

The Women's Health Lens in Health Care Reform

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Massachusetts Health Care Reform: Impact on Women's Health

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Health Reform from a Woman's Perspective

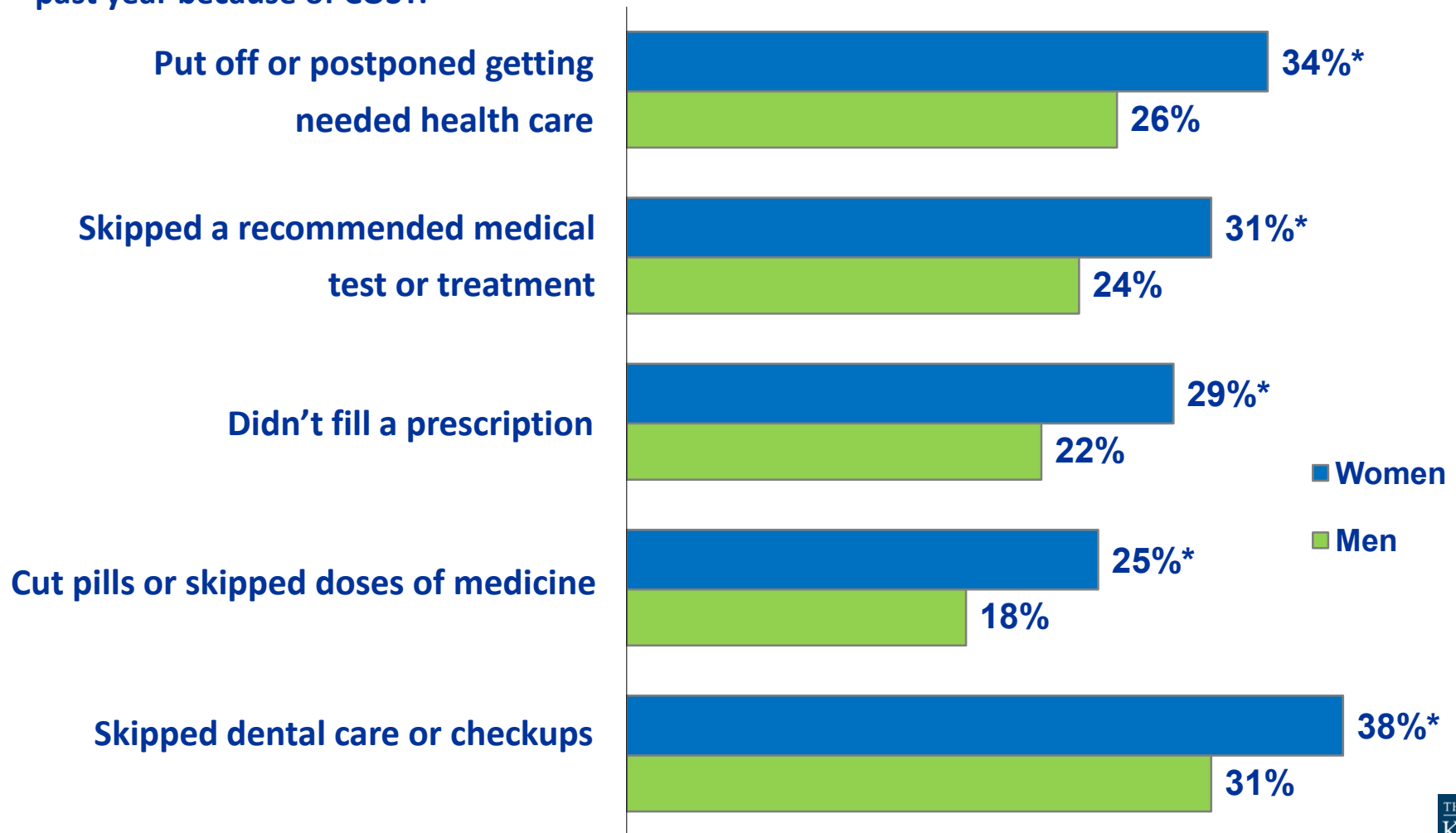
- Why does it matter?
- How will can we help uninsured women?
- What can we do to improve coverage, access and care?
- Key Issues for Women:
 - Affordability
 - Preventive Services
 - Primary Care
 - Reproductive Health
 - Long-term care

Why Health Reform Matters to Women



Cost Continues to be Barrier to Care and Treatment for Many Women

Percent of men and women who say they or a family member have done each of the following in the past year because of COST:

