Health Reform and Women's Health: Opportunities for State Legislators

National Conference of State Legislatures
Policy Options to Improve the Health of Women of All Ages
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Agenda

1. Women's Health and Health Care Reform
2. The Affordable Care Act: Impact on Women's Health
3. Lessons from Massachusetts' Experience
4. Policy Opportunities for State Legislators
5. Funding Opportunities for States

1. Women's Health and Health Reform

Women's Health is Essential to the Success of Health Reform

1. Women's health is a "magnifier and multiplier" of family and community health:
   - Women serve as managers of family health, and caretakers for their families and friends
   - Women's health is a major determinant of the health of the next generation
2. Women utilize more medical services than men and have higher annual health care expenses
3. Women also have lower incomes, leading to greater challenges affording and accessing care

Women's Health is Essential to the Success of Health Reform

4. Women are more likely to:
   - transition in and out of the workforce,
   - be employed part-time, and
   - have health coverage as a dependent

   …leaving them vulnerable to gaps in coverage

5. Older women are more likely to have multiple chronic illnesses with high associated costs, and difficulty coordinating care from various providers

2. The Affordable Care Act (ACA): Impact on Women's Health

Medicaid Expansions

- In 2014, the ACA will extend Medicaid eligibility to all residents with income up to 133% FPL ($14,404 for a single adult, $29,327 for family of four) [i]
- Half of uninsured women (49%) live in households under 133% of FPL [i]
- This provision could insure up to 8.2 million uninsured women age 19-64 [ii]

Sources:
[i] Sara R. Collins, Shelia D. Rustgi and Michelle M. Doty. Commonwealth Fund. Realizing Health Reform's Potential: Women and The Affordable Care Act. July 2010.
[ii] Analysis of the 2009 Current Population Survey by Nicholas Tilipman and Bhaven Samat of Columbia University.

Subsidies to Purchase Private Insurance

- Individuals up to 400% FPL will receive sliding scale premium subsidies to help purchase exchange plans. Out-of-pocket expenses will also be capped on a sliding scale [i]

- 41% of non-elderly uninsured women (7 million) could gain coverage under this provision [ii]

Sources:
[i] Sara R. Collins, Shelia D. Rustgi and Michelle M. Doty. Commonwealth Fund. Realizing Health Reform's Potential: Women and The Affordable Care Act. July 2010.
[ii] Analysis of the 2009 Current Population Survey by Nicholas Tilipman and Bhaven Samat of Columbia University.

Prohibition on Gender Rating

- In 2013, the ACA will prohibit insurers from charging high premiums on basis of health status or gender

- 7.3 million women (38%) who tried to purchase individual plans over a three year period were charged a higher premium, were turned down or has preexisting condition excluded [iii]

Source:
[iii] Analysis of the 2007 Commonwealth Fund Biennial Health Insurance Survey.

Essential Health Benefits Package

- In 2014, the ACA will require **all** exchange, individual and small group and non-grandfathered plans to cover the following benefits:

  - Maternity coverage

  - Prescription drugs (contraceptives?)

  - Preventive screenings- breast and cervical cancer screening, HIV and STD screening

- Institute of Medicine panel on women's health will recommend additional preventive services

Medicare Prescription Drug Rebate

- Seniors who reach the Medicare Part D "doughnut hole" will receive a $250 rebate from the program in 2010; "doughnut hole" phased out by 2020
- The majority of those seniors that reached the "doughnut hole" in 2009 (16% of all Medicare beneficiaries), were women and Alzheimer's patients [i]

Sources:
[i] Sara R. Collins, Shelia D. Rustgi and Michelle M. Doty. Commonwealth Fund. Realizing Health Reform's Potential: Women and The Affordable Care Act. July 2010.

Expanding Coverage to Dependants Up To Age 26

- In September 2010, the ACA extended dependent coverage to adult children up to age 26
- Almost 1 million uninsured adults will receive coverage through this provision over the next 3 years [i]
- Up to 600,000 young adults enrolled in individuals plans may gain more affordable coverage [i]

Sources:
[i] Sara R. Collins, Shelia D. Rustgi and Michelle M. Doty. Commonwealth Fund. Realizing Health Reform's Potential: Women and The Affordable Care Act. July 2010.

