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Health Policy and Women's Health: Current Status and Future Priorities

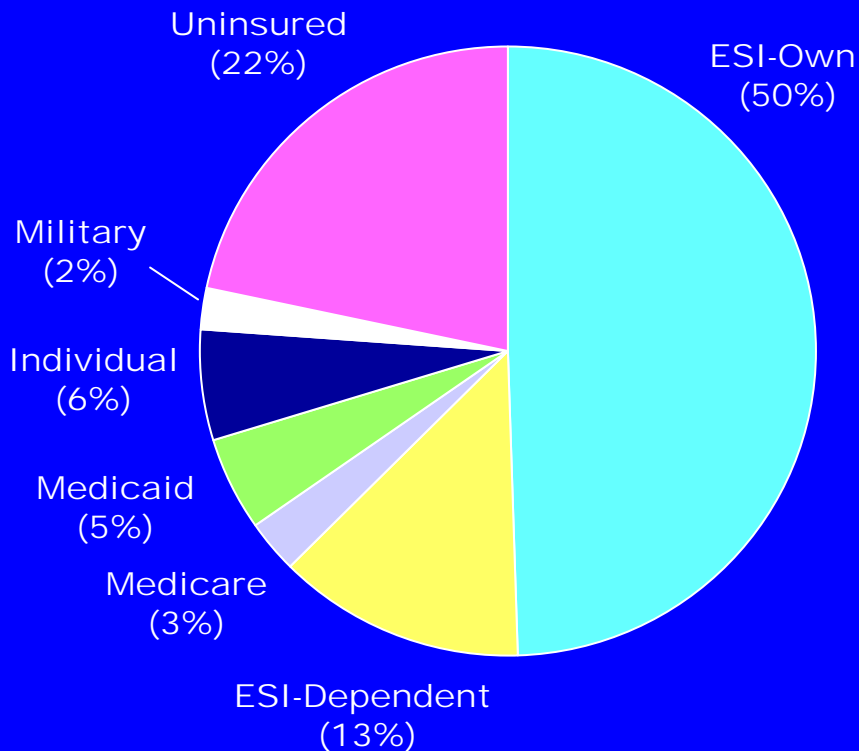
Karen Davis
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Edward N. Brandt Jr. Memorial Lecture
George Washington University
November 18, 2008

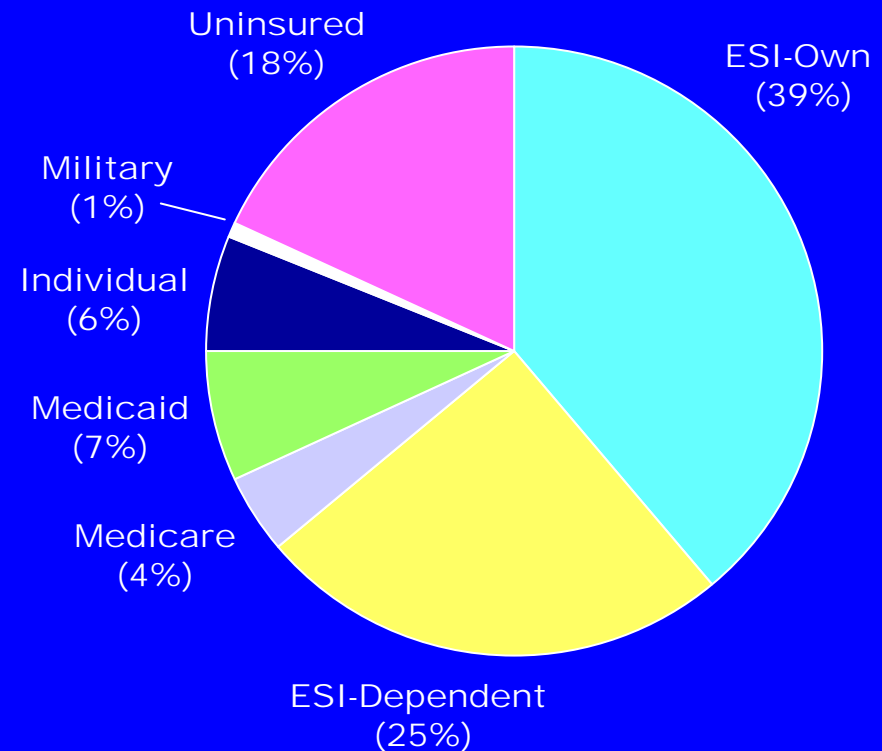
Women's Health: Current Status



Health Insurance Coverage by Gender, Ages 18-64, 2007



Men



Women

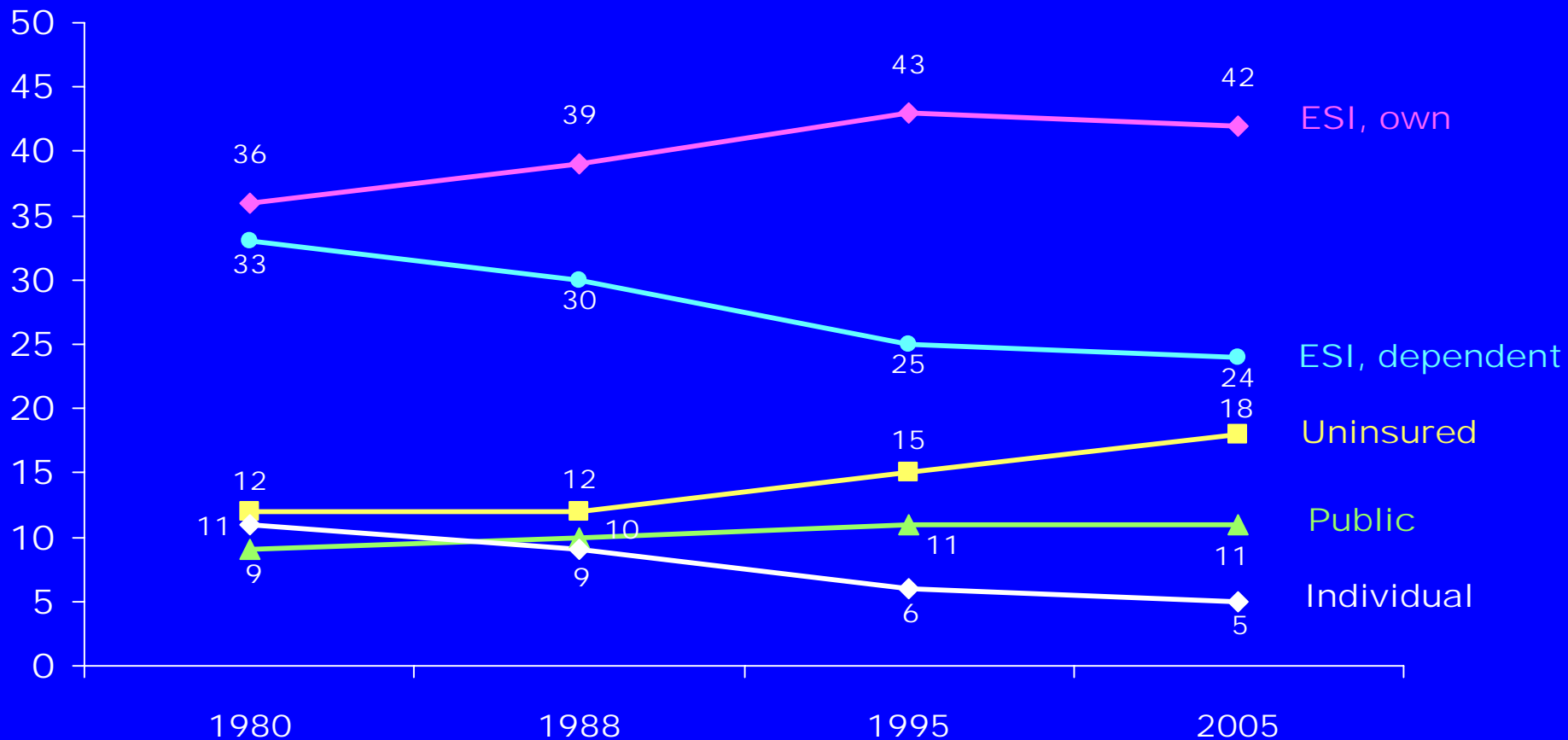


The Changing Composition of Women's Health Insurance Coverage, 1980-2005⁴

- More women now obtain health insurance on their own, rather than as dependents, than did in 1980
 - Steps drops between 1980 and 1987, 1988 and 1994 as employee contributions for family coverage rose rapidly
- A larger fraction of insured women are now enrolled in Medicaid than were in 1980
 - Eligibility expansions in the 1980s and early 1990s
- Women's channels for obtaining health insurance coverage are more fragmented than those of men
 - ESI from own employer, ESI as dependent, Public insurance, Individual insurance
- Multiple sources of coverage has not insulated women from overall declines caused by rising cost of private health insurance

The Changing Composition of Women's Health Insurance Coverage, 1980-2005

Percentage of Women Age 25-64



Analysis of CPS March supplements.

