Women’s Health and Health Reform

Susan F. Wood, PhD
Jacob’s Institute for Women’s Health
George Washington University
School of Public Health and Health Services

Challenges for HC system

• Women live longer than men, but live with higher levels of disability than men. Older women (over 85 years old) are the fastest growing segment of our population. Women’s life beyond age 50 now extends for a significant period of time and is increasing.

• More than 21 million women are uninsured and millions more underinsured (45% of women in 2007), and women typically have higher out-of-pocket health care costs.

• Women are 40% more likely to live in poverty than men. 14.1 million women are poor, and 5.8 million families, 62% of them headed by women, are poor.

• Women are more likely to be the caregiver in the family, responsible not only for their own health, but also for the health of loved ones. Caregiving can create major psychological, physical and financial strain.
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.
- One in four women report that they have been diagnosed with depression or anxiety, over twice the rate for men.
As cost became part of the health care reform debate, it was important to make a scientific, data-driven case for:

- a comprehensive standard of health for American women
- affordable and stable coverage that:
  - enable women to attain good health in childhood and adolescence;
  - maintain good health during reproductive years; and
  - age well.

**This analysis shows that in 2009:**

- The direct costs of *cardiovascular disease*, which affects 43 million U.S. women, are estimated at $162 billion a year.

- Direct and indirect costs of *depression* for both women and men are estimated at over $100 billion, with direct medical costs for depression in women alone estimated to be over $20 billion.

- The direct medical costs of *diabetes* in women are estimated at over $58 billion.

- The direct costs of *breast cancer* are estimated at $9.1 billion.

- Best opportunity to provide primary preventive care and to reduce the burden of chronic diseases occur during reproductive years.
Table 1: Economic Burden of Disease Men and Women (Billion 2009 U.S. Dollars)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Men and Womena</th>
<th>CMS 2009 women's health allocationb</th>
<th>Women only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct Costs</td>
<td>Indirect Costs</td>
<td>Total</td>
</tr>
<tr>
<td>Smokingb</td>
<td>96.6</td>
<td>104.3</td>
<td>200.9</td>
</tr>
<tr>
<td>Obesityc</td>
<td>114.1</td>
<td></td>
<td>57.2f</td>
</tr>
<tr>
<td>CVD</td>
<td>313.8</td>
<td>161.5</td>
<td>475.3</td>
</tr>
<tr>
<td>Depression</td>
<td>32.0</td>
<td>70.2</td>
<td>102.3</td>
</tr>
<tr>
<td>Mental Disordersd</td>
<td>169.5</td>
<td>39.7</td>
<td>209.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>118.7</td>
<td></td>
<td>58.6f</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td></td>
<td></td>
<td>13.9</td>
</tr>
<tr>
<td>COPD</td>
<td>23.7</td>
<td>18.5</td>
<td>42.2</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>9.1</td>
<td></td>
<td>9.1</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td></td>
<td></td>
<td>0.34-0.45</td>
</tr>
<tr>
<td>IPV</td>
<td></td>
<td></td>
<td>4.7</td>
</tr>
<tr>
<td>STIs (excluding HIV)</td>
<td>0.1</td>
<td></td>
<td>0.04f</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0.1</td>
<td></td>
<td>0.02</td>
</tr>
</tbody>
</table>

a) References for economic burden of disease can be found in the main document.
b) Economic costs of smoking include a share of CVD, Diabetes, and COPD costs.
c) Economic costs of obesity include a share of CVD and Diabetes costs.
d) Economic costs of obesity include a share of CVD and Diabetes costs.
e) Direct costs are estimated using the share of women who suffer from the condition (or health behavior).
f) Mental Disorders includes depression.