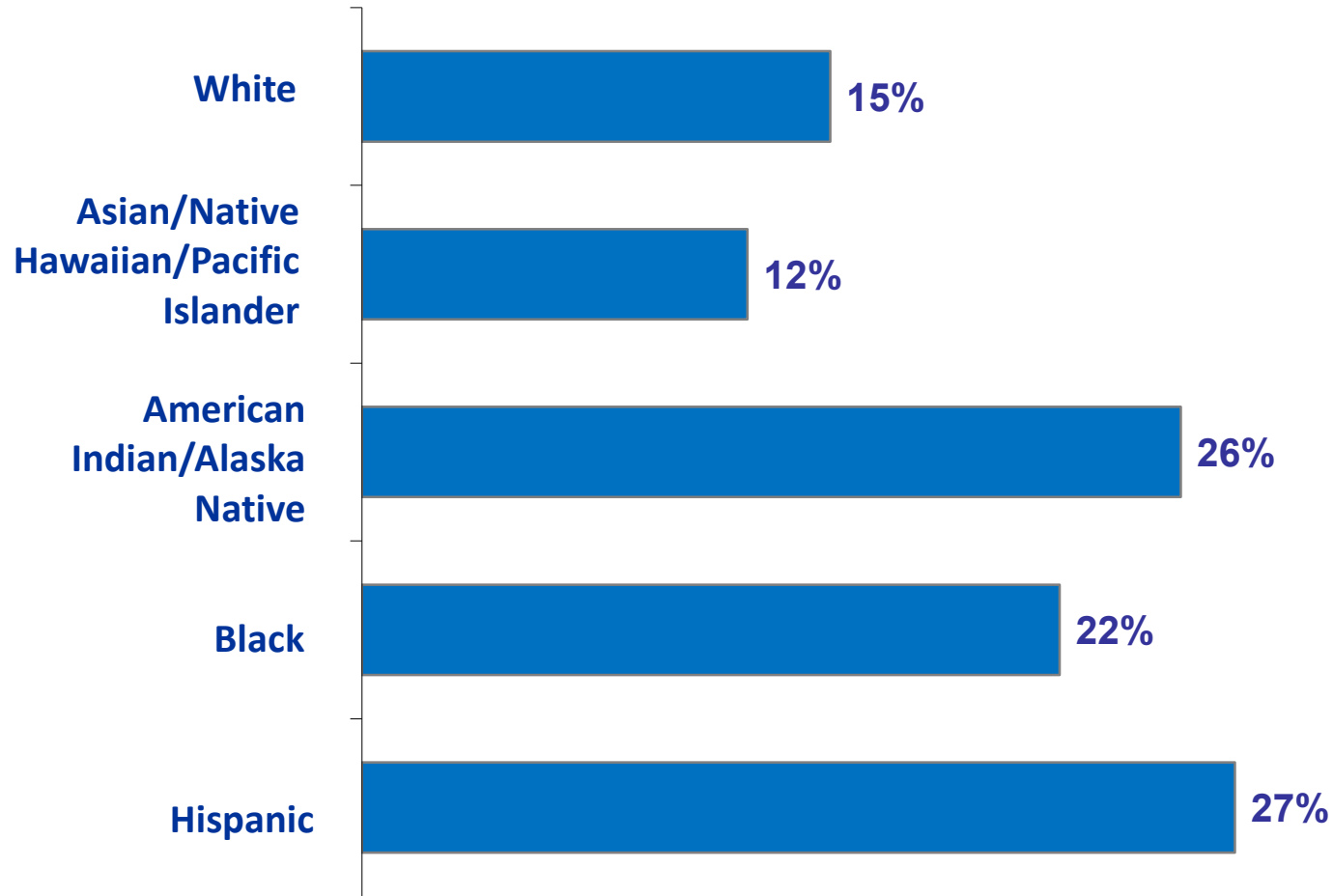


Source: Kaiser Health Tracking Poll: (March 2010).

*Indicates statistical significance at the 95% level.

