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Health Care: A Basic Right

The American Association of University Women (AAUW) believes that everyone is entitled to health care that is high-quality, affordable, and easily accessible. This position stems from AAUW's 2011-2013 Public Policy Program, which advocates for "increased access to quality affordable health care."[1]

As the Obama administration and Congress embarked on a year-long debate over comprehensive health care reform legislation, AAUW stressed the need for a new system that would produce access to quality and affordable health care for all Americans. Such a goal was especially important as the debate took place amidst the backdrop of a prolonged economic recession. Health care security is intrinsically tied to economic security, and this relationship is particularly true for women, who earn less than men on average and are therefore less able to afford insurance or care. AAUW believes that, although not perfect by any stretch, many of the reforms included in these laws will improve the collective health of the American people. It is our hope that the elimination of preexisting conditions and gender rating in the individual and small groups markets will result in better outcomes for more women. Unfortunately, many women will find that they have less coverage for full reproductive services due to far-reaching limitations in the new law. AAUW will continue to work to restore full access to all health care for women.

Broken, Expensive, and Outdated

In 2009, 43.4 million Americans were uninsured, nearly 15 percent of the nation.[2] This is a 60 percent increase in the number of uninsured since 2003.[3] In addition, another 25 million Americans ages 19-64 were underinsured in 2007. Middle-class families are by far the fastest growing segment of the uninsured, reflecting the cost increases that have far exceeded wage increases in recent years.[4] In fact, the average cost of health insurance for an American family now exceeds the yearly income of a minimum wage worker.[5] In 2010, annual insurance premiums averaged $5,049 for individuals and $13,770 for families.[6]

This unfortunate situation is a devastating reality for too many families. According to the Commonwealth Fund, 72 million adults had trouble paying medical bills or were paying off medical debt in 2007, up from 58 million in 2005; 39 percent said they had exhausted their savings paying for health care.[7] The crisis deepened during the period of economic recession, as the unemployment rate nearly doubled from December 2007 (4.9 percent) through July 2011 (9 percent), resulting in nearly 14 million Americans who are currently out-of-work.[8]

A study shows that the cost of buying health insurance coverage through a former employer, known as COBRA, consumes 30 to 84 percent of standard unemployment benefits.[9] Under COBRA, which was enacted 26 years ago to enable unemployed Americans to extend employer-based health insurance for up to 18 months, an individual must pay 102 percent of the policy's full cost—an enormous burden that, practically speaking, is simply unaffordable for most Americans.[10]

In 2008, the U.S. spent $2.3 trillion on health care, more than $7,600 per resident and accounting for more than 16 percent of the Gross National Product (GNP).[11] This amount has been increasing at annual rates which outpace inflation and the growth in national income. Despite the massive spending, health care in the United States lags behind many other western nations in a variety of areas. According to a 2007 study, compared with five other nations (Australia, Canada, Germany, New Zealand, and the United Kingdom), the U.S. health care system ranks last or next-to-last on five different dimensions of a high-performance health system: quality, access, efficiency, equity, and healthy lives.[12]

The situation is bleak on specific health indicators as well: the U.S. has the worst mortality rate for treatable diseases when compared to 18 other industrialized countries. Further, it ranks second-to-last among 21 developed countries for child well-being as measured by infant mortality, low-birth-weight infants, and immunizations.[13] In addition, a 2008 study by the Commonwealth Fund found that compared with seven other western nations, U.S. patients are at particularly high risk of forgoing care because of costs and experiencing errors or inefficient, poorly organized care.[14] Finally, according to the World Health Organization, 30 nations exceeded the United States in 2009 in "healthy life expectancy" (defined as the number of years a newborn can expect to live a healthy and productive life), including Australia, Sweden, Spain, France, Germany, Greece, and the United Kingdom.[15]