Source: S Glied, K Jack, and J Rachlin, "Women's Health Insurance Coverage 1980-2005,"

Women's Health Issues 18 (2008) 7-16.

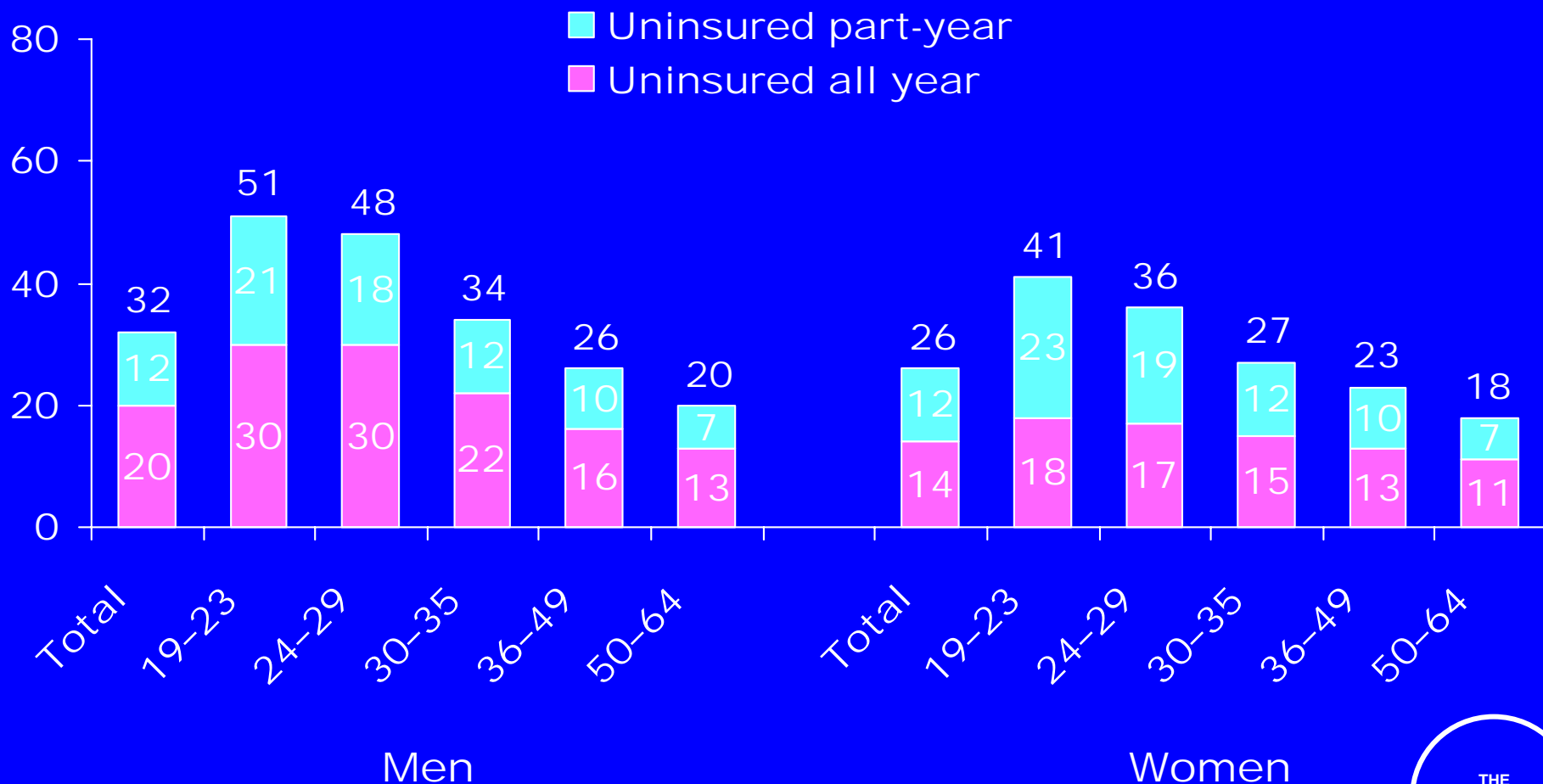


The “Affordability Gap”

- Health care coverage and affordability is a particular problem for women
 - Coverage patterns
 - Almost as many women are uninsured all year as are uninsured for part of the year
 - Women have less access to their own employer-sponsored insurance
 - Women are more likely to depend on their spouses for their insurance and therefore face more instability in their coverage
 - More women than men purchase insurance in the individual market, which is more expensive than insurance in the group market
 - Affordability
 - Women are more likely to have lower incomes than men
 - Women use more health care services on average than men
 - Women have higher out-of-pocket costs than men as a share of their income
 - Women are more likely to avoid needed care because of cost
 - Women are more likely to have medical bill and debt problems

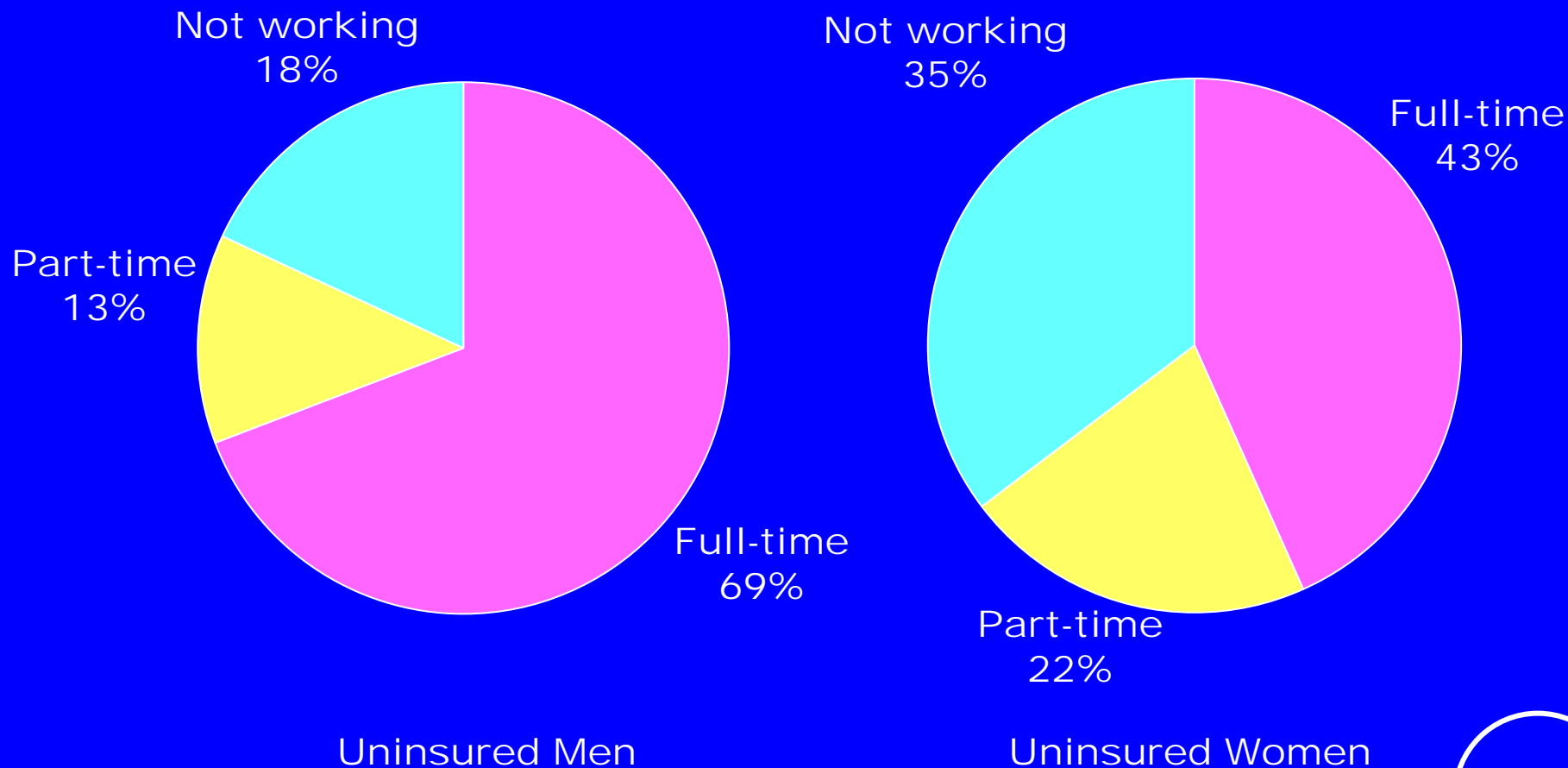
Younger Women Are Most Likely to Be Uninsured Part-Year ⁷

