup within the last year, whether respondents had a Pap test in the last three years, whether respondents had a mammogram in the last two years, whether respondents could not see a doctor within the last year due to cost, and whether respondents received prenatal care during the first trimester of pregnancy.

The uninsured rate was calculated using CPS data for 2012 and 2014. “Low-income” women were defined as women reporting household incomes less than \$25,000 per year. “Minority” women were defined as all women reporting as identifying with a non-white racial category (Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, or two or more races) or reporting Hispanic origin. States that had very small numbers of minority women were excluded from aggregate analyses, since survey sample sizes may not be large enough for a valid analysis.

The metrics regarding whether respondents had a regular checkup within the last year, whether respondents had a Pap test in the last three years, whether respondents had a mammogram in the last two years, and whether respondents could not see a doctor within the last year due to cost were calculated using BRFSS data for 2012 and 2014. To define low-income women, we set income thresholds that roughly corresponded to 133 percent of the federal poverty level (FPL), varying according to family size. For instance, for a family of three, we defined low income as less than \$25,000, which is approximately 133 percent of the FPL in 2014 (or \$26,320).⁴⁵

⁴³ U.S. Department of Labor, *Labor Force Statistics from the Current Population Survey* (www.bls.gov/cps/) (accessed Dec. 5, 2016).

⁴⁴ Centers for Disease Control and Prevention, *About the National Vital Statistics System* (Jan. 4, 2016) (www.cdc.gov/nchs/nvss/about_nvss.htm).

⁴⁵ Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, *2014 Poverty Guidelines* (Dec. 1, 2014) (aspe.hhs.gov/2014-poverty-guidelines).

The metric regarding whether respondents received prenatal care during the first trimester of pregnancy was calculated using the NVSS data for 2012 and 2014. States not reporting data for both periods were excluded from aggregate analyses.

Finally, a state was counted as a Medicaid expansion state for the purpose of aggregate analyses if the state expanded Medicaid as of 2014. Michigan and New Hampshire, which expanded Medicaid as of April and August of 2014, were included, but states that adopted Medicaid expansion in 2015 and 2016 were not.⁴⁶ Including the District of Columbia, 28 states were considered Medicaid expansion states, while 23 states were considered non-expansion states.

⁴⁶ Kaiser Family Foundation, *Status of State Action on the Medicaid Expansion Decision* (kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/?currentTimeframe=0) (accessed Nov. 28, 2016).



December 2016

Women's Health Care in the United States

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women across the country new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	22.5%	14.7%
Percent Uninsured, All Women	14.1%	9.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	21.1%	13.7%
	Black Women	17.1%	10.6%
	Hispanic Women	27.0%	18.1%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	66.0%	69.2%
Pap test in the last 3 years (Age 21-65)	76.3%	74.9%
Mammogram in the last 2 years (Age 50-74)	67.8%	72.0%
Could not see a doctor because of cost within the last year	32.5%	27.2%
Had prenatal care during the first trimester^{iv}	74.1%	76.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Alabama

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Alabama new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	25.0%	14.8%
Percent Uninsured, All Women	14.2%	9.5%
Women in the "Coverage Gap"ⁱⁱ	n/a	57,960

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	19.9%	13.8%
	Black Women	16.7%	12.5%
	Hispanic Women	40.9%	27.8%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	70.5%	69.8%
Pap test in the last 3 years (Age 21-65)	74.5%	74.0%
Mammogram in the last 2 years (Age 50-74)	69.2%	68.7%
Could not see a doctor because of cost within the last year	38.3%	33.4%
Had prenatal care during the first trimester^v	-	72.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Alabama has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as "excluded" due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Alaska

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Alaska new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	28.3%	19.6%
Percent Uninsured, All Women	18.7%	12.5%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	24.8%	17.6%
	Black Women	3.0%	3.1%
	Hispanic Women	25.7%	14.4%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	60.5%	49.1%
Pap test in the last 3 years (Age 21-65)	74.9%	67.7%
Mammogram in the last 2 years (Age 50-74)	67.6%	54.6%
Could not see a doctor because of cost within the last year	29.5%	25.1%
Had prenatal care during the first trimester^{iv}	-	72.6%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as "excluded" due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Arizona

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Arizona new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	25.7%	19.6%
Percent Uninsured, All Women	17.2%	11.4%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	28.4%	16.5%
	Black Women	22.6%	12.4%
	Hispanic Women	31.0%	17.3%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	60.0%	62.6%
Pap test in the last 3 years (Age 21-65)	74.2%	74.8%
Mammogram in the last 2 years (Age 50-74)	68.9%	70.3%
Could not see a doctor because of cost within the last year	38.9%	27.1%
Had prenatal care during the first trimester^{iv}	-	74.1%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as “excluded” due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Arkansas