Health Care Reform is a Women's Issue

While all Americans are in need of and would benefit from meaningful health care reform, the issue has particular resonance for woman. According to the Department of Labor, women make approximately 80 percent of all family health care decisions, and about 60 percent of women report that they assume primary responsibility for decisions regarding family health insurance plans.[16] The fact that women assume the primary caretaker role in the majority of families was reflected further in public opinion surveys taken at the outset of the health care debate, where 79 percent of all women asserted that health care reform needed to be a top priority for Congress and the administration.[17] Moreover, nearly two-thirds believed that the most important health issues facing American women today are access to quality, affordable health care and reducing the number of women who are uninsured.[18]

Further, when it comes to their own health care, women face a unique set of challenges. Women earn around 77 cents for every dollar men earn,[19] but women also use more health care services than men.[20] As a result of these two factors—less income, more costs—women face a high level of health care insecurity. These factors add up to too many women with unpaid medical bills and long-lasting debt problems as a result of health problems.[21] This has stark consequences. In 2007, more than half (52 percent) of women reported problems accessing needed care because of cost and 45 percent of women accrued medical debt or reported problems with medical bills.[22] Moreover, in a previous 2004 survey, one in six privately insured women reported she postponed or went without needed care because she couldn't afford it.[23]

Such economic conditions become increasingly problematic over time. Not only are women less able to afford insurance or care because of life-long wage disparities, they face unstable coverage when reliant on their spouses' plans, higher premiums than men in the individual market, a lack of access based on more prevalent preexisting conditions, and higher out-of-pocket costs than men.[24] Rather than being able to receive comfortable access and receive quality health care, women are vulnerable to gaps in coverage and too many holes in the system.

Medicaid and Medicare: Vital Elements of the Social Safety Net

The American health care system was long overdue for an overhaul, especially with regard to the private insurance system, but AAUW believes some existing elements are crucial to the social safety net. Chief among them are the working models for public insurance: Medicaid and Medicare.

Medicaid is the national health insurance program for low-income Americans. More than 41 million women are enrolled in Medicaid, which accounts for nearly 70 percent of the program's total adult beneficiaries.[25] One out of every ten women in the United States receives her health care through this vital program.[26] Medicaid programs, though administered by individual states, are required to cover a core set of certain health services to the covered populations. Women are the direct beneficiaries of many of those services, which include family planning care, pregnancy-related care, and treatment of such chronic illnesses as breast and cervical cancer.

Medicare is the national health insurance program for seniors, though it also covers younger people with certain conditions. In 2008, Medicare covered approximately 25 million women, comprising more than 55 percent of all program beneficiaries.[27] Basic Medicare covers services such as inpatient hospital stays, temporary skilled nursing, and hospice care. Also, supplemental coverage can be purchased for expanded services. Women live longer and on average have greater demands for the services Medicare covers. For instance, more than 60 percent of enrollees in the prescription drug program are women.[28]

In recent times, Medicaid and Medicare have received much attention due to the costs of the programs. Prior to the enactment of health reform legislation, Medicaid spending was projected to rise from $344 billion in 2008 to $794 billion in 2019.[29] Medicare spending, meanwhile, was projected to rise from $469 billion in 2008 to $977 billion in 2019.[30] Many new laws address abusive and improper billing, oversight and management missteps, and problems in information dissemination and systems—reforms that projected to reduce the federal deficit by $100 billion over the next ten years and by nearly $1 trillion over the next two decades.[31]

At their core, Medicaid and Medicare represent two crucial elements of the social safety net. They, along with the federal-state SCHIP program that has covered millions of previously uninsured children since its inception in 1997,[32] are bedrocks of our health care system. Americans, especially women, rely heavily on the protections they offer and the services they provide. As implementation of health care reform begins, these programs must continue to be maintained and strengthened.

