# Health Reform, Women, and Preconception Health and Health Care

**Kay Johnson**
Johnson Group Consulting, Inc.
and
Senior Advisor, CDC Preconception Health and Health Care Initiative

**Preconception Health and Health Care Initiative**
**CDC Webinar Series**
**May 20, 2010**

# Overview of Webinar

1. **What are key problems to be remedied?**
2. **What does it mean in terms of improving the health of women before, between, and beyond pregnancy?**
   - ***View through a health reform taxonomy***
3. **What is the timeline for key provisions in health reform related to the health of women of reproductive age?**
4. **Comments and discussion**

# Preconception Health and Health Care Initiative

- CDC Internal Workgroup (2004)
- 1st National Summit (6/05)
- Select Panel Meeting (6/05)
- ACOG Committee Opinion (9/05)
- MMWR Recommendations (4/06)
- MCHJ Supplement (9/06)
- Work Groups to guide implementation:
  - Clinical, Public Health, and Consumer Work Groups (6/06)
  - Policy and Finance Work Group (5/07)
- 2nd National Summit (10/07)
- Research meeting, NICHD (3/08)
- Trust for America's Health Report (9/08)
- Content of Care AJOG Supplement (12/08)
- Policy WHI Supplement (12/08)
- Healthy Start Interconception Care Learning Community (2009-2011)
- Indicator set for states (2/10)
- Medicaid Peer-to-Peer Learning Project (4/10)

**"...many of our most important [MCH] policies deem women eligible for services the moment they conceive and jettison them from the program the moment they deliver or...soon thereafter.**

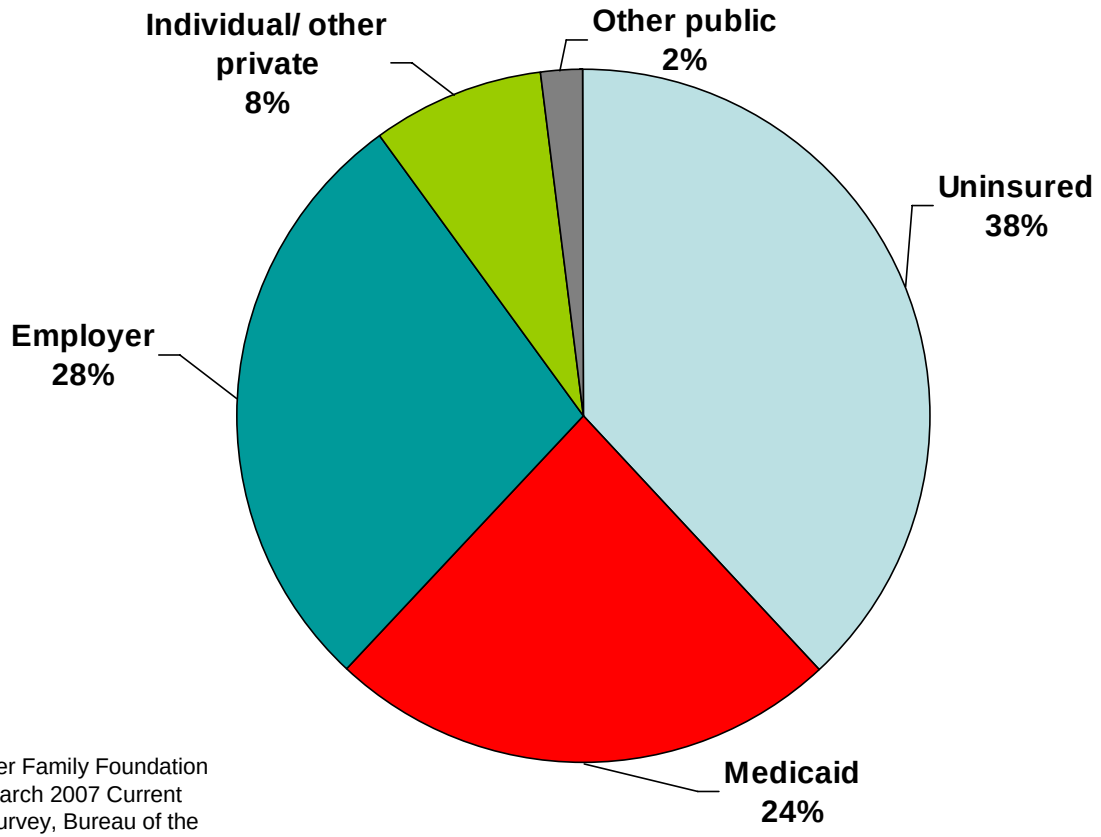
**...the functional isolation of prenatal care from other components of women's health care remains an extraordinary expression of our disrespect for the continuity of risk and patterns of health care utilization over the course of a woman's lifetime....**

Source: Wise, *American Journal of Public Health*, 1994.

# What is not happening that should be?

- In the current US health care system:
  - Millions of uninsured women don't receive care.
  - The quality of primary care for millions of women of childbearing age is inadequate.
    - Discontinuous and episodic (not medical home)
    - Appropriate screening not done and/or no action taken to address risks
    - "Content of Preconception Care" report documents strong evidence in support of a range of prevention and intervention services
  - Providers do not focus on reproductive risks.
    - Reproductive health and risk screening is generally not a central part of primary care visits
    - More likely to focus on cardiovascular and other chronic diseases
  - Prevention messages not reaching women

# Insurance Status of Low Income Women (<200% FPL), U.S., 2007




Source: Kaiser Family Foundation analysis of March 2007 Current Population Survey, Bureau of the Census.

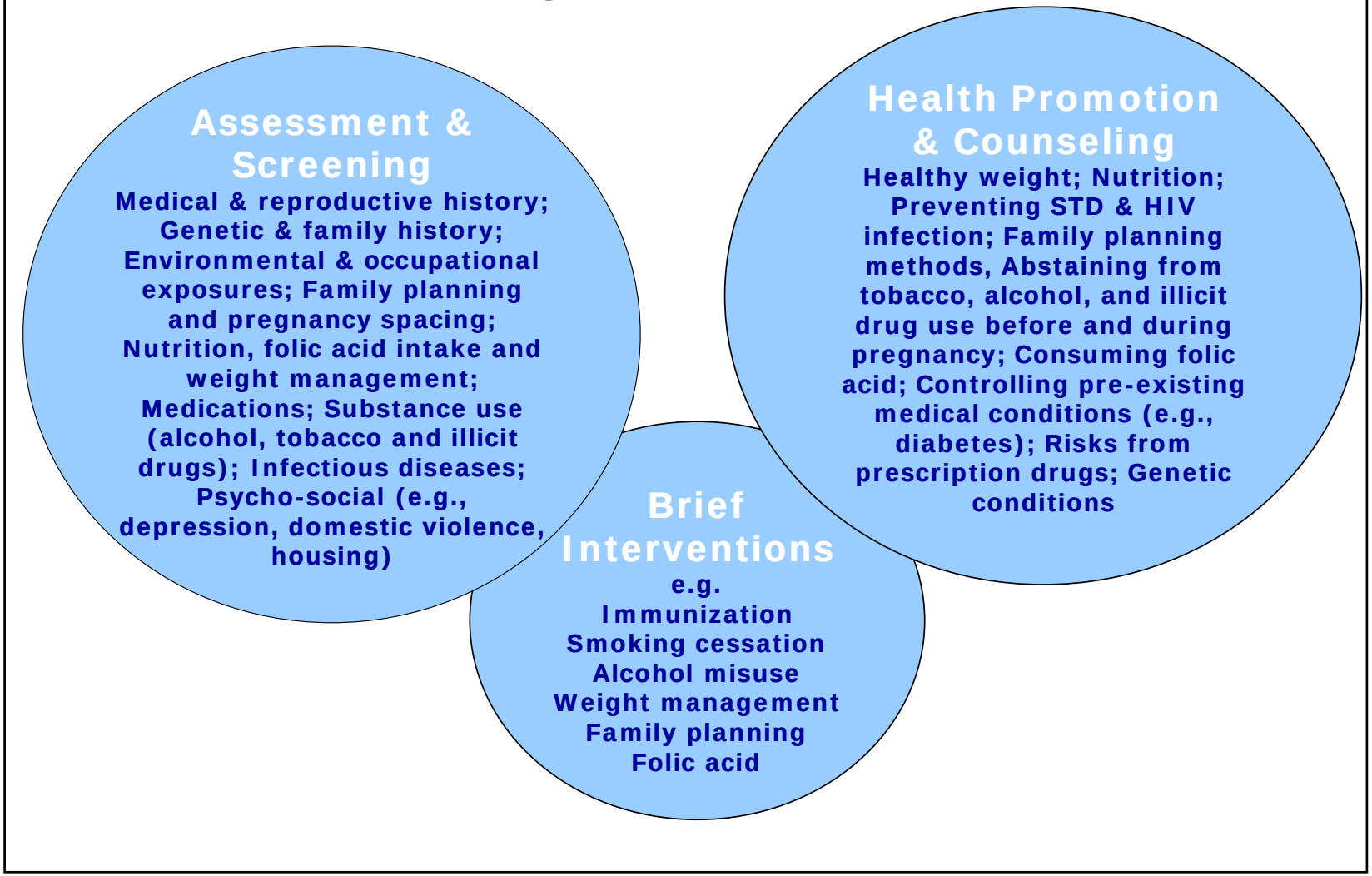
# Women don't have equitable treatment in today's system

