

Women’s Coverage Losses in 2023 If the American Rescue Plan Act’s Premium Tax Credits Expire

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About 850,000 additional adult women of reproductive age (19 to 44) will be uninsured in 2023 if the enhanced premium tax credits (PTCs) passed under the American Rescue Plan Act (ARPA) are allowed to expire at the end of 2022 as they are slated to under current law (table 1).¹ Uninsured women are at higher risk than insured women of having an unintended pregnancy due to more limited access to free or low-cost reproductive health services, including the most effective forms of contraception.² Further, many of these additional women who will be uninsured live in states that tightly restrict or plan to tightly restrict access to abortion. In the wake of the Supreme Court’s elimination of the constitutional right to an abortion, uninsured women who are facing an unintended pregnancy and living in certain states are now at a higher risk of being denied access to the full range of reproductive health services, including abortion, than at any time in recent decades.

TABLE 1
Uninsurance among Nonelderly Adult Women, 2023

	Enhanced PTCs Expire		Enhanced PTCs Are Extended		Change	
	Number of uninsured (1,000s)	Uninsurance rate (%)	Number of uninsured (1,000s)	Uninsurance rate (%)	1,000s	%
Nonelderly adult women						
All	11,407	11.3	10,144	10.0	-1,262	-11.1
Ages 19–44	7,523	13.0	6,672	11.6	-850	-11.3
Ages 45–64	3,884	9.0	3,472	8.0	-412	-10.6
In Medicaid expansion states	6,211	8.9	5,836	8.4	-375	-6.0
Ages 19–44	4,036	10.2	3,777	9.5	-259	-6.4
Ages 45–64	2,175	7.3	2,059	6.9	-116	-5.3
In nonexpansion states	5,196	16.4	4,308	13.6	-887	-17.1
Ages 19–44	3,487	19.3	2,896	16.1	-591	-17.0
Ages 45–64	1,709	12.6	1,413	10.4	-296	-17.3

Source: Urban Institute Health Insurance Policy Simulation Model, 2022.

Notes: Enhanced PTCs = enhanced premium tax credits under the American Rescue Plan Act. The 12 states that have not expanded Medicaid are Alabama, Florida, Georgia, Kansas, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Wisconsin, and Wyoming.

The Affordable Care Act (ACA) vastly improved access to health benefits for women in the nongroup market by prohibiting gender rating of premiums and coverage exclusions due to preexisting conditions. Under the ACA, qualified health plans must offer 10 essential health benefits, including maternity care and mental health benefits. Moreover, preventive care services must be covered without cost sharing. For women, this means well-woman visits and reproductive health services, including contraception and cancer and other screenings, are free.³ Access to

these important preventive services may partially explain why more than half of adult Marketplace enrollees are women.⁴

Of the 850,000 additional adult women of reproductive age who will be uninsured in 2023 if the ARPA PTCs expire, about 259,000 live in states that have expanded Medicaid eligibility up to 138 percent of the federal poverty level as permitted under the ACA (table 2). More than double that number—591,000 women—live in the 12 states that have not expanded Medicaid. Coverage losses will be larger in nonexpansion states because, compared with expansion states, nonexpansion states have a larger share of women with low incomes enrolled in the Marketplace instead of Medicaid. Uninsurance rates for adult women of reproductive age will also be much higher in nonexpansion states (19.3 percent) than in expansion states (10.2 percent), again mostly because of lower Medicaid eligibility cutoffs in nonexpansion states. Proposed policies to close this coverage gap by broadening eligibility for Marketplace coverage to people with very low incomes in nonexpansion states would reduce these disparities between the two groups of states.

To highlight the impact of the Supreme Court decision, we show coverage changes among women if the ARPA PTCs expire and abortion access in each state using ratings from the Guttmacher Institute (table 2).⁵ Many nonexpansion states are rated as having “most” or “very” restrictive abortion access. Though state laws are changing rapidly, we estimate that 2.5 million uninsured adult women of reproductive age live in states with the most restrictive or very restrictive access to abortion (regardless of Medicaid expansion status). If the enhanced ARPA PTCs were extended, 384,000 fewer adult women of reproductive age in these states would be uninsured, and most would instead have free access to contraception and other reproductive health services through Marketplace plans to help avoid an unintended pregnancy. They would also have access to comprehensive health insurance benefits that would cover the necessary services to support a healthy pregnancy and delivery and ongoing maternal health and well-being.

TABLE 2
Uninsurance among Women Ages 19 to 44, by State, 2023

	Abortion access status	Enhanced PTCs Expire		Enhanced PTCs Are Extended		Change	
		Number of uninsured (1,000s)	Uninsurance rate (%)	Number of uninsured (1,000s)	Uninsurance rate (%)	1,000s	%
All women ages 19–44		7,523	13.0	6,672	11.6	-850	-11.3
Women ages 19–44 in Medicaid expansion states		4,036	10.2	3,777	9.5	-259	-6.4
Alaska	5	20	13.2	19	12.6	-1	-4.3
Arizona	3	187	14.6	179	14.0	-8	-4.2
Arkansas	1	57	11.0	50	9.6	-7	-12.3
California	5	902	12.4	847	11.6	-55	-6.1
Colorado	5	120	11.6	114	11.0	-6	-5.0
Connecticut	4	42	7.2	42	7.1	-1	-1.7
Delaware	4	14	8.2	13	7.8	-1	-4.9
District of Columbia	4	14	7.9	14	7.8	0	-0.9
Hawaii	4	19	7.7	19	7.5	-1	-3.3
Idaho	3	43	13.9	40	12.9	-3	-7.0
Illinois	5	248	11.1	244	10.9	-4	-1.4
Indiana	3	116	10.2	110	9.7	-5	-4.4
Iowa	3	33	6.5	32	6.2	-1	-3.8
Kentucky	3	61	8.2	48	6.5	-13	-20.9
Louisiana	1	104	12.7	86	10.4	-18	-17.5
Maine	5	11	5.5	10	5.0	-1	-9.6