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Healthier Americans = Healthier Economy
According to the Centers for Disease Control and Prevention, 133 million Americans were living with at least one chronic disease in 2005.[33] Such diseases—many of which are preventable, treatable, and curable—nevertheless account for 70 percent of all deaths in the United States.[34] Chronic diseases including heart disease, diabetes, and arthritis cost upwards of $1 trillion annually.[35] The cost of treating these conditions and diseases goes beyond the individual patient, and even the collective health care system. They have a brutal impact on the nation's economy. In 2005, the Commonwealth Fund issued a report detailing the health and productivity among U.S. workers. The report's conclusions, based on data collected from 2003, are staggering:

- In 2003, an estimated 18 million adults were not working due to health reasons, including chronic disease.
- Among American workers close to 70 million reported missing days due to illness. This added up to a total of 407 million lost work days.
- The labor time lost due to health conditions represented $260 billion in lost economic output per year.[36]

The passage of health care reform was vitally necessary not only to improve the wellbeing of all Americans but also to ensure continued economic stability and growth. When we are healthy we are more productive and more successful. This, in a nutshell, speaks to the need for ensuring increased availability, access and affordability.

AAUW Priorities in Health Reform Legislation
In March 2010, President Obama signed two bills into law—the Patient Protection and Affordable Care Act,[37] as well as the Health Care and Education Affordability Reconciliation Act[38]—which significantly overhauled the nation's health care system. Over the course of the year-long debate, AAUW communicated our priorities on the legislation to members of Congress, engaged our members and activists, and worked with coalition partners on areas of mutual concern. Our three main health care priorities—an end to gender rating, protection of women's reproductive health services, and ensuring coverage of preventive care—were directly addressed in the final legislation, each with varying degrees of success and setbacks:

- **Ending the practice of "gender rating"**: Gender rating is the process by which insurance companies charge men and women different premiums for individually-purchased health care plans. A 2009 poll indicated that more than 60 percent of Americans believe the practice should be banned.[39] According to a 2008 report by the National Women's Law Center, women of various ages are often charged more than men even when purchasing identical health care plans. Their study concluded that at age 25, women were charged anywhere from six percent to 45 percent more than men for individual market plans; at age 45, women's monthly premiums ranged from four percent to 48 percent higher than men's monthly premiums.[40] Under the new law, the practice of gender rating will be banned for plans offered in both the individual and small group markets (defined as organizations employing 100 or fewer persons).[41] Unfortunately,

insurance companies may continue to pursue this discriminatory practice under plans offered in the large group market.

- **Requiring coverage of women's reproductive health services**: AAUW's 2009-2011 Public Policy Program advocates, "choice in the determination of one's reproductive life…increased access to health care and family planning services including expansion of patients' rights."[42] AAUW has long believed that politicians should not insert themselves into the decision-making process when it comes to reproductive health care, which is a basic element of women's health care overall. Unfortunately, an attempt was in fact made to significantly undermine coverage of women's reproductive health services. AAUW played a key role in a coalition effort that kept the so-called Stupak amendment – a provision that would have effectively banned insurance companies from providing insurance coverage of abortion, even for women who paid with their own private money for such care – out of the final legislation.[43] However, the new law does require insurance companies providing abortion coverage to collect two separate payments from each enrollee: one for the portion of the premium covering abortion care, and one for the remainder of the premium itself.[44] This requirement is needless and burdensome, unnecessarily stigmatizing reproductive health care, and it may reduce overall abortion coverage among private health insurance plans.[45] Further, individual states may decide to exclude abortion coverage in their health insurance exchanges, and indeed many states have already done so. Going forward, AAUW will continue to work with our coalition allies to monitor and address this issue.

- **Ensuring access to and coverage of preventive services and care**: According to the Centers for Disease Control and Prevention, the two leading causes of death for women in America by far are heart disease and cancer[46] – afflictions that can often be prevented if women have access to preventive care services such as screenings, immunizations, and educational material. Fortunately, the new law contains a specific women's health provision, sponsored by Sen. Barbara Mikulski (D-MD), under which insurance companies will be required to cover additional preventive health care and screenings for women – such as mammograms and pap smears – at no additional premium or co-payment cost.[47] Additionally, in August 2011, the U.S. Department of Health and Human Services decided to adopt the recommendations of the Institute of Medicine and require that "the full range" of approved contraceptive methods be included among preventive-care services available to women without a co-payment or cost sharing.[48] Unfortunately, the department included a "religious refusal" exemption provision to the proposed rule, allowing religious employers to refuse to cover their employees' contraception. The department also adopted the IOM's recommendation that education and counseling related to family planning, screening for gestational diabetes, HPV testing as part of cervical cancer screening for women over 30, counseling on sexually transmitted infections, HIV counseling and screening, counseling and equipment for breast-feeding, yearly wellness visits, and screening and counseling for domestic violence be covered without a co-payment or cost sharing. This will not only

improve women's physical health, but also reduce the financial strain on our health care system and improve the overall economy as a result.

