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EDITORIAL

WOMEN'S HEALTH POLICY
Are the Times Really A-Changing?

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Following the November 2006 election, many wondered what the shift from Republican to Democratic control in Congress and across state capitols would mean for women's health policy. A record number of women also now serve in the Congress, state legislatures, and governor's offices, and, for the first time, a woman is Speaker of the House. Have these changes realigned health priorities? What will this mean for health policies of importance to women such as expansions in coverage, improvements in access to care, and reproductive health promotion?

Reproductive Health

At the state and the federal levels, access to reproductive health information and services has been among the most polarizing of the policy issues facing women's health advocates.

Abstinence and Contraception

In the past decade, funding levels for abstinence-only education grew, reaching a high of $204 million in the President's 2008 budget, an amount now approaching historical levels of public funding for family planning services under Title X, the federal program that finances family planning programs for low-income women and teens. The recent findings from a government commissioned study (Trenholm, et al., 2007) showing the lack of effectiveness of abstinence-only education programs has led increasing numbers of federal and state policymakers to question the wisdom of spending public dollars on this approach. It is worth noting that during this same period, 26 states expanded access to family planning services to low-income women under Medicaid program waivers (Guttmacher Institute, 2007). Despite these Medicaid expansions, many of the 17.4 million women considered to be in need of publicly subsidized family planning services still lack adequate access to contraceptive services (Guttmacher Institute, 2006).

With more than half of all pregnancies estimated to be unintended (Finer & Henshaw, 2006), there is now growing interest in reducing unintended pregnancy and abortion rates by broadening access to contraception. One of the first bills introduced by the new Senate Majority Leader, Senator Harry Reid, was the Prevention First Act. This law would provide additional financing support for public programs like Title X, require education and information about emergency contraception, streamline the application process for states to expand coverage for family planning services to low-income women under Medicaid, and mandate contraceptive equity for private insurance.

Abortion

Despite the new receptivity to contraception, a steady stream of legislation continues to be introduced in Congress to limit access to abortion services for women and teens. The recent Supreme Court ruling upholding the Partial Birth Abortion Act will undoubtedly have an impact on access to abortion services for women and has been the impetus for abortion rights advocates in Congress to introduce the Freedom of Choice Act, which would codify *Roe v. Wade*. At the state level, laws and regulations limiting access to abortion services for women continue to be proposed and enacted. These policies include waiting

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periods, parental consent and notification rules, special requirements for abortion providers, the widespread adoption of refusal laws, and a shrinking pool of abortion providers.

Prevention and Access

Policymakers are grappling with the new human papilloma virus (HPV) vaccine, refusal clauses, emergency contraception, and HIV services for women. In state capitols across the nation, legislators are debating the merits of school entry requirements, supplemental financing, and insurance mandates for the new HPV vaccine. Many are also considering provider refusal laws in light of recent denials by pharmacists and others to dispense contraception. And although emergency contraception is now available over the counter, public education, affordability for low-income women, and availability to victims of rape are still on the agenda in Congress and in state legislatures. Promoting access to prevention and treatment services for women infected with HIV, particularly women of color, is also an issue that continues to demand policy attention.

Older Women's Health

The fact that more women are living longer lives with higher rates of chronic illness has considerable implications for the women served by Medicare as well as the growing number of women who will need long-term care services.

Medicare

The major health coverage accomplishment of the last decade was the Medicare drug benefit. Although many have debated its structure and merits, it has made prescription drug coverage more affordable for millions of low- and modest-income seniors. This coverage was critical for older women who are disproportionately low income and more likely to rely on prescription drugs than men (Salganicoff, Ranji, & Wyn, 2005). Despite some disagreements about certain aspects of the Medicare Modernization Act, it is unlikely that Congress will attempt any fixes or expansions in the near future.

Long-Term Care

With women comprising three quarters of the nursing home and home health populations, long-term care is a women's health priority. However, government assistance with the potentially devastating costs of long-term care is not imminent. Policymakers have been historically daunted by the sheer costs of financing long-term care and will likely focus their attention on addressing the pressures to expand health insurance coverage to the uninsured.