Ban on Lifetime Coverage Limits

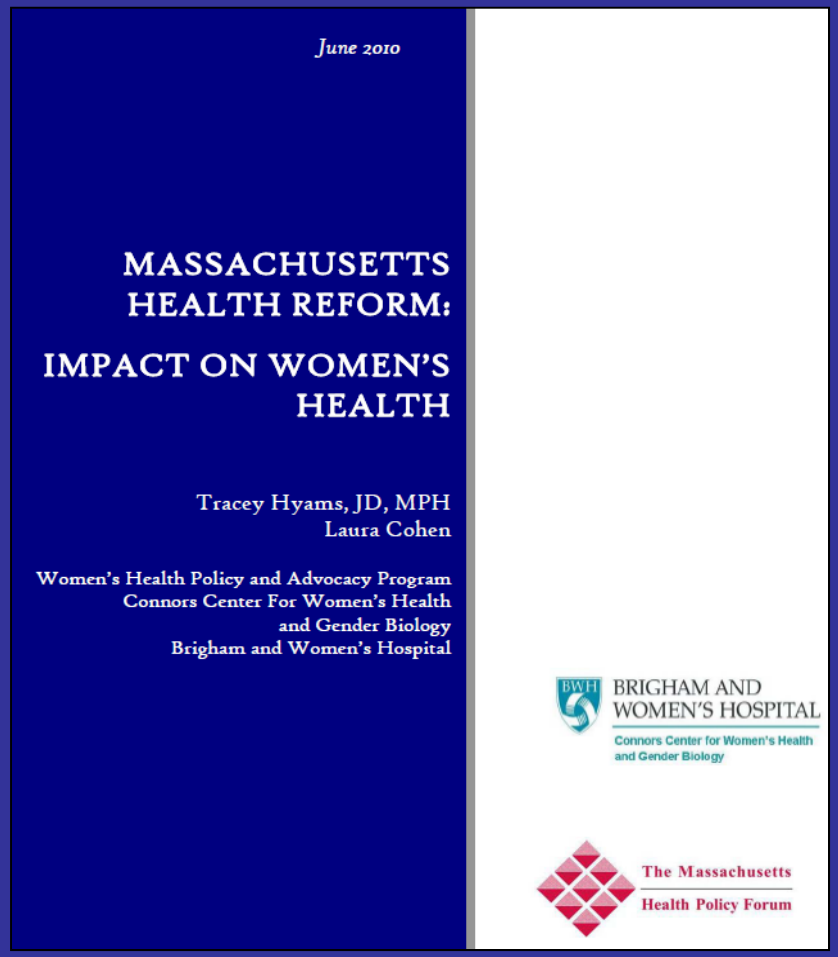
- In September 2010, the ACA prohibited **ALL** health plans (ESI, exchange, individual, small group, grandfathered) from imposing lifetime coverage limits

- About 10,000 women may gain coverage under this provision [i]

Sources:
[i] Sara R. Collins, Shelia D. Rustgi and Michelle M. Doty. Commonwealth Fund. Realizing Health Reform's Potential: Women and The Affordable Care Act. July 2010.

3. Lessons from Massachusetts' Experience

First systematic review of Massachusetts health reform's impact on women



Connors Center report: http://www.brighamandwomens.org/Departments_and_Services/womenshealth/connorscenter/images/July29%20-%20Issue%20Brief.pdf

Urban Institute report: http://bluecrossfoundation.org/~/media/Files/Publications/Policy%20Publications/060210ImpactsonWomenFINAL.pdf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P.C. VEY
"In the future, everybody will have fifteen minutes of health-care coverage."

Coverage improved among women in Massachusetts

- Gains included vulnerable populations
  - Low-income women
  - Racial and ethnic minorities
  - Women ages 50 – 64
  - Women without dependent children

- 75% of newly-insured are in publicly-subsidized programs

- Benefits are comprehensive, including essential services for women

Some coverage gaps remain

- Low-income residents frequently transition between coverage programs (women and men)
  - 19,000 residents transition *each month*
  - 1 in 5 had coverage gap
- Many reasons for transitions are related to gender
  - Variable employment status
  - Inconsistent income
  - Part-time jobs
  - Life events (marriage, pregnancy, divorce)
- Complex administrative requirements create gaps
  - 3/4 of denied applications due to paperwork, not finances

MEET CHRISTINA

- Makes 150% of FPL → Commonwealth Care
- Becomes pregnant → MassHealth prenatal
- Duration of the pregnancy → MassHealth Standard
- After pregnancy → Christina on Commonwealth Care, baby on Medicaid

In one year, Christina has applied to three insurance plans and transitioned between plans four times.

