



What women want, and what we will get Do current health reform proposals meet our needs?

Raising Women's Voices has called for eight key improvements women want to see in health reform. This fact sheet give short explanations of how those improvements are, or are not, addressed in the five Congressional bills issued as of October 15, 2009. See the longer version of this fact sheet for more details.

1. Make it fair. Don't charge women more than men. Don't let insurance companies refuse to cover people because they have diabetes, cancer, asthma or any other "pre-existing condition."



The short answer: All of the health reform bills pending in Congress would prohibit "gender rating," the practice of charging women more than men for the same insurance policy. The bills also would ban insurers from denying you coverage or charging you more because of a "pre-existing" condition, such as asthma, diabetes or breast cancer. This is great news for women, because insurers have denied some of us coverage on the basis of such "pre-existing conditions" as pregnancy, having had a previous c-section delivery and even having been a victim of domestic violence!



But, age discrimination would still be allowed: Insurance companies would continue to be able to charge older people more than younger people, a practice known as "age rating." This is a women's issue, as women are more likely than men to be without insurance when we're over 50, but not yet old enough (65) to qualify for Medicare. Older women experience this problem due to a variety of factors, including divorce, working for small businesses that don't offer insurance, or the retirement of an older spouse and resulting loss of family coverage. The version of the bill developed by the Senate Finance Committee is the worst in this area, allowing insurance companies to charge older individuals *four times as much* as younger folks. The bills from the other four committees allow a 2:1 age rating difference in premiums.

2. Health coverage should start at birth and end at death, with no interruptions. We shouldn't lose it when we change jobs, get divorced or move.



The short answer: The health reform proposals pending in the House and Senate will not guarantee you uninterrupted health coverage or provide absolute "portability" of your health insurance through all of life's transitions. Instead, these proposals will provide a way for people to obtain new health insurance if they lose the policy they have by changing jobs, getting divorced or moving from one state to another.

Health insurance “exchanges” will be created – either nationally or by states, depending on the proposal – where people who have lost their insurance can compare and purchase new policies. Insurers participating in the exchanges will not be able to deny coverage to people with pre-existing conditions. Public subsidies will be available to help people afford the policies.

3. Make it affordable. Use a sliding scale. Offer subsidies for those who can't pay very much.



The short answer: The health reform proposals pending in Congress would take **three** important steps toward making health insurance more affordable for women and our families. **First**, Congress would give public health insurance to more low-income families by qualifying them for Medicaid. **Second**, moderate-income families would get help buying insurance through a system of public subsidies based on a sliding scale according to family income. **Third**, health reform legislation would set limits on the annual amounts families are expected to spend on out-of-pocket costs, like co-pays.

However, there are significant differences among the versions of health reform that have emerged in the Senate and the House, and serious questions about whether health insurance would be truly affordable for moderate-income people under some versions. Four of the five Congressional bills include a public insurance option, which most experts believe would give consumers a cheaper alternative to private insurance. The powerful Senate Finance Committee, however, did not include a public option in its bill.

4. Make it simple. Tell insurance companies to stop tricking us into buying policies that don't cover the care we need. There should be no hidden clauses or surprises.



The short answer: The creation of state or national insurance “exchanges” should help to take some of the mystery and danger out of buying health insurance on your own, if you do not receive employer-sponsored insurance. In theory, these exchanges would function like supermarkets for health insurance, allowing a potential buyer to more easily compare insurance plans, their costs and the benefits they provide. Exactly how this would be accomplished is not spelled out in the legislation.

Some of the most egregious hidden clauses that consumers have encountered in buying and using health insurance up until now, however, would be eliminated by provisions of all the Congressional health insurance bills that prohibit denials of coverage or charging of exorbitant premiums to people with pre-existing conditions.

5. Keep politics, politicians and ideology out of the decisions about which benefits should be included. This is health care, people!



The short answer: Two of the five Congressional committees voted to treat abortion services differently than any other type of health care, and it appears likely those provisions will end up in the final health care bill for political reasons. No public funding or public subsidies can be used for coverage of abortion services.

6. Make it better. Give us the high quality care that this country is

capable of delivering, instead of extra tests and unneeded services that feed the bottom line for drug companies or for-profit hospitals and medical systems at our expense. And fix the system so that poor people, people of color, people with disabilities and LGBT people get high quality care too.



The short answer: This is a pretty tall order, and certainly will not be completely solved by any health reform bill. Still, the bills pending in Congress do include some changes intended to make our health care better. Examples include federal research into what works (often called comparative effectiveness research); programs to encourage more physicians to become primary care practitioners; changes in payment systems to cover other health professionals who play important roles in providing quality care, such as midwives, nurse practitioners and social workers; programs to improve cultural and linguistic competency of health care workers and systems, and grants for demonstration projects designed to reduce the current disparities in health outcomes.

7. Cover everybody! Stop arguing about whether we should cover undocumented immigrants or force legal immigrants to wait five years to be eligible. If they are living here as our neighbors, we want them to be healthy. Fixing the immigration system is a separate issue.



The short answer: The bills produced by all five of the Congressional committees exclude undocumented immigrants from eligibility for subsidized health insurance and continue to make legal immigrants wait five years before they are eligible for Medicaid. Million of immigrants will be left without health coverage.

8. This should be a wellness system, not a sickness system. Sure, we want to have medical care when we get sick, but better preventive care and stronger public health measures in our own communities can help us stay healthy.



The short answer: Health reform would take some initial steps towards shifting our health system from treating illness to promoting wellness. One important feature of the health reform bills pending in Congress is that co-pays would be eliminated for certain health screenings and preventive care. The Senate HELP committee bill also includes investments in training more public health and primary care workers.