Percent of adults ages 19-64



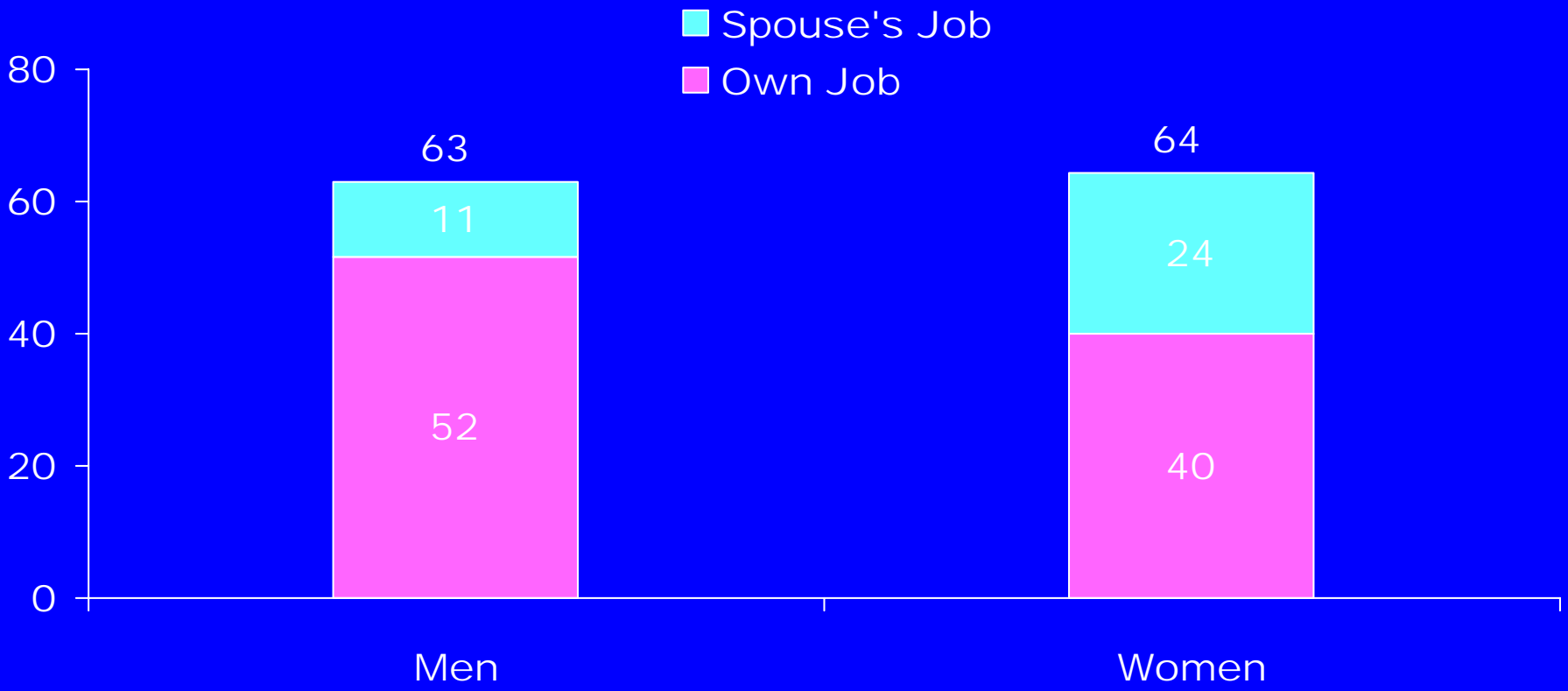
Uninsured Women Are Less Likely to Work Full-Time Than Uninsured Men

Distribution of uninsured adults ages 19-64 by work status



Women Are More Likely to Have Employer-Sponsored Insurance Through Their Spouses

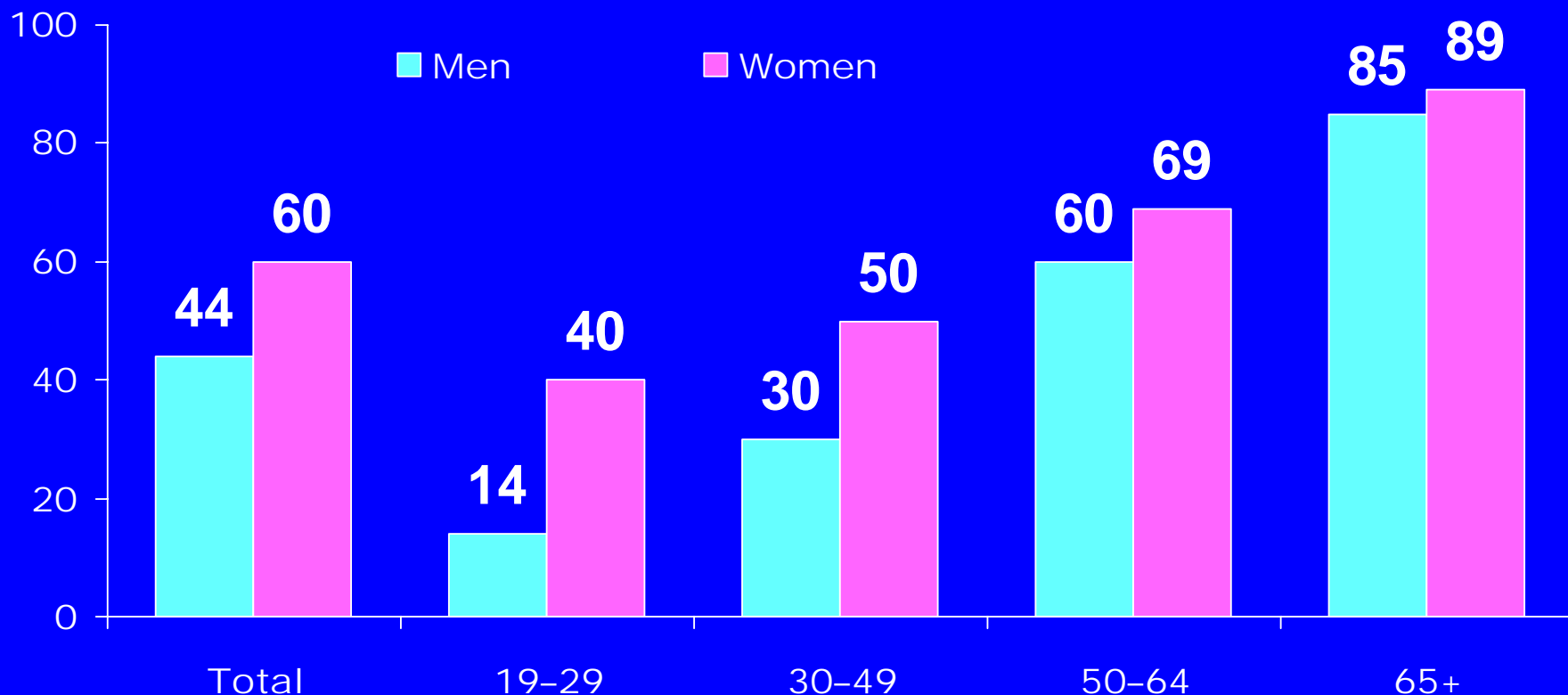
Percent of adults ages 19-64 by insurance source



Source: Analysis of the March 2005 Current Population Survey by S. Glied and B. Mahato for The Commonwealth Fund.

Women Under Age 65 Are More Likely Than Men to Take Prescription Medicines on a Regular Basis

Percent of adults who take prescription medicines on a regular basis



* Difference between men and women is significant at $p \leq 0.05$ or better.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).

