



Testimony of Lois Uttley, MPP
Co-founder, Raising Women's Voices
Public Hearing on Establishment of an Insurance Exchange in New York State
Baruch College, NYC, May 18, 2011

I am Lois Uttley, a Manhattan resident and co-founder of a national initiative called Raising Women's Voices for the Health Care We Need. Our mission is to ensure that the health care needs of women and our families are addressed as the Affordable Care Act is implemented. I also chair the health reform task force of the New York Alliance for Women's Health (a statewide coalition of 57 organizations), serve on the steering committee of Health Care for All New York and am President-elect of the Public Health Association of NYC.

I want to thank Governor Andrew Cuomo and the state Departments of Health and Insurance for conducting this and other public forums around the state this month to gather comment from stakeholders on how to begin implementing the Affordable Care Act in New York State. **I am delighted to have this opportunity to urge New York's leaders to take action this session to establish the framework for what will become our state's insurance exchange.** I will offer some recommendations on how that exchange framework might best be structured to serve the needs of women and our families.

My primary message to you today is very simple: For New York's women, health reform cannot come too soon! Last year, nearly half of the working age women in this country skipped needed health care because they could not afford it, according to a new report from the Commonwealth Fund.¹ That's 45 million women who could not afford to fill their prescriptions, skipped recommended medical tests and/or did not go to the doctor when they had a medical problem.

Among women who did not have health insurance, the problem was even worse. An alarming 76 percent of uninsured women went without health care last year because they couldn't afford it. Even women with health insurance were having trouble affording medical care. This was especially so for women with high-deductible health insurance plans that require large outlays of cash before insurance kicks in.

¹ Robertson, R., and Collins, S.R., Women at Risk: Why Increasing Numbers of Women are Failing to Get the Health Care They Need and How the Affordable Care Act Will Help, The Commonwealth Fund, May 2011, accessed on May 16, 2011 at <http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2011/May/Women-at-Risk.aspx?omnicid=20>

Yes, men also had trouble affording health care last year, but it was at lower rate than for women: about one third of men reported these problems, compared to 48 percent of women. Women use more health care than men do over our lifetimes and, as this new Commonwealth Study documents, we face real disparities in being able to afford the health care we need.

What will health reform do for women struggling to afford health care? The Affordable Care Act is expected to dramatically improve the ability of New York's women to afford health care:

- An estimated 40 percent of New York's 1 million uninsured adult women will qualify for federal subsidies to help them buy private coverage through New York's insurance exchange beginning in 2014, according to analysis by the Kaiser Family Foundation.²
- An even larger group, estimated at 47 percent of our state's uninsured adult women, will qualify for the expanded Medicaid program that the ACA will institute beginning in 2014, according to the Kaiser Family Foundation.

In other words, 2014 should bring tremendous relief to women and our families across New York State who right now feel like they are walking a health care tightrope with no safety net underneath. New York's exchange will become that safety net, providing a fallback source of affordable health coverage for women and families who lose their job-based health insurance through layoffs or through employer decisions to drop coverage. Our exchange will also play an important role in providing affordable coverage options for the one quarter of women who have "dependent" health insurance through a spouse's job, and risk losing that coverage upon divorce or death of a spouse. For the chronically uninsured women of our state, New York's insurance exchange will finally provide affordable coverage and access to care.

What are New York's women looking for in our state's insurance exchange?

The many New York women who speak with Raising Women's Voices regularly about their hopes for health reform are unavailable to give testimony at public hearings that take place during the workday. Moreover, they do not express their views in the kind of insurance terminology and bureaucratic concepts that many of us in this room use day-in and day-out. So, I will do a little translating today, as I present a few recommendations for your consideration.

First, the women of New York urge you to be smart shoppers for the families of our state.

How does that translate to the constellation of issues we're discussing here? It means that we want you to use the combined market power of all the eligible individuals and families in New York to get the best possible value and price for the health insurance we need to purchase.

Raising Women's Voices of New York recommends you create one statewide health insurance exchange that pools the risk of all participants and gives our exchange the best possible buying power. Moreover, we recommend that our exchange actively negotiate with insurers to get quality health plans at prices our families can afford. Make no mistake. We do not want bare bones, high-deductible plans that make it unaffordable to actually use our insurance coverage. We've all that that dismaying experience of buying something cheap that failed to work or fell apart within weeks. There is a good reason why so many working families in New York join those wholesale buying clubs or shop at some of the large discount chains. It's because sharp negotiators for those clubs and stores have used volume purchasing to obtain the kinds of affordable prices for good

² Impact of Health Reform on Women's Access to Coverage and Care, Kaiser Family Foundation, December 2010, access on May 16, 2011, at <http://www.kff.org/womenshealth/upload/7987.pdf>

quality products that families can't find on their own. We want New York's exchange to do that for our health insurance purchases.