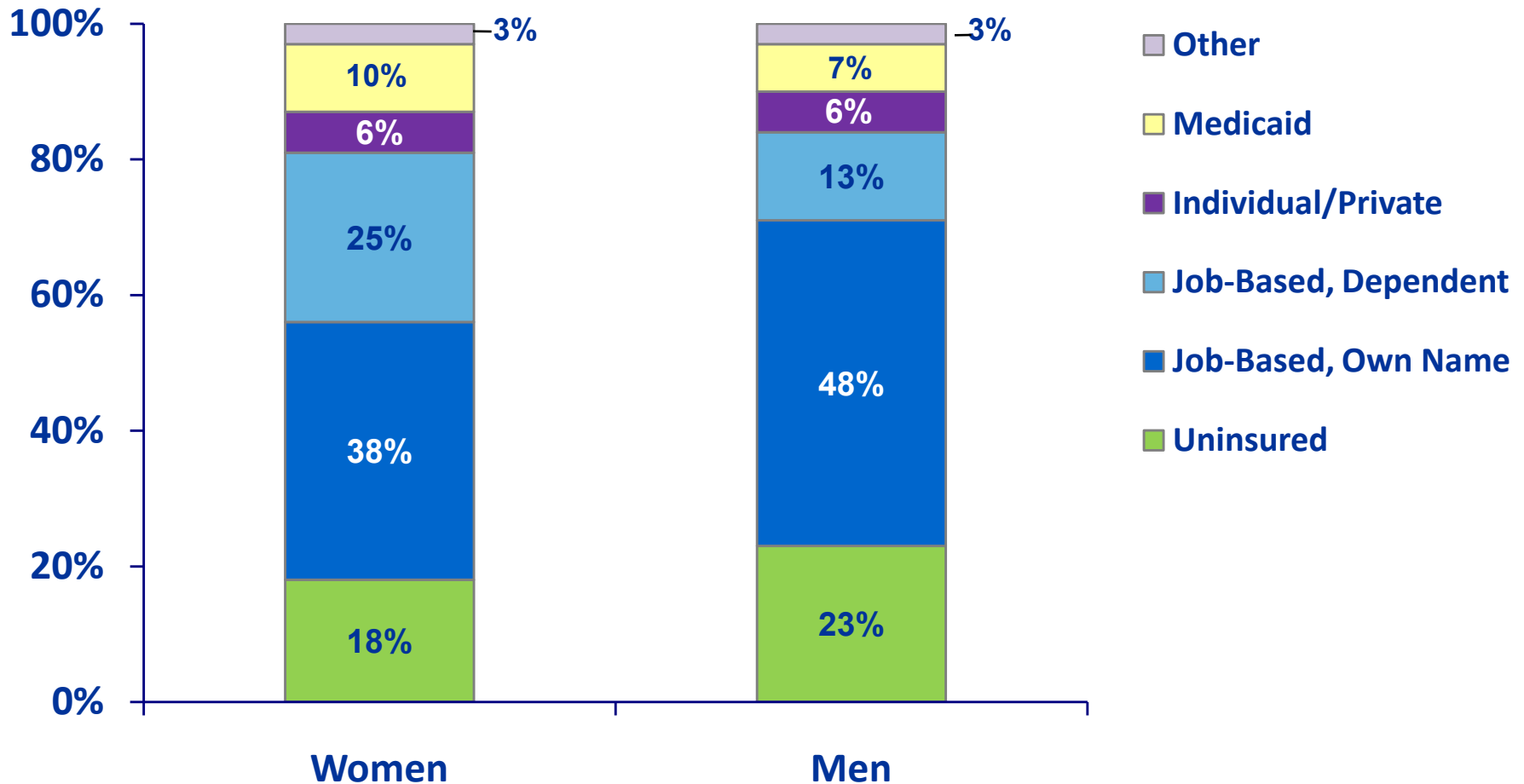
Cost Barriers Even Greater for Women of Color

Percent Reporting No Doctor Visit in Past Year Due to Cost, by Race/Ethnicity, 2004-2006



Insurance Coverage Patterns Differ Between Women and Men

Health Insurance Coverage of Adults Ages 18 to 64, by Gender, 2008



Note: Other includes Medicare, TRICARE, and other sources of coverage.