Total Health Care Expenditure, 2005

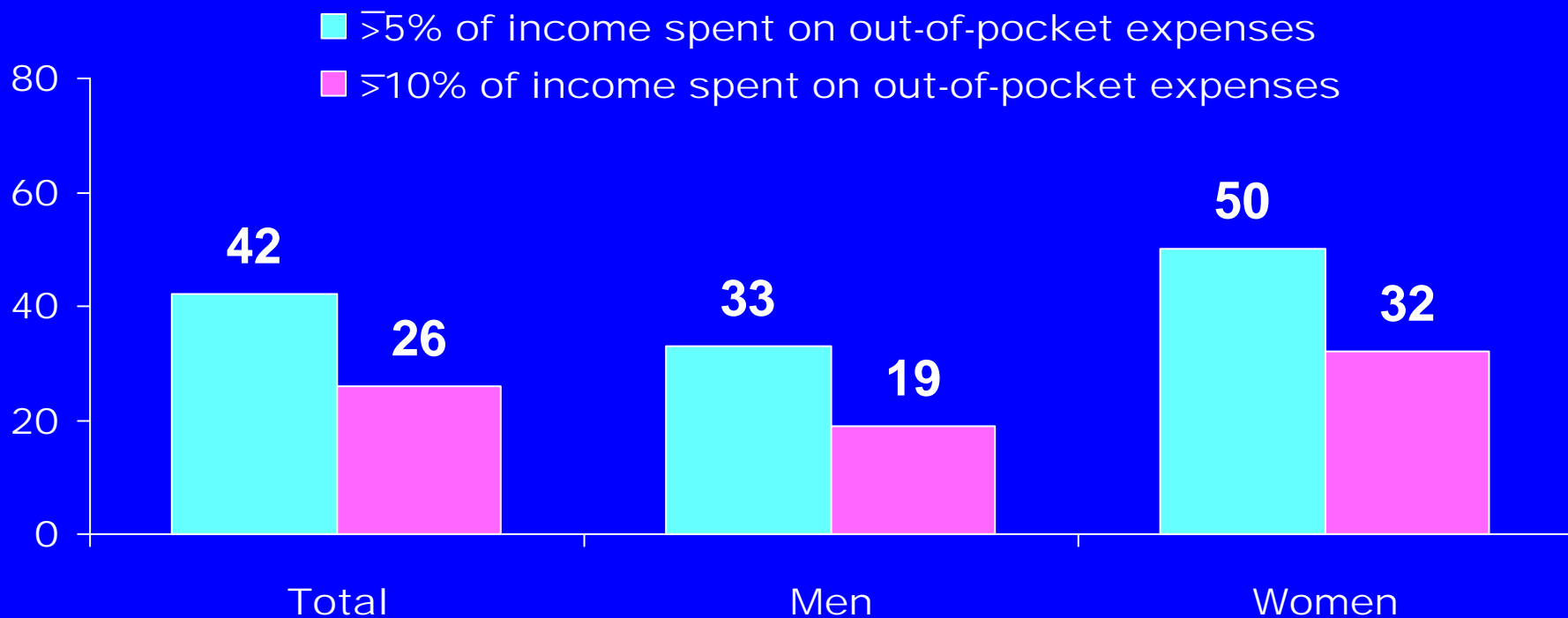
Median per person per year

■ Women ■ Men



Percent of Income Spent on Family Out-of-Pocket Costs and Premiums

Percent of adults ages 19–64 who are privately insured[^]



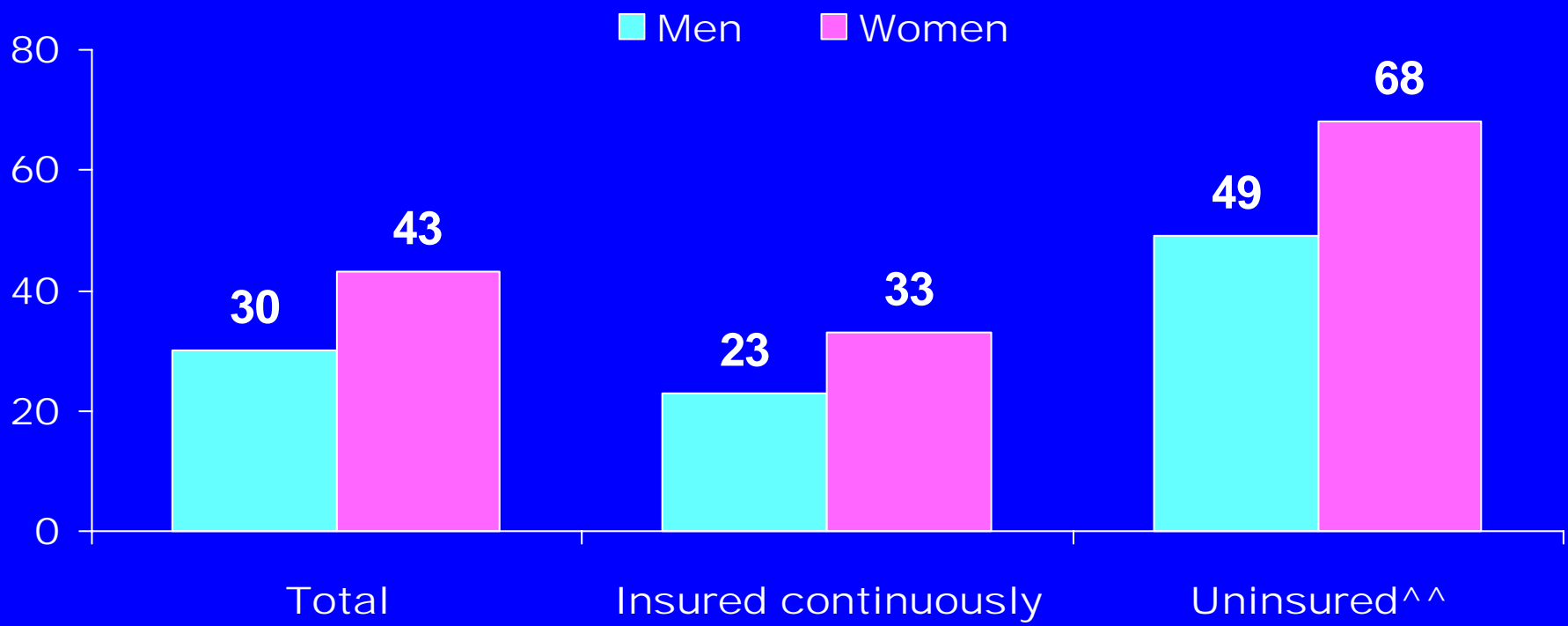
[^] Employer-sponsored or individual insurance.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).



Women Are More Likely Than Men to Have Cost-Related Access Barriers

Percent of adults ages 19-64 who have difficulty accessing health care[^]



* Difference between men and women is significant at $p \leq 0.05$ or better.

[^] Did not fill a prescription; did not see a specialist when needed; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic.

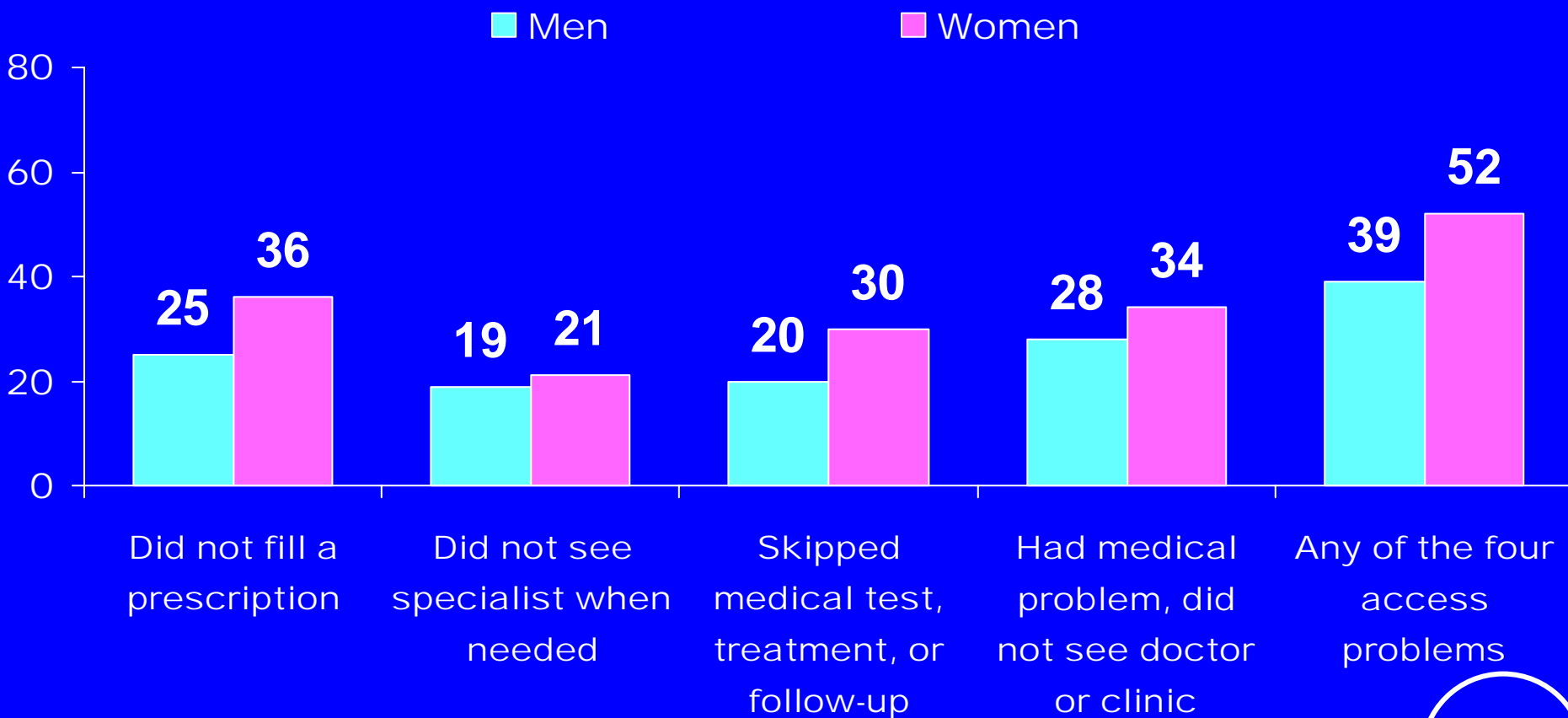
^{^^} Uninsured combines currently uninsured and currently insured but had a time uninsured in the past 12 months.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).