- Women pay up to 48% more in premium costs than men. (NWLC)
- Women are denied coverage or charged more for "pre-existing conditions" such as pregnancy, c-sections, or domestic violence.
- Among women with individual market policies, 8 out of 10 did not have maternity coverage. (NWLC)
- Women are much more likely to work part-time and therefore to be offered no employer coverage.
- Half of women report delaying medical care because they cannot afford the cost. This is true even for preventive services. (CMWF)

# Prevalence of Risk, Medicaid and Total, PRAMS, 2004

| | | Percent of Women in Medicaid | Percent of All Women |
|---|---|---|---|
| **Preconception (Prepregnancy) Risks and Protective Factors** | **Tobacco use** | **36.0** | **23.2** |
| | **Alcohol use** | **37.7** | **50.1** |
| | **Multi-vitamin use** | **21.4** | **35.1** |
| | **Stress** | **33.8** | **18.5** |
| | **Overweight** | **14.4** | **13.1** |
| | **Obesity** | **32.7** | **21.9** |
| | **Diabetes** | **2.9** | **1.8** |
| | **Nonuse of Contraceptives** | **54.9** | **53.1** |
| **Interconception/ Postpartum (PP) Risks and Protective Factors** | **Prior LBW** | **15.6** | **11.6** |
| | **Prior Preterm** | **13.7** | **11.9** |
| | **Use of Contraceptives** | **85.1** | **85.1** |
| | **Tobacco use** | **26.8** | **17.9** |
| | **PP Depression** | **22.5** | **15.7** |

# Core elements in primary care: Screening, Counseling, & Brief Intervention

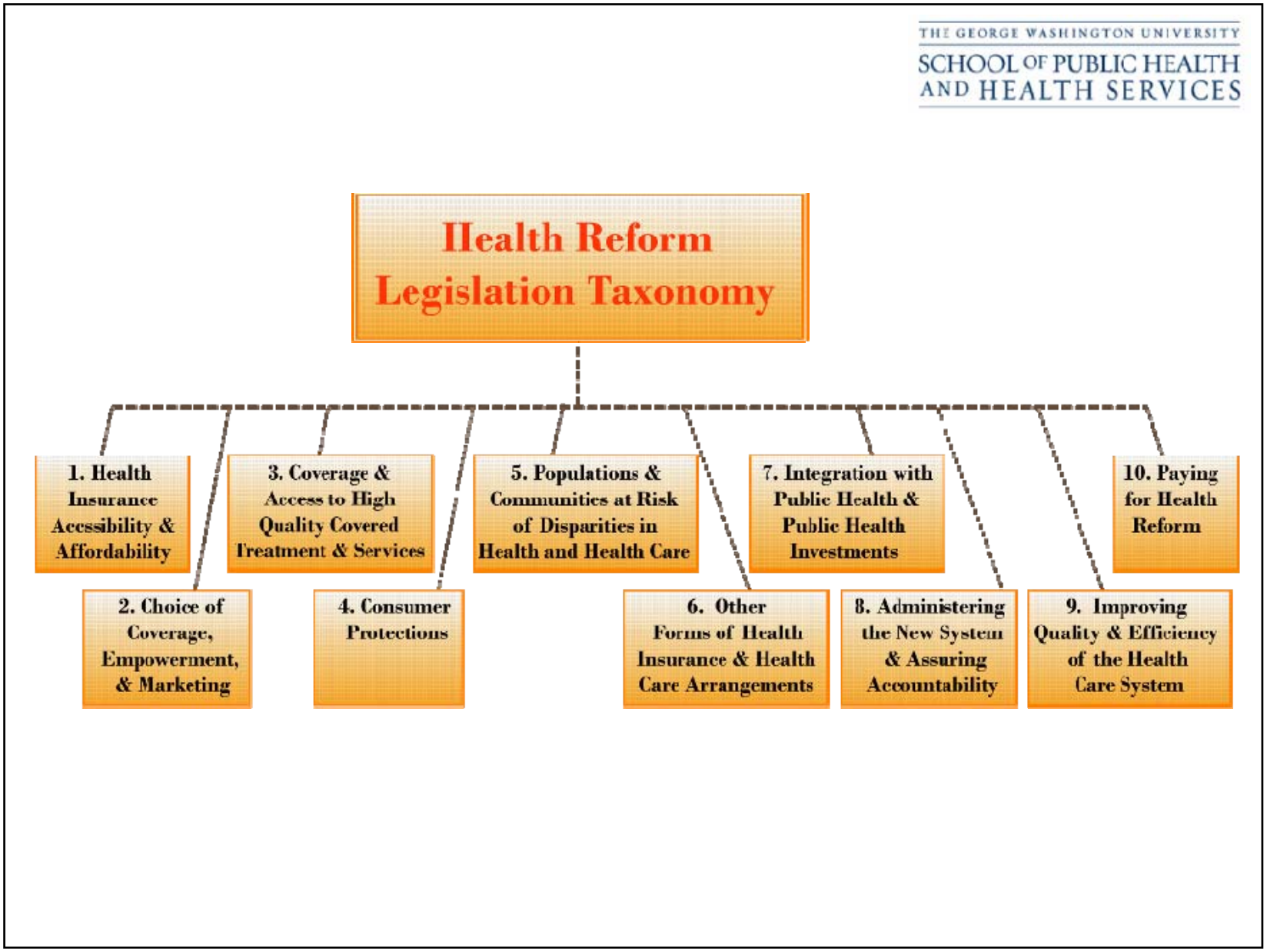


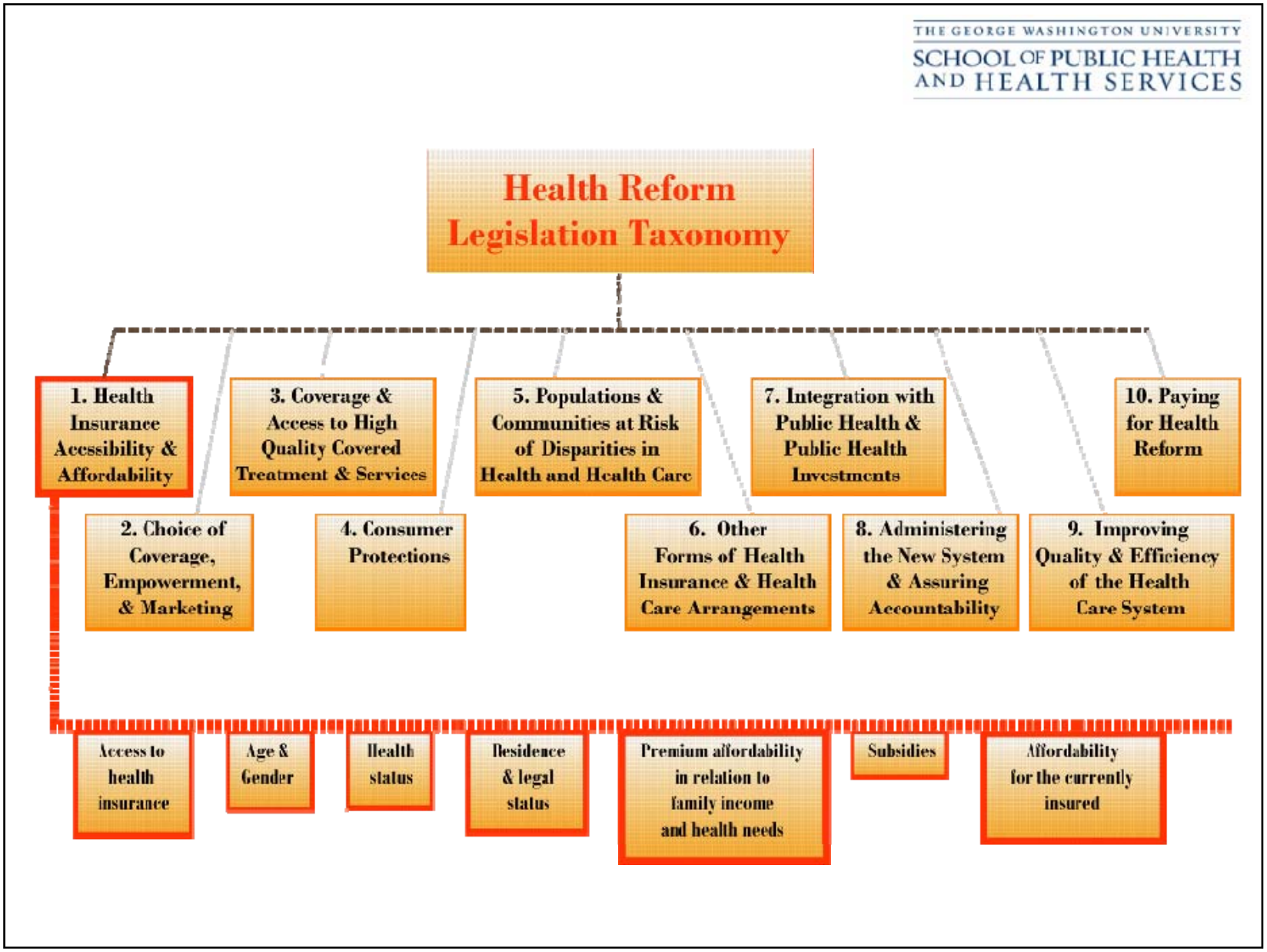
# Health Care Reform Legislation Taxonomy