Figure 1: Preventative Screening and Counseling Services for Women

Source: United States Preventive Services Task Force (http://www.ahrq.gov/clinic/pocketgd08/pocketgd08.pdf), and HHS, Office of Women’s Health (http://www.womenshealth.gov/screeningcharts/general/general.pdf)

* Counseling
Wellness and Prevention in the ACA

- Recommended preventive care fully covered with no co-pays and deductibles
- Women’s Health Preventive Services (IOM Report July 2011)
- Annual wellness exam in Medicare
- Sustained funding for prevention and public health
- Calorie information on restaurant menus

Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Pediatric services, including oral and vision care
- Prescription drugs
- Preventive and wellness services and chronic disease management without copay or deductible
- Rehabilitative and habilitative services and devices
Senator Barbara Mikulski, (D-MD) offered a Women’s Health Amendment which was adopted and includes:

• Coverage by group and individual plans for basic women’s preventive care and screenings such as mammograms and Pap smears and

• Services provided by community health centers and women’s clinics.

• Direct HRSA and HHS to develop a list of preventive services for women to be included in addition to the USPSTF list.

Preventive Services for Women

• U.S. Preventive Services Task Force charged with making recommendations for men, women, and children

• The USPSTF list includes many services for women, but does not include several key services for women
IOM Definition of Preventive Service

For the purposes of this study, the Committee on Preventive Services for Women defines preventive health services to be measures—including medications, procedures, devices, tests, education, and counseling—shown to improve wellbeing and/or decrease the likelihood or delay the onset of a targeted disease or condition.

<table>
<thead>
<tr>
<th>Service</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for gestational diabetes</td>
<td>Pregnant women between 24 and 28 weeks of gestation and at first prenatal visit for high risk pregnant women</td>
</tr>
<tr>
<td>HPV Testing</td>
<td>Add high-risk HPV DNA testing to cytology testing in women with normal results. Every 3 yrs after 30</td>
</tr>
<tr>
<td>Counseling for STIs</td>
<td>Annual counseling on STIs for sexually active women</td>
</tr>
<tr>
<td>Counseling and screening for HIV</td>
<td>Counseling and screening HIV annually for sexually active women</td>
</tr>
<tr>
<td>Contraceptive Methods and Counseling</td>
<td>FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity</td>
</tr>
<tr>
<td>Breastfeeding support, supplies, and counseling</td>
<td>Comprehensive lactation support and counseling and costs of renting breastfeeding equipment.</td>
</tr>
<tr>
<td>Screening and counseling for Interpersonal and domestic violence</td>
<td>Screening and counseling for interpersonal and domestic violence</td>
</tr>
<tr>
<td>Well-women visits</td>
<td>At least one well-woman preventive care visit annually for adult women to obtain recommended preventive services, including preconception and prenatal care</td>
</tr>
</tbody>
</table>
Women’s Preventive Health Services
As of August 1st 2012, all new insurance plans are required to provide (at no cost-sharing!) the following services:

• The full range of FDA-approved contraception methods and contraceptive counseling
• well-woman visits
• screening for gestational diabetes
• human papillomavirus (HPV) DNA testing for women > 30 years
• sexually-transmitted infection counseling
• human immunodeficiency virus (HIV) screening and counseling;
• breastfeeding support, supplies, and counseling
• domestic violence screening and counseling
• No copayments, deductibles or co-insurance

Ongoing Activities

• Implementation of the Mikulski Women’s Health Amendment
• State response to Essential Benefit plan guidance
• States working on responding to ACA – developing exchanges
Resources for Women’s Health and Health Reform

Key Questions

Key Questions for State Exchange Implementation

These resources are organized by five strategic questions state actors should consider when designing and implementing their state insurance exchanges to ensure that the state is best informed of its role in facilitating access to care and insurance affordability for women.

1. Does the state exchange offer insurance products that cover the comprehensive range of health services important to women across the lifespan (e.g., prevention, reproductive care, mental health, chronic illnesses, and other care)?

2. How will the state ensure that the range of providers in Exchange plans is broad enough to meet the wide range of women’s health needs?

3. How will the state inform women about the scope of benefits, out-of-pocket charges, and exemptions?

4. How will the impact of improvements in coverage, affordability and access to health care be assessed for women and other subpopulations?