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Arkansas new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	26.1%	10.5%
Percent Uninsured, All Women	17.7%	9.2%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	23.3%	11.5%
	Black Women	18.9%	7.3%
	Hispanic Women	37.5%	27.0%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	56.4%	63.0%
Pap test in the last 3 years (Age 21-65)	71.5%	68.3%
Mammogram in the last 2 years (Age 50-74)	56.3%	57.3%
Could not see a doctor because of cost within the last year	42.0%	33.8%
Had prenatal care during the first trimester^{iv}	-	65.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as "excluded" due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in California

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in California new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	22.6%	12.5%
Percent Uninsured, All Women	16.3%	9.2%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	20.3%	10.9%
	Black Women	14.6%	7.9%
	Hispanic Women	23.9%	13.4%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	62.7%	63.6%
Pap test in the last 3 years (Age 21-65)	79.4%	78.3%
Mammogram in the last 2 years (Age 50-74)	71.3%	75.8%
Could not see a doctor because of cost within the last year	31.0%	23.4%
Had prenatal care during the first trimester^{iv}	82.5%	84.5%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Colorado

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Colorado new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	22.0%	16.1%
Percent Uninsured, All Women	12.4%	10.4%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	22.5%	19.6%
	Black Women	25.8%	18.4%
	Hispanic Women	23.9%	22.6%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	61.0%	62.6%
Pap test in the last 3 years (Age 21-65)	74.8%	77.1%
Mammogram in the last 2 years (Age 50-74)	60.9%	64.5%
Could not see a doctor because of cost within the last year	33.8%	25.8%
Had prenatal care during the first trimester^{iv}	73.2%	75.8%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Connecticut

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Connecticut new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	11.2%	10.6%
Percent Uninsured, All Women	7.1%	5.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	10.8%	10.3%
	Black Women	11.1%	8.7%
	Hispanic Women	12.7%	11.7%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	72.2%	76.0%
Pap test in the last 3 years (Age 21-65)	82.2%	84.7%
Mammogram in the last 2 years (Age 50-74)	78.0%	80.6%
Could not see a doctor because of cost within the last year	25.1%	19.4%
Had prenatal care during the first trimester^{iv}	-	-

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as “excluded” due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Delaware

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Delaware new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	12.1%	8.3%
Percent Uninsured, All Women	10.0%	5.4%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	14.9%	5.7%
	Black Women	12.6%	4.1%
	Hispanic Women	22.9%	9.8%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	80.0%	75.5%
Pap test in the last 3 years (Age 21-65)	84.1%	80.7%
Mammogram in the last 2 years (Age 50-74)	77.9%	82.8%
Could not see a doctor because of cost within the last year	22.9%	18.4%
Had prenatal care during the first trimester^{iv}	74.7%	78.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in the District of Columbia

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in the District of Columbia new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	7.8%	6.3%
Percent Uninsured, All Women	6.6%	4.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	8.5%	5.8%
	Black Women	8.1%	4.8%
	Hispanic Women	12.9%	12.5%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	77.8%	75.1%
Pap test in the last 3 years (Age 21-65)	80.7%	80.5%
Mammogram in the last 2 years (Age 50-74)	80.5%	74.6%
Could not see a doctor because of cost within the last year	24.1%	16.6%
Had prenatal care during the first trimester^{iv}	64.4%	70.1%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Florida

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Florida new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	29.7%	19.4%
Percent Uninsured, All Women	19.9%	13.1%
Women in the "Coverage Gap"ⁱⁱ	n/a	210,150

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	26.6%	16.2%
	Black Women	25.4%	13.4%
	Hispanic Women	28.8%	19.4%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	66.6%	70.8%
Pap test in the last 3 years (Age 21-65)	70.2%	72.6%
Mammogram in the last 2 years (Age 50-74)	64.4%	71.7%
Could not see a doctor because of cost within the last year	37.8%	35.7%
Had prenatal care during the first trimester^v	73.1%	75.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Florida has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Georgia

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Georgia new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	33.1%	21.4%
Percent Uninsured, All Women	19.3%	14.7%
Women in the "Coverage Gap"ⁱⁱ	n/a	173,040

