

Health Care Reform: 6 Ways It Will Affect Women

By Stephanie Schorow, Special to Lifescript



It's an issue that hits close to heart, hearth and pocketbook. Can you afford [health care](#) insurance? And if so, does it adequately cover you and your family?

For many women the answer is no. And they have much more at stake in the battle over health care reform. That's because women use the system more often than men, juggling the medical concerns of their children, elderly parents and husbands, as well as themselves.

They're also disproportionately hurt in the insurance marketplace: Fewer women than men have insurance and many who do pay higher premiums.

If the promises of reform come true, women would see some gains, including:

- Greater availability of coverage, even with pre-existing conditions
- Insurance portability when switching jobs, divorcing or graduating from college
- Increased [savings](#) through lower costs and premiums, and limits on out-of-pocket spending

But these changes will come at a price: Some women may face penalties if they refuse to sign up for [insurance coverage](#), there'll be more regulation, and even Obama admitted some tests may not be covered. Will another behemoth government program — especially one that may cost \$1 trillion or more in the next 10

years — really protect America's health?

Whatever happens, health care reform will leave its mark on everyone from the oldest to the youngest Americans.

Here are 6 ways women may be affected by the various proposals lawmakers are considering:

1. You'll have insurance coverage.

The two biggest problems women face under the current system? Inadequate or no coverage and the high cost of care and insurance. Reform proposals would address both.

About 7 out of 10 working-age women — approximately 64 million — have no [health insurance](#) coverage, insufficient coverage, medical debt problems, or problems getting proper care because of cost, according to a 2007 survey by National Women's Law Center for the Commonwealth Fund.

The same survey found that women had higher out-of-pocket medical expenses than men, and for that reason, were more likely to skip needed health care services. When it's a choice between [food](#) for the kids and a doctor's visit for that nagging pain, guess which wins.

Even employed women may have inadequate coverage — or none at all: From 2000 to 2005, nearly 266,000 companies stopped providing health insurance to employees, according to the National Coalition on Health Care.

Women are also more likely to lose [health insurance coverage](#) because of divorce or death of a spouse.

"With reform, there is going to be a way to get health insurance for your family," says Judy Waxman, vice president of health and reproductive rights at the National Women's Law Center.

Obama plans to provide health care coverage to 98% of Americans in the following 3 ways:

- Requiring employers with payrolls of more than \$250,000 annually to offer health insurance to workers (or pay a penalty if they don't). In some cases, this could mean that a company with only a handful of highly paid employees would have to provide health insurance.
- Requiring individuals to get coverage or face penalties
- Expanding income eligibility requirements in public programs to cover those too poor to afford premiums and providing tax credits to low- and middle-class families (\$43,000 for individuals and \$88,000 for a family of four) Various proposals also seek improvements in [Medicare](#) benefits to help seniors and the disabled afford prescription drugs. They also target uninsured children by providing coverage to those in middle-class, working families who are ineligible for other government programs.

2. Your health care costs may go down.

Not immediately, but perhaps in the future.

No one needs to tell you that your health bills have soared. Average employer-sponsored health premiums rose from \$5,791 a year in 1999 to \$12,689 in 2008 — a whopping 110% increase, according to figures cited by Families USA, a nonprofit organization.

Obama and reform boosters say that their plan will curtail runaway health care costs by eliminating duplication and waste, instituting cost-saving incentives for [doctors](#) and by extending insurance coverage to most uninsured Americans.

Hotly contested is a plan to create a public program to compete with [private health insurance](#) companies which could mean fewer choices for women.

Supporters say it would put more money in your purse by lowering or slowing the growth in health care costs.

Opponents say a government program will put private insurers out of business because they won't be able to compete with cheaper public insurance.

Competition from a public program, Obama argues, will keep [private insurance](#) companies "honest." It would be subject to the same market forces as private companies and would be self-sustaining, financed only by premiums, proponents say. It may be cheaper only because it will spend less on promotion and executive salaries.

