

REPRODUCTIVE RIGHTS & HEALTH

NEW DATA ESTIMATES 61.4 MILLION WOMEN HAVE COVERAGE OF BIRTH CONTROL WITHOUT OUT-OF-POCKET COSTS

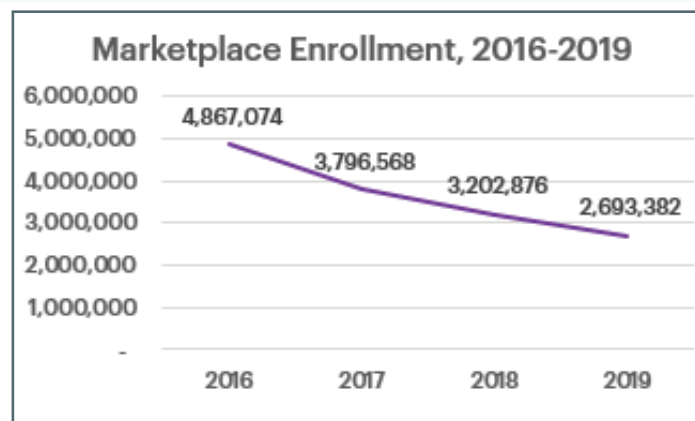
The National Women’s Law Center has calculated new 2019 estimates that 61.4 million women¹ have insurance coverage of birth control without out-of-pocket costs as required by the Affordable Care Act (ACA). This is over 600,000 fewer women than were estimated to have coverage in 2018. This troubling decline marks the end of a three-year period of steady growth in coverage and indicates that recurrent attacks on the ACA may be starting to erode progress made towards ensuring that individuals across the country have access to preventive care.

Between 2016 and 2018 alone, the number of covered women increased by over nine percentage points.² However, the same three years brought repeated attempts to repeal the ACA and sabotage its implementation. For example, in 2017, the Centers for Medicare and Medicaid Services began dramatically reducing funding for Navigator programs which offer outreach and support for enrollment in the insurance marketplaces.³ Since then, new marketplace enrollment has consistently declined, with 2019 enrollment marking a 29% decrease from 2017.⁴

The ACA requires most health plans to cover a set of preventive services without out-of-pocket costs, including a specific group of preventive services for women, like birth control, well-woman visits, and breastfeeding support and supplies. The birth control benefit is an incredibly popular part of the ACA and is improving women’s health and economic security across the country. Without out-of-pocket costs as a barrier to birth control, some women are able to use prescription birth control for the first time and others are finally able to use more effective, longer-acting – but more expensive – methods of birth control.⁵

Estimated Number of Americans With Preventive Services With Zero Cost-Sharing, 2016-2019

Year	Children (0-17)	Women (18-64)	Men (18-64)	Total (0-64)
2016	35,032,043	56,719,166	55,216,444	146,967,654
2017	36,131,038	58,033,195	56,084,569	150,248,803
2018	38,986,774	62,043,446	60,604,414	161,634,635
2019	37,267,123	61,352,581	59,516,805	158,136,509



Source: NWLC calculations based on CMS 2019 Marketplace Open Enrollment Period (OEP) Public Use Files

Estimated Number of Americans with Preventive Services with Zero Cost Sharing

State	Children (<18 Years)	Women (18-64 Years)	Men (18-64 Years)	Total (0-64 Years)
United States	37,267,123	61,352,581	59,516,805	158,136,509
Alabama	519,946	885,761	836,085	2,241,792
Alaska	81,259	110,613	116,472	308,343
Arizona	838,043	1,238,693	1,275,102	3,351,837
Arkansas	284,636	505,880	464,157	1,254,673
California*	4,247,898	6,977,015	7,107,959	18,332,872
Colorado*	712,031	1,156,897	1,192,673	3,061,600
Connecticut*	333,160	702,590	599,659	1,635,409
Delaware	109,390	188,969	177,966	476,325
District of Columbia*	56,602	160,839	137,581	355,022
Florida	1,946,121	3,856,289	3,484,981	9,287,390
Georgia	1,044,901	1,965,893	1,707,968	4,718,762
Hawaii	153,002	241,186	260,586	654,775
Idaho*	237,720	343,664	318,325	899,708
Illinois	1,680,575	2,554,487	2,491,765	6,726,827
Indiana	794,224	1,244,375	1,200,625	3,239,223
Iowa	407,964	614,042	635,029	1,657,036
Kansas	415,657	560,389	552,706	1,528,752
Kentucky	425,483	777,482	747,963	1,950,928
Louisiana	449,735	727,605	655,121	1,832,461
Maine	147,011	252,801	249,041	648,853
Maryland*	745,458	1,288,522	1,261,423	3,295,403
Massachusetts*	823,004	1,481,198	1,479,817	3,784,019
Michigan	1,276,643	1,958,938	1,965,817	5,201,398
Minnesota*	818,664	1,174,368	1,198,744	3,191,777
Mississippi	259,456	505,268	439,712	1,204,437
Missouri	760,569	1,233,276	1,165,261	3,159,106
Montana	113,404	183,885	187,817	485,106
Nebraska	268,562	377,772	396,801	1,043,134
Nevada	389,724	554,729	580,645	1,525,098
New Hampshire	150,296	283,767	299,675	733,738
New Jersey	1,150,884	1,828,427	1,779,511	4,758,821
New Mexico	160,587	282,848	286,745	730,180
New York	2,016,644	3,507,747	3,487,544	9,011,935
North Carolina	1,066,870	1,974,684	1,906,240	4,947,795
North Dakota	122,970	151,915	162,682	437,567
Ohio	1,461,319	2,335,304	2,241,906	6,038,529
Oklahoma	437,764	647,599	600,608	1,685,971
Oregon	476,246	795,026	755,672	2,026,944
Pennsylvania	1,460,244	2,526,572	2,380,948	6,367,765
Rhode Island*	116,406	197,165	202,046	515,618
South Carolina	593,930	1,010,599	909,185	2,513,714
South Dakota	116,030	161,769	158,052	435,851
Tennessee	775,017	1,304,385	1,233,676	3,313,079
Texas	3,269,997	5,050,934	4,903,688	13,224,618
Utah	619,623	629,700	624,447	1,873,770
Vermont*	59,267	124,725	117,561	301,553
Virginia	928,007	1,615,889	1,488,462	4,032,359
Washington*	963,282	1,529,470	1,528,577	4,021,329
West Virginia	161,732	280,984	281,438	724,155
Wisconsin	742,234	1,183,563	1,173,264	3,099,062
Wyoming	76,932	106,083	107,078	290,092

