



Centers for Medicare and Medicaid Services  
7500 Security Boulevard,  
Baltimore, MD 21244

### **Re: Public Comments to Healthy Ohio Proposed Waiver Provisions**

Raising Women's Voices for the Health Care We Need is a national initiative working to ensure that the health care needs of women and our families are addressed as the Affordable Care Act is implemented. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities, and members of the LGBTQ community. We place a priority on asking women to share their experiences navigating the health care system. Because of women's roles as arrangers of health care for our families, we believe women are grassroots experts in what is wrong with the current health system and what it will take to fix it.

**We write today urging you not to prematurely accept provisions included in Ohio's waiver proposal that could particularly harm women.** Several states are already engaged in demonstration projects to study the impacts of premiums, coverage that begins on the first day of payment, and more. We urge you to reject proposals that risk the significant health gains Ohio's women have received through Medicaid expansion until the results from these other demonstration projects are clear.

Women live in poverty at higher rates than men do and are much less likely than men to have employer-provided insurance in their own names.<sup>i</sup> Thus, even women with insurance are at greater risk than men of losing it following changes in their relationship status or in the family coverage offered by their spouse's employer. Unsurprisingly, women are more likely to fall into the Medicaid gap than men, and women of color are particularly vulnerable. In 2013, prior to expansion, a quarter of Black women and a third of Latina women were uninsured.<sup>ii</sup>

At the same time, women are more likely to face non-cost barriers to care. More than one in four low-income women (26%) delayed getting needed health care or skipped it altogether because they couldn't get time off of work, while one in five women with children (19%) did so because they couldn't find child care.<sup>iii</sup> These factors make women more vulnerable to the policy changes proposed.

## **1- Premiums, Copays, and Lock Outs**

A number of studies dating back to the 1970s have clearly documented the impact of even small premiums and “cost-sharing” requirements such as co-pays on access to care among low-income populations. For example, 2004 study of Utah’s pre-ACA Medicaid waiver program found that requiring individuals below 150% FPL to pay a yearly fee of \$50 forced roughly one out of every 12 participants to drop out of the program after one year.<sup>iv</sup> Although the Utah study did not break out affordability concerns by gender, women made up a disproportionate share of the total disenrolled population (55%).

These cost-shifting provisions are often framed as “skin in the game”: a way to prevent beneficiaries from getting care they don’t really need. But this population already faces significant non-cost barriers to care that force them to delay or skip treatment. Cost-shifting is not only a solution in search of a problem for this population, its practical effect is to prevent low-income households from accessing the care they really do need, turning manageable health problems into costly emergencies. A 2003 review of relevant literature found that even small premium increases led to dramatic drops in enrollment and that cost-sharing resulted in foregone treatment and greater hospitalization and emergency care.<sup>v</sup>

These costs are felt even more strongly by women—who earn less, have fewer financial resources, and are more likely to be taking care of family members. Not surprisingly, then, significantly more women than men are forced to forgo care when costs increase.<sup>vi</sup> And women who fall two months behind in their payments are likely to find themselves permanently locked out of care because they can’t afford the back payments that Ohio is seeking to require them to pay.

Thus, the evidence strongly suggests that premium requirements and lock outs will prevent women from accessing much-needed care, unwind Ohio’s significant gains in reducing the uninsured rate, and ultimately impose higher costs on society in the future. Until evidence from other current waiver states suggests otherwise, it does not make sense to risk current coverage.

## **2- Retroactive Coverage**

Similarly, it does not make sense to risk the current benefit of retroactive coverage currently offered to Ohioans. Through their demonstration waivers, Indiana and New Hampshire have already made coverage effective on the date of the first premium payment, not on the date of application, and are exempted from providing the three months of retroactive coverage that traditional Medicaid does. Preliminary evidence suggests that retroactive coverage helps reduce uncompensated care costs for hospitals and helps prevent medical debt from swamping low-income families, ultimately aiding the state. But until we know the impact of these waivers, it makes sense to let these demonstrations conclude before approving new ones.

In conclusion, we urge you to reject provisions whose impact would be particularly harmful to the women you represent.

Sincerely,

Raising Women's Voices for the Health Care We Need

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<sup>i</sup> "Women's Health Insurance Coverage," Kaiser Family Foundation, February 2, 2016, <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

<sup>ii</sup> Eichner A, Gallagher Robbins K, "National Snapshot: Poverty Among Women & Families, 2014," National Women's Law Center, September 2015, <http://nwlc.org/wp-content/uploads/2015/08/povertysnapshot2014.pdf>

<sup>iii</sup> Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

<sup>iv</sup> "Utah Primary Care Network Disenrollment Report," Office of Health Care Statistics, Utah Department of Health, 2004, <http://health.utah.gov/hda/reports/PCN%20Disenrollment.pdf>

<sup>v</sup> "Health Insurance Premiums and Cost-Sharing: Findings from the Research on Low-Income Populations," Kaiser Family Foundation, March 30, 2003, <http://kff.org/medicaid/issue-brief/health-insurance-premiums-and-cost-sharing-findings/>

<sup>vi</sup> Salganicoff A, Ranji U, Beamesderfer A, Kurani N, "Women and Health Care in the Early Years of the Affordable Care Act: Key Findings from the 2013 Kaiser Women's Health Survey," Kaiser Family Foundation, May 2014, <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>