Health Reform

After a decade of erosion in employer-sponsored coverage, rapidly rising health care costs, and persistent growth in the number of the uninsured, health reform has reemerged as a national policy issue. Women have much at stake in this national debate in their roles as health care consumers, mothers, caregivers, and as an integral part of the health care workforce.

Medicaid

The debate over the future of Medicaid is also a critical one for women, who comprise over three-quarters of the adult Medicaid population (Kaiser Family Foundation, 2007a). Medicaid serves the poorest, most disabled, and frailest segments of women. Changes enacted under the Deficit Reduction Act (DRA) of 2005 will likely have implications for the women served by Medicaid in the short and long term. Notably, the DRA has new rules requiring documentation of citizenship for enrollees; some states have already begun to note a decline in enrollment in their Medicaid programs and family planning expansions as a result of these new requirements. The DRA also permits states to increase cost sharing beyond nominal levels, charge premiums to certain beneficiaries, and establish alternative plans with a narrower set of benefits to make Medicaid look more like private insurance. And although only a handful of states have taken advantage of these new rules, some have adopted new approaches which include incentives for "personal responsibility" and experimentation with health care savings accounts, which may be attractive to many state policymakers.

The Uninsured

For the first time since the failure of the Clinton health plan, the uninsured are back on the national policy agenda. Unprecedented numbers of states are considering reform options ranging from more limited incremental expansions for children to universal coverage for all state residents. It is notable that the first unofficial presidential debate among the Democratic candidates was a forum focused on health reform held in March 2007.

In 2005, there were more than 17 million uninsured women in the United States (Kaiser Family Foundation, 2007b). Recent polls show renewed public support for health reform and, apparently, an increased willingness to pay for it (Toner & Elder, 2007). This support has been evident not only among groups like organized labor, who have traditionally championed universal coverage, but increasingly from the corporate sector. There is rising agreement that the burden of health care costs on business interests will be untenable in the long term (although there is very little

agreement about the best approach to lessen this burden).

In state capitols across the nation, health care reform is also back on the agenda. The fiscal outlook for states is rosier than it has been in a decade, but states still face sizable challenges to fund prisons, education, and other programs within the confines of a balanced budget. Massachusetts, Vermont, and Maine have passed universal health coverage laws for all residents. Illinois, Tennessee, and Pennsylvania have passed plans that provide universal coverage for children. And states as diverse as California, Kansas, and Minnesota are developing proposals for comprehensive reform. Although the details vary, most of the plans rely heavily on additional federal funds. Securing federal financing is likely to be a major challenge for states in light of the sizable federal deficit and the Congress' adoption of PAYGO rules, which require that new Federal spending be offset by cuts in existing programs or include new sources of revenue. The current disagreement between Congress and the White House over SCHIP reauthorization coverage goals and funding levels is suggestive of future contentious debates over health reform and the federal government's role.

Outlook

So, are the times really a-changing? Undoubtedly, we have entered an era where there is renewed interest in many of the policy priorities that women's health advocates have championed. It is likely that the 110th Congressional session will lay the groundwork for the next Administration, rather than be remembered for its bold new health plan. With the Democrats' razor-thin majority in the Senate and slim lead in the House, bipartisan agreement and leadership will be needed to advance a women's health agenda. Although health care has reemerged as a top tier issue for the public, the combination of the federal deficit and the billions of dollars that will still be needed to pay for the war in Iraq will place considerable limits on the ability to fund new services, finance expansions in coverage, and support new research. Researchers, analysts, and advocates all have an important role to play in educating policymakers or how health care for the women of this nation can be improved and strengthened and in keeping these issues high on the policy agenda.

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Author Description

Alina Salganicoff, PhD, is Vice President and Director of Women's Health Policy at the Kaiser Family Foundation. Her work focuses on health policy issues of importance to women, with an emphasis on health coverage, financing, and access to care for underserved women.