Source: NWLC calculations based on U.S. Census Bureau, 2019 Current Population Survey (CPS), Annual Social and Economic Supplement (ASEC) and Centers for Medicare & Medicaid Services (CMS), 2019 Marketplace Open Enrollment Period (OEP) Public Use Files. *CMS has limited data for these states on the number of newly enrolled individuals by demographic group. A national proxy was used to determine these estimates.

Methodology: Figures are derived by summing the number of non-elderly individuals with un-grandfathered private health coverage, obtained from the most recent Census Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC), and the number of individuals newly enrolled in marketplace coverage during the most recent open enrollment period, obtained from CMS open enrollment data. In the CPS, respondents self-identify their sex as either male or female. New Marketplace enrollees self-identify their gender as either male or female on the Exchange application.

CPS data on private health insurance coverage are from 2018 and are the most recent data available. The number of individuals enrolled in un-grandfathered private health plans was estimated from CPS health insurance data. This estimate is also based on the Kaiser Family Foundation (KFF) findings that, in 2018, [84 percent of individuals](#) with employer-based coverage were in un-grandfathered plans that are required to cover recommended preventive services with zero cost sharing. This analysis assumes that the proportion of those in grandfathered plans with any private insurance is the same as those with employment-based insurance, and that individuals who were enrolled in un-grandfathered plans in 2018 continue to be enrolled in un-grandfathered plans in 2019.

This methodology for determining coverage by un-grandfathered plans differs slightly from the methodology used for previous NWLC estimates. Previous analyses used the percentage of individuals in un-grandfathered plans during the year in which the most recent CPS was conducted. For this set of estimates, NWLC used the percentage of individuals in un-grandfathered plans during the year before the CPS was conducted (in this case, 2018), to reflect the fact that the CPS questionnaire asks respondents whether they had health insurance coverage during the previous calendar year. This methodology assumes those people who reported they had coverage in 2018 continue to have coverage now.

New marketplace enrollment data from the 2019 OEP report were reported by age and gender for only 39 states. Total newly enrolled marketplace figures and figures for men and women include persons over 65 years old, who make up equal to or less than 1% of total marketplace enrollment in most states. In eleven states (CA, CO, CT, ID, MD, MA, MN, NY, RI, VT, WA) and the District of Columbia, where new enrollment by either age or gender was not reported, NWLC estimated the number of new marketplace enrollments for women, men, and children by multiplying the numbers of newly enrolled persons (reported for all 50 states and D.C.) for these states by their proportion of national new enrollment. For example, women make up 54 percent, children make up 11 percent, and elderly persons make up 1 percent of all new marketplace enrollees nationally. To estimate the new enrollment of adult, non-elderly women in New York, we multiplied the overall number of new marketplace enrollees by 11 percent to calculate the number of children (7,678) and by 1 percent to calculate the estimated number of elderly (age 65 and older) persons (690) newly enrolled in marketplace plans. The estimates for children and elderly adults were subtracted from the total number of new enrollees, resulting in the total number of adult, non-elderly persons (62,003) ages 18 to 64. This estimate was then multiplied by 54 percent (the national percent of new female enrollees), resulting in the total number of adult, non-elderly women (33,471) newly enrolled in marketplace plans.

SOURCES

1. The Affordable Care Act's preventive services requirement applies to coverage provided through un-grandfathered insurance plans regardless of an individual's gender identity. This fact sheet uses the terms "women" and "men" in alignment with the data gathered by underlying surveys. Please see the Methodology section for more information.
2. Prior estimates were regularly released by the Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, most recently in May 2015, available here: <https://aspe.hhs.gov/system/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>
3. Karen Pollitz, Jennifer Tolbert, & Maria Diaz, Kaiser Family Foundation, *Data Note: Limited Navigator Funding for Federal Marketplace States* (Nov. 2019) available at <https://www.kff.org/private-insurance/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/>.
4. See Appendix for total new enrollees in 2016-2019.
5. Nat'l Women's L Ctr., *The Affordable Care Act's Birth Control Benefit: Too Important to Lose* (June 2018) available at <https://nwlc.org/resources/the-affordable-care-acts-birth-control-benefit-too-important-to-lose/>.
6. Un-grandfathered plans are group health plans created after March 23, 2010, group health plans that have implemented significant changes since that date, or individual plans purchased after that date.