

VII. METHODOLOGY

This report is designed to present an accurate, broad assessment of state policies affecting women's access to important health care services and the challenges that states must meet to improve that access. The report examines state policies affecting women's access, including statutes, regulations, executive orders and state programs.

The policy indicators detailed in this report are those that fall under state control that most affect women's access to health care services for which recent, quantifiable data were available. The staffs of the National Women's Law Center and Henry J. Kaiser Foundation selected specific policy indicators. There are many important access issues, such as those concerning substance abuse programs, for which reliable state-by-state data were not available or where state policies were too complicated to be communicated in the format of this report, such as policies to make nursing home and home care more affordable. Hence this report does not attempt to detail all the ways in which states can improve women's access to health care services.

The information contained in the tables that form the basis of this report was compiled from published or online sources specific to the issues analyzed as detailed in the footnotes. Where noted, additional information was compiled by the Health Policy Tracking Service of the National Conference of State Legislatures, the National Women's Law Center and the Henry J. Kaiser Family Foundation. Data analysis was conducted by the National Women's Law Center and the Henry J. Kaiser Family Foundation.

Data concerning federal poverty levels were obtained from the U.S. Department of Health and Human Services website, located at <http://aspe.hhs.gov/poverty/poverty.htm>. Each year, the Department of Health and Human Services designates three federal poverty levels for any given family size—one level for the 48 contiguous states, another level for Alaska, and another level for Hawaii. In cases where the federal poverty level is cited within the notes on a table, only the level for the 48 contiguous states is cited. Calculations for Alaska and Hawaii are based on their respective federal poverty levels.

While the policies covered in this report can improve women's access to health care, states' implementation of these policies is a crucial component of whether and how much improvement is realized. Generally, this report does not explore the effectiveness of state implementation efforts or subsequent judicial actions because such data are not routinely or consistently available.

This report reflects policies that were in place from the beginning of 2000 through April of 2003. The tables indicate the date that the data were collected and the date through which the data are current. Additional data may have become available and some state policies altered between the time data collection ended and the report was published.

VIII. GLOSSARY

AIDS Drug Assistance Programs (ADAPs): State-managed, federally funded programs that provide low-income persons living with HIV/AIDS with coverage for HIV/AIDS-related prescription drugs.

Assets: Also referred to as resources, items of economic value that are not income. Included are financial instruments such as savings accounts, personal property such as an automobile, and real estate (other than an individual's home).

Beneficiary: An individual who is eligible for and enrolled in the Medicaid or Medicare program in the state in which he or she resides.

Capitation/Capitated Payments: A dollar amount established to cover the cost of health care services delivered to a person for a specified period of time. The term usually refers to a negotiated per capita rate to be paid to a health care provider by a managed care organization for a pre-defined range of services.

Categorical Eligibility: Medicaid restricts eligibility to members of certain groups or categories, such as children, the aged, or individuals with disabilities. Individuals who fall into approved categories must also satisfy financial eligibility requirements, including income and resource tests imposed by the states in which they reside.

Centers for Disease Control and Prevention (CDC): The CDC is a federal agency that promotes public health and quality of life by working to prevent and control disease outbreaks, injury and disability.

Colonoscopy: An examination of the rectum and entire colon using a lighted instrument called a colonoscope. This procedure can detect precancerous or cancerous growths throughout the colon, including areas not accessible with sigmoidoscopy.

Co-insurance: A method of payment in which the covered expenses are shared by the health plan and the patient. For example, a health plan may cover 80% of the health service cost and the patient must pay the remaining 20%.

Copayment: A cost-sharing arrangement in which a health plan member pays a specified charge for a specified service (e.g., \$10 for an office visit), usually at the time the service is rendered.

Deductible: A specified amount of money a health plan member must pay before insurance benefits begin, usually an annual amount.

Department of Health and Human Services (DHHS): The federal department with oversight responsibility for Medicaid and Medicare and other health-related programs.

Disabled: For purposes of SSI eligibility, a person is disabled if he or she is unable to engage in any substantial gainful activity by reason of a medically determined physical or mental impairment expected to result in death, or that has lasted or can be expected to last for a continuous period of at least 12 months.

Double Contrast Barium Enema (DCBE): A series of x-rays of the entire colon and rectum taken after a patient is given an enema with barium solution to detect precancerous or cancerous growths throughout the colon.

Emergency Contraception: A back-up method of birth control that, when used within days of unprotected sex, can prevent pregnancy. Emergency contraception is available as a prepackaged regimen of high-dose birth control pills or in the form of an intrauterine device. Emergency contraceptive pills will not interrupt an established pregnancy and is not the same as the medical abortion drug, mifepristone or RU-486.

Enjoined: An existing law is enjoined when a court order is in effect that prohibits enforcing that law.

Entitlement Program: A program that creates a legal obligation on the federal government to any person, business, or unit of the government that meets the criteria set in law. Entitlement programs such as Medicare and Medicaid are often also referred to as “direct” or “mandatory” spending.

Family Planning: The use of birth control measures designed to regulate the number and spacing of children in a family.

Fecal Occult Blood Test: A chemical assay of stool sample that detects hidden blood in the stool, a sign of possible colorectal cancer.

Federal Poverty Level (FPL): The federal government’s working definition of poverty that is the reference point for eligibility for several public programs; it is adjusted annually for inflation. In 2003, the FPL was \$12,120 for a family of two; it was \$15,140 in Alaska and \$13,940 in Hawaii.

Fee-for-service: A payment system by which doctors, hospitals and other providers bill and are reimbursed a specific amount for each service performed after services have been rendered.