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	25.9%	19.7%
	Black Women	24.2%	16.5%
	Hispanic Women	38.2%	36.2%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	66.3%	68.5%
Pap test in the last 3 years (Age 21-65)	75.5%	77.9%
Mammogram in the last 2 years (Age 50-74)	73.6%	75.7%
Could not see a doctor because of cost within the last year	39.3%	36.8%
Had prenatal care during the first trimester^v	73.1%	74.6%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Georgia has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Hawaii

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Hawaii new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	13.1%	5.1%
Percent Uninsured, All Women	6.3%	4.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	6.4%	4.3%
	Black Women	16.3%	0.0%
	Hispanic Women	9.0%	4.2%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	67.4%	71.8%
Pap test in the last 3 years (Age 21-65)	75.2%	68.5%
Mammogram in the last 2 years (Age 50-74)	77.0%	80.6%
Could not see a doctor because of cost within the last year	18.5%	13.7%
Had prenatal care during the first trimester^{iv}	-	77.9%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as “excluded” due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Idaho

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Idaho new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	27.3%	16.0%
Percent Uninsured, All Women	16.0%	10.3%
Women in the "Coverage Gap"ⁱⁱ	n/a	12,870

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	33.3%	26.1%
	Black Women^{iv}	-	-
	Hispanic Women	37.1%	26.6%

<i>Access Among Low-Income Women^v</i>	2012	2014
Had a "regular checkup" within the last year	49.2%	53.3%
Pap test in the last 3 years (Age 21-65)	63.2%	70.0%
Mammogram in the last 2 years (Age 50-74)	57.9%	59.9%
Could not see a doctor because of cost within the last year	37.9%	29.7%
Had prenatal care during the first trimester^{vi}	73.8%	75.6%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Idaho has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^v Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{vi} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Illinois

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Illinois new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	23.0%	13.1%
Percent Uninsured, All Women	11.8%	8.0%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	18.9%	11.3%
	Black Women	15.8%	7.2%
	Hispanic Women	24.9%	15.0%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	70.0%	71.8%
Pap test in the last 3 years (Age 21-65)	77.9%	74.3%
Mammogram in the last 2 years (Age 50-74)	66.3%	73.7%
Could not see a doctor because of cost within the last year	28.1%	21.9%
Had prenatal care during the first trimester^{iv}	76.9%	79.9%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Indiana

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Indiana new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	20.2%	12.2%
Percent Uninsured, All Women	11.9%	10.2%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	21.2%	18.3%
	Black Women	20.2%	11.6%
	Hispanic Women	22.2%	26.1%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	59.6%	61.4%
Pap test in the last 3 years (Age 21-65)	71.7%	68.3%
Mammogram in the last 2 years (Age 50-74)	60.8%	64.8%
Could not see a doctor because of cost within the last year	30.9%	29.3%
Had prenatal care during the first trimester^{iv}	68.7%	71.8%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Iowa

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Iowa new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	18.7%	10.5%
Percent Uninsured, All Women	9.3%	5.3%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	16.8%	9.3%
	Black Women	12.1%	16.5%
	Hispanic Women	25.0%	8.0%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	65.1%	70.3%
Pap test in the last 3 years (Age 21-65)	75.6%	72.8%
Mammogram in the last 2 years (Age 50-74)	65.3%	72.0%
Could not see a doctor because of cost within the last year	28.5%	18.2%
Had prenatal care during the first trimester^{iv}	76.6%	80.2%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Kansas

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Kansas new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	24.6%	15.1%
Percent Uninsured, All Women	11.3%	9.8%
Women in the "Coverage Gap"ⁱⁱ	n/a	21,280

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	22.5%	18.4%
	Black Women	14.3%	14.5%
	Hispanic Women	33.2%	25.5%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	63.0%	64.9%
Pap test in the last 3 years (Age 21-65)	77.1%	71.1%
Mammogram in the last 2 years (Age 50-74)	63.2%	62.2%
Could not see a doctor because of cost within the last year	37.1%	28.5%
Had prenatal care during the first trimester^v	78.9%	82.5%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Kansas has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Kentucky

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Kentucky new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	24.2%	5.0%
Percent Uninsured, All Women	14.8%	5.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	20.1%	8.4%
	Black Women	21.5%	6.6%
	Hispanic Women	34.2%	18.3%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	64.6%	74.3%
Pap test in the last 3 years (Age 21-65)	75.2%	73.6%
Mammogram in the last 2 years (Age 50-74)	63.4%	72.1%
Could not see a doctor because of cost within the last year	32.7%	28.5%
Had prenatal care during the first trimester^{iv}	75.6%	78.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Louisiana

