

FACT SHEET

President's FY2016 Budget and Women's Health

February 2015

On February 2nd, the President released his budget proposal for fiscal year 2016. The President's budget proposal maintains his commitment to the full implementation of the Affordable Care Act and takes other 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 and the President's budget continues many of the federal restrictions that withhold insurance coverage of abortion from women.

The Affordable Care Act

Approximately 9.2 million Americans have signed up for health insurance for 2015 through the new Health Insurance Marketplaces.¹ The President's budget provides continued funding for the implementation of the law, therefore 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:

- Full funding for the ongoing implementation of ACA, including fully funding the premium tax credits, Medicaid expansion, and reforms to the health insurance market.
- Anticipates spending \$2.2 billion on Health Insurance Marketplace operations.

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. Women make up nearly 70 percent of adults on Medicaid, while nearly 4 million women are newly eligible for Medicaid in the states that have expanded coverage through Medicaid.² 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, expands preventive services benefits, continues Medicaid's investment in access to primary care, protects low-income seniors, and keeps drug prices low for Medicaid beneficiaries. Proposals include:

- \$95 million to expand full coverage of preventive health and tobacco cessation services for adults in traditional Medicaid. For women, this will require states to cover important preventive services without cost-sharing, such as all FDA-approved birth control methods and related education and counseling; breastfeeding support and supplies; and well-woman visits.
- \$5 billion to extend increased payments to Medicaid providers for primary care services, a program which has already shown to improve access to primary care providers.³ This proposal would extend this incentive through December 2016 and make these enhanced payments available to important women's health providers, particularly obstetricians and gynecologists.

- An extension of the program that provides states with 100% federal funding to cover Medicare premiums for certain low-income beneficiaries.
- A provision that would allow pregnant women enrolled in Medicaid expansion coverage to choose between staying in their current plan or switching to pregnancy-related Medicaid.

Medicare

Women constitute more than half of the individuals with Medicare coverage.⁴ 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 finds significant Medicare savings in "structural reforms" which ultimately take money or benefits away from Medicare beneficiaries. The proposed changes would, if enacted, increase out-of-pocket spending for people with Medicare, by:

- Increasing cost-sharing for new Medicare enrollees. These proposals, which would increase the Part B deductible and create a new home-health copayment, would affect new enrollees with health care needs.
- Increasing income related premiums for Medicare Part B and Part D.
- Introducing a Part B premium surcharge for new beneficiaries who purchase generous Medigap coverage.

Children's Health Insurance Program

Over eight million children are enrolled in the Children's Health Insurance Program (CHIP) and many pregnant women also receive health coverage through CHIP. The president's budget proposes to extend funding for CHIP, which ends in 2015, through 2019, ensuring continued coverage. The budget includes \$11.9 billion to extend coverage through FY2019, and pays for this extension through an increase in tobacco taxes.

Other Critical Programs for Women's Health

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 needed health care.

• Family Planning (Title X)

The president's budget includes \$300 million for family planning services, an increase of \$14 million from the FY2015 level. 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.

- **Restrictions on Abortion Coverage**

The president's budget would eliminate the restriction that bars the District of Columbia from covering abortions for low-income women with its own funds. However, the budget otherwise leaves in place the onerous restrictions that bar federal coverage of abortion in most circumstances, including for federal employees, low-income women, members of the military, Peace Corps volunteers, Native Americans, and women in prison. Lack of insurance coverage for abortion is a major barrier for many women, particularly low income women and women of color, in need of this vital health service.

- **Maternal and Child Health Block Grant (Title V)**

The President's budget maintains the FY2015 funding for the Maternal and Child Health Block Grant at \$637 million for FY2016. 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 2013, Title V programs served over 41 million pregnant women and children.⁵

- **Office on Women's Health**

The President's budget proposes \$31.5 million in funding for the Office on Women's Health (OWH) a decrease of \$600,000 from FY2015. 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 \$9.4 billion every year.⁶ The FY2016 budget includes \$105 million towards efforts to reduce teen pregnancy, an increase over last year. Additionally, the budget proposes eliminating funding for abstinence-only education, by decreasing the funding to zero for two abstinence-only programs.

- **Health Care for Women Veterans**

The budget includes \$446 million for gender-specific health care services for eligible women veterans, an increase from \$412 million in FY2015. There are currently 2.2 million women veterans in the US.⁷ 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.

- **National Breast and Cervical Cancer Early Detection Program**

The budget proposes to decrease funding for the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) by \$38 million. In FY2015 the NBCCEDP received \$207 million and is now slated to receive \$169 million. The program provides breast and cervical cancer screening services to underserved women. Between 1991 and 2011, the NBCCEDP served 4.3 million women and detected 56,662 breast cancer cases, 3,206 cases of cervical cancer and 152,470 precancerous lesions.⁸ More than 90 percent of these women received appropriate and timely follow-up care.⁹

PRESIDENT'S FY2016 BUDGET AND WOMEN'S HEALTH • FACT SHEET

1. US Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation, Health Insurance Marketplace 2015 Open Enrollment Period: January Enrollment Report, (Jan. 27, 2015), *available at*: http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/Jan2015/ib_2015jan_enrollment.pdf.
2. The National Women's Law Center, "What the Medicaid Eligibility Expansion Means for Women," (Nov. 5, 2012), *available at*: <http://www.nwlc.org/resource/what-medicaid-eligibility-expansion-means-women>; Kaiser Family Foundation, "Women's Health Insurance Coverage," (Dec. 10, 2014), *available at*: <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.
3. Danial Polsky, Ph.D. ET AL., Appointment Availability after Increases in Medicaid Payments for Primary Care, (Jan. 21, 2015), *available at*: <http://www.nejm.org/doi/pdf/10.1056/NEJMsa1413299>.
4. Kaiser Family Foundation, "Distribution of Medicare Beneficiaries by Gender," (2013), *available at*: <http://kff.org/medicare/state-indicator/medicare-beneficiaries-by-gender/>.
5. US Department of Health and Human Services, Health Resources and Services Administration, Title V Information System, accessed January 28, 2014, *available at*: <https://mchdata.hrsa.gov/tvisreports/ProgramData/NumIndiServe.aspx>.
6. The National Campaign to Prevent Teen and Unplanned Pregnancy, Counting it Up: Key Data (2013), (December 2013), *available at*: <https://thenationalcampaign.org/sites/default/files/resource-primary-download/counting-it-up-key-data-2013-update.pdf>.
7. US Department of Veterans Affairs, "Women Veteran Profile," (February 2013), *available at*: http://www.va.gov/WOMENVET/docs/Women_Veteran_Profile5.pdf.
8. Centers for Disease Control and Prevention, Millions of Underserved Women in the US have benefited from CDC's Breast and Cervical Screening Program, (Aug. 6, 2014), *available at*: <http://www.cdc.gov/media/releases/2014/p0806-cancer-screening.html>.
9. *Id.*