Financial Eligibility: To qualify for Medicaid, an individual must meet both categorical eligibility requirements and financial eligibility requirements. Financial eligibility requirements vary from state to state and from category to category, but generally include limits on the amount of income and resources an individual is allowed to have.

Flexible Sigmoidoscopy: A test in which a thin, lighted tube called a sigmoidoscope is inserted into the rectum and lower colon to search for precancerous or cancerous growths.

Food and Drug Administration (FDA): A federal agency whose mission is to protect public health by assessing the safety of new drugs and medical devices and preventing injury or illness due to unsafe or ineffective products.

Free Access: Also called Freedom of Choice, the requirement of Medicaid managed care plans to assure individuals of childbearing age access to a full range of family planning and reproductive health services from any qualified provider.

Gatekeeper: A provider, usually a primary care physician, who is responsible for coordinating and approving all health care services a patient in a health care plan seeks or receives.

Judicial Bypass: A procedure that allows minors who would be required by state law to seek parental consent or notification to obtain an abortion by appearing before a judge, who determines whether the minor meets certain criteria to have an abortion without parental involvement, usually based on her maturity or other circumstances that would make parental involvement not in her best interest.

Low-income: Used in this report to define those with earnings below 300% of the federal poverty level (\$36,360 for a family of two in 2003).

Mammogram: A safe, low-dose x-ray of the breast used to detect breast changes in women who have no signs or symptoms of breast cancer.

Managed Care Organization (MCO): A health plan that integrates financing and management with the delivery of health care services to an enrolled population. It employs or contracts with a network of providers who deliver services and frequently shares financial risk, typically relying on a primary care physician to act as a gatekeeper.

Medically Needy: An optional Medicaid eligibility group who qualify for coverage because of high medical expenses, commonly hospital or nursing home care. These individuals meet Medicaid's categorical requirements, but their incomes are too high to qualify them for coverage. Instead, they qualify by "spending down"—reducing their income by the amount of their medical expenses.

Medicaid: Medicaid is the nation's major publicly financed program for providing health and long-term care coverage to low-income people and people with disabilities. Medicaid is a means-tested entitlement program financed by the state and federal governments and administered by the states. Although there are broad federal requirements for Medicaid, states have a wide degree of flexibility to design their programs.

Medicare: Medicare is the federal health insurance program that covers 34 million Americans aged 65 and over and another 5 million younger adults with permanent disabilities. Medicare is a social insurance program that serves all eligible beneficiaries without regard to income or medical history.

Necessary to Save the Life of the Woman: A case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Pap Smear: A test in which cells are collected from the cervix (the lower, narrow end of the uterus) for examination under a microscope to detect cancer or precancerous changes.

Presumptive Eligibility: The option available to states to extend limited Medicaid coverage to certain population groups prior to a formal income assessment by the State Medicaid agency if their qualified provider determines that their income falls within the state's eligibility threshold.

Primary Care Case Management (PCCM): A health management system under which a primary care provider contracts with a state Medicaid program to act as a "gatekeeper" to locate, coordinate and monitor covered primary care services for beneficiaries.

Primary Care Provider: A provider, usually a physician, who is trained in one of the primary care specialties and who treats and is responsible for coordinating the care of a health plan member.

Premium: Money paid by beneficiaries in advance for insurance coverage.

Resources: See Assets.

Resource Test: A calculation of an individual's assets (see above) used, in addition to income, to determine eligibility for various state and federal assistance programs.

Section 209(b) State: In amendments to the Social Security Act enacted in 1972, Congress created the Supplemental Security Income (SSI) program of cash assistance for low-income seniors and individuals with disabilities. Section 209(b) of those amendments allowed states the option of continuing to use their own eligibility criteria in determining Medicaid eligibility for the elderly and disabled rather than extending Medicaid coverage to all of those individuals who qualify for SSI benefits.

Section 1115 Waiver: Under Section 1115 of the Social Security Act, the Secretary of Health and Human Services is authorized to waive compliance with many of the requirements of the Medicaid statute to enable states to demonstrate different approaches to promoting the objectives of the Medicaid program while continuing to receive federal Medicaid matching funds.

Section 1915(b) Waiver: Under section 1915(b) of the Social Security Act, the Secretary of HHS is authorized to waive compliance with the “freedom of choice” and statewide requirements of federal Medicaid law in order to allow states to operate mandatory managed care programs in all or portions of the state while continuing to receive federal Medicaid matching funds.

Spousal Impoverishment: The eligibility rules that states are required to apply in cases where a Medicaid beneficiary resides in a nursing facility and his or her spouse remains in the community. The rules, which specify minimum amounts of income and resources each spouse is allowed to retain without jeopardizing the institutionalized spouse’s eligibility for Medicaid benefits, are designed to prevent the impoverishment of the community spouse.

Supplemental Security Income (SSI): A federal entitlement program that provides cash assistance to individuals who are low-income, over age 65, blind, or living with disabilities. Individuals receiving SSI benefits are eligible for Medicaid coverage in all states except section 209(b) states, which have opted to use more restrictive 1972 criteria in determining Medicaid eligibility for SSI recipients.

Viability: The point at which a fetus/child can live a sustained life outside the mother’s uterus.

Waivers: Various statutory authorities under which the Secretary of the Department of Health and Human Services may, upon request of a state, allow the state to receive federal Medicaid matching funds for its expenditures even though it is no longer in compliance with certain requirements or limitations of the federal Medicaid statute.

NOTES

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