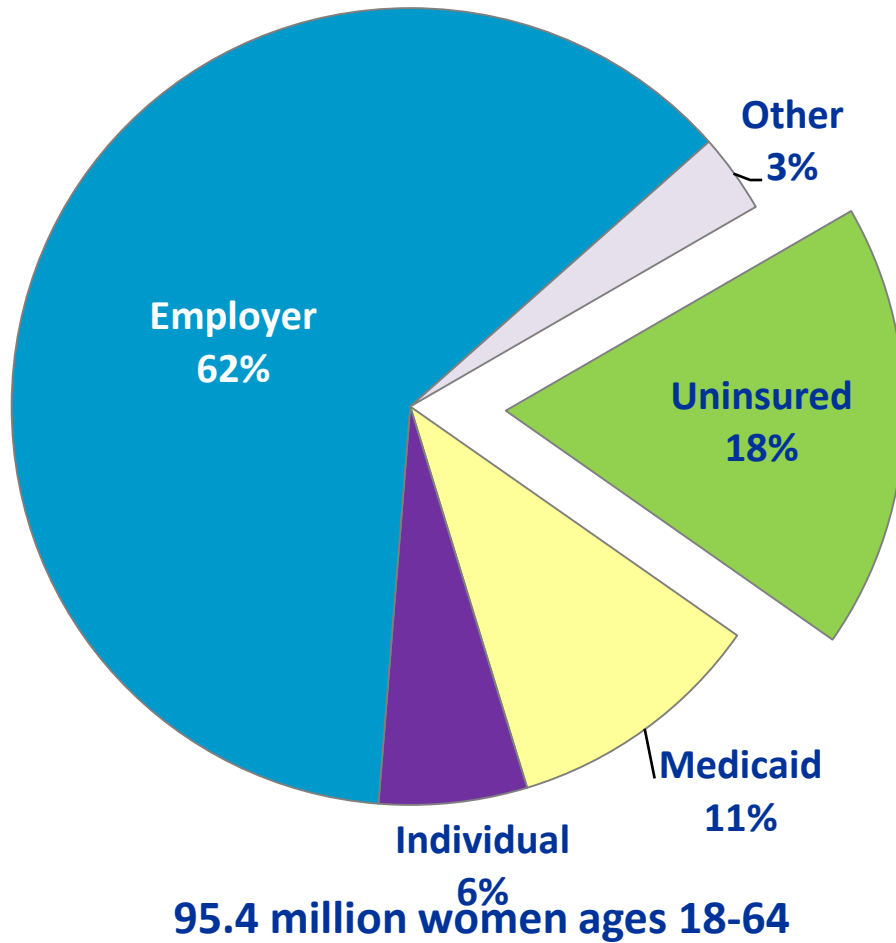
Source: Kaiser Family Foundation analysis of the March 2009 Current Population Survey, US Census Bureau.

The Patient Protection and Affordable Care Act (PPACA)

- “Shared responsibility” in which employers, consumers, health plans, providers, and state and federal governments participate in and help pay for reform
 - Individual mandate (enforced through tax system) for coverage: Through ESI, Medicaid or Exchange
 - Employer requirements to cover workers (combination of incentives and penalties)
 - Insurance Reforms
- Delivery system improvement strategies to reduce health care cost growth, improve access to and quality of care, and address community health and prevention.
- And lots, lots more!!!



National Health Reform Assistance For Uninsured Women



- Over 17 million uninsured women
- Younger, low-income, and women of color are particularly at risk
 - Extend dependent coverage to age 26
 - Extend Medicaid eligibility 133% fpl
 - Provide credits to pay for premiums
- Two-thirds are in households with at least one full-time worker
 - Require employer participation, even for part-time workers
- Barriers to insurance
 - Guaranteed issue
 - Bans pre-existing condition exclusions

•Other includes programs such as Medicare and military-related coverage.

•The federal poverty level for a family of four in 2008 was \$21,200.

Source: KFF/Urban Institute analysis of 2009 ASEC Supplement to the Current Population Survey, U.S. Census Bureau.

Coverage Challenges for Insured Women

- Employer sponsored coverage
 - Affordability: Premiums, copays & deductibles
 - Scope of coverage
 - Variation in benefits

- Individual market
 - ~~Pre-existing exclusions~~
 - ~~Gender rating/Health Status~~
 - ~~Annual/lifetime limits on coverage~~
 - ~~Rescissions~~
 - Scope of benefits often limited
maternity, mental health

- Medicaid
 - Narrow eligibility – income
and categorical test
 - Instability of coverage
 - Low provider participation



**SUBSIDIES AND OOP CAPS,
Sufficient?**

**GAPS COULD PERSIST
ESSENTIAL BENEFITS SETS FLOOR**

**PROHIBITED
PROHIBITED
PROHIBITED
PROHIBITED**

ESSENTIAL BENEFITS

**DROP CATEGORICAL REQ.:
ELIGIBILITY to ↑ 133%**

COORDINATION WITH EXCHANGE ?

↑ \$ Primary care, Specialty?

Challenges in Reproductive Health

- Half of pregnancies in U.S. unintended; (half of these end up in abortion)
 - Major disparities by income and race
 - Teen birth rate
- Rising rates of STIs/HIV
 - Young people at high risk
 - Heavy toll of AIDS epidemic on women of color
- Ongoing debates about federal levels of funding for and scope of sex education
- Improving maternal and childbirth outcomes
 - One-third of births are C-Sections
 - Implications for costs, maternal and infant health
 - Still gaps in coverage
 - Poor measures of quality of maternity care
- Abortion debate - Nation divided on this issue
 - Increased limitations on abortion access through federal and state laws

Maternity Care

Childbirth is the leading reason for hospitalization in US

- Maternity and newborn care – defined as an **essential benefit**
- Medicaid – Currently pays for 40% of all births
 - Mandatory coverage of tobacco cessation for pregnant women
 - Coverage for all newborns who lack acceptable coverage
 - Investment in the development of quality measures for adults health services including maternity care
 - Optional coverage of freestanding birth centers
- Grants to states for maternal, infant, and early childhood home visiting
- Grants for establishment, operation, and coordination of systems for the delivery of services to individuals with or at risk for postpartum depression and their families.