In the final analysis, the provisions of the new law and the accompanying reconciliation package achieves remarkable success with respect to increasing access to quality and affordable health care for women and their families. Additional major provisions are listed below, and each component will be implemented along a predetermined timeline.[49]

Access

- An estimated 32 million previously uninsured Americans will be eligible for health insurance coverage by 2014.[50]
- Medicaid eligibility will be extended to individuals and families with income up to 133 percent of the federal poverty line by 2014.[51]
- Children will be eligible to remain under their parents' health plans until age 26, beginning in 2010.[52]
- Insurance companies will be prohibited from denying coverage to those with pre-existing conditions. Beginning in 2010, children with pre-existing conditions cannot be denied coverage and a national high-risk pool will be established for adults with pre-existing conditions. [53]
- The Children's Health Insurance Program will be maintained and strengthened through 2019, beginning with measures in 2010.[54]

Quality

- States will create consumer assistance offices to help consumers navigate the newly created health insurance exchanges which will begin in 2014.[55]
- All plans offered through the insurance exchanges must meet a minimum standard benefit package.[56]
- Increased funding is included for community health centers, school-based health centers, and nursed-managed health clinics, beginning in 2011.[57]
- Funding is provided for medically accurate and age-appropriate sex education programs, beginning in 2011.[58]
- Funding for demonstration projects that seek alternative dispute resolution to instances of medical malpractice, beginning in 2011. [59]
- Increased Medicaid reimbursement rates for doctors, beginning in 2013.[60]
- The inclusion of Health Savings Accounts (HSAs) within the exchanges, beginning in 2014.[61]
- Increased funding for investigating waste, fraud, and abuse within Medicaid and Medicare, beginning in 2010.[62]

Affordability

- Federal subsidies will be provided on a sliding scale for people to purchase health insurance coverage whose incomes are up to 400 percent of the federal poverty line, beginning in 2014.[63]
- Out-of-pocket expenses will be limited for co-pays and deductibles.[64]
- Insurance companies will be prohibited from placing lifetime and annual limits on coverage.[65]
- Insurance companies will be strictly limited in their ability to charge older people more for coverage, a process known as age rating, in 2014.[66]
- Both federal and state governments have greater ability to review planned rate increases, and force insurance companies to justify them.[67]
- The Medicare prescription coverage "donut hole" will gradually decrease and close by 2019.[68]

Resources for Advocates

It is AAUW advocates across the county who speak their minds on issues important to them that truly advance AAUW's mission. Stay informed with updates on health care policies and other issues by subscribing to AAUW's Action Network. Make your voice heard in Washington and at home by using AAUW's Two-Minute Activist to urge your members of Congress to ensure that, as the implementation of the health care reform package moves forward, the health care needs of women and their families are met. Write a letter to the editor of your local paper to educate and motivate other members of your community. Attend town hall meetings for your members of Congress, or set up a meeting with your elected official's district office near you to discuss these policies. AAUW members can also subscribe to Washington Update, our free, weekly e-bulletin that offers an insider's view on the latest policy news, resources for advocates, and programming ideas. For details on these and other actions you can take, visit www.aauw.org/takeaction.

Conclusion

All Americans, as a basic right, should have access to quality, affordable health care. Failure to provide for and protect that right has had numerous consequences over time, ranging from dismal health outcomes for Americans as compared to the rest of the developed world to excessive indirect costs that have taken a substantial toll on the economy. Women disparately feel these negative outcomes. AAUW is hopeful that the health care law will substantially improve a system that has not worked as well as it needs to for far too long. As implementation of the law continues, AAUW will focus on the need for access and affordability—in a way that is equitable to women.

For more information, call 202/785-7793 or e-mail VoterEd@aauw.org.

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