

FACT SHEET

The President's FY2014 Budget and Women's Health

April 2013

On April 10th, the President released his budget proposal for fiscal year 2014. Compared to the recently released House Budget the President's budget demonstrates a commitment to preserving women's access to the health care coverage and services they need. The President's budget fully funds implementation of the Affordable Care Act and does not make drastic cuts to the Medicaid program. However, it does include cuts to the Medicare program that will increase beneficiaries out of pocket costs and make it harder for older women to afford the care they need.

The Affordable Care Act

Nearly 30 million uninsured Americans, including nearly 15 million women, are on the brink of accessing high-quality, affordable health insurance. The President's budget fully funds the implementation of the Affordable Care Act, 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.

The President's budget includes:

- \$1.5 million to fund federal exchanges
- \$1.3 billion in grants to help states set up their exchanges
- \$440 million (an increase of \$140 million) to help the Department of Treasury implement the tax-related provisions of the ACA
- Continued funding for other important parts of the Affordable Care Act such as pre-existing condition insurance pools and cost-sharing reductions for individuals

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 up to 7 million currently uninsured women could gain coverage through Medicaid starting in 2014.¹ 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 would cut approximately \$21 billion in federal Medicaid funding, with the majority of savings drawn from improvements to prescription drug payment policies, fraud reduction and more efficient payment for durable medical equipment. The budget request also includes extended support to help certain low-income Medicare beneficiaries with their Medicare premiums, and ultimately protects women's access to this vital program.

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. Women comprise 55 percent of Medicare beneficiaries and are more likely to be low-income than their male counterparts.² In 2010, 44 percent of female Medicare beneficiaries were living in or near poverty compared to 34 percent of men.³ Women on Medicare have annual incomes nearly \$10,000 lower than their male counterparts and already have higher out-of-pocket costs and pay a higher percentage of their income on health care costs than men.⁴

The President's budget takes significant 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 co-payments for new enrollees
- Requiring low-income Medicare enrollees to pay more for brand name drugs
- 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.

- **Family planning (Title X)**

The President's budget includes \$327 million for family planning services, an increase of \$33 million from FY2012. Title X is the only federal grant program dedicated to providing individuals with comprehensive family planning and related preventive health services. In addition to contraceptive 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. In 2011, Title X served over 5 million people, 92 percent of whom were women.⁵

- **Maternal and child health block grant (Title V)**

The President's budget maintains funding for the Maternal and Child Health Block Grant at the FY2012 level of \$639 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 2011, Title V programs served nearly 24 million pregnant women.⁶

- **Federal Employees Health Benefit Program (FEHBP)**

The Federal Employees Health Benefit Program provides health insurance coverage to Federal workers and retirees as well as their dependents. The President's budget proposes allowing the Office of Personnel Management to adjust participants' premiums based on participation in wellness programs – a troubling change that would generate more than \$1 billion in savings over ten years. These programs, which can have the effect of requiring sicker workers to pay more for their health insurance, are particularly problematic for women, who are more likely to suffer from multiple chronic conditions or to face environmental or socioeconomic barriers to participation.

- **Office on Women's Health**

The President's budget includes \$27 million, a decrease of almost \$7 million, for the Office on Women's Health (OWH) within the Department of Health and Human Services in 2014. 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.⁷ The budget provides \$260 million for evidence-based teen pregnancy prevention and related efforts.

- **Health care for women veterans**

The budget includes \$422 million for gender-specific health care services for eligible women veterans, a 29 percent increase from 2012. This funding is part of \$4.9 billion that will support VA medical care services to eligible women veterans, an increase of \$900 million from 2012. There are currently 2.2 million women veterans in the US.⁸ In addition to the 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 FY2012 the NBCCEDP received \$223 million and is now slated to receive \$185 million. The program provides access to breast and cervical cancer screening services to underserved women. Between 2007 and 2011, the NBCCEDP served 1.8 million women and detected 16,900 breast cancer cases and 28,000 cases of cervical cancer or precancerous lesions.⁹

- **Health Care for Peace Corps Volunteers**

The budget includes a technical fix that will allow women who are Peace Corps Volunteers to receive the same health care as other women who receive their health care services through the federal government. Currently, pregnant volunteers in the Peace Corps who are victims of rape or incest or whose lives are in danger do not have access to abortion. The budget corrects this and gives these volunteers the same access to health care services as federal employees.

- **Health Care for Women in DC**

The budget removes the ban that prohibits the District of Columbia from deciding how to spend its own revenue to address the health care needs of its women residents. Under current law, the District of Columbia is prohibited from deciding for itself whether to spend its own locally-raised revenue on abortion care for low-income residents. This is a right that the other 50 states have, and the President's budget would restore it to DC.

- 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)
- 2 The National Women's Law Center, "The Importance of Medicare for Women," (August 2012), available at: <http://www.nwlc.org/resource/importance-medicare-women>
- 3 ibid
- 4 ibid
- 5 US Department of Health and Human Services, Title X Family Planning Annual Report, (Nov. 2012), available at: <http://www.hhs.gov/opa/pdfs/fpar-2011-national-summary.pdf>
- 6 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>
- 7 The National Campaign to Prevent Teen and Unplanned Pregnancy, Counting it Up: The Public Cost of Teen Childbearing, (June 2011), available at: <http://www.thenationalcampaign.org/costs/pdf/counting-it-up/key-data.pdf>
- 8 US Department of Veterans Affairs, Women Veteran Profile, (Feb. 2013), available at: http://www.va.gov/WOMENVET/docs/Women_Veteran_Profile5.pdf
- 9 Centers for Disease Control and Prevention, Five Year Summary: January 2007- January 2011, (March 2013), available at: http://www.cdc.gov/cancer/nbccedp/data/summaries/national_aggregate.htm