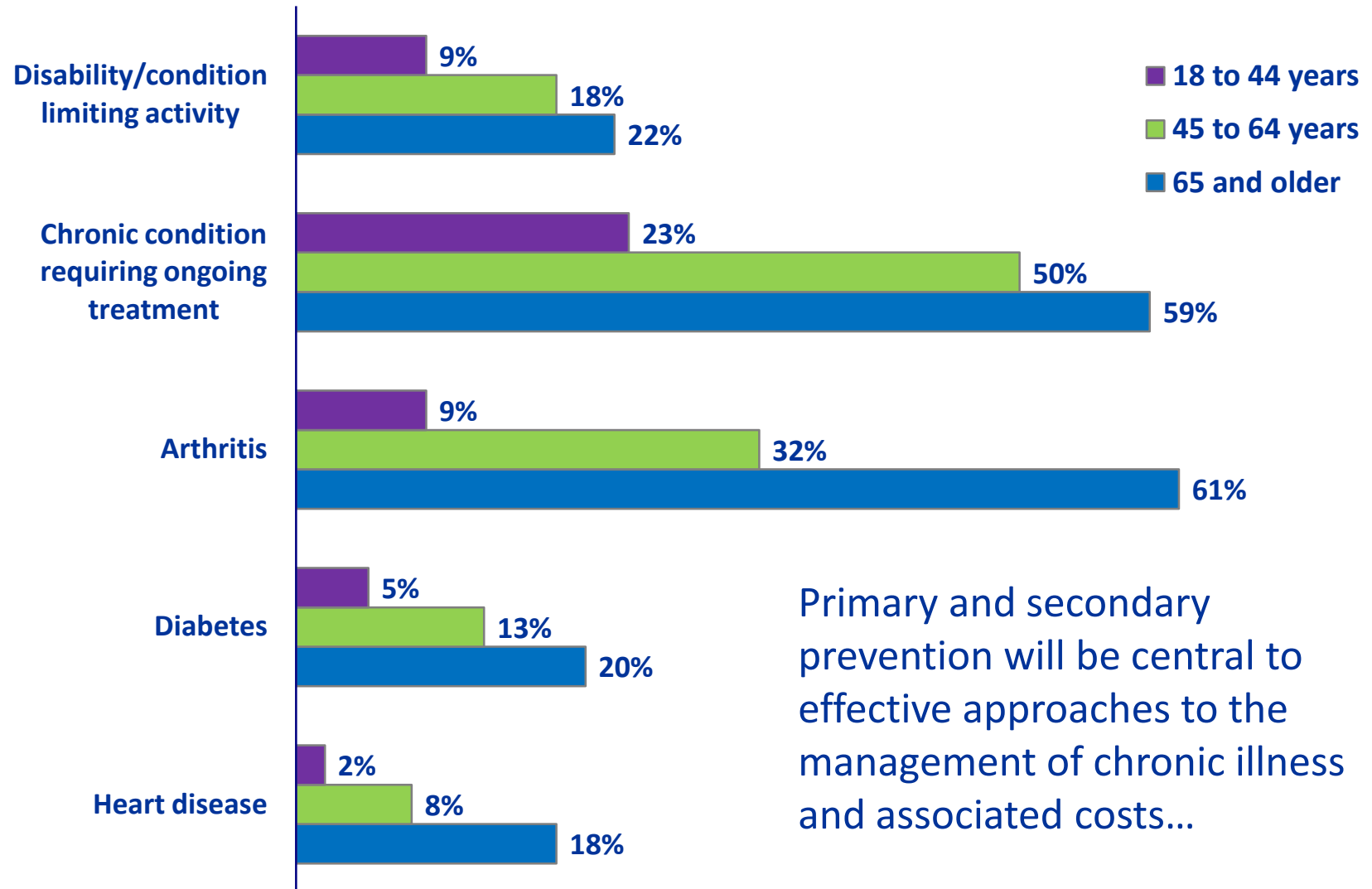
Availability of Contraception for Women

- Employer sponsored coverage
 - No federal mandate requiring insurers to cover contraceptives
 - 27 state mandates, but self-funded plans exempt
- Individual market
 - Limited coverage
 - Few state mandates on benefits in individual insurance
- Public sources:
 - Title X
 - Federal block grant-providing funding for confidential services to about 5 million low income women and teens
 - Funding levels have not kept up with inflation
 - Medicaid
 - Serves millions women of reproductive age through basic program and family planning waivers
 - Accounts for over 2/3 of public funding for family planning
- Under HR:
 - No mention of FP as Essential Benefit
 - Medicaid family planning expansion could help more women
 - Family planning providers considered “essential community providers”

