



ACCESS TO HEALTH CARE FOR VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Survivors of domestic violence and sexual assault need a range of physical health and mental health services, including preventive care, in order to heal and thrive. Today, affordable and comprehensive care is guaranteed for all, including for survivors, through the Affordable Care Act (ACA). We encourage Congress to maintain access for all to high-quality, comprehensive health insurance that is guaranteed and affordable.

As victim advocates, we will evaluate any proposal to change the health care law by analyzing how it impacts adult survivors and their children, how it supports prevention, and how it helps families heal from abuse, violence, and trauma. We will oppose proposals that are projected to increase the number of uninsured, increase costs, shift costs to consumers and providers, or reduce benefit packages so that survivors cannot get the physical health and behavioral health services they need.

THE ACA AND SURVIVORS

The Affordable Care Act helps survivors in the following ways:

- Health plans cannot deny coverage to individuals because they have experienced DV/SA, or for any pre-existing condition (this is known as *guaranteed issue*). Plans cannot charge more based on health status, including DV or other symptoms of trauma.
- Survivors can access affordable coverage that is not tied to their abuser and coverage addresses the unique situations that survivors face (e.g., gaps in coverage due to circumstances entirely out of their control).
- Health plans must offer a comprehensive benefit package that covers a range of physical health and behavioral health services (this is known as the *essential health benefits*).

The American Health Care Act (AHCA) passed by the U.S. House of Representatives allows these protections to be undermined or stripped away.

SURVIVORS OF VIOLENCE NEED ACCESS TO AFFORDABLE, COMPREHENSIVE HEALTH CARE

Access to necessary medical and behavioral health services

The Affordable Care Act guarantees that all health plans offer a comprehensive benefit package that includes medical and behavioral health services. Victims of violence and those who are experiencing the symptoms of trauma frequently need medical and mental health services as they recover. Essential health benefits are guaranteed for all insured, including behavioral health services, with no pre-existing condition exclusions or limitations on coverage. This access must be preserved.

Coverage of needed services throughout the year, and over the lifespan

The AHCA would, unfortunately, allow states to waive essential health benefits and eliminate out-of-pocket cost protections and lifetime limits. States and plans would control what benefits would be required to be offered and the scope of such benefits. Plans could offer bare-bones coverage of services. For example, plans could limit the number of counseling visits covered, even for survivors of trauma. Comprehensive plans that include counseling will be available—but at a very high price. If survivors cannot afford comprehensive plans, however, they will not have

access to counseling services. Many individuals who purchase the cheaper plan may not know that counseling services aren't covered until a trauma happens or they need counseling for other reasons – but it will be too late.

- **Pre-existing conditions:** The ACHA would roll back protections for people with pre-existing conditions. Under the ACHA, insurers would not be able to outright deny someone from accessing insurance due to a pre-existing condition. However, plans would be able to charge individuals with pre-existing conditions much higher premiums, making it unattainable for many survivors. If insurance is too expensive for a survivor or other individual, it will have the same effect as if the survivor were denied coverage outright. Survivors often have pre-existing conditions related to the abuse, even if domestic violence is not explicitly mentioned in their health history, including post-traumatic stress, injuries, emergency room visits, and other chronic diseases. By rolling back the ACA's explicit protections from discrimination against domestic violence victims, the ACHA puts survivors at high risk of having their health history used against them in underwriting.ⁱ
- **Continuous coverage:** The AHCA requires consumers to be continuously covered or face higher premiums and/or stiff financial penalties.ⁱⁱ Survivors are at an especially high risk for having gaps in coverage for many reasons, including circumstances entirely out of their control. For example, an abuser may terminate a survivor's coverage without telling the survivor or refuse to allow the survivor to continue health coverage in an attempt to prevent the survivor from going to doctors and thereby exposing injuries from the abuse.

Affordable coverage, including Medicaid

Under the ACA, financial help is available on a sliding scale for the purchase of health insurance in the Health Insurance Marketplace, and special rules help survivors qualify without counting their married spouse's income. The Medicaid expansion ensures that low-income individuals and families have genuine access to health care through their State Medicaid program. Unfortunately, the AHCA changes the financing structure of Medicaid, cuts hundreds of billions of federal Medicaid dollars from the program, and sunsets the Medicaid expansion that covers millions of low-income adults and children. For low-income survivors, there may be no other sources of health insurance other than Medicaid. Dramatically cutting Medicaid will mean not only the loss of coverage and access to needed services for survivors but possibly the loss of their lives due to undiagnosed or untreated medical issues.

Congress must include financial supports sufficient to purchase comprehensive health insurance, including for individuals with no tax liability; and there must be equivalent coverage for everyone currently covered by Medicaid and the Children's Health Insurance Program, including the Medicaid expansion.

Other Important Aspects of Health Care that must be preserved:

- Current ACA rules that allow survivors to purchase their own health insurance, not tied to their abuser and their abuser's employer, are critical to survivors' health and safety;
- Innovative initiatives that increase access to a range of qualified providers and programs supported by federal health insurance programs;
- Increased emphasis on prevention and community-based solutions for improving health.

REQUEST: Maintain access to comprehensive, guaranteed and affordable health insurance.

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ⁱ The ACHA would allow states to waive the "community rating protections." If a state waives the rules on community rating, plans would be able to explicitly charge certain people with pre-existing conditions, who have had lapsed coverage (uninsured for more than two months), more by "underwriting their risk." This would allow plans to charge much less to a healthy person with the exact same plan. The provision would apply to consumers in the individual market and small group market – putting around 18 million people at risk.

ⁱⁱ This provision is designed to encourage consumers to get health insurance before they get sick, replacing the ACA's requirement that everyone have insurance (known as the *individual mandate*). Any consumer with a gap in their health insurance of more than two months will be subject to a 30% premium increase for the first 12 months of coverage. Alternatively, in a state that chooses to waive community-rating rules, consumers will be subject to underwriting on their health status.