



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 legislation. This fact sheet explains how those improvements are, or are not, addressed in the combined House bill issued October 29 and the two Senate bills.

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! The new House combined bill also would encourage employers to offer domestic partner coverage by giving employers the same tax benefits they get for offering dependent coverage to married people.



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.

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 who cannot afford the full premium cost of new policies. Young adults also would be able to stay on their parents' health insurance policies until their 27th birthdays, under the House bill, an important option for young people who graduate from high school or college and find entry-level jobs that do not provide health coverage.

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 **five** 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 making them eligible 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 health care costs, such as co-pays. **Fourth**, older women would benefit from several provisions for early retirees and for those on Medicare, including closing of the Medicare Part D prescription drug "donut hole." **Fifth**, there would be a government-sponsored "public option" health plan that could offer consumers cheaper coverage than in private plans.

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" will 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. These exchanges are intended to function like supermarkets for health insurance, allowing a potential buyer to more easily compare insurance plans, their costs and the benefits they provide. Each plan would have to include a standard set of benefits. Some of the most egregious hidden clauses or surprises that consumers now encounter in buying and using health insurance would be eliminated. All the bills, for example, prohibit insurers from setting lifetime caps on coverage or charging exorbitant premiums for coverage that includes specific services which people with a history of illness or with chronic conditions may need.

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



The short answer: House Bill HR 3692 was amended at the 11th hour to include an attack on coverage for reproductive health care. Acting under pressure from anti-choice Democrats and the U.S. Conference of Catholic Bishops, House leadership permitted a vote that attached to health reform a sweeping abortion ban on all policies offered through the health insurance exchange that will effectively take coverage away from millions of women who have it now. If enacted, this language will exclude abortion coverage not only from federally-financed Medicaid coverage, but also from the public

plan option and from private insurance plans participating in the exchange that accept any public subsidy money. (Plans that do not accept such subsidies would be cutting themselves off from the vast majority of the potential market and may not be economically viable.)

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 that are intended to make our health care better, at the same time as expanding health insurance coverage to many more Americans. Examples include covering use of midwives, funding programs to promote cultural and linguistic competence of health workers and systems, setting standards for accessibility of medical equipment and requiring that LGBT people be included in health status reports.

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: All the bills exclude undocumented immigrants from eligibility for subsidized health insurance and continue to make legal immigrants wait five years before they are eligible for Medicaid. According to the Associated Press, the new House bill would cover about 96 percent of legal residents under age 65 — compared with 83 percent now. About one-third of the remaining 18 million non-elderly people left uninsured would be undocumented immigrants.

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. . The Senate HELP committee bill and the House bill include important investments in training more public health and primary care workers. Another important feature included in some form in all the bills is a provision eliminating co-pays for certain health screenings and preventive care. However, only the Senate HELP bill ensures that family planning would be included on the list of preventive services that are exempt from co-pays

For breaking news on health reform in Congress, visit the [RWV blog](#).