You may still benefit from reform, even if you stick with your employer's [insurance plan](#). Here's why:

- Insurers would be prevented from charging higher premiums for women than men of the same age. (They can - and do - now, because women are believed to require more medical services than men.)
- Private insurers would not be able to deny coverage because of pre-existing conditions, such as diabetes or a family history of [breast cancer](#). It would eliminate "job lock," in which people stay at a company for the insurance, thereby increasing job mobility and labor market efficiency.

This is a key issue because "women cycle in and out of jobs more frequently than guys," says Kathleen D. Stoll, director of health policy at Families USA.

3. Your care may be micromanaged. Opponents say the [new](#) system would impose stiff rules on the procedures or tests that could be done. Even Obama concedes that patients may "have to give up things that don't make them healthier."

This could include coverage of multiple tests ordered by different doctors, if those tests are deemed redundant.

Will micromanaging care hurt or help?

"When I saw the blueprint [of a [House](#) reform bill], I thought, 'Is this what we need? More bureaucracy in an area where there is a ton of bureaucracy?'" Laverty says.

Elizabeth Houser, M.D., a urologist and author of *What's Up Down There, A Woman's Guide to Pelvic Health*, was even blunter: "Do I [trust](#) the government to develop and deliver

health care under this system? Absolutely not. Look what they've done with Medicaid and Social Security."

But our care is already being managed, Stoll argues. "This is not about a government takeover of health." Today, "insurance companies get between you and your [doctor](#)," when they determine which procedures or tests will be covered.

Marsha Turin, a 50-year-old Boston teacher, likes her current [insurance policy](#) but sees a need for reform. "I don't believe my health should be a business run by a private company. It's not a commodity."

4. You'll have access to standardized health care plans. Reform legislation calls for a minimum basic benefit package that would include annual check-ups or emergency room visits and such perks as preventative care, mental health services, oral health and [vision care](#) for children.

Maternity services and mammograms may also be included. Whether abortion would be a basic benefit is being hotly debated.

5. You'll be able to shop around. Here's a provision that will please women who want the [best deal](#) for their families: the creation of a "health insurance exchange" or "gateway" that allows comparison shopping among public and private insurance companies.

Moreover, reform calls for standardized health packages, so "you can compare apples to apples rather than watermelons," Waxman says.

Are such changes needed? No, say some health professionals, because the current system already provides adequate choices.

"The entire U.S. health care system is already online and there are thousands of brokers to help people understand their private individual and [group health insurance](#) options and benefits," says Ankeny Minoux, president of the Foundation for Health Coverage Education, a California-based nonprofit that runs an uninsured help line and Web site, [coverageforall.org](#).

6. If you run a small business, you may be required to provide health insurance to employees. Reform proponents promise that small businesses would be exempt, but no one can agree about the definition of a small business.

The House bill would require employers with annual payrolls above \$250,000 to provide [employee health insurance](#) or face 2%-8% penalties. The Senate bill defines a small business as one with 25 or fewer employees.

Either way, women may be hard hit by this provision because they own about 10.4 million of the nation's 25 million businesses employing 500 or fewer people, says Terry Neese, a small-business advocate and a fellow with the National Center for Policy Analysis.

"This new bill will be devastating to women business owners struggling to keep their doors open in this difficult economy," she says.

"There are other ways to obtain access to [affordable](#) health care," like allowing small-business owners the opportunity to band together across state lines in an economy of scale to purchase health insurance and lower premiums.

Lisa Dolan runs a New York City-based security business that doesn't offer employees insurance. She estimates she would pay \$320,000 a year in penalties for her 124 workers under the House bill.

"Quite honestly, I don't know what I would do," she says. "Those people in Washington: Have they ever run a business?"

Stephanie Schorow is a Boston-based freelance writer and author of The Crime of the Century: How the Brink's Robbers Stole Millions and the Hearts of Boston.