Women Are More Likely Than Men to Have Access Problems in Past Year Because of Cost, 2007¹⁴

Percent of adults ages 19-64 reporting the following problems in past year because of cost

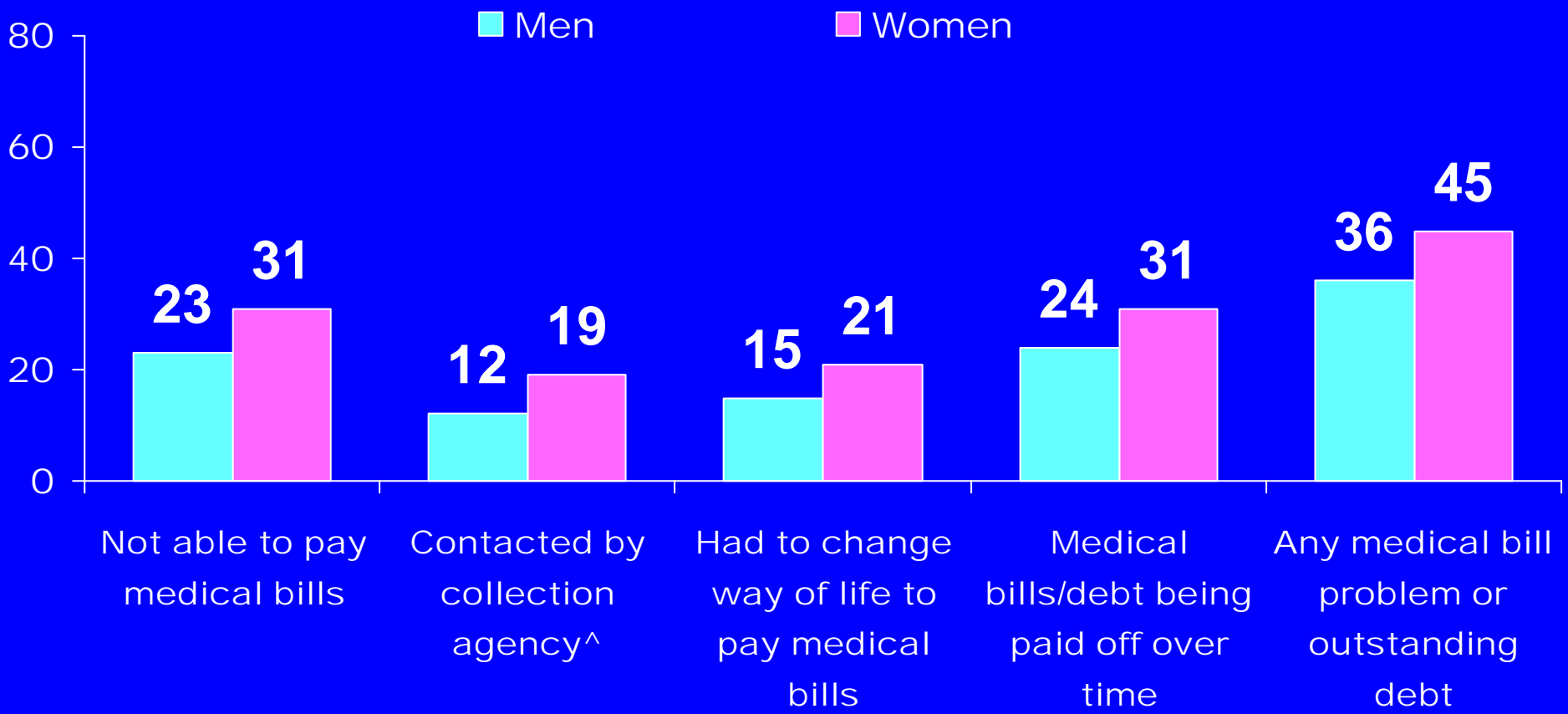


* Difference between men and women is significant at $p \leq 0.05$ or better.
Source: The Commonwealth Fund Biennial Health Insurance Survey (2007).



Medical Bill Problems in Past Year, 2007

Percent of adults ages 19-64 reporting the following problems in past year



* Difference between men and women is significant at $p \leq 0.05$ or better.

[^] Includes only those individuals who had a bill sent to a collection agency when they were unable to pay it.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).



Market for Women's Health Insurance

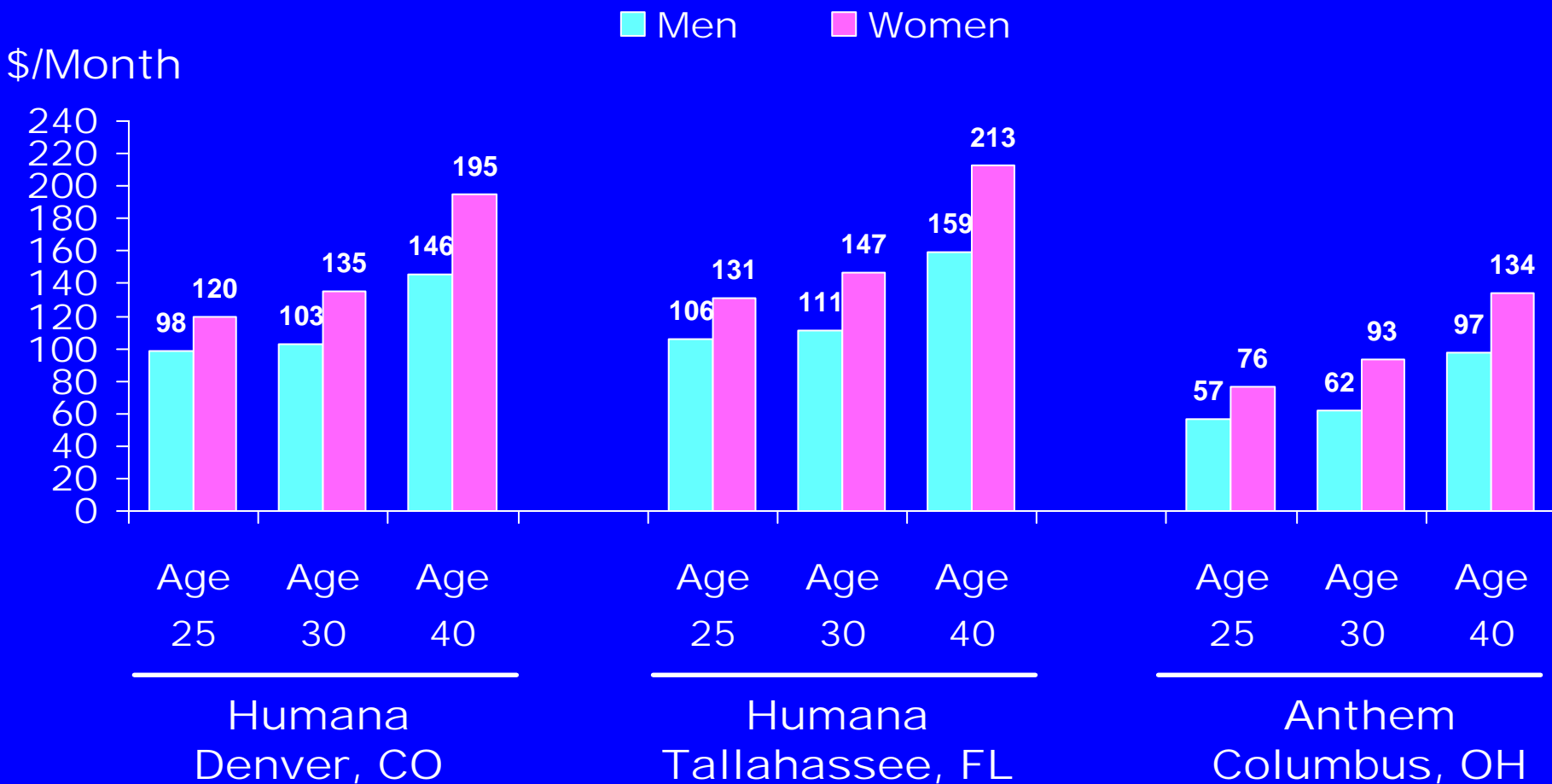
Women Face Many Obstacles Buying Health Insurance in the Individual Market