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Louisiana new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	26.1%	17.7%
Percent Uninsured, All Women	17.2%	12.1%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	24.5%	15.4%
	Black Women	24.0%	14.8%
	Hispanic Women	30.5%	21.4%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	71.7%	75.3%
Pap test in the last 3 years (Age 21-65)	77.8%	78.2%
Mammogram in the last 2 years (Age 50-74)	71.9%	76.7%
Could not see a doctor because of cost within the last year	35.5%	33.4%
Had prenatal care during the first trimester^{iv}	74.2%	72.3%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Maine

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Maine new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	11.2%	9.7%
Percent Uninsured, All Women	8.0%	8.3%
Women in the “Coverage Gap”ⁱⁱ	n/a	-

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	9.5%	11.5%
	Black Women	30.2%	18.7%
	Hispanic Women	4.1%	9.5%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a “regular checkup” within the last year	71.0%	73.8%
Pap test in the last 3 years (Age 21-65)	79.0%	75.3%
Mammogram in the last 2 years (Age 50-74)	76.0%	77.5%
Could not see a doctor because of cost within the last year	20.1%	19.5%
Had prenatal care during the first trimester^v	-	85.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Maine failed to expand Medicaid, leaving many low-income women in the coverage gap. Kaiser did not provide estimates for Maine due to small sample size. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as “excluded” due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Maryland

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Maryland new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	18.0%	8.0%
Percent Uninsured, All Women	11.4%	4.8%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	15.0%	6.7%
	Black Women	13.3%	6.4%
	Hispanic Women	27.0%	12.2%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	75.7%	74.4%
Pap test in the last 3 years (Age 21-65)	79.1%	77.6%
Mammogram in the last 2 years (Age 50-74)	73.0%	75.3%
Could not see a doctor because of cost within the last year	26.2%	21.7%
Had prenatal care during the first trimester^{iv}	68.0%	70.6%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Massachusetts

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Massachusetts new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	3.7%	5.3%
Percent Uninsured, All Women	3.5%	4.2%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	5.6%	4.6%
	Black Women	6.6%	2.4%
	Hispanic Women	3.6%	4.7%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	78.9%	80.7%
Pap test in the last 3 years (Age 21-65)	83.5%	82.4%
Mammogram in the last 2 years (Age 50-74)	82.6%	83.2%
Could not see a doctor because of cost within the last year	17.5%	14.4%
Had prenatal care during the first trimester^{iv}	82.2%	84.6%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Michigan

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Michigan new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	15.4%	6.3%
Percent Uninsured, All Women	9.5%	5.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	13.6%	7.5%
	Black Women	15.5%	8.8%
	Hispanic Women	19.2%	9.3%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	63.7%	72.9%
Pap test in the last 3 years (Age 21-65)	78.2%	75.6%
Mammogram in the last 2 years (Age 50-74)	70.4%	73.7%
Could not see a doctor because of cost within the last year	28.2%	25.3%
Had prenatal care during the first trimester^{iv}	77.6%	79.0%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Minnesota

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Minnesota new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	9.6%	7.5%
Percent Uninsured, All Women	6.7%	5.7%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	13.8%	12.1%
	Black Women	10.7%	8.6%
	Hispanic Women	19.6%	27.7%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	68.7%	71.6%
Pap test in the last 3 years (Age 21-65)	81.2%	78.3%
Mammogram in the last 2 years (Age 50-74)	77.5%	78.2%
Could not see a doctor because of cost within the last year	24.2%	18.7%
Had prenatal care during the first trimester^{iv}	78.1%	82.1%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Mississippi

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Mississippi new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	21.9%	17.0%
Percent Uninsured, All Women	14.7%	11.5%
Women in the "Coverage Gap"ⁱⁱ	n/a	50,470

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	20.5%	11.8%
	Black Women	20.1%	10.4%
	Hispanic Women	33.1%	19.9%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	67.4%	74.7%
Pap test in the last 3 years (Age 21-65)	76.5%	76.7%
Mammogram in the last 2 years (Age 50-74)	64.0%	61.9%
Could not see a doctor because of cost within the last year	39.8%	31.2%
Had prenatal care during the first trimester^v	-	77.5%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Mississippi has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as "excluded" due to a lack of comparability of data to other reporting periods.



