

## FACT SHEET

# President's FY2015 Budget and Women's Health

March 2014

*On March 4th, the President released his budget proposal for fiscal year 2015. The President's budget proposal maintains his commitment to the full implementation of the Affordable Care Act and takes other small steps to protect women's access to health insurance and critical health services. Some of the President's Medicare proposals, however, could result in some women paying more for health services or for health coverage they hold today.*

## The Affordable Care Act

With the implementation of the Affordable Care Act (ACA), millions of Americans have signed up for health insurance through the new Health Insurance Marketplaces. The President's budget provides continued funding for the implementation of the law, ensuring that women are protected from discriminatory health insurance practices, have access to more affordable, higher-quality health coverage, and have coverage for many of the health services they need. Proposed funding includes:

- \$1.83 billion for marketplace operation and outreach in 2015
- \$1.3 billion over ten years to extend and simplify small-business tax credits that help these firms purchase coverage for their employees

## Medicaid

Medicaid, the joint federal-state program that provides health coverage for low-income people, plays a critical role in providing health coverage for women of all ages and needs. Currently, women make up nearly 70 percent of adults on Medicaid, while nearly 3 million women are newly eligible for Medicaid in the states that have expanded coverage through Medicaid. Medicaid covers services critical to women's health – including family planning services, comprehensive maternity care, treatment for chronic conditions, and long-term care services and supports.

The President's budget protects women's access to this vital program, continues Medicaid's investment in access to primary care, protects low-income seniors, and keeps drug prices low for Medicaid beneficiaries. Proposals include:

- \$5.4 billion over the next two years to extend increased payments to Medicaid providers for primary care services.
- An extension of the program that provides states with 100% federal funding to cover Medicare premiums for low-income beneficiaries.
- Targeted policies to lower drug prices including strengthening to Medicaid Drug Rebate Program and using generic prices to calculate the Medicaid Federal Upper Limits.

## Medicare

Women constitute more than half of the individuals with Medicare coverage. Because women, on average, are poorer, live longer, and have more health care needs than men, Medicare plays a greater role for them in preventing illness and destitution.

The President's budget takes steps to improve value and efficiency in Medicare, including payment and delivery system reforms for post-acute care and reforms that will reduce prescription drug costs for people with Medicare coverage and the Medicare program itself. However, this budget also proposes changes that would, if enacted, increase out-of-pocket spending for people with Medicare, including:

- Increasing income related premiums for Medicare Part B and Part D
- Increasing the Part B deductible for new enrollees
- Adding home-health copayments for new enrollees
- Introducing a Part B premium surcharge for new beneficiaries who purchase generous Medigap coverage

## Other Programs

Other programs included in the budget also support women's health and health care. Although these programs do not reach as many women as Medicare, Medicaid, and the Affordable Care Act, they play an important role in ensuring that women, particularly low-income and vulnerable women, have access to the health care and information they need. In some cases, the President's budget provides much-needed increased support for these critical programs. In others, the budget includes proposals that could undermine women's access to affordable health coverage.

### • Health Professionals Training

The budget invests \$14.6 billion over 10 years to train new health care providers and places a special emphasis on training and education in primary care and high-need specialties. In addition to the increased Medicaid reimbursement for primary care providers, the budget includes \$4 billion in expanded funding for the National Health Service Corps and \$5.2 billion for a new Targeted Support for Graduate Medical Education program. These proposals are particularly important for women who are more likely than men to manage multiple chronic conditions and have regular reproductive and preventive care needs. Additionally, women make up the majority of residents in primary care.

### • Family Planning (Title X)

The president's budget includes \$286.4 million for family planning services, the same funding level as in FY2014. Title X is the only federal grant program dedicated to providing individuals with comprehensive family planning and related preventive health services. In addition to contraception services and related counseling, Title X-supported clinics provide related preventive health services, such as: patient education and counseling; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling. While the program was not cut this year, the proposed funding level is not high enough to keep up with demand. Between 2010 and 2013, Title X funding was cut by 12.3 percent, resulting in a decrease in patients served from 5.22 million users to 4.76 million.

## • Maternal and Child Health Block Grant (Title V)

The President's budget maintains funding for the Maternal and Child Health Block Grant at the FY2014 level of \$634 million. Title V is the only federal program that focuses solely on improving the health of all mothers and children. Title V provides flexible resources to help states support infrastructure building, population-based outreach, and enabling and 'gap-filling' health care and social services to low-income women and children. In 2012, Title V programs served over 43 million pregnant women and children.

## • Office on Women's Health

The President's budget decreases funding for the Office on Women's Health (OWH) by \$4 million in 2015. The OWH is the government's champion and focal point for women's health issues. OWH works to redress inequities in research, health care services, and education that have historically placed the health of women at risk.

## • Comprehensive Sex Ed and Teen Pregnancy Prevention

Nearly one-third of teenage girls in the United States will become pregnant before the age of 20 and these pregnancies will cost taxpayers over \$10.9 billion every year. The FY2015 budget funds the Teen Pregnancy Prevention Initiative (TPPI) at the same level as in 2014, includes funding for the programmatic portion of the Centers for Disease Control and Prevention's Division of Adolescent and School Health (DASH) and requests a five-year reauthorization of the Personal Responsibility Education Program (PREP). Additionally, for the first time since FY2010 the budget does not include any funding for ineffective and often dangerously inaccurate abstinence-only education programs.

## • Health Care for Women Veterans

The budget includes \$403 million for gender-specific health care services for eligible women veterans, an increase from \$371 million in FY2013. There are currently 2.2 million women veterans in the US. In addition to health concerns all women face, women veterans may also face combat injuries, post-traumatic stress disorder, and other unique health care challenges.

- 1 The National Women's Law Center, "What the Medicaid Eligibility Expansion Means for Women," (November 2012, available at: [http://www.nwlc.org/sites/default/files/pdfs/what\\_the\\_medicaid\\_eligible\\_expansion\\_means\\_for\\_women\\_1-16-13.pdf](http://www.nwlc.org/sites/default/files/pdfs/what_the_medicaid_eligible_expansion_means_for_women_1-16-13.pdf)); Genevieve M. Kenney et. al., The Urban Institute, Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage, (August 2012), available at: <http://www.urban.org/UploadedPDF/412630-opting-in-medicare.pdf>.
- 2 Kaiser Family Foundation, "Distribution of Medicare Beneficiaries by Gender," available at <http://kff.org/medicare/state-indicator/medicare-beneficiaries-by-gender/>.
- 3 West CP, Dupras DM. "General Medicine vs Subspecialty Career Plans Among Internal Medicine Residents." Journal of the American Medical Association. 2012;308(21):2241-2247. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=1475191>.
- 4 National Family Planning and Reproductive Health Association, "Title X" available at: [http://www.nationalfamilyplanning.org/title\\_x](http://www.nationalfamilyplanning.org/title_x).
- 5 US Department of Health and Human Services, Health Resources and Services Administration, Title V Information System, accessed on April 9, 2013, available at: <https://mchdata.hrsa.gov/tvisreports/ProgramData/NumIndiServe.aspx>.
- 6 The National Campaign to Prevent Teen and Unplanned Pregnancy, Counting it Up: The Public Cost of Teen Childbearing, (June 2011), available at: <http://the-nationalcampaign.org/why-it-matters/public-cost>.
- 7 US Department of Veterans Affairs, "Women Veteran Profile," (February 2013), available at: [http://www.va.gov/WOMENVET/docs/Women\\_Veteran\\_Profile5.pdf](http://www.va.gov/WOMENVET/docs/Women_Veteran_Profile5.pdf).