
ENSURING THE HEALTH CARE NEEDS OF WOMEN: A Checklist for Health Exchanges

FEBRUARY 2013



**CONNORS CENTER FOR WOMEN'S
HEALTH AND GENDER BIOLOGY
BRIGHAM & WOMEN'S HOSPITAL**

**Jacobs Institute
of Women's Health**

THE GEORGE WASHINGTON UNIVERSITY

**JACOBS INSTITUTE OF WOMEN'S HEALTH
THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES**



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The Connors Center for Women's Health and Gender Biology at Brigham's and Women's Hospital was established in 2002 to improve the health of women and transform their care through the discovery, dissemination and integration of knowledge of women's health and sex and gender-based differences and the application of this knowledge to the delivery of care. Our goals are to:

- Conduct research on sex- and gender-based biology, and the impact of sex and gender on disease, health outcomes and the delivery of care;
- Integrate emerging knowledge of sex differences into models of comprehensive, gender-specific care for women;
- Build awareness of issues related to women's health and gender biology among clinicians, patients and the general public, and advocate for changes in public policy to improve the health of women;
- Develop leaders with the experience and skills to have a major impact on improving the health of women.

The Jacobs Institute of Women's Health (JIWH) is a nonprofit academic organization working to improve health care for women through research, dialogue, and information dissemination. Our mission is to:

- Identify and study women's health care issues involving the interaction of medical and social systems
- Facilitate informed dialogue and foster awareness among consumers and providers alike
- Promote problem resolution, interdisciplinary coordination and information dissemination at the regional, national and international levels

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Ensuring the Health Care Needs of Women: A Checklist for Health Exchanges

Introduction:

Women's health is a major determinant of our nation's health and the health of future generations and should be a key consideration in the planning and design of new systems of coverage under national health care reform. As consumers, providers and coordinators of health care, women are disproportionately affected by changes in health care coverage and delivery of care. Women utilize more medical services than men due in part to longer life expectancies, the need for reproductive care, and a greater likelihood of chronic disease and disability. Furthermore, women take major responsibility for coordinating care for family members, shoulder higher annual health care expenses, face more affordability challenges, and are more likely to experience inconsistent insurance coverage compared to men.

A major feature of the Patient Protection and Affordable Care Act of 2010 (ACA), is the establishment of health insurance exchanges ("Exchanges") in every state, operated in whole by the state, as a partnership between the state and federal government, or as a fully federally-facilitated exchange (FFE) effective 2014. As Exchanges are established, attention to the major issues that affect women's coverage, affordability and access to quality health care, as well as the distinct challenges facing women from different racial/ethnic and socioeconomic backgrounds are key. In all aspects of planning, it is important for states to consider these differential impacts and make sure their strategies will meet the needs of women.

The following checklist presents crucial questions to consider as states work to design, establish, and implement Exchanges, drawing from national policy research and lessons learned from Massachusetts. Some states will work in partnership with the federal government to operate their Exchanges and some will choose a fully federally facilitated exchange, but they will not have the flexibility or autonomy that states operating their own exchanges will experience. In all cases, it will be important for policymakers at all levels to understand the issues impacting women's health to best meet the needs of women and their families.

Despite the large body of evidence that demonstrates women's different utilization of services and experiences with the health care system, relatively few analyses and reports on ACA implementation have focused on the broad range of services that are important to women throughout their lives. To fill this gap, this checklist also includes resources that address the impact of policy issues on women's health and access, as well as more general resources on areas of importance to women. Major issues for states to consider include:

- **Essential Health Benefits:** Designing benefits packages offered by Exchange plans that include the range and scope of health services needed by women;
- **Preventive Services:** With structure and guidance provided by federal regulations, monitoring the implementation of the new benefits for no-cost preventive services for women;
- **Network Adequacy Requirements:** Defining the range of provider and facility types, including Essential Community Providers (ECP), that will be included in plan networks so that they are appropriate to meet women's health needs;
- **Outreach and Enrollment:** Educating women about enrollment, scope of benefits, out-of-pocket charges, and exemptions;
- **Affordability and Transparency:** Ensuring continuous, affordable coverage, particularly through transparency of out-of-pocket costs, and allowing women to assess plan choices and;
- **Data Collection and Reporting Standards:** Measuring and reporting the impact and outcomes of health reform on women's health and access, including disproportionate impact on subgroups of racial/ethnic minority women and enforcing the nondiscrimination provisions of the ACA.