December 2016

Women’s Health Care in Missouri

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Missouri new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	18.8%	13.8%
Percent Uninsured, All Women	12.5%	8.7%
Women in the “Coverage Gap”ⁱⁱ	n/a	62,400

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	19.5%	10.1%
	Black Women	21.1%	9.8%
	Hispanic Women	21.7%	12.5%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a “regular checkup” within the last year	60.6%	62.0%
Pap test in the last 3 years (Age 21-65)	71.3%	68.7%
Mammogram in the last 2 years (Age 50-74)	59.3%	65.2%
Could not see a doctor because of cost within the last year	32.1%	28.6%
Had prenatal care during the first trimester^v	76.0%	76.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Missouri has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Montana

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Montana new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	24.2%	21.2%
Percent Uninsured, All Women	17.9%	11.2%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	27.7%	22.8%
	Black Womenⁱⁱⁱ	-	-
	Hispanic Women	19.0%	19.8%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	54.2%	61.8%
Pap test in the last 3 years (Age 21-65)	73.5%	73.2%
Mammogram in the last 2 years (Age 50-74)	63.3%	67.9%
Could not see a doctor because of cost within the last year	30.1%	24.8%
Had prenatal care during the first trimester^v	73.5%	75.2%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Nebraska

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Nebraska new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	20.3%	14.5%
Percent Uninsured, All Women	11.8%	9.7%
Women in the "Coverage Gap"ⁱⁱ	n/a	7,410

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	23.2%	19.8%
	Black Women	11.7%	13.2%
	Hispanic Women	32.5%	24.1%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	57.2%	61.1%
Pap test in the last 3 years (Age 21-65)	76.3%	71.8%
Mammogram in the last 2 years (Age 50-74)	63.4%	65.0%
Could not see a doctor because of cost within the last year	29.6%	26.4%
Had prenatal care during the first trimester^v	74.9%	75.4%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Nebraska has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Nevada

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Nevada new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	31.1%	15.8%
Percent Uninsured, All Women	21.9%	12.3%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	28.6%	15.6%
	Black Women	26.7%	10.6%
	Hispanic Women	33.4%	21.1%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	60.3%	59.6%
Pap test in the last 3 years (Age 21-65)	71.7%	70.1%
Mammogram in the last 2 years (Age 50-74)	61.3%	60.7%
Could not see a doctor because of cost within the last year	35.8%	31.3%
Had prenatal care during the first trimester^{iv}	68.1%	70.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in New Hampshire

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in New Hampshire new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	18.2%	15.0%
Percent Uninsured, All Women	10.6%	5.9%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	18.8%	8.0%
	Black Womenⁱⁱⁱ	-	-
	Hispanic Women	15.9%	9.8%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a “regular checkup” within the last year	60.4%	63.5%
Pap test in the last 3 years (Age 21-65)	74.1%	74.2%
Mammogram in the last 2 years (Age 50-74)	67.0%	77.2%
Could not see a doctor because of cost within the last year	34.0%	28.1%
Had prenatal care during the first trimester^v	82.4%	84.8%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in New Jersey

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in New Jersey new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	20.5%	22.1%
Percent Uninsured, All Women	12.7%	10.5%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	19.5%	14.9%
	Black Women	16.6%	7.3%
	Hispanic Women	22.5%	20.9%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	74.0%	75.2%
Pap test in the last 3 years (Age 21-65)	77.8%	73.8%
Mammogram in the last 2 years (Age 50-74)	72.6%	72.4%
Could not see a doctor because of cost within the last year	32.2%	31.1%
Had prenatal care during the first trimester^{iv}	-	-

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as “excluded” due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in New Mexico

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in New Mexico new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	31.4%	12.3%
Percent Uninsured, All Women	20.3%	10.1%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	24.7%	12.3%
	Black Women	25.3%	17.2%
	Hispanic Women	22.2%	11.5%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	55.5%	62.5%
Pap test in the last 3 years (Age 21-65)	79.5%	72.1%
Mammogram in the last 2 years (Age 50-74)	67.5%	68.0%
Could not see a doctor because of cost within the last year	32.0%	27.5%
Had prenatal care during the first trimester^{iv}	68.8%	71.5%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in New York

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in New York new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	14.4%	8.5%
Percent Uninsured, All Women	10.1%	6.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	12.5%	9.2%
	Black Women	11.0%	7.5%
	Hispanic Women	13.9%	10.1%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	73.0%	77.6%
Pap test in the last 3 years (Age 21-65)	77.8%	81.7%
Mammogram in the last 2 years (Age 50-74)	73.5%	80.1%
Could not see a doctor because of cost within the last year	26.0%	21.7%
Had prenatal care during the first trimester^{iv}	74.5%	79.1%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in North Carolina

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in North Carolina new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	21.8%	18.3%
Percent Uninsured, All Women	15.6%	11.5%
Women in the "Coverage Gap"ⁱⁱ	n/a	120,450