**National Health Reform Law and Policy Project**

Thanks to Sara Rosenbaum and colleagues
The George Washington University
School of Public Health and Health Services
Department of Health Policy

http://www.gwumc.edu/sphhs/departments/healthpolicy/healthReform/


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Access to health insurance
Age & Gender
Health status
Residence & legal status
Premium affordability in relation to family income and health needs
Subsidies
Affordability for the currently insured

What would it mean in terms of PCHHC?

# Accessibility & Affordability

- Millions of women gain health coverage
  - Combination of requirement to have coverage and increased access to affordable coverage (2014)
- Young adults
  - This year, allows young adults to stay on their parents' health care plan until age 26.
  - Medicaid eligibility for all individuals below the age of 25 who were formerly in foster care for at least six months.

What would it mean in terms of PCHHC?

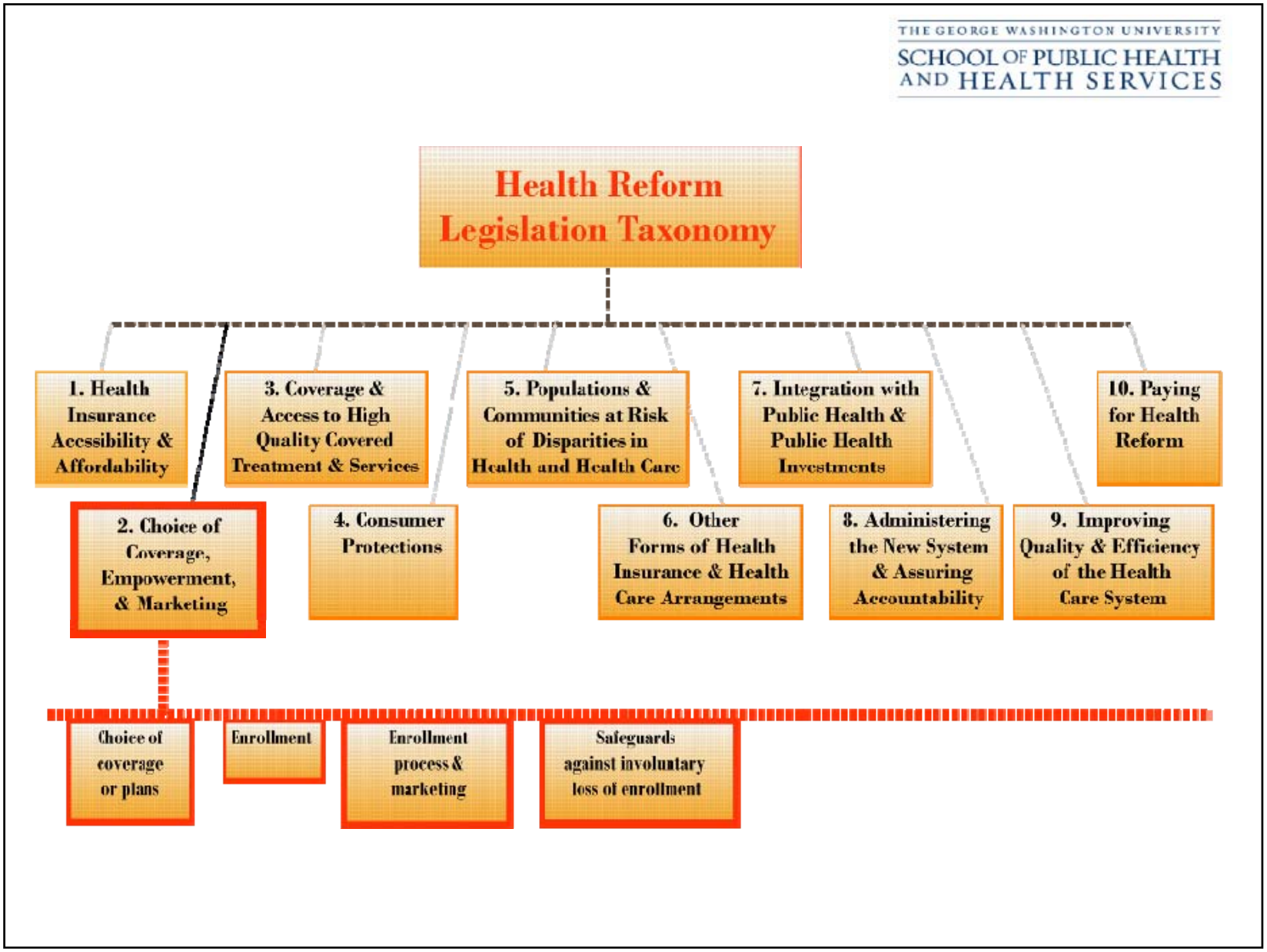
# Accessibility & Affordability

- This year, eliminates **lifetime limits** and prohibits health plans from dropping those who get sick.
- This year, provides access to affordable insurance for uninsured with pre-existing conditions through a temporary subsidized **high-risk pool**.
- Will prohibit insurance companies from denying any woman coverage because of a **pre-existing condition**, or charging more because of health status or **gender**. (No more gender rating.)

What would it mean in terms of PCHHC?