- Rejection: Insurers refusing to sell women coverage
- Gender rating: Charging women more than men for insurance
 - 38 states do not prohibit or limit with rate band
 - NWLC study shows that many differentials are arbitrary and not “justified by actuarial statistics,” a violation of state law
- Maternity coverage is expensive, limited, and difficult to obtain
 - Individual market insurers may consider pregnancy grounds for denying a woman’s application, or as a “pre-existing condition” for which coverage can be excluded
 - NWLC study found that the vast majority of individual plans do not cover maternity care at all
 - Supplemental premiums over \$1,000 per month in some states
- Health status rating and age rating
 - Women are more likely than men to need health care services throughout their lifetimes and to have chronic conditions requiring ongoing treatment
 - Older women are more likely than older men to turn to individual market after their spouse qualifies for Medicare

Source: National Women’s Law Center, “Nowhere to Turn: How the Individual Health Insurance Market Fails Women,” Washington: National Women’s Law Center (September 2008).



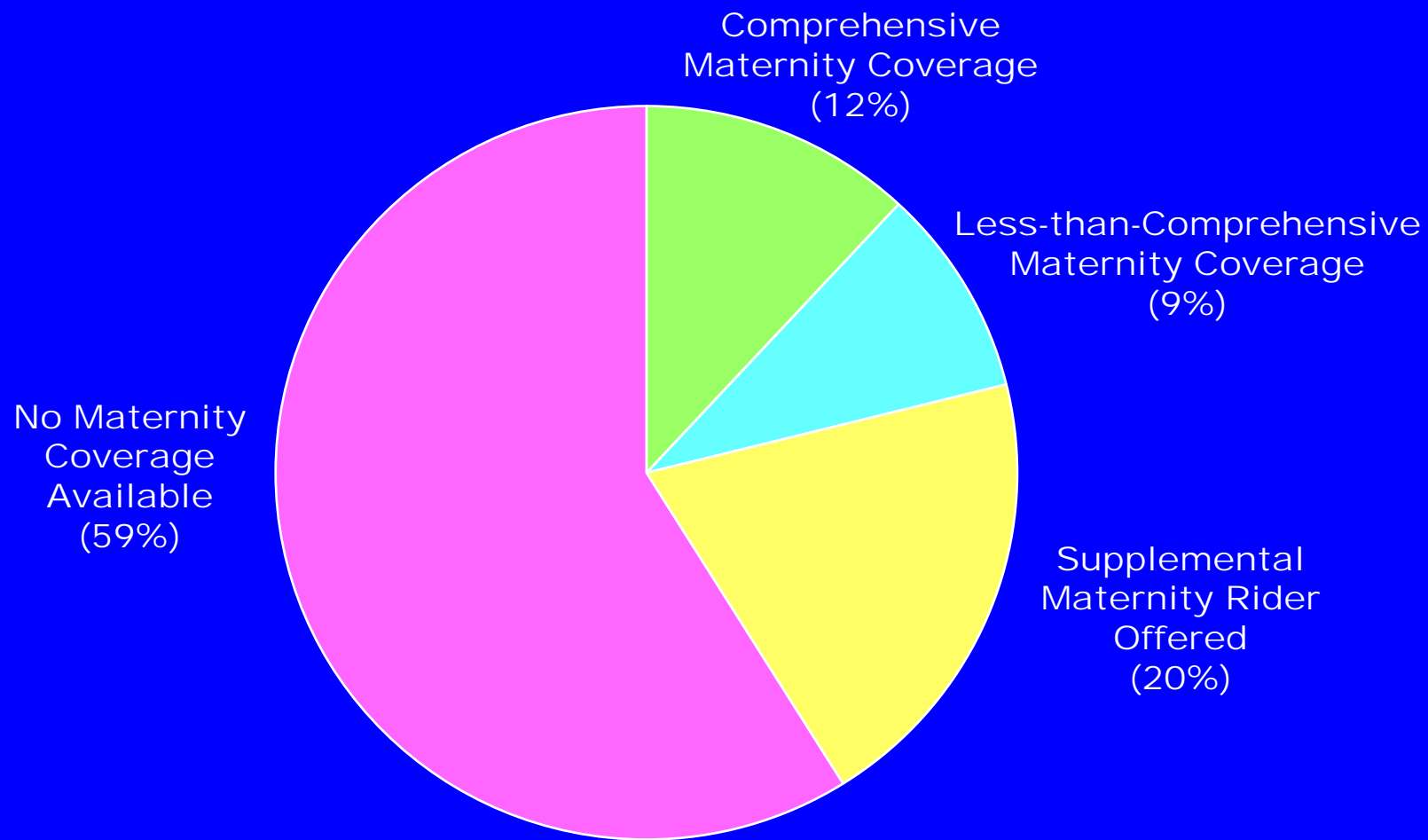
Monthly Premiums for Selected Individual Health Insurance Policies



Data: Company websites, eHealth

Source: R Pear, "Women Buying Health Policies Pay a Penalty," The New York Times (October 29, 2008).

Most Individual Market Insurance Policies Do Not Cover Maternity Care



Data: U.S. Census Bureau, 2008 ASEC
Source: L Codispoti, B Courtot, J Swedish, "Reform Matters: Making Real Progress for Women and Health Care,"
Washington: National Women's Law Center (October 16, 2008).



Maternity Riders are a Bad Deal for Women

Example: A woman pays \$106 per month for a maternity rider, in addition to her regular health insurance premium. Her rider requires 20% coinsurance and covers just \$2,000 of maternity charges for the first 2 years she is enrolled.

	Uncomplicated Vaginal Delivery (2006 Average = \$7,488)	Cesarean Section with Complications (2006 Average = \$16,996)
Rider Covers	\$2,000	\$2,000
20% Coinsurance	\$1,498	\$3,399
Over Benefit Limit	\$3,990	\$11,597
Annual Rider Premium	\$1,272	\$1,272
Woman Pays	At least \$6,760	At least \$16,268

Source: L Codispoti, B Courtot, J Swedish, "Reform Matters: Making Real Progress for Women and Health Care," Washington: National Women's Law Center (October 16, 2008).