Second, make our state's exchange easy for women and our families to use. Women tend to be the health care decision-makers and arrangers of care for our families. But we're really busy, juggling all the responsibilities of working, caring for children, keeping an eye on aging parents, managing household budgets and making sure everybody is fed and properly dressed. So, we can't afford to spend hours poring over incomprehensible insurance documents, clicking around numerous websites or trying to make the right choice from frustrating telephone menu options.

Help women and our families use the new state exchange by offering New Yorkers a first-class consumer experience. Ensure there are opportunities to enroll wherever women and families go regularly – yes, of course, at hospitals and clinics, but also at shopping centers and churches and community-based agencies. Offer potential enrollees the opportunity to talk to a real live person. Recognize that women busy with work and families may not have time to pay attention to their health insurance options until late at night, after the kids are in bed, or early in the morning. So make sure toll-free hotlines are working up until midnight and open each morning before the kids wake up. Make the choices of health insurance options easy to understand and compare.

In addition, I want to flag two specific policy issues that will affect whether New York's insurance exchange will be something that women and families can use easily. First, we must facilitate the seamless movement of people between Medicaid and subsidized private insurance within our exchange in a way that doesn't create gaps in coverage or endless paperwork barriers. With our economy still struggling to recover, there is likely to be frequent movement of people between eligibility for these two types of coverage. Second, while we support creation of one statewide insurance exchange, instead of regional exchanges as some parties have proposed, we believe there should be regional pricing and enrollment centers for exchange insurance plans to reflect geographic differences around the state.

Third, ensure that the people running our state exchange are representative of and responsive to the women and families of our state. As the operator of our state insurance exchange, a governmental or quasi-governmental agency is more likely to be truly accountable to the people than is a private non-profit. Our state exchange board should include members who can represent the interests and concerns of women and our families. So, there should be at least one (if not more) exchange board member who is a consumer representative. In addition, it would be wise to have a exchange board member who is a public health professional, and can contribute expertise in how to promote health prevention through the policies offered in the exchange. We urge that New York's exchange adopt strict conflict-of-interest standards that would bar membership on the exchange board for anyone likely to be doing business with the exchange, such as insurance companies.

Fourth, help reduce the disparities that mean some New Yorkers have good health coverage and can stay healthy, while others have no or poor health coverage and grow sicker year by year. Women of color, low-income women, immigrant women and young women are acutely aware of the inequities of our current health system. They have higher rates of un-insurance and know how quickly emergency medical care can lead to medical debt. But they cannot afford routine preventive care, such as mammograms, pap smears and diabetes testing. If insured, these groups of women and their families frequently have health coverage with such high deductibles and co-pays that they cannot afford to use their insurance. The cost of a monthly co-pay for birth control can be prohibitive if it means you cannot pay the electric bill.

Raising Women's Voices urges that New York's insurance exchange actively work to promote health equity by addressing health disparities linked to race, class, ethnicity, disability, sexual orientation and gender. For women, a key element in health care across the lifespan is access to comprehensive, affordable reproductive health care. The benefit package covered by qualified health plans selling insurance in New York's exchange should routinely include contraception, STI screening and treatment, sterilizations, prenatal and maternity care and other elements of reproductive health care. Our exchange can also do much to lower the rates of unnecessary cesarean section deliveries and to address the unacceptable rates of low-birthweight babies in some communities. In addition, New York's exchange should allow insurers to offer abortion coverage, as has been the standard practice in the existing private insurance marketplace in our state.

It is going to take time and money to construct a state insurance exchange that really meets the needs of New York's women and families. That is why it is imperative that New York begin work on our state exchange now by passing enabling legislation this session. With a basic framework for our exchange in place this year, members of the exchange board will be able to start meeting and making the further decisions that are necessary to get New York's exchange up and running on time to meet federal certification requirements in 2013.

Thank you for the opportunity to present this testimony on behalf of the women and families of New York.

Contact information: Lois Uttley, MPP
Raising Women's Voices/MergerWatch
475 Riverside Drive, Suite 1604, NY, NY 10115
212-870-2010
lois@mergerwatch.org