# Accessibility & Affordability

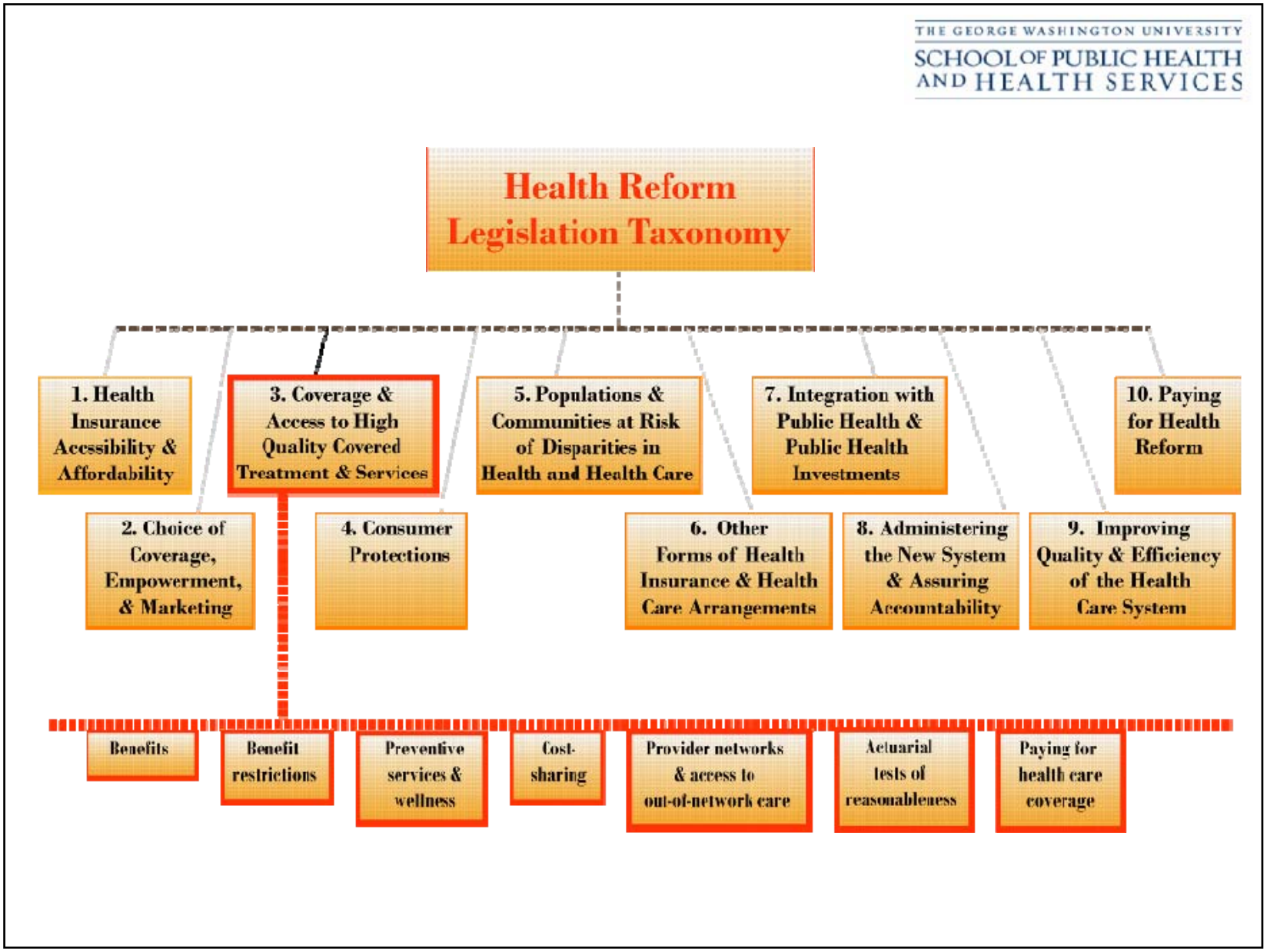
- Subsidized coverage for more individuals
  - Provides sliding scale tax credits starting in 2014 for Americans who cannot afford quality health insurance (up to 400% FPL).
- Medicaid coverage for lowest income (133% FPL).
- Plans in the new Health Insurance Exchanges and all new plans will have a cap on what insurance companies can require women to pay in out-of-pocket expenses, such as co-pays and deductibles.
- Subsidies on out-of-pocket costs (to 400% FPL).


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Choice of coverage or plans
Enrollment
Enrollment process & marketing
Safeguards against involuntary loss of enrollment

What would it mean in terms of PCHHC?

## Choice & Empowerment

- Advantage of "guaranteed issue"
- Portability
- More informed choice & uniform application processes
  - E.g., Provides standardized, easy-to-understand information on different health insurance plans available through the Exchanges


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Benefits
Benefit restrictions
Preventive services & wellness
Cost-sharing
Provider networks & access to out-of-network care
Actuarial tests of reasonableness
Paying for health care coverage

What would it mean in terms of PCHHC?

## Coverage & Benefits

- This year, for new plans, no cost sharing on preventive services rated A or B by US Preventive Services Task Force (e.g. immunizations)
- In new Exchanges, coverage of prevention and basic health services, including maternity benefits.
- Rewards to employees participating in wellness programs.

What would it mean in terms of PCHHC?

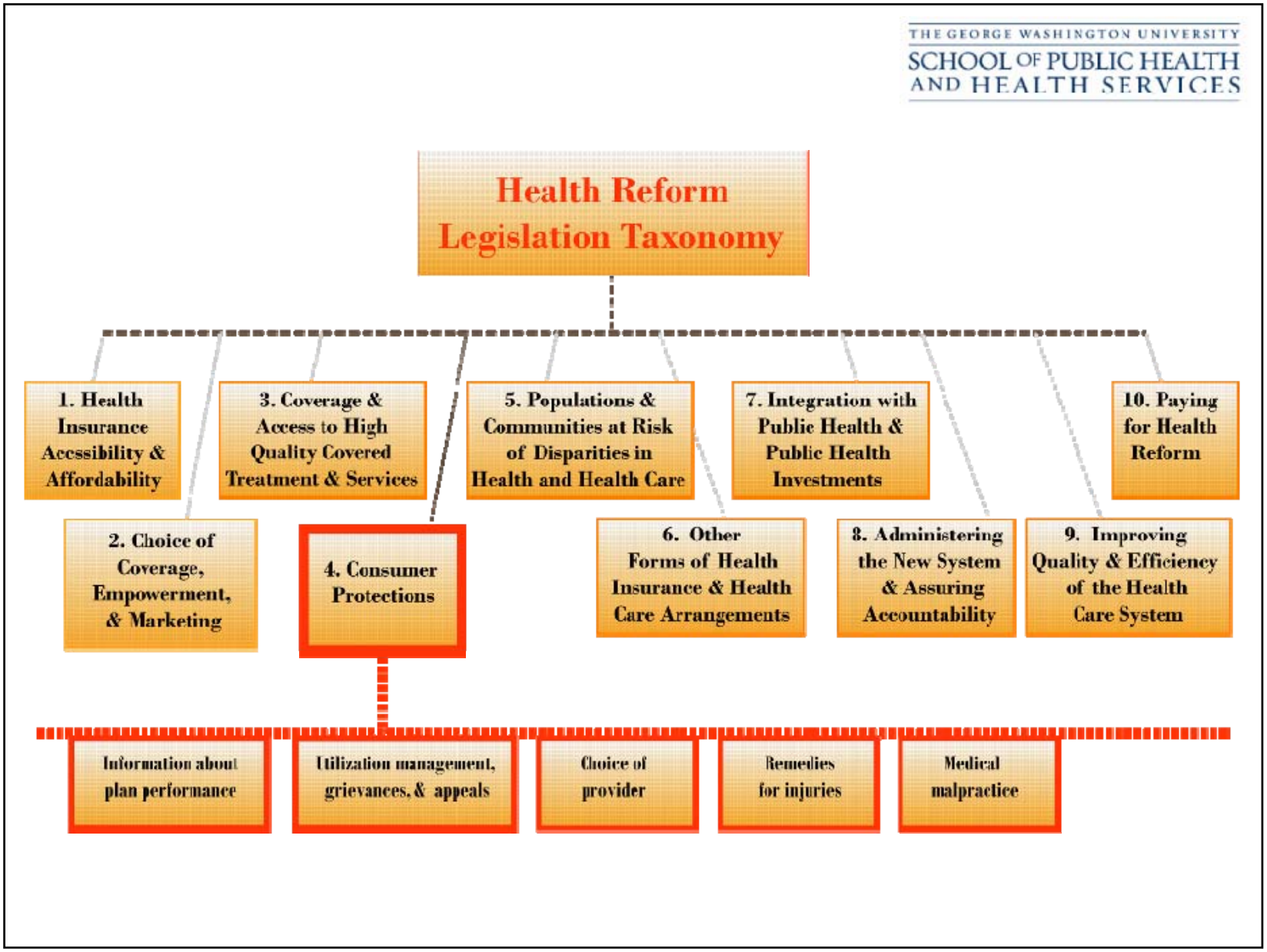
# Coverage & Benefits

- By 2014, DHHS to establish **essential standard benefits package**
  - For policies sold in the exchanges and individual and small-group markets with choice among tiers of plans (bronze, silver, gold, platinum, and catastrophic) with different levels of cost-sharing.
- Benefits must include:
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Maternity and newborn care
  - Mental Health and substance use disorder services, including behavioral health treatments
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Preventive and wellness services and chronic disease management
  - Pediatric services, including oral and vision care

What would it mean in terms of PCHHC?