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	22.3%	15.1%
	Black Women	16.6%	11.5%
	Hispanic Women	40.8%	28.1%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	71.8%	70.5%
Pap test in the last 3 years (Age 21-65)	77.6%	75.0%
Mammogram in the last 2 years (Age 50-74)	66.1%	70.9%
Could not see a doctor because of cost within the last year	37.1%	31.5%
Had prenatal care during the first trimester^v	72.7%	74.1%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, North Carolina has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ *Id.*

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in North Dakota

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in North Dakota new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	15.5%	12.5%
Percent Uninsured, All Women	9.3%	8.3%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	25.1%	23.8%
	Black Womenⁱⁱⁱ	-	-
	Hispanic Women	-	-

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	62.4%	65.2%
Pap test in the last 3 years (Age 21-65)	74.1%	69.6%
Mammogram in the last 2 years (Age 50-74)	71.6%	62.3%
Could not see a doctor because of cost within the last year	22.4%	15.8%
Had prenatal care during the first trimester^v	73.2%	76.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Ohio

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Ohio new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	18.6%	9.5%
Percent Uninsured, All Women	10.8%	6.8%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	15.7%	9.0%
	Black Women	11.5%	6.9%
	Hispanic Women	29.6%	19.3%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	68.1%	71.4%
Pap test in the last 3 years (Age 21-65)	77.9%	72.7%
Mammogram in the last 2 years (Age 50-74)	63.3%	68.0%
Could not see a doctor because of cost within the last year	26.8%	25.5%
Had prenatal care during the first trimester^{iv}	72.8%	74.4%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Oklahoma

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Oklahoma new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	19.2%	18.3%
Percent Uninsured, All Women	15.3%	13.9%
Women in the "Coverage Gap"ⁱⁱ	n/a	38,540

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	18.9%	22.3%
	Black Women	20.8%	11.5%
	Hispanic Women	16.4%	28.3%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	56.8%	60.3%
Pap test in the last 3 years (Age 21-65)	71.8%	68.6%
Mammogram in the last 2 years (Age 50-74)	59.0%	60.4%
Could not see a doctor because of cost within the last year	36.0%	31.7%
Had prenatal care during the first trimester^v	68.7%	72.8%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Oklahoma has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Oregon

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Oregon new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	23.0%	8.5%
Percent Uninsured, All Women	14.7%	6.6%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	19.4%	10.7%
	Black Women	17.8%	9.2%
	Hispanic Women	28.5%	16.3%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	53.3%	64.5%
Pap test in the last 3 years (Age 21-65)	68.0%	77.5%
Mammogram in the last 2 years (Age 50-74)	59.5%	66.2%
Could not see a doctor because of cost within the last year	33.3%	26.2%
Had prenatal care during the first trimester^{iv}	76.3%	79.2%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Pennsylvania

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Pennsylvania new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	14.9%	8.7%
Percent Uninsured, All Women	10.6%	7.7%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	17.2%	11.0%
	Black Women	19.1%	10.9%
	Hispanic Women	20.1%	13.0%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a “regular checkup” within the last year	71.2%	74.2%
Pap test in the last 3 years (Age 21-65)	77.0%	73.3%
Mammogram in the last 2 years (Age 50-74)	72.9%	71.0%
Could not see a doctor because of cost within the last year	27.1%	26.7%
Had prenatal care during the first trimester^{iv}	72.8%	75.6%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Rhode Island

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Rhode Island new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	14.0%	7.7%
Percent Uninsured, All Women	10.8%	3.9%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	15.5%	4.8%
	Black Women	15.6%	6.1%
	Hispanic Women	18.2%	4.9%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	71.5%	79.2%
Pap test in the last 3 years (Age 21-65)	78.1%	81.3%
Mammogram in the last 2 years (Age 50-74)	73.6%	76.1%
Could not see a doctor because of cost within the last year	26.2%	21.4%
Had prenatal care during the first trimester^{iv}	-	-

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as "excluded" due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in South Carolina

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in South Carolina new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	23.5%	18.7%
Percent Uninsured, All Women	12.8%	12.2%
Women in the "Coverage Gap"ⁱⁱ	n/a	54,400

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	18.0%	14.9%
	Black Women	18.4%	12.8%
	Hispanic Women	24.0%	30.6%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	60.8%	68.5%
Pap test in the last 3 years (Age 21-65)	76.7%	75.8%
Mammogram in the last 2 years (Age 50-74)	64.4%	68.1%
Could not see a doctor because of cost within the last year	40.9%	34.6%
Had prenatal care during the first trimester^v	69.6%	71.9%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, South Carolina has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in South Dakota

