RECOMMENDATIONS FOR HEALTH CARE REFORM THAT BENEFITS WOMEN TO THE OBAMA ADMINISTRATION

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THE PROBLEMS

Women Have Different Health Care Needs than Men

- Over the course of their lifetimes, due in part to their reproductive health needs, women use – and need – the health care system more than their male peers.

- More women than men suffer from chronic conditions, such as diabetes, asthma, or hypertension, which require ongoing care.

- Fifty-six percent of women rely on a prescription drug on a regular basis, compared to 42% of men. [1]

- One in four women report that they have been diagnosed with depression or anxiety, over twice the rate for men.

Women Face Greater Barriers to Accessing Care than Men

- Women are more likely than men to be underinsured or have inadequate health insurance coverage. Approximately 18% of all women, or 17 million women aged 18-64, are

[1] http://www.kaiserfamilyfoundation.org/womenshealth/whp070705nr.cfm

uninsured in the U.S. [2] Minority women are significantly more likely than white women to be uninsured. [3]

- On average, women earn lower wages than men[4] and are therefore forced to spend more of their income on out-of-pocket health care costs. [5]

- Women are often charged higher insurance premiums than men, as it is legal in 40 states and D.C. to rate premiums based on gender.[6] The high cost of health care causes many women – even those with health insurance – to forgo or delay necessary health care services or visits with doctors.

- Women are more likely than men to receive employer-sponsored health insurance coverage as a dependent, placing them in a vulnerable position should they become widowed or divorced. Only 38% of American women have job-based coverage in their own name, nearly one-quarter of all women depend on coverage through their husband's employment.[7] Recent years have seen an overall decline in health insurance coverage for women.

- Employer-sponsored coverage, while important for women, often fails to account for the health care needs of part-time workers, who are disproportionately female.[8]

- Women are also often denied coverage on the basis of a pre-existing condition – which, without sufficient regulations on insurers, could be defined as anything from hay fever to having ever had a Caesarean section. [9]

Women Rely on Public Programs: Medicaid, Medicare, SCHIP

- ***Public programs*** like Medicaid and Medicare are especially important for women, who are more likely to be eligible for Medicaid's income and disability standards, and for Medicare's disability standards. Medicaid's coverage for pregnancy also benefits women.

- ***Medicaid and the State Children's Health Insurance Program (SCHIP)*** play a key role for low-income women and children. Thirty-eight percent of adult women have children

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[2] National Women's Law Center, *Making the Grade on Women's Health: A National and State-by-State Report Card, 2007* (October 2007), http://hrc.nwlc.org
[3] KFF analysis of March 2006 Current Population Survey, U.S. Census Bureau
[4] DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica Smith, U.S. Census Bureau, Current Population Reports, P60-233, *Income, Poverty, and Health Insurance Coverage in the United States: 2006*, U.S. Government Printing Office, Washington, DC, 2007.
[5] Definition of Underinsured?; Elizabeth M. Patchias and Judy Waxman, The Commonwealth Fund, *Women and Health Coverage: The Affordability Gap* (April 2007),
[6] National Women's Law Center, Nowhere to Turn: How the Individual Market Fails Women. 2008. http://www.nwlc.org/reformmatters.
[7] KFF Analysis of March 2007 Current Population Survey, U.S. Census Bureau
[8] Institute for Women's Policy Research, Women and Unemployment Insurance: Outdated Rules Deny Benefits that Workers Need and Have Earned (Jan. 2008), http://www.iwpr.org/pdf/A132_WomenandUI.pdf
[9] The New York Times, "After Caesarean, Some Women See Higher Insurance Cost"

under age 18, and one in four women with children is a single parent.[10] Nearly six in ten mothers are primarily responsible for making decisions about their children's health insurance.[11] Approximately 80 percent of mothers are primarily responsible for choosing their child's doctor, taking him or her to doctor's appointments and organizing follow-up care.[12]

- ***Women enrolled in Medicare:*** On average, women also live longer than men, which means that we're covered under Medicare for more years than most men, and more likely to use Medicaid for long term care. 69 percent of all adult Medicaid enrollees,[13] and 57 percent of Medicare enrollees,[14] are female.

- While Medicaid and other public programs are vital to women and their health, these programs do not cover many low-income, uninsured and minority women.

ACHIEVING UNIVERSAL COVERAGE FOR WOMEN

RECOMMENDATION FOR A SINGLE PAYER PLAN

- **Guaranteed coverage through a public insurance plan like Medicare will most successfully cover all residents** at an affordable cost, while preserving free choice of health care providers.