# Coverage & Benefits

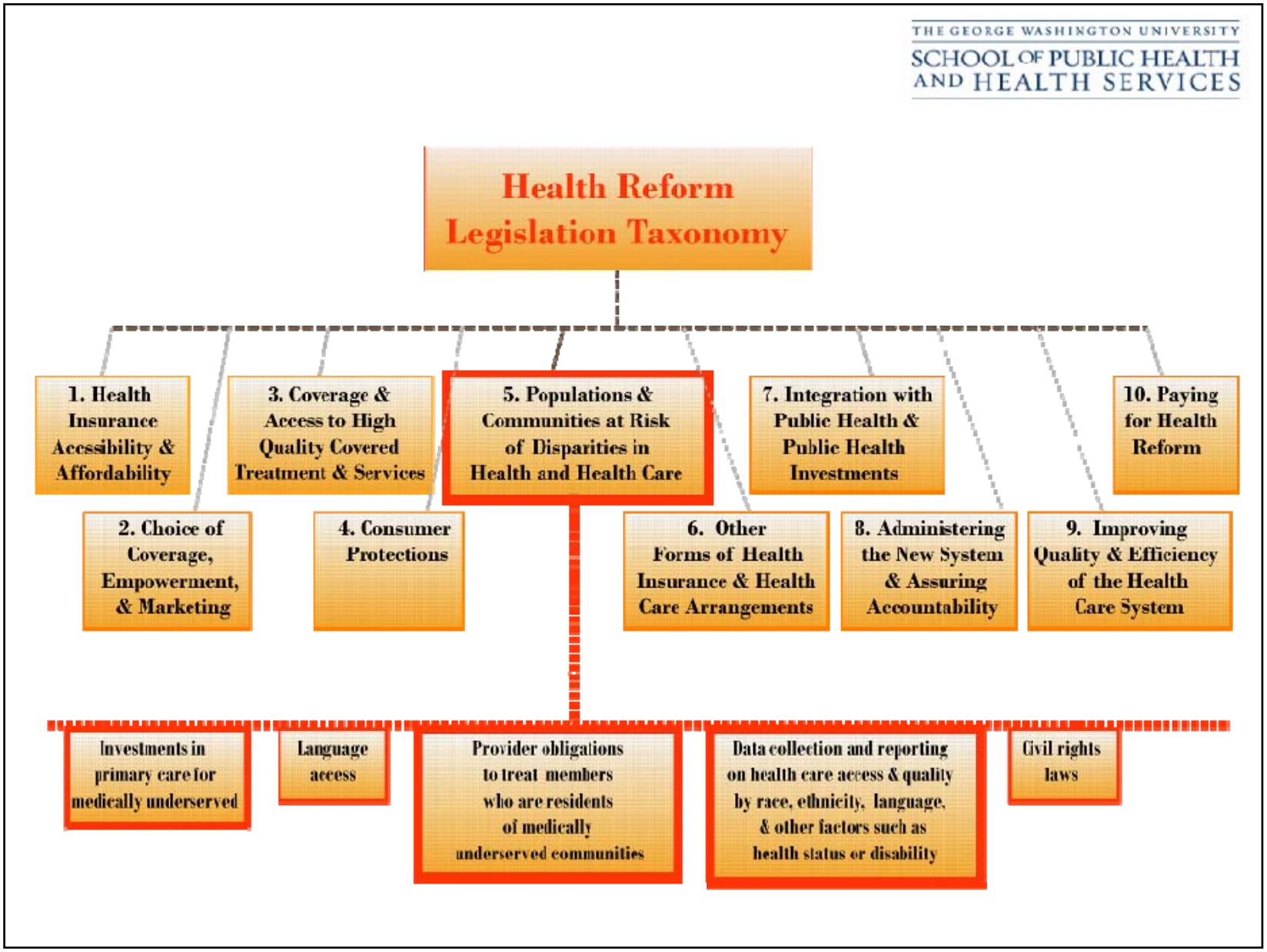
- Medicaid **family planning** coverage (without waiver) for new optional categorically-needy eligibility group comprised of:
  1. non-pregnant individuals with income up to the highest level applicable to pregnant women covered under Medicaid or CHIP, and
  2. individuals eligible under the standards and processes of existing section 1115 waivers that provide family planning services and supplies.
- Benefits limited to family planning services and supplies, including related medical diagnostic and treatment services.


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Information about plan performance
Utilization management, grievances, & appeals
Choice of provider
Remedies for injuries
Medical malpractice

What would it mean in terms of MCH?

# Consumer Protection

- Require fair hearing and grievance procedures
- Informing obligations related to utilization review, termination of benefits, etc.
- Internal and external review and appeals processes
- Protecting confidentiality of health information
- Consumer information


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Investments in primary care for medically underserved
Language access
Provider obligations to treat members who are residents of medically underserved communities
Data collection and reporting on health care access & quality by race, ethnicity, language, & other factors such as health status or disability
Civil rights laws

What would it mean in terms of MCH?

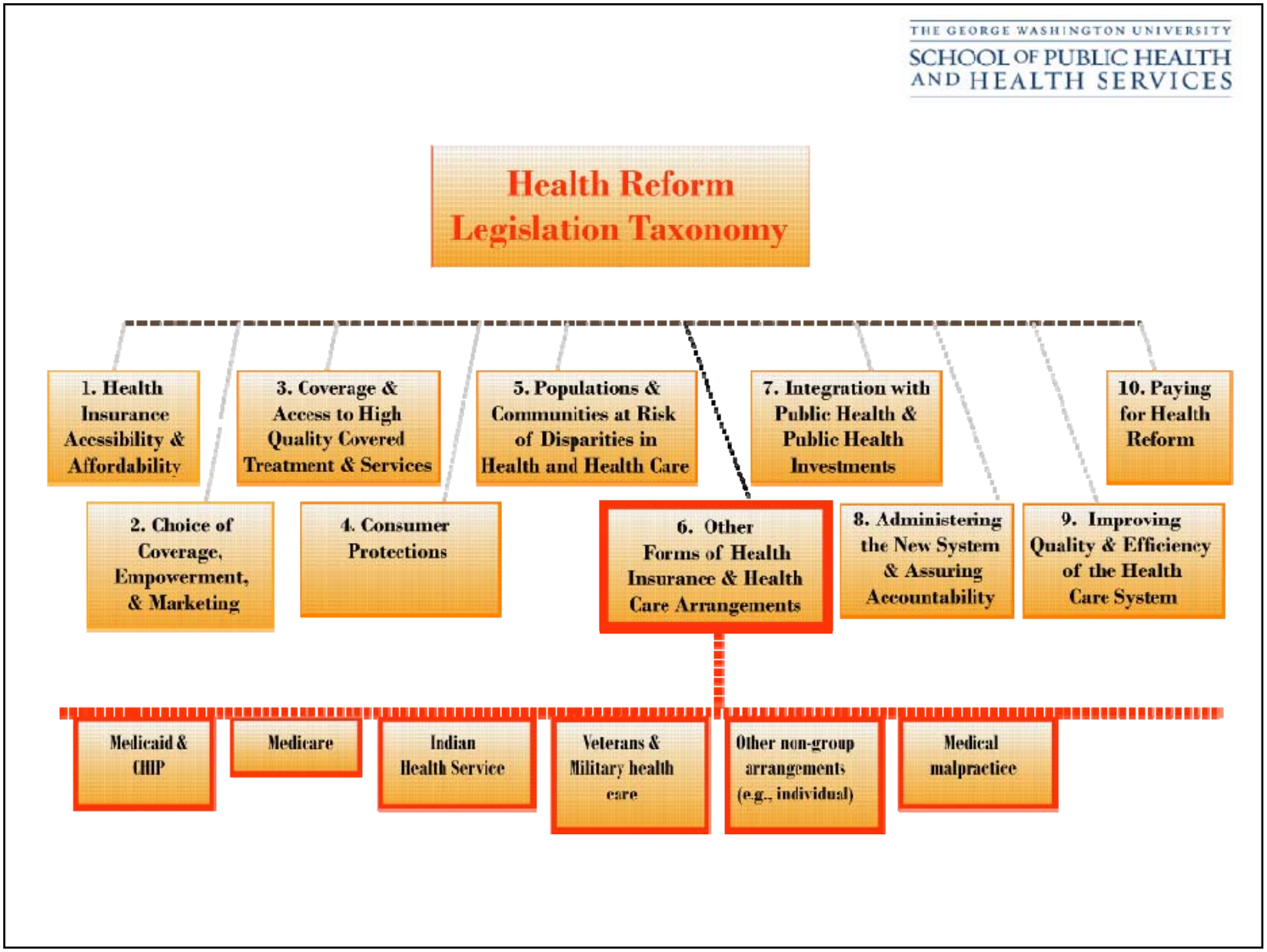
# Addressing Disparities

- Increase investment primary care for medically underserved
  - $11 billion increase in funding for community health centers and National Health Service Corps
- Funding and incentives to increase workforce diversity
- Incentives for improvement of Medicaid care
  - Increased payments for primary care (2013-14 at 100% FFP)
  - Incentives for preventive services (rated A or B by US Preventive Services Task Force) with no cost sharing

What would it mean in terms of MCH?