	Abortion access status	Enhanced PTCs Expire		Enhanced PTCs Are Extended		Change	
		Number of uninsured (1,000s)	Uninsurance rate (%)	Number of uninsured (1,000s)	Uninsurance rate (%)	1,000s	%
Maryland	5	96	8.7	93	8.4	-3	-3.3
Massachusetts	4	63	5.2	63	5.1	0	-0.7
Michigan	4	116	7.7	103	6.8	-13	-11.5
Minnesota	4	61	6.5	58	6.1	-3	-5.5
Missouri	1	128	12.2	113	10.7	-16	-12.1
Montana	4	20	11.7	18	10.6	-2	-9.3
Nebraska	3	28	8.8	26	8.1	-2	-8.4
Nevada	4	105	17.4	99	16.3	-6	-6.2
New Hampshire	4	15	7.4	13	6.3	-2	-14.9
New Jersey	5	175	11.7	158	10.5	-18	-10.1
New Mexico	5	51	13.9	50	13.5	-1	-2.7
New York	5	270	7.3	268	7.2	-2	-0.7
North Dakota	3	16	12.9	15	12.1	-1	-6.2
Ohio	2	150	8.2	132	7.2	-19	-12.4
Oklahoma	1	92	13.3	77	11.1	-15	-16.1
Oregon	7	82	11.4	80	11.1	-2	-2.5
Pennsylvania	3	143	6.9	132	6.3	-11	-7.4
Rhode Island	4	12	6.8	12	6.8	0	-0.4
Utah	3	63	10.1	59	9.5	-4	-6.2
Vermont	5	8	9.1	8	8.8	0	-2.8
Virginia	4	160	10.1	152	9.6	-8	-4.8
Washington	5	157	11.7	152	11.4	-5	-3.0
West Virginia	3	31	11.0	28	10.3	-2	-6.8
Women ages 19–44 in nonexpansion states		3,487	19.3	2,896	16.1	-591	-17.0
Alabama	1	145	17.2	133	15.7	-13	-8.8
Florida	3	672	18.8	547	15.3	-125	-18.6
Georgia	3	401	19.8	315	15.6	-85	-21.3
Kansas	3	84	16.9	78	15.7	-6	-7.1
Mississippi	1	94	18.1	81	15.7	-12	-13.1
North Carolina	4	308	16.3	250	13.2	-58	-18.9
South Carolina	2	140	15.8	112	12.7	-28	-20.0
South Dakota	1	22	15.3	20	13.7	-2	-10.0
Tennessee	2	173	14.7	150	12.8	-22	-13.0
Texas	1	1,361	25.0	1,129	20.8	-232	-17.1
Wisconsin	3	69	7.4	64	6.8	-6	-8.3
Wyoming	4	18	17.2	17	16.3	-1	-5.1

Sources: Urban Institute Health Insurance Policy Simulation Model, 2022; and "Interactive Map: US Abortion Policies and Access after Roe," Guttmacher Institute, accessed July 11, 2022, <https://states.guttmacher.org/policies/>.

Notes: Enhanced PTCs = enhanced premium tax credits under the American Rescue Plan Act. State abortion access status is classified from most restrictive to most protective: 1 = most restrictive, 2 = very restrictive, 3 = restrictive, 4 = some restrictions/protections, 5 = protective, 6 = very protective, and 7 = most protective.

NOTES

- ¹ This fact sheet provides additional information based on our earlier brief: Matthew Buettgens, Jessica Banthin, and Andrew Green, "What If the American Rescue Plan Act Premium Tax Credits Expire?" (Washington, DC: Urban Institute, 2022).
- ² Kate Grindlay and Daniel Grossman, "Prescription Birth Control Access among U.S. Women at Risk of Unintended Pregnancy" *Journal of Women's Health* 25, no. 3 (2016): 249–54, <https://doi.org/10.1089/jwh.2015.5312>; Megan L. Kavanaugh and Emma Pliskin, "Use of Contraception among Reproductive-Aged Women in the United States, 2014 and 2016" *F&S Reports* 1, no. 2 (2020): 83–93, <https://doi.org/10.1016/j.xfre.2020.06.006>; and Emily M. Johnston and Stacey McMorrow, "The Relationship

between Insurance Coverage and Use of Prescription Contraception by Race and Ethnicity: Lessons from the Affordable Care Act" *Women's Health Issues* 30, no. 2 (2019): 73–82, <https://doi.org/10.1016/j.whi.2019.11.005>.

- ³ "Preventive Care Benefits for Women," Healthcare.gov, accessed July 11, 2022, <https://www.healthcare.gov/preventive-care-women/>.
- ⁴ Data on plan selections at the end of open enrollment periods in all years since 2014 show that 54 percent or more of enrollees of all ages were women; see "State Category | 2022 Marketplace Open Enrollment," Kaiser Family Foundation, accessed July 11, 2022, <https://www.kff.org/state-category/affordable-care-act/2022-marketplace-open-enrollment-period/>.
- ⁵ "Interactive Map: US Abortion Policies and Access after Roe," Guttmacher Institute, accessed July 11, 2022, <https://states.guttmacher.org/policies/>.

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