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in South Dakota new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	22.8%	11.0%
Percent Uninsured, All Women	12.1%	7.9%
Women in the "Coverage Gap"ⁱⁱ	n/a	5,740

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	33.3%	21.6%
	Black Women^{iv}	-	-
	Hispanic Women	-	-

<i>Access Among Low-Income Women^v</i>	2012	2014
Had a "regular checkup" within the last year	71.1%	70.6%
Pap test in the last 3 years (Age 21-65)	79.4%	78.0%
Mammogram in the last 2 years (Age 50-74)	72.4%	71.1%
Could not see a doctor because of cost within the last year	20.2%	21.8%
Had prenatal care during the first trimester^{vi}	70.7%	76.4%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, South Dakota has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^v Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{vi} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Tennessee

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Tennessee new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	21.7%	12.7%
Percent Uninsured, All Women	12.8%	8.6%
Women in the "Coverage Gap"ⁱⁱ	n/a	30,690

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	17.4%	14.7%
	Black Women	11.3%	11.0%
	Hispanic Women	43.9%	32.0%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	75.2%	78.7%
Pap test in the last 3 years (Age 21-65)	79.3%	76.0%
Mammogram in the last 2 years (Age 50-74)	66.2%	69.0%
Could not see a doctor because of cost within the last year	31.2%	27.8%
Had prenatal care during the first trimester^v	70.4%	74.2%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Tennessee has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Texas

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Texas new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	36.0%	28.0%
Percent Uninsured, All Women	23.4%	16.1%
Women in the "Coverage Gap"ⁱⁱ	n/a	383,040

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	30.5%	20.8%
	Black Women	20.0%	14.7%
	Hispanic Women	35.6%	24.5%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	58.3%	66.5%
Pap test in the last 3 years (Age 21-65)	76.7%	70.0%
Mammogram in the last 2 years (Age 50-74)	61.9%	73.6%
Could not see a doctor because of cost within the last year	42.0%	34.2%
Had prenatal care during the first trimester^v	63.6%	67.0%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Texas has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Utah

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Utah new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	20.6%	18.9%
Percent Uninsured, All Women	13.4%	11.0%
Women in the "Coverage Gap"ⁱⁱ	n/a	14,400

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	29.5%	17.4%
	Black Women	15.9%	22.6%
	Hispanic Women	34.4%	20.3%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	54.9%	56.4%
Pap test in the last 3 years (Age 21-65)	72.8%	68.5%
Mammogram in the last 2 years (Age 50-74)	62.3%	63.5%
Could not see a doctor because of cost within the last year	31.6%	28.8%
Had prenatal care during the first trimester^v	78.0%	83.2%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Utah has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Vermont

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Vermont new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	11.6%	5.1%
Percent Uninsured, All Women	5.4%	5.1%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	4.6%	3.3%
	Black Womenⁱⁱⁱ	-	-
	Hispanic Women	-	-

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a “regular checkup” within the last year	66.6%	65.9%
Pap test in the last 3 years (Age 21-65)	77.4%	79.3%
Mammogram in the last 2 years (Age 50-74)	65.3%	69.4%
Could not see a doctor because of cost within the last year	17.9%	16.1%
Had prenatal care during the first trimester^v	83.8%	88.0%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in Virginia

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Virginia new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	20.0%	18.9%
Percent Uninsured, All Women	11.5%	9.9%
Women in the "Coverage Gap"ⁱⁱ	n/a	47,600

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	18.2%	15.3%
	Black Women	16.2%	11.5%
	Hispanic Women	30.9%	26.5%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a "regular checkup" within the last year	71.4%	71.3%
Pap test in the last 3 years (Age 21-65)	79.4%	74.2%
Mammogram in the last 2 years (Age 50-74)	72.0%	70.0%
Could not see a doctor because of cost within the last year	32.1%	27.1%
Had prenatal care during the first trimester^v	-	80.9%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Virginia has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ U.S. Census Bureau, Current Population Survey.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as "excluded" due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Washington

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Washington new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	21.2%	15.9%
Percent Uninsured, All Women	12.6%	8.3%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	20.1%	12.9%
	Black Women	19.6%	9.4%
	Hispanic Women	26.7%	17.2%