# Addressing Disparities

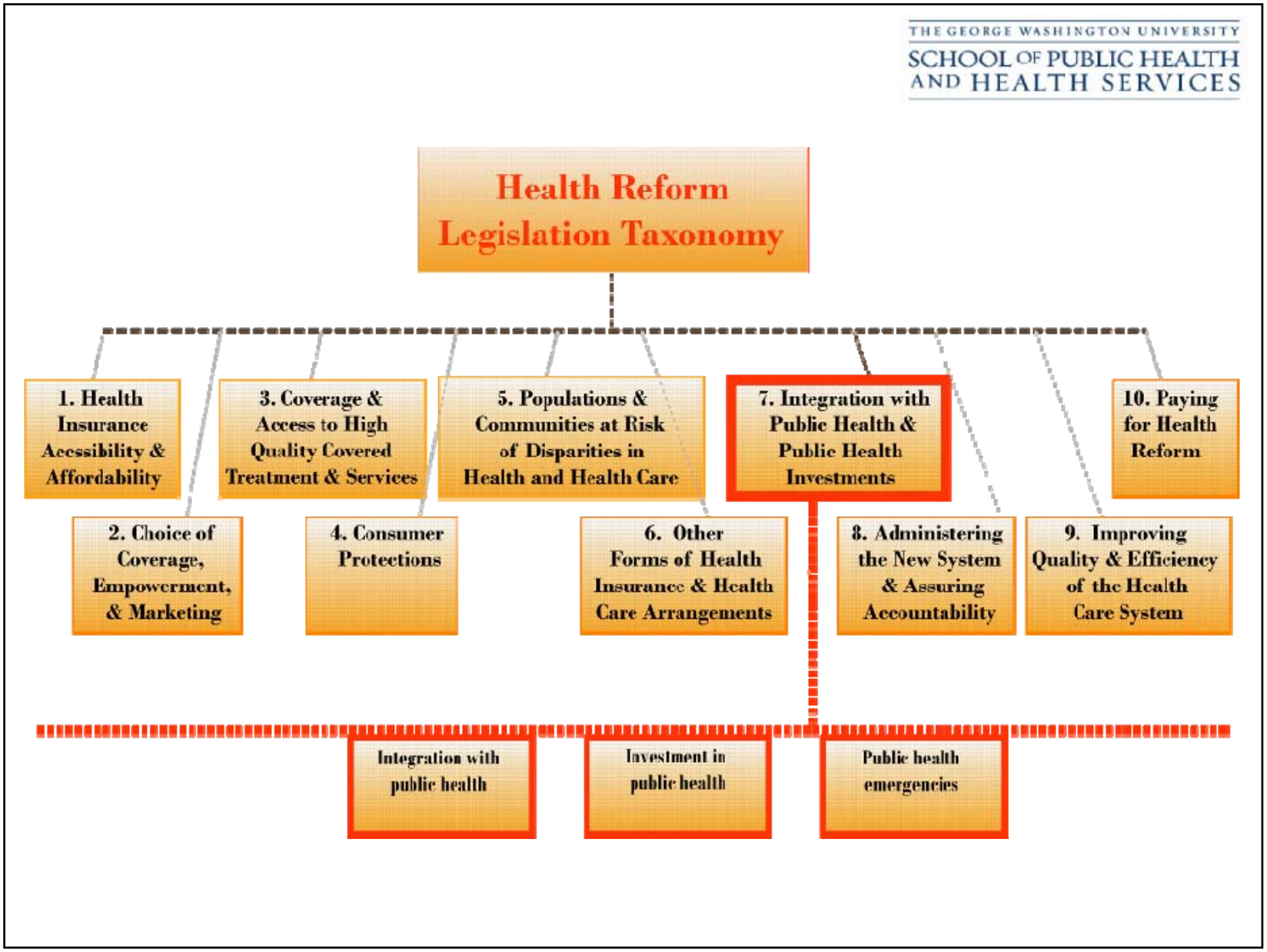
- Community health workers
  - DHHS grants to States, public health departments, clinics, hospitals, FQHCs and other nonprofits to promote positive health behaviors and outcomes in medically underserved areas through the use of community health workers.
- Investments in research
  - Example: The Patient-Centered Outcomes Research Institute to take into account potential differences in outcomes among different subpopulations, such as racial and ethnic minorities, women, age, and groups of individuals with different co-morbidities, genetic and molecular subtypes, or quality of life preferences. Members of such subpopulations would be included in the research as feasible and appropriate.


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Medicaid & CHIP
Medicare
Indian Health Service
Veterans & Military health care
Other non-group arrangements (e.g., individual)
Medical malpractice

What would it mean in terms of PCHHC?

# Treatment of Other Insurance

- Medicaid equalization
  - State option now, mandatory starting in 2014
  - Expand Medicaid to all non-elderly individuals with incomes up to 133% FPL
  - Estimated to extend coverage to 16 million low-income individuals
- Maintenance of Effort for Medicaid
- Provides increased federal support for Medicaid starting in 2014
  - 100% (FY2014-2016); 95% (FY2017); 94% (FY2018); 93% (FY2019); 90% thereafter


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Integration with public health
Investment in public health
Public health emergencies

What would it mean in terms of PCHHC?

# Integration with Public Health

- Prevention and Public Health Fund
  - Builds from $500 million in FY 2010 to $2 billion in FY2015 and thereafter
  - Could leverage change throughout the public health system – with a move away from a stove-piped, disease-by-disease approach to one that addresses the determinants of health in a crosscutting manner.
- National Prevention Strategy
  - Community prevention
  - Core capacity for state and local health departments and others doing community prevention
  - Research, Development, and Dissemination of Best Practices
    - Example: Directs HHS/CDC to fund research in the area of public health services and systems that examines evidence-based practices relating to prevention, with a particular focus on high priority areas as identified by the Sec. in the National Prevention Strategy or Healthy People 2020 and including comparing community-based public health interventions in terms of effectiveness and cost.

What would it mean in terms of PCHHC?