- See **HR 676 (Medicare for All)**, HR 3000, and HR 1200 for workable single payer proposals.

TRANSITIONING TO UNIVERSAL COVERAGE: EXPAND AND PROTECT SOCIAL INSURANCE

- **Increase the federal match in Medicaid** funding and minimize cost shifting to patients.

- **Extend eligibility for existing pubic programs. Medicaid should cover everyone living in poverty, and to all recipients of unemployment compensation. Cover SCHIP children to age 25. Begin Medicare coverage at age 55.**

- **Medicare Should Include Full Coverage for Prescription Drugs**
  Eliminate the notorious "doughnut hole" in Medicare Part D drug plans. This is the large gap in Part D coverage where seniors must pay the full cost of their medications. Ensuring full coverage for prescription drugs, with appropriate cost-sharing, is

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[10] KFF, *Kaiser Women's Health Survey*, 2004, http://www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey.pdf
[11] *ibid.*
[12] *ibid.*
[13] Kaiser Family Foundation, *Medicaid's Role for Women*, October 2007, http://www.kff.org/womenshealth/upload/7213_03.pdf
[14] Kaiser Family Foundation, *Women and Medicare*, July 2001.

particularly important for older women with lower incomes, greater health needs, and longer life expectancy.

- **Halt erosion of traditional, public Medicare**. Stop the excess payments to Medicare Advantage plans, by enacting the CHAMP Act.[15] Cancel the 2010 Medicare Comparative Cost Adjustment demonstration. Eliminate the arbitrary 45% cap on general revenue funding for Medicare. Eliminate means-tested (income-based) premiums for Medicare Part B.

- **Investigate effectiveness, efficiency, and discriminatory practices in the health insurance industry.**

HYBRID PLANS: COSTLY OPTION. STRONG PUBLIC PLAN ESSENTIAL.

- **Hybrid plans** such as the Obama proposal offer coverage through both private and public insurance. Private health insurance plans earn profits by selecting for healthier patients and restricting payments for care. They require extensive regulation to protect women's access to services. The following basic recommendations could curb abuses, and would still require an expensive bureaucracy.

- **State Option for Single Payer.** Legislation should protect the rights of states to implement single payer insurance plans, funded and administered by the public sector.

- **Assure Coverage to All U.S. residents through a Public Plan, with open and fair competition with private plans**
  All U.S. residents should have access to health insurance coverage through a public plan. This plan should be "portable" or constant as individuals move from job to job, which is beneficial to women who often cycle in and out of the labor force. The plan will have simple paperwork and easy enrollment procedures.

Additional recommendations to safeguard affordability, equity, and quality under Hybrid plans are stated at the end of this document.

COMPREHENSIVE BENEFITS FOR WOMEN

- **Provide Comprehensive Benefits for All Women**
  Provide benefits similar to the comprehensive plan offered to federal employees (FEHBP). This would cover primary and preventive care, screenings and immunizations (all CDC recommended immunizations to be provided at no cost to the patient), dental care, hearing care, vision care, women's reproductive health services, mental health services, laboratory and pharmacy services, and more.

[15] The Child Health and Medicare Protection Act of 2007 was passed by an overwhelming majority in the House of Representatives, August 1, 2007. Not considered by the Senate.

- **Provide Coverage for Full Range of Reproductive Health Services**
  The full range of women's health care services should include gynecological care (such as pap spears), prenatal and maternity care (with limited cost-sharing), testing and treatment for Sexually Transmitted Infections (STI), family planning services, prescription contraceptives, preventive health screenings (such as mammography and bone density screening), infertility diagnosis and treatment, abortions, and more.

- **Cover Prescription Drugs and Devices and Make Prescription Drugs Cheaper**
  The high cost of prescription drugs places a financial burden on many Americans and causes some to go without necessary medication. Ensure that prescription drugs are affordable by promoting generic drugs and allowing safe drug reimportation.

- **R**epeal the ban on direct price negotiation between Medicare and drug companies to enable the Medicare program to negotiate the best drug prices for recipients.

QUALITY HEALTH CARE FOR WOMEN

- **Require Health Disparities and Comparative Effectiveness Research**
  Require health care providers to collect, analyze, and report health care data for disparity populations. Particular attention will be paid to minority populations, women, and rural populations. This requirement will shed light on the many inequalities in health care that exist – particularly with regards to women – and allow for the development of effective interventions to address the problems.