Characteristics of Uninsured Women

- Nearly 60,000 women lacked coverage in 2009
- Uninsured women are disproportionately
  - Young
  - Single
  - Hispanic
- Over half are employed (often in smaller firms)
- Over 3/4 have income under 300% FPL and appear to be eligible for a subsidized health plan

Overall, access to care among women improved

Between Fall 2006 and Fall 2009, share of women in the past 12 months with

	Percent
Usual source of care	+2.5*
Any doctor visit	+5.8*
Preventive care visit	+4.6*
Any dental visit	+6.4*

* *Statistically significant*

Source: Sharon Long. *The Impacts of Health Reform on Health Insurance Coverage and Health Care Access, Use, and Affordability for Women in Massachusetts.* The BCBS of MA Foundation, 2010.

Access to reproductive health services also improved, with caveats -

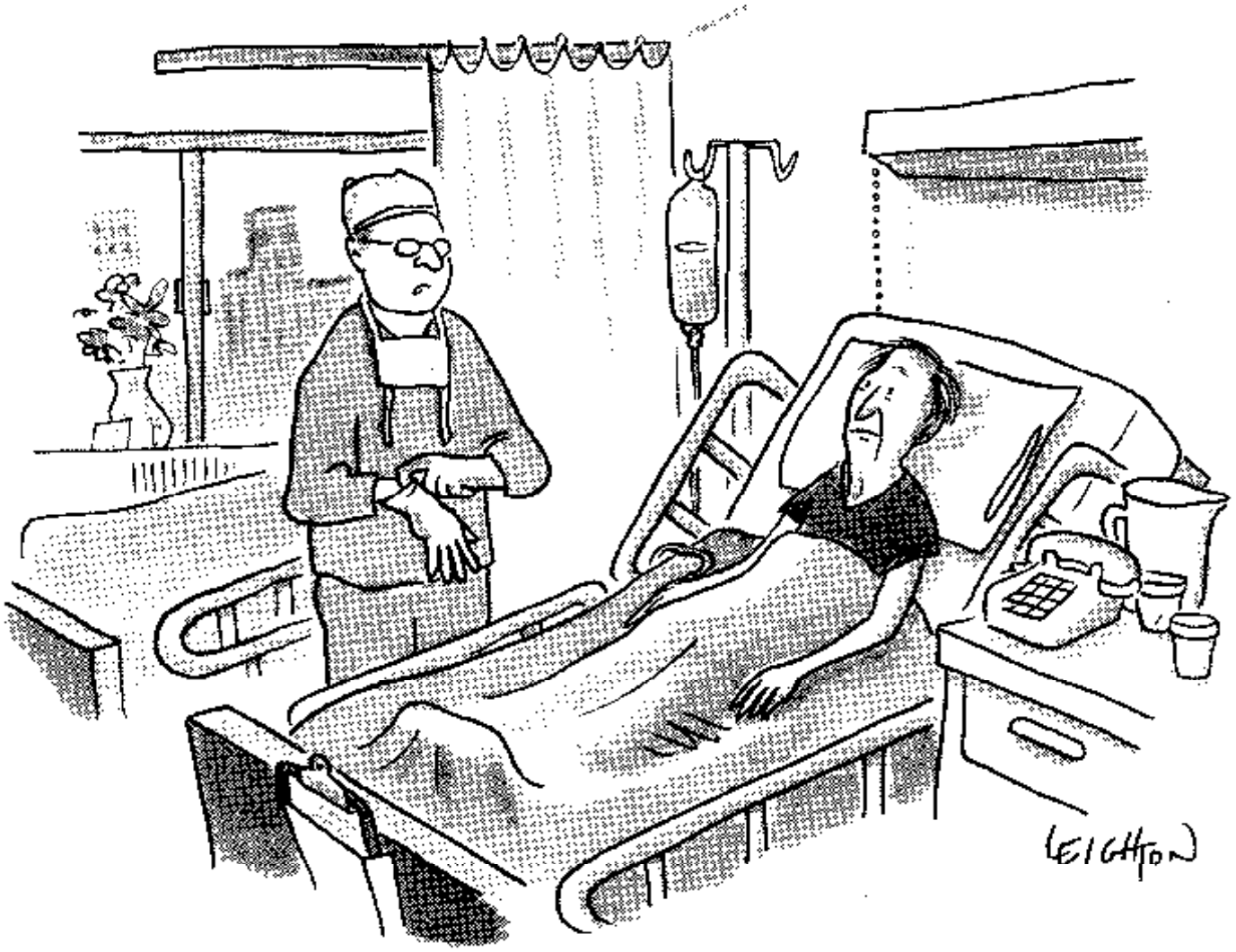
- Low-income women report improved access to contraceptives
- However, new challenges emerged:
  - No Rx coverage in some young adult plans
  - Insurance transitions affect continuity of contraceptive use
  - Women have difficulty understanding covered benefits
  - Changes in the locus of care impact access

Source: Ibis Reproductive Health and Massachusetts Department of Public Health (MDPH) Family Planning Program. *Low-income women's access to contraception after Massachusetts health care reform.* MA: Ibis Reproductive Health and MDPH Family Planning Program, September 2009.