Women's Health: Future Priorities



Five Key Strategies for High Performance

1. **Universal and well-designed coverage that ensures affordable access and continuity, with low administrative expenses**
2. **Incentives aligned to promote higher quality and efficient care**
3. **Care that is organized around the patient**
4. **Investment in public reporting, evidence-based medicine, and health information technology to deliver the best care**
5. **National policies and collaboration to set and achieve goals**



Source: Commission on a High Performance Health System, A High Performance Health System for the United States: An Ambitious Agenda for the Next President, The Commonwealth Fund, November 2007

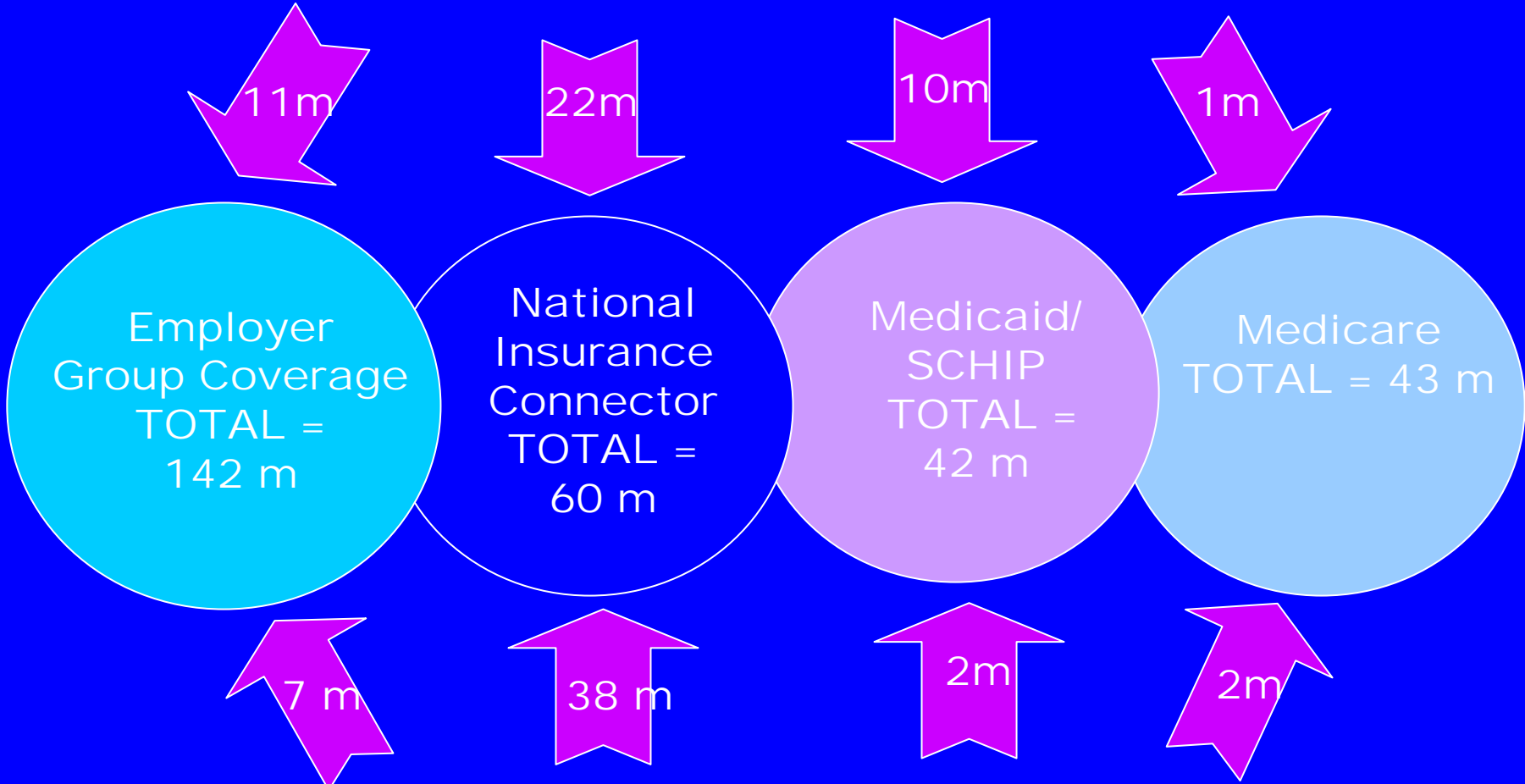


Coverage Expansion Policies and Their Effects on Women

- Expanding Employer-Sponsored Insurance
 - Proposals: Association health plans; Buying into FEHBP; Employer mandates; COBRA expansion; Health savings accounts
 - Problems: Most help full-time workers while many uninsured women are part-time; Employer coverage has been declining, particularly for dependents
- Expanding the Individual Insurance Market
 - Proposals: Tax credits; Market regulation; Tax deductions;
 - Problems: Eligibility and premiums based on individual health status and risk, often higher for women; Plans often offer only minimal benefits and high cost sharing
- Expanding Public Programs
 - Proposals: Extending Medicaid to low-income parents; Public insurance for childless adults; Medicare buy-in
 - Problems: Cost
- Making Coverage Universal
 - Proposals: New system based on Medicare or individual market; Building on FEHBP and Medicaid; State initiatives
 - Problems: Cost; Political resistance

Building Blocks for Automatic and Affordable Health Insurance For All

New Coverage for 44 Million Uninsured in 2008

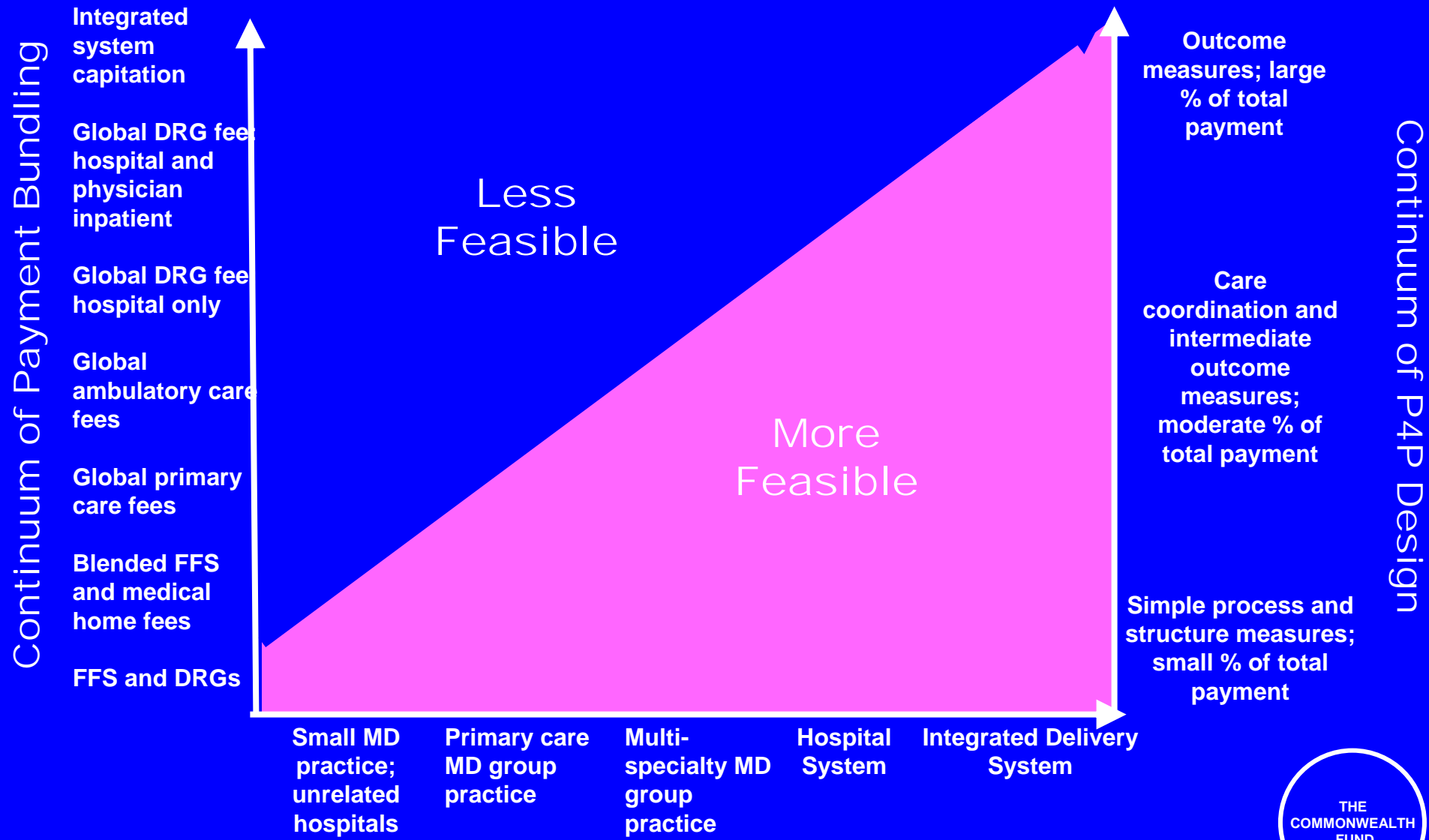


Improved or More Affordable Coverage for 49 Million Insured

Source: Based on analysis in C. Schoen, K. Davis, and S.R. Collins, "Building Blocks for Reform: Achieving Universal Coverage With Private and Public Group Health Insurance," Health Affairs 27, no. 3 (2008): 646-657 from Lewin Group modeling estimates.