Health Reform and Abortion

- Explicitly prohibited from being included as an essential benefit package
- No federal funds, tax credits or subsidies may be used for abortion coverage
- **Medicaid:** No change. 17 states cover Medically Necessary abortions, 33 and DC do not permit coverage of abortions beyond Hyde restrictions)
- **Exchanges:**
 - States may ban Exchange plans from providing abortion coverage beyond Hyde
 - Must offer at least one plan that limits abortion coverage to Hyde limitations
 - Plans that offer abortion coverage beyond Hyde must segregate premium payments for coverage of abortion (allocation accounts) and must charge at least \$1 per enrollee per month.
 - Exchange plans may not discriminate against any provider because of an unwillingness to provide, pay for, provide coverage of, or refer for abortions.

Chronic Health Conditions Are a Concern for Many Women

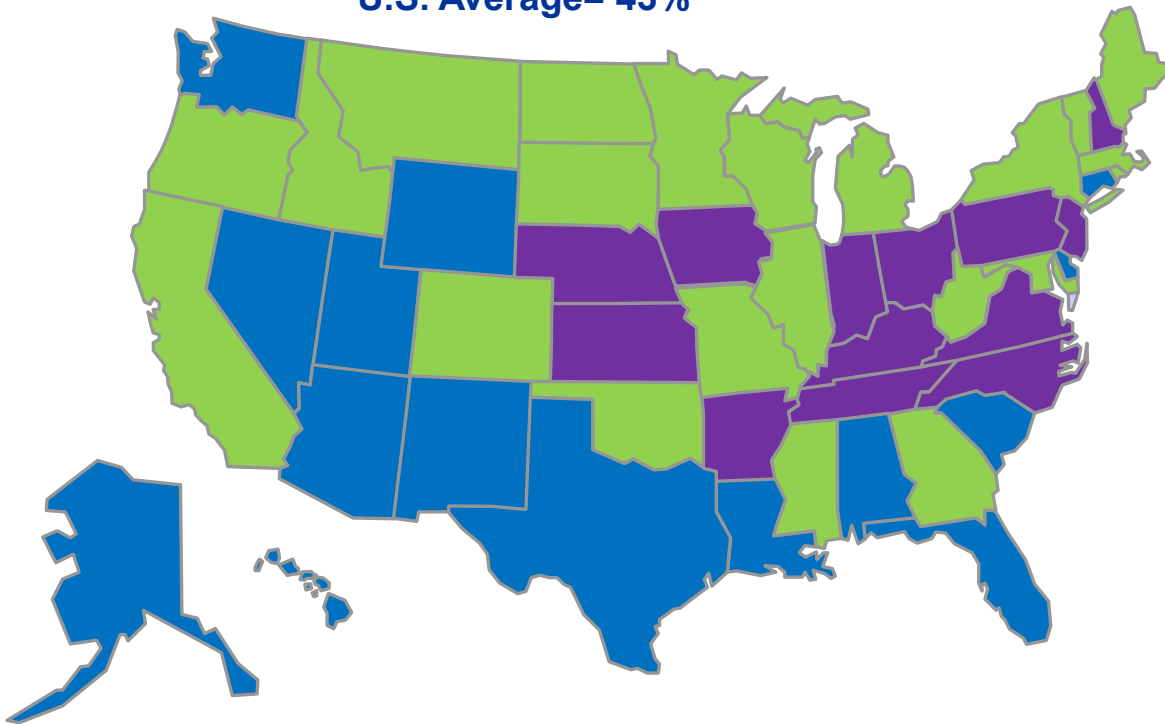


Note: Chronic conditions diagnosed by physician in past 5 years.

Source: Kaiser Family Foundation, 2004 Kaiser Women's Health Survey.

Health Professional Shortages are Increasingly Affecting Provider Availability

U.S. Average= 43%



- < 40% (13 states)
- 40- 49% (22 states)
- ≥ 50% (15 states and DC)

- Many women live in counties with primary care shortages
 - Will HR fill the gaps?
- Nearly 50% of U.S. counties had no Ob/Gyn providing direct patient care
- 87% of counties had no abortion provider (representing 35% of U.S. women)
- In some places, waiting times for first-time mammograms exceed 40 days