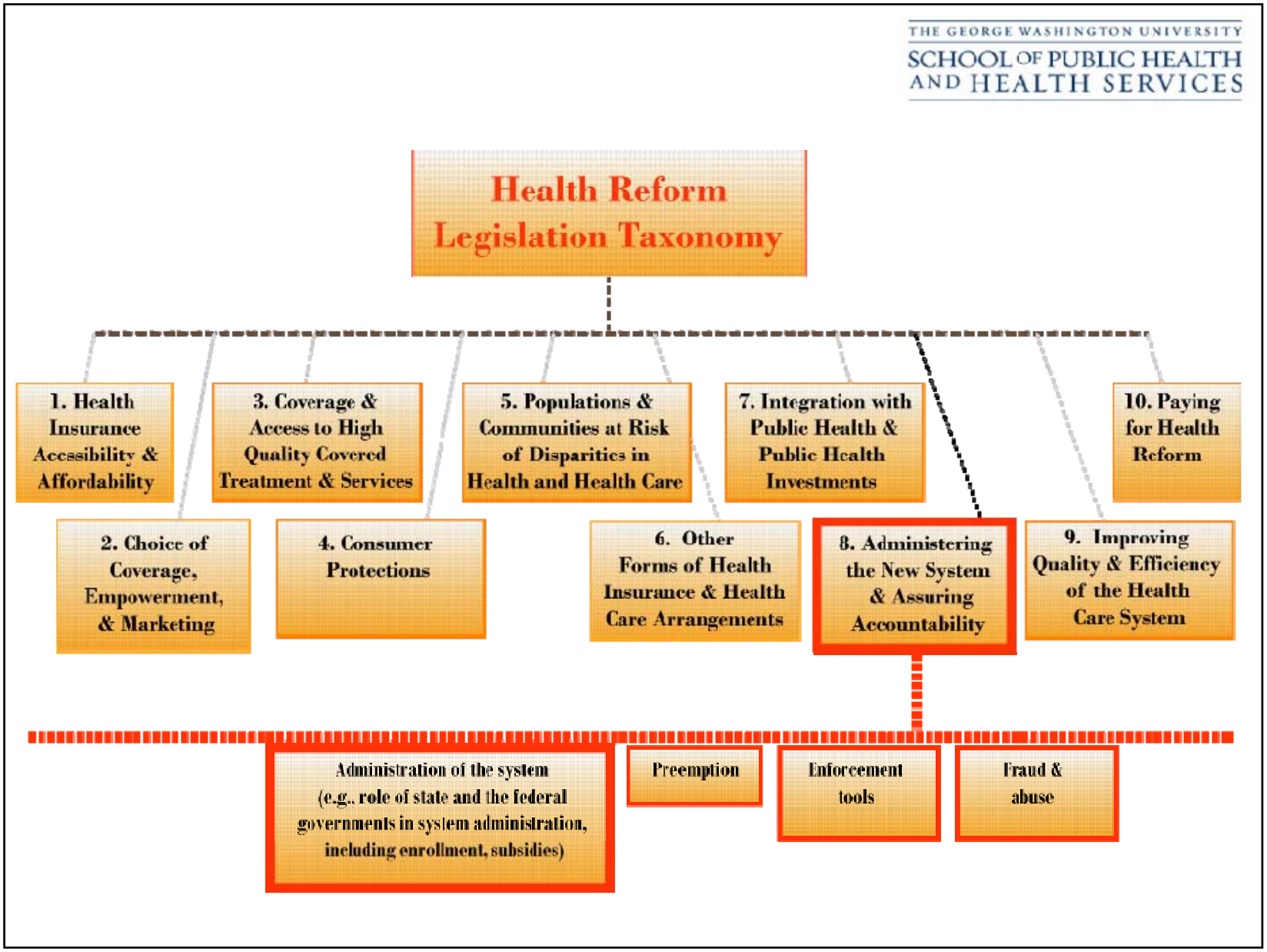
# Integration with Public Health

- Creates "Community Transformation" grants
  - For state and local governmental agencies and community based organizations for the implementation, evaluation, and dissemination of proven evidence-based community preventive health activities to reduce chronic disease rates, address health disparities, and develop stronger evidence-base of effective prevention.
- CDC
  - Convene an independent "Community Preventive Services Task Force" and Guide
  - Establishes CDC program grants to assist public health agencies in improving surveillance and responses to infectious diseases and other conditions of public health importance.

What would it mean in terms of PCHHC?

# Integration with Public Health

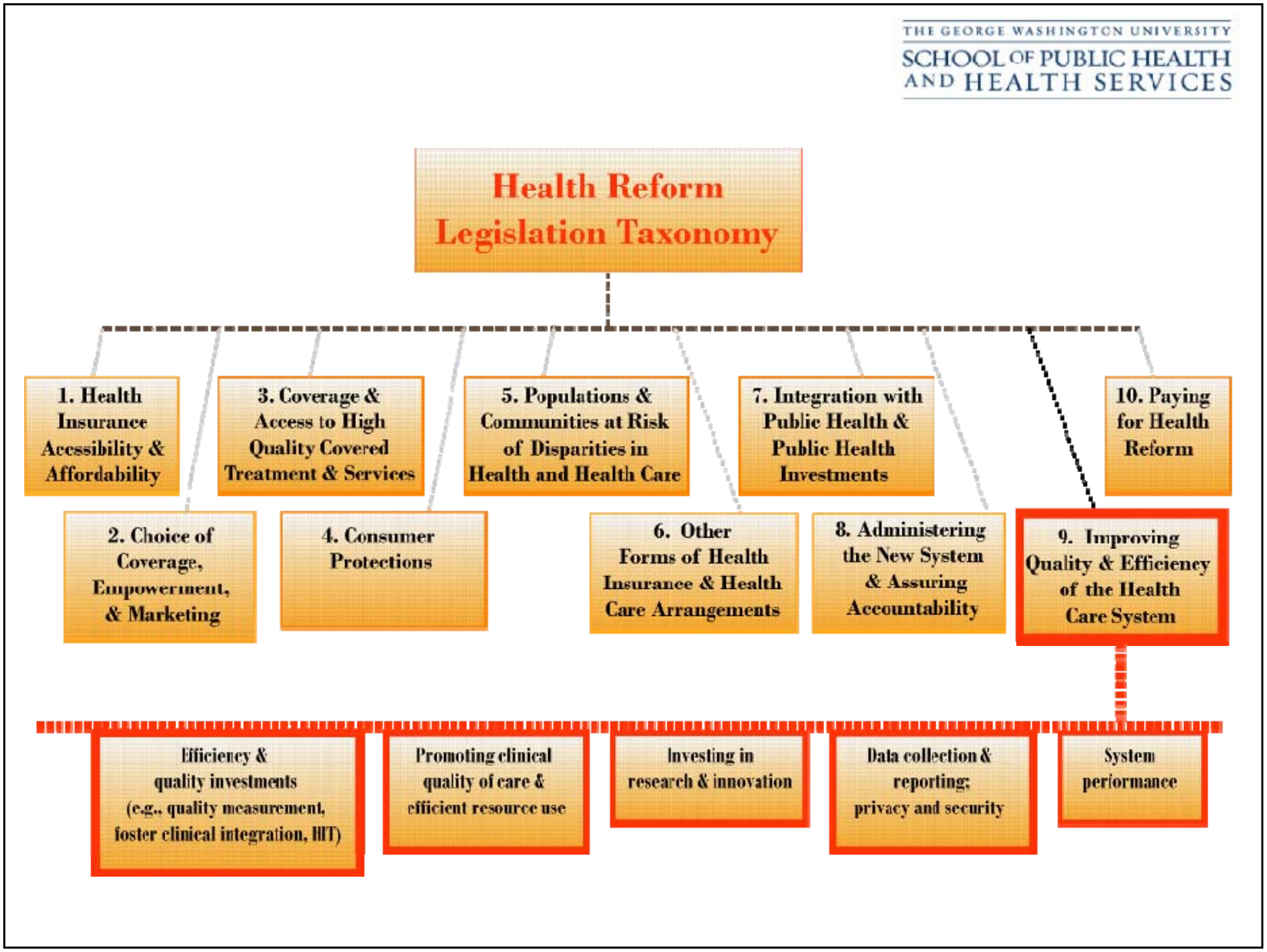
- New program investments
  - **Home visiting** program
  - **School-based health clinic** program
  - Pilot program to provide **community health center patients** with a comprehensive risk-factor assessment and an individualized wellness plan designed to reduce risk factors for preventable conditions.
  - Provides education about and support services to women with **postpartum depression**. Provides support for research into the causes, diagnoses, and treatments.
  - **Pregnancy Assistance Fund** to award competitive grants to States to assist pregnant and parenting teens and women, and victims of domestic violence and sexual assault.
  - **Personal Responsibility Education** grants to States for programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections, including HIV/AIDS.


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Administration of the system (e.g., role of state and the federal governments in system administration, including enrollment, subsidies)
Preemption
Enforcement tools
Fraud & abuse

What would it mean in terms of PCHHC?

# Administration & Accountability

- Administrative simplification
  - Streamlined application forms and processes
  - Example: Simplify health insurance administration by adopting a single set of operating rules for eligibility verification, claims status, electronic funds transfers, disenrollment, premium payments, etc. (Penalties for non use.)
- Administrative structures (agencies, boards, etc.)
- Increased plan accountability
  - Process for reviewing premium increases
  - Reporting on proportion of premiums spent on clinical services, quality, and other
- Codifies DHHS Office of Women's Health


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
Efficiency & quality investments (e.g., quality measurement, foster clinical integration, HIT)
Promoting clinical quality of care & efficient resource use
Investing in research & innovation
Data collection & reporting; privacy and security
System performance

What would it mean in terms of PCHHC?

# Quality & Efficiency

- Calls for a national quality strategy
- Quality measures
  - HHS to develop a set of quality measures for Medicaid eligible adults similar to the quality measurement program enacted in CHIPRA.
- Establishes a "Patient-Centered Outcomes Research Institute"
- Establishes within CMS a Center for Medicare & Medicaid Innovation to research, develop, test, and expand innovative payment and delivery arrangements to improve quality and reduce costs.

What would it mean in terms of PCHHC?