Essential Health Benefits

Women rely on a broad range of services over the course of a lifetime, including chronic illness management, mental health, preventive care, reproductive care, and long-term care. Under the ACA, insurance plans offered through the Exchange (as well as non-grandfathered plans in the individual and small group markets) must cover “essential health benefits” (EHB) that broadly include: ambulatory patient services; emergency services; hospitalizations; maternity care and newborn care; mental health and substance abuse disorder services, including behavioral health treatments; prescription drugs; rehabilitative and habilitative services and devices; lab services; preventive and wellness services; chronic disease management; and pediatric services. Within those categories, the details regarding the type and level of coverage that insurance policies provide are of great importance. States will choose a benchmark plan that will guide the minimum level of benefits provided by Qualified Health Plans sold in the Exchange.

- ✓ How is your state implementing the Essential Health Benefit (EHB) provisions? Will your exchange work with the state’s insurance department to monitor and enforce this provision?
- ✓ Will the benefits be broader than the categories of federal requirements? For example, will it include mandatory state benefits?
- ✓ Does your state Exchange offer insurance products that cover the comprehensive range of health services important to women across the lifespan (e.g., prevention, reproductive care, mental health, chronic illnesses, and other care)?
- ✓ How is your state evaluating the adequacy of EHB benchmark plan in meeting the needs of women?
- ✓ Will there be a process for assessing whether the benefits offered by QHPs meet the EHB standards?

Lessons Learned:

- › Blue Cross Blue Shield of Massachusetts Foundation, Massachusetts Connector and Robert Wood Johnson Foundation, [Determining Health Benefit Designs](#).
- › National Association for State Health Policy and Robert Wood Johnson Foundation, [State Reform, State Progress on Essential Health Benefits](#).

Further Reading:

- › Centers for Medicare and Medicaid Services, [Frequently Asked Questions on Essential Health Benefits Bulletin](#).
- › Families USA, [Designing the Essential Health Benefits for Your State: An Advocates Guide](#).
- › Health Affairs and Robert Wood Johnson Foundation, [Essential Health Benefits. States Will Determine the Minimum Set of Benefits to be Included in individual and Small Group Insurance Plans. What Lies Ahead?](#)
- › Institute of Medicine, [Essential Health Benefits: Balancing Coverage and Cost](#).
- › Kaiser Family Foundation, [Essential Health Benefit \(EHB\) Benchmark Plans](#).
- › Kaiser Family Foundation, [Impact of Health Reform on Women’s Access to Coverage and Care](#).

Maternity Care

Maternity care is one of the EHB categories and encompasses a wide range of services that span the pre-conception, pregnancy, labor and delivery, postpartum, and inter-conception periods. In addition, a wide range of maternity-related services such as prenatal care, several screening tests, alcohol and tobacco counseling, and breast feeding supports are covered in Exchange plans without cost-sharing as preventive services. Experience from the individual market, where coverage for maternity care has been limited, has shown that women and their families have shouldered significant out-of-pocket expenses to pay for maternity care.¹ Due to the importance of maternity care for

Lessons Learned:

- › Childbirth Connection, [Blueprint for Action: Steps Toward A High Quality , High Value Maternity Care System](#).
- › National Partnership for Women and Families, [Guidelines for States on Maternity Care In the Essential Health Benefits Package](#).

Further Reading:

- › Guttmacher Institute, [The Potential of Health Care Reform to Improve Pregnancy-Related Services and Outcomes](#).

Maternity Care (continued)

maternal and infant health outcomes, the range of services and provider types that are covered in the maternity care benefit are of considerable importance. Stakeholder groups, clinicians and other experts in the field can work with plan officials to develop a comprehensive set of maternity benefits and to assess the scope and quality of services provided to women.

- ✓ Will maternity care be defined to include services ranging from pre-and interconception to prenatal, delivery, and postpartum care?
- ✓ Will there be limits on the types of services and providers that can be covered under the plans? For example, will provider networks include free standing birth centers, birth attendants and nurse midwives?

Preventive Services

The ACA authorizes coverage without cost-sharing for preventive services recommended by the U.S. Preventive Services Task Force, such as Pap Smears and mammograms, vaccines recommended by the Advisory Committee on Immunization Practices, such as the HPV vaccine, and a new set of evidence-based services for women that were identified by a panel of experts of the Institute of Medicine (IOM), including contraceptives, intimate partner screening and counseling, and well women visits. These services will be available to women in new private plans as well as those in plans available in Exchanges. In order to receive these services without cost-sharing, women must use providers who are within their health plan's network. In addition, reasonable medical management rules and formularies will apply, so some, but not all, of the specific types of services and brands of contraceptives may be available.

- ✓ How will women be informed about preventive services benefits and how they work?
- ✓ How will the implementation of the new coverage benefit of preventive services for women without cost-sharing be enforced? Will your exchange work with the state's insurance department to monitor and enforce this provision? Which state entities will monitor enforcement of this benefit in private plans?
- ✓ How will the state monitor the impact of reasonable medical management limits on women's access to preventive services, including contraception?