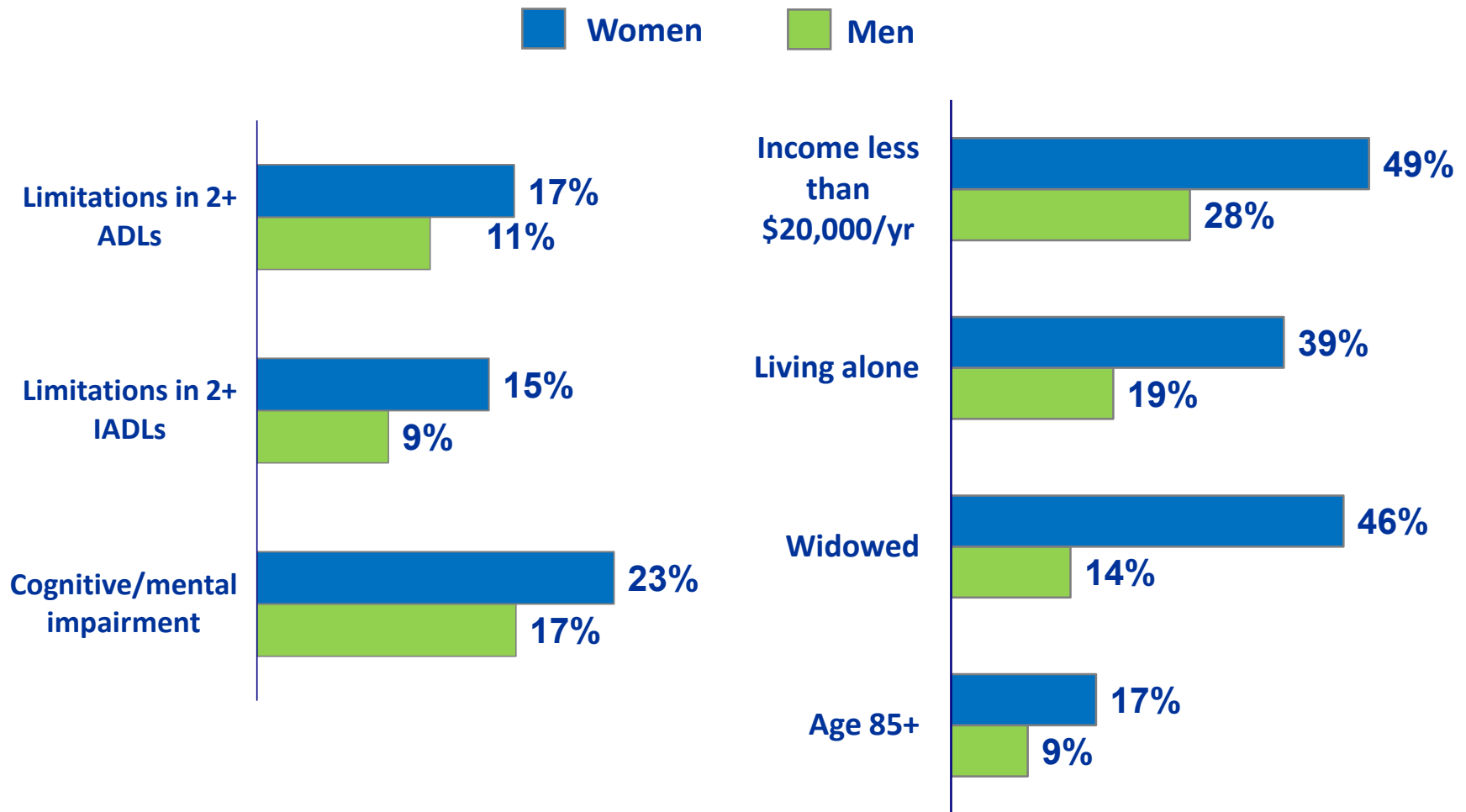
Preventive screening services are a priority for women

U.S. Preventive Taskforce A and B Level Recommendations				
Cancer	STI/STDs	Chronic Conditions	Pregnancy	Lifestyle/Healthy Behaviors
Colorectal	HIV	Hypertension	Tobacco	Alcohol Screening
Breast Screening	Gonorrhea	Diabetes	Rh Incompatibility Screening	Depression Screening
Breast Chemoprevention	Chlamydia	Obesity Screening	Hepatitis B Screening	Healthy Diet Counseling
Breast/Ovarian High Risk/BRCA	Syphilis	Osteoporosis	Iron Deficiency Anemia Screening	Tobacco
Cervical Cancer	Immunizations	Lipid Disorders	Bacteriurea Screening	

What preventive services has the USPSTF missed?

- Family Planning
- Domestic Violence Screening
- Annual Well Women Visits
- Preconception Counseling
- ...?