- **Support and Expand Safety-Net Institutions**
  Safety-net institutions such as public health clinics and community health centers play an essential role in providing health care to millions of low-income, minority women across the country. Increase federal support and encourage the expansion of these important safety-net providers.

- **Support Chronic Care Management**
  Create programs to encourage the coordination of care for individuals with chronic illnesses or conditions. This will ensure that the 38% of women in the U.S. who live with a chronic condition receive the health care services that they need, when they need them.

- **Require Transparency about Quality and Costs**
  Require hospitals and providers to publicly report data on preventable medical errors, nurse staffing ratios, hospital-acquired infections, and disparities in health care. These measures will help to improve the quality of care for women across the country and empower them to make informed medical decisions.

- **Reward Providers for Delivering High Quality Care**
  Encourage the delivery of appropriate, high quality medical care to all Americans by rewarding providers who achieve performance thresholds on health outcome measures.

HYBRID PLANS: SUPPLEMENTAL RECOMMENDATIONS

No U.S state has succeeded in controlling costs or achieving universal coverage under similar plans involving private insurance in Washington, Oregon and Massachusetts. However, as this proposal is gaining popularity in Congress, the following provisions illustrate the array of safeguards that would be necessary to protect women's rights to **coverage** and **affordability.**

- **Safeguard Coverage for Low-Income Women**
  Expand Medicaid and the State Children's Health Insurance Program (SCHIP) to provide coverage to more low-income families and children.

- The National Health Insurance Exchange should provide access to public plans.

- **Extend Family Coverage for Children through Age 25**
  Young adults ages 19-29 have the highest uninsured rate of any age group. One of the leading causes for this lack of insurance is the fact that many teens are no longer eligible for their parents' health coverage upon reaching age 19, or graduating from college. Extend family coverage to young people up to age 25 to close this gap.

- **Prohibit Insurance Rating Based on Age and Gender**
  Prohibit insurance companies in both the individual market and the group market from charging women higher rates based on gender. Likewise, insurers will be prohibited from adjusting premiums based on age.

- **Require Employers to "Pay or Play" for Part-Time Workers**
  Women are a disproportionate share of part-time workers, and many part-time workers are uninsured. Require employers to either provide quality health care coverage to part-time workers, or contribute a percentage of payroll to the public plan for these individuals.

Affordable Coverage for Women in Hybrid Plans

- **Set Income-Based Subsidies that Account for All Out-of-Pocket Costs**
  Provide income-based federal subsidies to individuals and families ineligible for public programs like Medicaid but unable to afford insurance. This will allow these individuals to buy into the public plan or purchase a private plan.

- **Guarantee Eligibility and Stable Premiums**
  A National Health Insurance Exchange can allow individuals to choose between a public plan or qualified private insurance plans. The public plan would have guaranteed eligibility. Private insurers participating in the Exchange must be prohibited from denying coverage based on pre-existing conditions. These private insurers must also be required to charge a "fair and stable premium" not based on a person's health status, which is important for women with preexisting conditions and low incomes.

- **Improve Employer-Sponsored Coverage**
  Require private plans to offer "meaningful" health coverage at least as comprehensive as the public plan.

- **Prevent Insurers from Abusing Monopoly Power**
  Prohibit insurers from raising prices without justification. In areas where there is little market competition, insurers will be required to pay a "reasonable share" of premiums on patient care benefits, protecting access to affordable health insurance for women in underserved areas.

- **Protect Against Adverse Selection**
  Adverse selection is when high-risk individuals (i.e., those who may be less healthy than others and require more health care services) enroll in health plans, while low-risk individuals do not. This has a tendency to drive up costs for consumers and cause some insurance plans or employers to drop coverage. Develop risk adjustment mechanisms to avoid adverse selection and ensure an appropriate spread of risk, including creation of large insurance pools.

- **Require an Adequate Employer Contribution**
  Massachusetts, which recently implemented comprehensive health care reform, including an employer "pay or play" requirement, has found that the plan costs more than anticipated. Inadequate employer contributions may be a factor in this failure to raise revenues. To address this issue, the employer contributions required should mirror those in the Federal Employees Health Benefits Plan (FEHBP) and ensure that employers pay an adequate percentage of the cost of employee plans.

- **Provide Subsidies for Small Businesses**
  Provide a refundable tax credit of up to 50% on premiums paid by small businesses on behalf of their employees. This will help relieve businesses of the high costs of covering a small team of employees.

- Provide federal subsidies to partially reimburse employers for catastrophic health care costs if the employers' premium savings would be used to reduce employee premiums.