Questions to Ask about Health Reform Plans

The National Women's Law Center has developed a list of questions that women's advocates can ask as they consider whether state or federal health reform proposals address women's distinct health care needs and the challenges women face in the current health care system:[1]

- **Does the plan expand access to ensure that health coverage is available to all?** Health insurance coverage provides women with greater access to health care and improves health outcomes. But millions of women remain uninsured and underinsured in the current health care system. Health reform plans must expand access to health coverage to all women, regardless of age, disability, geography, sexual orientation, income, health, work, or marital status. A truly inclusive health care system is one in which no one is left out.

- **Does the plan provide care that is affordable?** Women have lower incomes than men, in general, and a greater share of their income is consumed by health care costs.[2] Regardless of whether they have health coverage, women are more likely to delay or avoid getting the care they need because they cannot pay for it.[3]

  Health coverage must be affordable relative to income. Moreover, affordability should be based on all the costs of a woman's health care, including her insurance premiums and out-of-pocket costs like deductibles and copayments. There should be adequate subsidies for those who are ineligible for programs like Medicaid but can't afford the total cost of their health coverage.

- **Does the plan ensure comprehensive health coverage?** Health insurance must cover the services that women need to stay healthy and to treat physical and mental illnesses at all stages of life. Health reform plans should set a standard for health benefits that require coverage for all necessary care, including preventive care and a full range of reproductive health services.

- **Does the plan adopt insurance market reforms to end unfair practices?** Women and their families are often at the mercy of insurance companies, especially if they must purchase coverage directly from the insurers through the individual insurance market. In many states, insurers can deny coverage to people with pre-existing health conditions; charge people more for their coverage because of their gender, age or health status; raise premiums significantly without oversight; refuse to cover treatment for certain conditions; and even revoke insurance policies for people who have been paying premiums for years.[4]

  Reform proposals must end these unfair practices and promote a strong watchdog role for government to ensure that the reforms are implemented. Importantly, while state-level insurance market reforms can begin to address these problems, more than half of all people with job-based insurance are covered by health plans that are not subject to state insurance regulations. Only federal regulations will have an impact on the coverage that this sizeable population receives.[5]

- **Does the plan preserve or expand the role of public health insurance programs?** Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP) currently provide publicly-funded health insurance for nearly 50 million women.[6] These public coverage programs serve as a vital health safety-net for low-income women and their families, and they must be preserved or expanded as part of any comprehensive health reform proposal.

  Since the majority of uninsured Americans are low-income, public coverage expansions have the potential to significantly reduce the ranks of the uninsured. Moreover, health reform proposals should establish an affordable public plan option in which anyone—regardless of income level, family, or job status—can participate. Even higher-income families and those who already have private health insurance should have the choice of purchasing coverage under a public health insurance plan.

- **What is the role of employer-sponsored health coverage?** Proposals that rely on the current system of job-based health insurance must help employers and workers alike. For example, the plan should help small or low-revenue business owners who want to provide health coverage to their employees but cannot afford the cost, and it should capture contributions from employers who don't provide health coverage. Given that more than 20 percent of uninsured women work part-time[7], health reform plans should also help part-time employees and their partners or dependents access comprehensive coverage.

- **Does the plan address health disparities faced by women in minority groups, as well as those women who live in rural and underserved areas?** Access to quality health care is not equal among women. Women of color are more likely to be uninsured than their white counterparts; over a third of all Latinas lack health insurance, for instance, which is more than double the proportion of uninsured white women.[8] Rural communities experience higher rates of chronic disease and have poorer overall health than their urban counterparts.[9] Health reform plans should promote equity in health care access, treatment, research, and resources for all people in order to eliminate disparities in health outcomes and improve health and life expectancy for all.

- **Does the plan take steps to control costs, while ensuring quality care?** Health reform can only be sustainable if plans address rising health care costs without compromising the quality of health care. Plans can promote effective cost controls that will also improve care, including secure electronic medical records, an emphasis on preventive health care, greater reliance on evidence-based protocols and lower drug and device prices, and better management and treatment of chronic diseases.

Using these questions as a guide, women's advocates can use the ***Reform Matters Toolkit*** to analyze current reform proposals to make informed assessments about their potential impact on women, and they can support health reform that will provide high-quality, comprehensive, affordable health coverage for all.

References

1 These questions are based upon those initially developed in: Elizabeth M. Patchias and Judy Waxman, *Women and Health Coverage: A Framework for Moving Forward* (Apr. 2007), http://www.nwlc.org/pdf/NWLCHealthInsuranceIssueBrief2007.pdf.

2 Carmen DeNavas-Walt et al., U.S. Census Bureau, Current Population Reports, *Income, Poverty, and Health Insurance Coverage in the United States: 2006* (2007), http://www.census.gov/prod/2007pubs/p60-233.pdf.

3 *Women and Health Coverage*, *supra* note 1.

4 Families USA, *Failing Grades: State Consumer Protections in the Individual Health Insurance Market*, (Jun. 2008), http://www.familiesusa.org/assets/pdfs/failing-grades.pdf.

5 States play a primary role in regulating health insurance companies but they have limited ability to regulate health benefits when an employer is "self-insured." Instead of paying premiums to an insurance company for coverage, a self-insured employer assumes risk itself and pays medical claims for employee plan enrollees as they arise. Self-insured health plans are exempt from state regulation, but federal laws (which are much more limited than state laws in this area) do apply to these types of health plans. See: National Conference of State Legislatures, *Managed Care State Laws and Regulations, Including Consumer and Provider Protections* (Mar. 2008), http://www.ncsl.org/programs/health/hmolaws.htm.

6 Medicaid Data: The Henry J. Kaiser Family Foundation, *Medicaid's Role for Women* (Oct. 2007), http://www.kff.org/womenshealth/upload/7213_03.pdf; Medicare Data: NWLC Calculations using: Center for Medicare and Medicaid Services, *Detailed Tables from the Medicare Current Beneficiaries Survey Data* (2003), http://www.cms.hhs.gov/mcbs/downloads/HHC2002section1.pdf ; SCHIP Enrollment Data: Chris L. Peterson, Congressional Research Service, *Estimates of SCHIP Child Enrollees up to 200% of Poverty, Above 200% of Poverty, and of SCHIP Adult Enrollees* (Mar. 2008); and, Vernon Smith et al., Kaiser Commission on Medicaid and the Uninsured, *SCHIP Enrollment in June 2007: An Update on Current Enrollment and SCHIP Policy Direction* (Jan. 2008), http://www.kff.org/medicaid/upload/7642_02.pdf.

7 *Women and Health Coverage*, *supra* note 1.

8 National Women's Law Center, *Making the Grade on Women's Health: A National and State-by-State Report Card, 2007* (Oct. 2007), http://hrc.nwlc.org.

9 Rural Assistance Center (RAC), *Rural Health Disparities*, http://www.raconline.org/info_guides/disparities/ (Last Visited August 12, 2008).

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