Multiple Factors Predispose Women to Needing Long-term Care



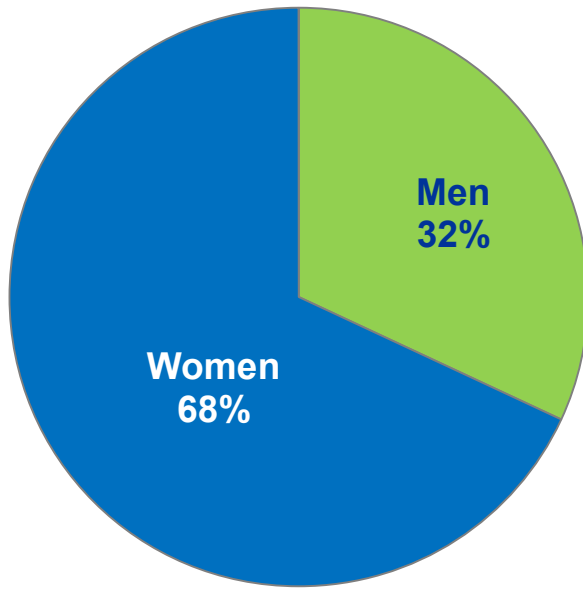
Note: ADLs refer to Activities of Daily Living (bathing, dressing, eating, walking, using the toilet, getting in and out of chairs). IADLs refer to Instrumental Activities of Daily Living (doing housework, making meals, managing money, shopping, using the telephone). Analysis excludes institutional population.

Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.

Long Term Care: The Forgotten Women's Issue

Will the CLASS Act fill the gaps?

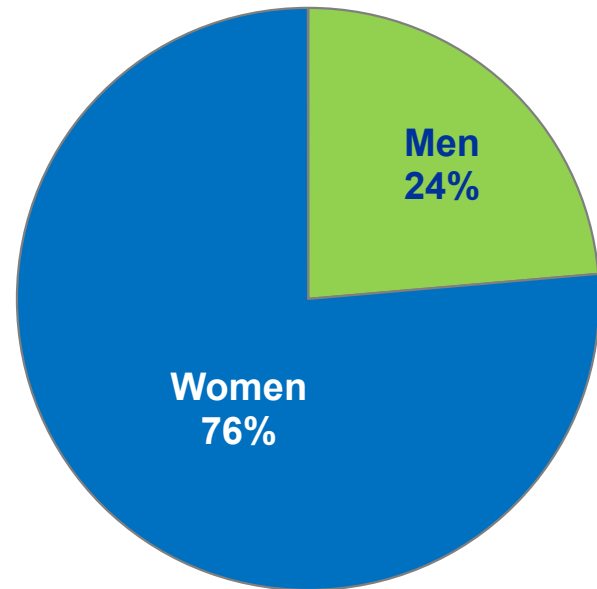
Nursing Home Residents



Total = 1.5 million

**Private room
average \$77K/year**

Home Health Users



Total = 2.5 million

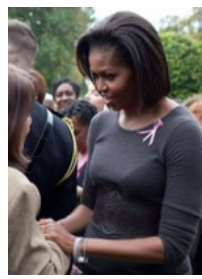
average \$29/hour

Costs, coverage, and access and now IMPLEMENTATION are still key women's health issues

- **Affordability and Scope of Coverage:** Still central concerns for women
- **Reproductive Health:** Improvements in some areas and retrenchment in others. States will continue to play a pivotal role
- **Primary Care and Prevention:** Investments in building primary care infrastructure and prevention important but may not be sufficient
- **Long-term Care:** CLASS is something to build on... but will still fall short, esp. for low-income women and their families who don't qualify for Medicaid
- **Excluded Populations:** Many women (and men) will not qualify for assistance because of their immigration status. Safety-net providers will still be critical
- **Implementation:** Ongoing need for women to be vigilant and involved in process

[The White House Blog](#)

Health Insurance Reform as a Women's Issue: The First Lady's Take



BEING A WOMAN IS NOT A PRE-EXISTING CONDITION

NATIONAL WOMEN'S LAW CENTER

Comprehensive Health Care Reform: An Essential Prescription for Women

A Report by the Joint Economic Committee
Representative Carolyn B. Maloney, Chair
Senator Charles E. Schumer, Vice Chair

eliminating racism
empowering women
ywca

Join YWCA to tell Congress that now is the time to pass comprehensive healthcare reform.



March of Dimes
Saving babies, together.

March of Dimes Calls for Health Coverage for Women of Childbearing Age and Children



AMA president says pregnant women are barred from buying individual health policies

ROADBLOCKS TO HEALTH CARE:

Why the Current Health Care System *does not* work for *Women*

[HealthReform.GOV](#)



AARP on What Health Reform Means for Women



Health Care: A Basic Right

Healthcare Reform in America - You can make a difference!