Provider shortages are affecting women's access to care

- At least 1 in 5 women had difficulty finding a provider in 2009
- Massachusetts has "Severe Labor Market Conditions" in internal medicine, family medicine and ob/gyn
- Long wait times for internal medicine, family medicine and ob/gyn (about 45 days; higher in Boston)

→ *Health reform exacerbated existing problems; didn't create shortages*



"I'll have someone come in and prep you for the bill."

Affordability remains a challenge

From 2006 – 2009, there was no significant change in the:

- Share of women spending >5% of income on out-of-pocket health costs
- Share of women with problems paying medical bills
- Share of medical debt being paid off over time

However, there was a decrease in the share of women with unmet need for medical care due to cost

These findings seem contradictory; a possible explanation is that women are accessing care but are assuming increasing financial burden to do so

Source: Sharon Long. *The Impacts of Health Reform on Health Insurance Coverage and Health Care Access, Use, and Affordability for Women in Massachusetts.* The BCBS of MA Foundation, 2010.

Additional affordability concerns

- Age rating, which disproportionately impacts "women in their prime" just as chronic conditions and health expenses increase
- Higher premiums charged by exchange plans vs. employer-sponsored insurance
- Substantial / unpredictable out-of-pocket costs, especially for women in low-premium, high cost-sharing plans
- Setting an appropriate affordability standard – premiums plus out-of-pocket costs
- The financial impacts of caregiving

MEET MALIKA

- Malika is insured by a student health plan (SHP) with a $25,000 cap per injury or illness
- Has a high-risk delivery resulting in $32,000 for the baby's care and $24,000 for Malika's care
- SHP counts baby and Malika's care as one episode of illness
- Malika is responsible for $31,000 in out of pocket costs, forcing her to utilize the Health Safety Net (HSN)
- The HSN helps pay a significant portion of her debt but she is left with $16,000 in costs

"If the insurance barely helped me then what am I paying them for?"

MEET ANN

- 56 year-old on Commonwealth Choice
- Has mammogram and needs mastectomy

This chart highlights her out-of-pocket costs (premiums, deductibles and co pays) for one year under different Commonwealth Choice Plans.

Plan (with Rx)	Total Annual Cost
Bronze	$7,128
Silver	$4,004
Gold	$5,234

MEET JENNIFER

- Jennifer is 31 years-old and makes just a hundred dollars more than the cut off for subsidized
- She will pay between $996-$1,296 more per-year just on premiums alone because of a $100 dollars in extra income

4. Policy Opportunities for State Legislators

Lessons / implications for ACA implementation

1. Simplify administrative procedures and streamline enrollment to maximize coverage expansions

   - "single point of entry" or "virtual gateway"
   - targeted outreach to specific populations

Lessons / implications for ACA implementation

2. Ensure coverage for comprehensive women's health benefits.

   - recommendations for coverage of preventive women's health services will be made by IOM committee.

Lessons / implications for ACA implementation

3. Monitor affordability and consider relief for women burdened by high out-of-pocket expenses and/or extensive cost-shifting

Lessons / implications for ACA implementation

4. Develop models of high quality, effective care delivery that encompass women's needs across the lifespan, including

   - a focus on culturally competent care and disparities
   - relief for caregivers
   - the specific health needs of young and elderly women

Lessons / implications for ACA implementation

5. Address provider shortages in primary care, internal medicine, family medicine, ob/gyn and mammography

   - women as patients

   - women as the majority of new primary care providers (training and retention)

Lessons / implications for ACA implementation

6. Proactively collect data to monitor and track health outcomes and the impact of reform on women, including subpopulations

5. State Funding Options

Grant Opportunities: Women's Health Focus

- Office of Women's Health Grants
- Pregnancy Assistance Fund
- Services to Individuals with a Postpartum Condition and their Families
- Programs Relating to Breast Health and Cancer

Grant Opportunities: Prevention Grants

- Community Transformation Grants
- National Diabetes Prevention Program
- Incentives for Prevention of Chronic Diseases in Medicaid
- Healthy Aging Living Well Grant