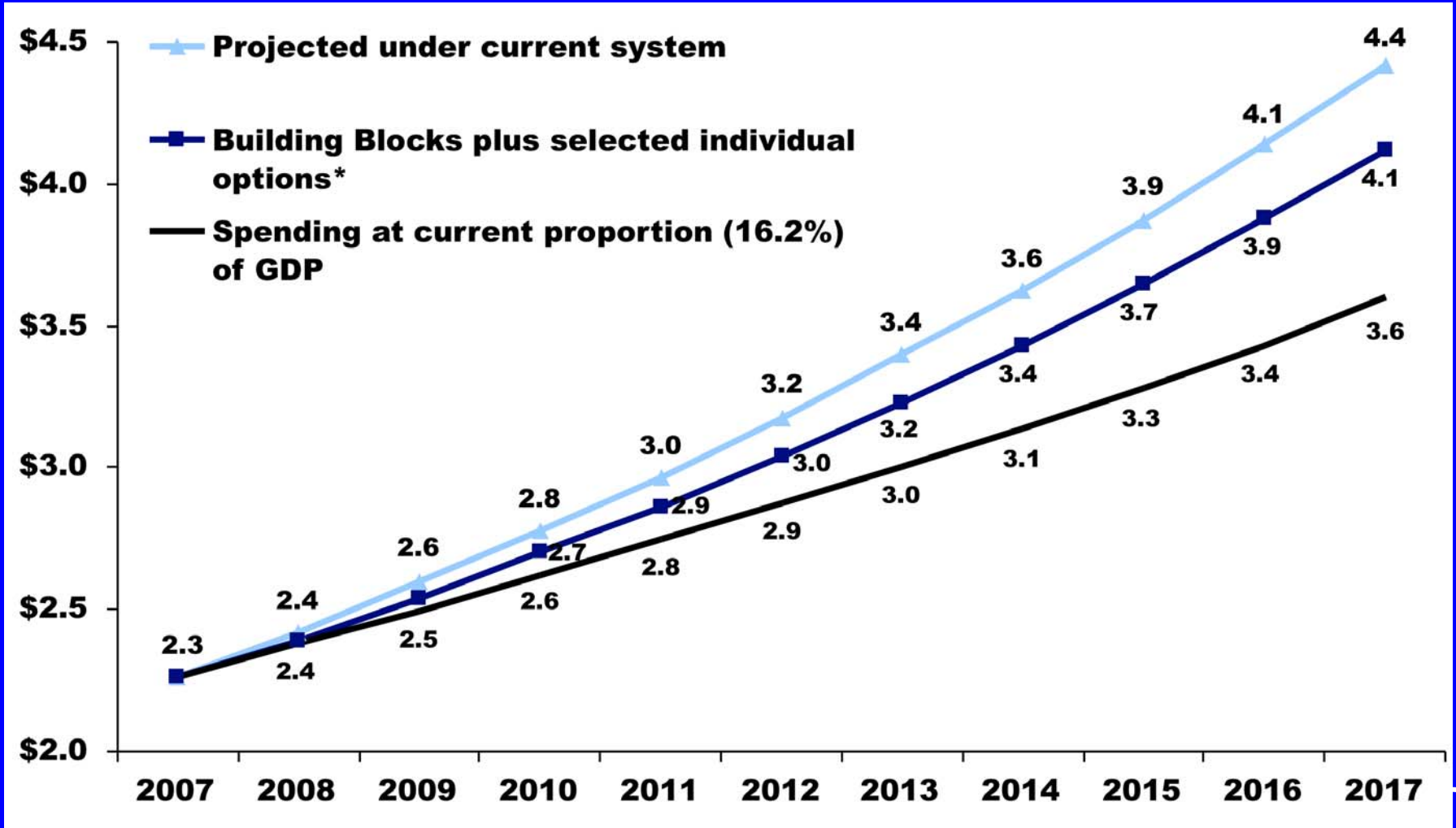
Organization and Payment Methods



Source: A. Shih, K. Davis, S. Schoenbaum, A. Gauthier, R. Nuzum, and D. McCarthy, Organizing the U.S. Health Care Delivery System for High Performance, The Commonwealth Fund, August 2008

Total National Health Expenditures, 2008-2017 Projected and Various Scenarios

Dollars in trillions

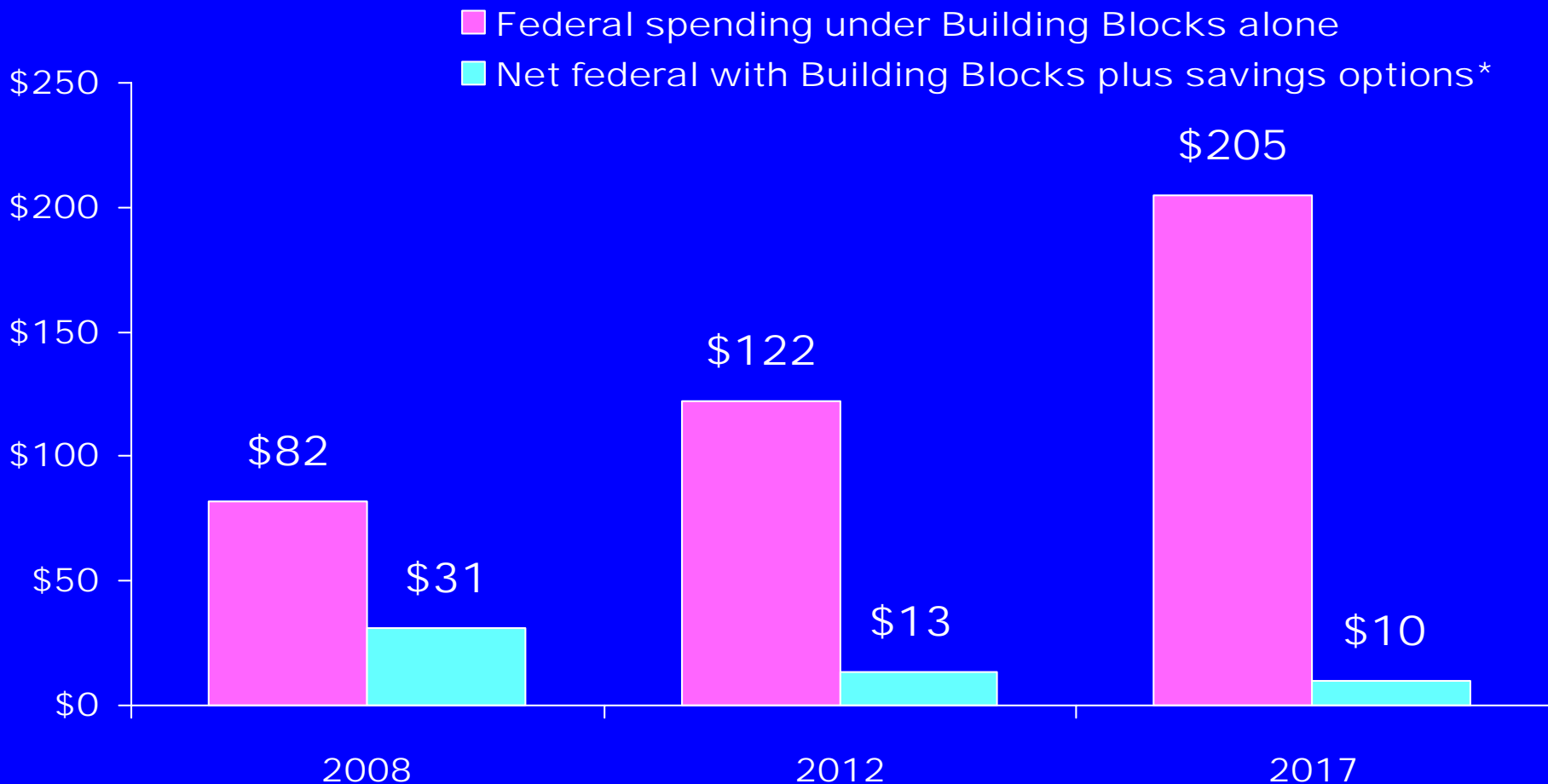


* Selected individual options include improved information, payment reform, and public health.
Source: C. Schoen et al., *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, The Commonwealth Fund, December 2007. Data: Lewin Group estimates.



Savings Can Offset Federal Costs of Insurance For All: Federal Spending Under Two Scenarios

Dollars in billions



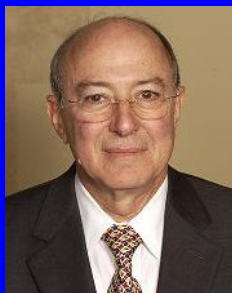
* Selected options include improved information, payment reform, and public health.

Data: Lewin Group estimates of combination options compared with projected federal spending under current policy..

Source: Schoen et al. Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending, The Commonwealth Fund, December 2007.



Thank You!



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