<i>Access Among Low-Income Womenⁱⁱⁱ</i>	2012	2014
Had a "regular checkup" within the last year	56.3%	61.9%
Pap test in the last 3 years (Age 21-65)	72.6%	73.2%
Mammogram in the last 2 years (Age 50-74)	62.1%	67.2%
Could not see a doctor because of cost within the last year	33.5%	26.0%
Had prenatal care during the first trimester^{iv}	73.5%	76.7%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). "Low-income" is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{iv} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women's Health Care in West Virginia

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in West Virginia new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	21.8%	4.4%
Percent Uninsured, All Women	14.0%	5.5%

<i>Health Care Coverage Among Minority Womenⁱⁱ</i>		2012	2014
Percent Uninsured	All Minority Women	12.1%	7.4%
	Black Women	15.9%	11.2%
	Hispanic Womenⁱⁱⁱ	-	-

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a “regular checkup” within the last year	69.8%	75.7%
Pap test in the last 3 years (Age 21-65)	76.1%	74.5%
Mammogram in the last 2 years (Age 50-74)	68.8%	70.7%
Could not see a doctor because of cost within the last year	34.8%	26.3%
Had prenatal care during the first trimester^v	-	76.9%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ *Id.*

ⁱⁱⁱ Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level. Data for states that used the 1989 U.S. Standard Certificate of Live Birth were coded as “excluded” due to a lack of comparability of data to other reporting periods.



December 2016

Women's Health Care in Wisconsin

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Wisconsin new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	14.1%	9.1%
Percent Uninsured, All Women	7.9%	6.6%
Women in the Coverage Gapⁱⁱ	n/a	0

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	15.9%	12.3%
	Black Women	10.4%	6.3%
	Hispanic Women	22.6%	18.9%

<i>Access Among Low-Income Women^{iv}</i>	2012	2014
Had a “regular checkup” within the last year	71.3%	75.0%
Pap test in the last 3 years (Age 21-65)	75.1%	81.0%
Mammogram in the last 2 years (Age 50-74)	73.1%	67.9%
Could not see a doctor because of cost within the last year	26.2%	19.3%
Had prenatal care during the first trimester^v	79.3%	82.2%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ Wisconsin has failed to expand Medicaid; however, it provides eligibility to adults up to the poverty level under a Medicaid waiver. As a result, there is no one in the coverage gap in Wisconsin. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ *Id.*

^{iv} Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^v Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.



December 2016

Women’s Health Care in Wyoming

Committee on Energy and Commerce, Democratic Staff

Millions of women throughout the United States have gained access to health care coverage through the Affordable Care Act (ACA). With provisions that require insurance companies to cover maternity care, charge men and women equal amounts for the same health plan, and a prohibition on cost-sharing for preventive care, the landmark law gives women in Wyoming new opportunities to take control of their own health. ACA repeal would result in a significant step backward for women, particularly low-income and minority women.

<i>Health Care Coverage Among Womenⁱ</i>	2012	2014
Percent Uninsured, Low-Income Women	20.0%	15.0%
Percent Uninsured, All Women	13.8%	9.9%
Women in the “Coverage Gap”ⁱⁱ	n/a	3,520

<i>Health Care Coverage Among Minority Womenⁱⁱⁱ</i>	2012	2014	
Percent Uninsured	All Minority Women	24.2%	13.0%
	Black Women^{iv}	-	-
	Hispanic Women	19.5%	11.2%

<i>Access Among Low-Income Women^v</i>	2012	2014
Had a “regular checkup” within the last year	55.7%	55.4%
Pap test in the last 3 years (Age 21-65)	72.2%	71.7%
Mammogram in the last 2 years (Age 50-74)	51.7%	56.8%
Could not see a doctor because of cost within the last year	31.3%	27.8%
Had prenatal care during the first trimester^{vi}	73.9%	75.4%

ⁱ U.S. Census Bureau, Current Population Survey (online at www.census.gov/cps/data/cpstablecreator.html). “Low-income” is defined as household income below \$25,000 per year.

ⁱⁱ Unfortunately, Wyoming has failed to expand Medicaid, leaving many low-income women in the coverage gap, unable to afford health insurance. Kaiser Family Foundation, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid* (Oct. 19, 2016).

ⁱⁱⁱ *Id.*

^{iv} Data for states that had very small numbers of minority women (<10,000) were excluded, since survey sample sizes may not be large enough for a valid analysis.

^v Centers for Disease Control, Behavioral Risk Factor Surveillance System (online at www.cdc.gov/brfss).

^{vi} Centers for Disease Control, National Vital Statistics System (online at www.cdc.gov/nchs/nvss). The data for this variable included all women, regardless of income level.