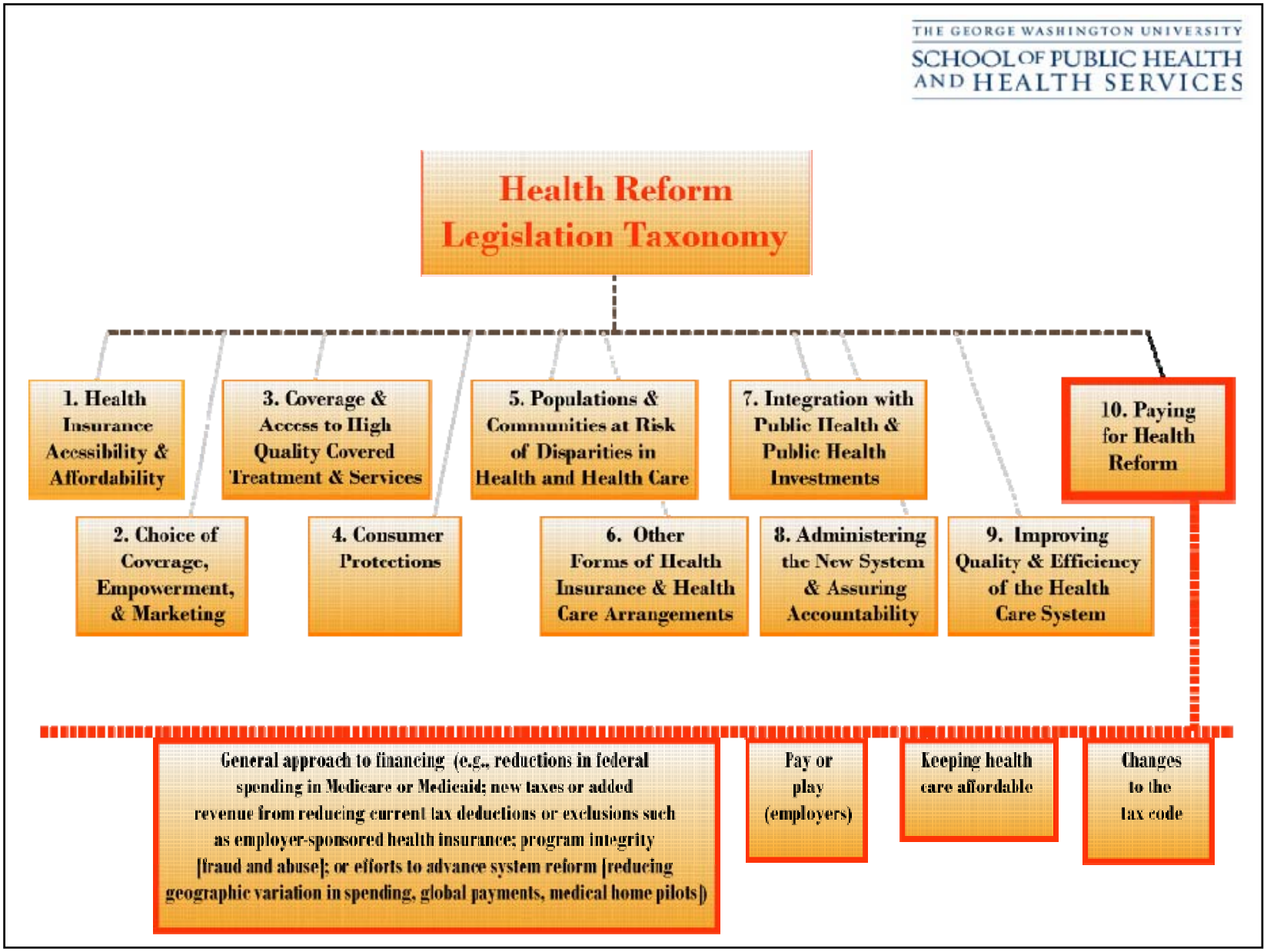
# Quality & Efficiency

- Patient-centered medical home pilots
- Workforce investments
  - Primary care physicians
  - Oral health
  - Nursing
  - Public health

What would it mean in terms of PCHHC?

# Quality & Efficiency

- Community-based Collaborative Care Networks
  - Support for consortiums of health providers to coordinate and integrate health services for low-income uninsured and underinsured.
- Community Health Teams that support patient-centered medical home.
  - Community-based interdisciplinary teams to support primary care, including OB-GYN practices.
  - Team roles include to: collaborate with primary care, coordinate disease prevention and management, and case management.


THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES
Health Reform Legislation Taxonomy
1. Health Insurance Accessibility & Affordability
2. Choice of Coverage, Empowerment, & Marketing
3. Coverage & Access to High Quality Covered Treatment & Services
4. Consumer Protections
5. Populations & Communities at Risk of Disparities in Health and Health Care
6. Other Forms of Health Insurance & Health Care Arrangements
7. Integration with Public Health & Public Health Investments
8. Administering the New System & Assuring Accountability
9. Improving Quality & Efficiency of the Health Care System
10. Paying for Health Reform
General approach to financing (e.g., reductions in federal spending in Medicare or Medicaid; new taxes or added revenue from reducing current tax deductions or exclusions such as employer-sponsored health insurance; program integrity [fraud and abuse]; or efforts to advance system reform [reducing geographic variation in spending, global payments, medical home pilots])
Pay or play (employers)
Keeping health care affordable
Changes to the tax code

What would it mean in terms of PCHHC?

# Paying for Health Reform

- A combination of savings from Medicare and Medicaid and new taxes and fees. A large share of new revenue will come from an excise tax on high cost insurance. Another large source of funding is savings from Medicare and Medicaid.

# Health Care Reform* Implementation Timeline:

## Selected Non-Medicare Provisions that May Benefit Women 18-64

* Includes provisions of the Patient Protection and Affordable Care Act (PPAC) as amended by the Health Care and Education Reconciliation Act.

# Timeline for Selected, Non-Medicare Health Reform Provisions, 2010

## Coverage & Benefits

- **Insurance companies prohibited** from gender rating.
- **Insurance companies prohibited** from rescinding coverage when people get sick, and imposing lifetime caps.
- All new group and individual health plans required to cover **proven preventive care with no cost sharing.**
- **Coverage** for young adults to age 26 (public and private).
- **Medicaid** state option to cover all low-income non-elderly adults (at regular federal financial contribution levels).
- **Medicaid** state option to cover family-planning services.
- **Medicaid** coverage of smoking-cessation services for pregnant women.
- **Small businesses** offering health benefits eligible for tax credits.

## Providers & Systems of Care

- Funding increased by $11 billion over five years for **community health centers and the National Health Services Corps** to serve more low-income and uninsured people.
- Create a new federal **home visiting** program.
- Including **free-standing birthing centers** as Medicaid providers.
- Demonstrations in five states to strengthen large **safety-net hospital** systems.
- Require **plan accountability** for proportion of premium dollars spent on clinical services and quality.
- Establishes Patient-Centered Outcomes Research Institute.

# Timeline for Selected, Non-Medicare Health Reform Provisions, 2011

## Coverage & Benefits

- New **Medicaid** state awards program to improve preventive services.
- New **Medicaid** state option to create medical home programs for persons with chronic health conditions.

## Providers & Systems of Care

- National quality improvement strategy to be developed.
- A new Center for Medicare and Medicaid **innovation** to test approaches that reward providers for quality of care rather than volume of services.
- Community-based Collaborative Care Network Program for care coordination and integration.
- $11 billion increase in funding for community health centers and National Health Service Corps.
- New school-based health centers.

# Timeline for Selected, Non-Medicare Health Reform Provisions, 2013

## Coverage & Benefits

- **Premium and cost-sharing assistance** on a sliding scale for families with annual incomes between $30,000 and $88,000 that buy plans through the exchanges.
- **Shared responsibility for coverage** as individuals will be required to carry health insurance, and employers with ≥50 workers will be required to offer health benefits or be subject to a fine.

## Providers & Systems of Care

- Federal **incentive payments** to expand coverage of preventive services and immunizations for adults.
- Enhanced federal **payments for primary care services** furnished by primary care physicians.

# Timeline for Selected, Non-Medicare Health Reform Provisions, 2014

## Coverage & Benefits

- **Medicaid** eligibility expanded to all legal residents with incomes up to 133% FPL.
- Medicaid expanded coverage for young adults who age out of **foster care**.
- US DHHS will establish an **essential standard benefits package** for policies sold in the exchanges and individual and small-group markets.
- Limits on out-of-pocket costs for low income.

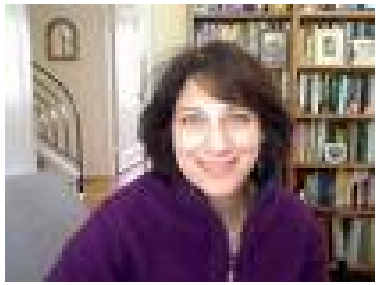
## Providers & Systems of Care

- **Require individuals to have coverage.**
- Create state-based **insurance exchanges and Small Business Health Options Program exchanges** to offer small businesses and people without employer coverage a choice of affordable health plans that meet new essential benefit standards.
- Reduced federal contributions to states' Medicaid **disproportionate-share-hospital (DSH)** payment programs.

# Response & Discussion

- Alina Salganicoff, Ph.D.

  Vice President for Women's Health, Kaiser Family Foundation



- Susan Wood, Ph.D.

  Director, Jacobs Institute of Women's Health