5. Will women be able to find affordable and continuous health care coverage under the state’s health exchange?
Key Questions

1. Does the state exchange offer insurance products that cover the comprehensive range of health services important to women across the lifespan (e.g., prevention, reproductive care, mental health, chronic illnesses, and other care)?

   Supporting Comprehensive Healthcare for Women Makes Dollars, and Sense, September 2012
   http://www.rand.org/commentary/2012/09/SS/RAND.html

   Policy Brief: Insurance Coverage of Contraceptives, October 2012
   http://www.oahirsher.org/publiccenter/radical/ipdb_1CC.pdf

   Contraceptive Coverage “Accommodation” of Religiously-Affiliated Employees, March 2012
   http://www.nwc.org/sites/default/files
   updates/contraceptive_coverage_accommodation_032212_final.pdf

   Fact Sheet: Covering Prescription Contraceptives in Employee Health Plans: How This Coverage Saves Money, February 2012
   http://www.nwc.org/sites/default/files
   db3/contraceptive_coverage_saves_money_fact_sheet.pdf

   Fact Sheet: Preventive Services Covered by Private Health Plans under the ACA, September 2011

Checklist

Women's Health & Policy Updates > Checklist Resources

Describing State Exchanges To Meet the Health Needs of Women - Checklist of Issues for States to Consider

Women's health, a major determinant of our nation's health and the health of future generations, is central to the planning and design of our nation's health care system under national health care reform, which requires states to implement Health Exchanges either alone or in partnership with the federal government. The following checklist and resource guide provides state policymakers, officials, regulators, advocates, providers, and other stakeholders with a tool to guide state's efforts to ensure coverage, affordability, and access to health care for women as they design and implement their health care exchanges.

A. Essential Health Benefits

   Questions to consider:

   - Does the state exchange offer insurance products that cover the comprehensive range of health services important to women across the lifespan (e.g., prevention, reproductive care, mental health, chronic illnesses, and other care)?

   - How will the state evaluate if EHB benchmark plans meet the needs of women?
Topic Areas

Resources by Topic Areas
The resources listed here are organized by a range of topics included in the Patient Protection and Affordable Care Act that affect women throughout the entire range of their lifetimes. They include:

- Overview of Women's Health in the Affordable Care Act,
- Implementation of Women's Health Provisions
- Preventive Care for Women,
- Contraception, Family Planning, and Reproductive Health,
- Insurance Coverage and Affordability of Health Care, and
- Addressing Health Disparities in Women

WomenAndHealthReform.org

A. Overview of Women’s Health in the Affordable Care Act

What’s in the health care law for women? A lot!, October 2012
http://mlhin.anci/newsletter/node/1419

Fact Sheet: Being a Woman Just Got a Little Easier: How the ACA Benefits Women, July 2012

Why the ACA Matters for Women: Summary of Key Provisions, July 2012

Issue Brief: Impact of Health Reform on Women’s Access to Coverage and Care, April 2012

What Women Are Getting From Health Reform Top Ten List, 2011
http://www.womenshealthagenda.net/storage/files/What%20Women%20Get%20From%20Health%20Reform%201-11%20update.pdf

Issue Module: Women and Health Care in the United States, September 2011

WomenAndHealthReform.org
Source Organizations

Resources by Source Organizations

These resources were created by our partners at:

- The Center for American Progress
- Mary Horrigan Connors Center for Women's Health and Gender Biology, Brigham and Women's Hospital
- Enroll America
- Families USA
- Health Reform GPS
- The Guttmacher Institute
- The Henry J. Kaiser Family Foundation
- The National Academy for State Health Policy
- The National Conference of State Legislatures
- The National Partnership for Women and Families
- The National Women's Health Network
- The National Women's Health Network
- Planned Parenthood
- Raising Women's Voices
- RAND Corporation

Last updated November 2012

WomenAndHealthReform.org