Lessons Learned:

- › [Centers for Medicare and Medicaid Services, Affordable Care Act Implementation FAQs – Set 12.](#)
- › [Congressional Research Service, Enforcement of the Preventive Health Care Services Requirements of the Patient Protection and Affordable Care Act.](#)
- › [Health Reform GPS, Contraception Coverage within Required Preventive Services.](#)
- › [Institute of Medicine, Clinical Preventive Services for Women: Closing the Gaps.](#)
- › [National Business Group on Health and the Centers for Disease Control and Prevention, A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage.](#)
- › [National Health Law Program, NHeLP Breaks Down Preventive Health Services Standards & Contraceptive Coverage under the ACA.](#)

Further Reading:

- › [Center for American Progress, Young Women and Reproductive Health Care.](#)
- › [Guttmacher Institute, Family Planning and Health Care Reform: The Benefits and Challenges of Prioritizing Prevention.](#)
- › [National Women's Law Center, Women's Preventive Services in the Affordable Care Act: What's New as of August 1, 2012?](#)
- › [Raising Women's Voices, Affordable Preventive Health Care for Women: Improving Women's Health and Families' Economic Well-Being.](#)

Chronic Health Conditions

Over one-third (35%), of women have at least one chronic health condition, such as cardiovascular disease, hypertension or obesity, that requires ongoing treatment.² Furthermore, women are at greater risk than men for several mental illnesses such as clinical depression, anxiety, and eating disorders. Early identification and treatments are often quite effective in managing chronic health problems and preventing other associated conditions down the road. Ensuring that plans cover a range of these treatments and services can directly affect health outcomes and reduce future costs.³

- ✓ Will plans be evaluated to assure that they cover a sufficiently wide range of services to address and effectively manage chronic health conditions that disproportionately or distinctly affect women?
- ✓ How will plans cover treatment for mental illnesses that disproportionately affect women, including clinical depression, anxiety, and eating disorders, and meet the requirements of federal parity laws?

Lessons Learned:

- › Centers for Disease Control and Prevention, [Chronic Disease Prevention and Health Promotion](#).
- › Centers for Disease Control and Prevention, [Preventing and Managing Chronic Disease to Improve the Health of Women and Infants](#).

Further Reading:

- › Congressional Research Service, [Health Insurance Exchanges Under the Patient Protection and Affordable Care Act \(ACA\)](#).
- › Jacobs Institute for Women's Health, [Women's Health and Health Care Reform: The Economic Burden of Disease in Women](#).
- › Kaiser Family Foundation, [A Profile of Health Insurance Exchange Enrollees](#).
- › Urban Institute, [Protecting High-Risk, High-Cost Patients: "Essential Health Benefits," "Actuarial Value," and Other Tools in the Affordable Care Act](#).

Abortion

Abortion is one of the most common medical procedures for women, with approximately one-fifth of the 6.4 million pregnancies occurring every year ending in induced abortion.⁴ Although the ACA allows for coverage of abortion, states can ban private insurance coverage of abortion in an Exchange set up in their state. Furthermore, there are restrictions on how federal funds for abortion may be allocated and accounted for by states with Exchanges that do offer abortion coverage. The ACA outlines a methodology for states to follow to ensure that federal funds are not used to pay for coverage of abortions beyond the rules of the Hyde Amendment, such as in cases of rape, incest, or a threat to the life of the woman.

- ✓ Will the state Exchange be designed to both meet the statutory requirements of the Hyde Amendment, which restricts the use of federal monies for abortions, as well as allow plans to cover abortion?
- ✓ Will the system be designed so that consumers can obtain abortion coverage in their plans if they want it?
- ✓ Will the state establish systems to assure that women are given adequate notification about their abortion coverage choices, and to monitor if the accounting rules will affect women's access to abortion services?

Lessons Learned:

- › Guttmacher Institute, [Insurance Coverage of Abortion: The Battle to Date and the Battle to Come](#).
- › National Partnership for Women and Families, [Why the ACA Matters for Women: Restrictions on Abortion Coverage](#).

Further Reading:

- › Kaiser Family Foundation, [Access to Abortion Coverage and Health Reform](#).
- › Planned Parenthood, [Abortion Care Coverage and Health Care Reform: Getting the Facts Straight](#).

Network Adequacy

Provider networks play a major role in women’s access to the range of services they need. Many analysts predict provider shortages, particularly in primary care, as coverage is expanded to many more currently uninsured people.^{5,6,7} Women have greater need for primary care across the lifespan and are more likely to use certain clinical services, such as reproductive care and mental health services. The ACA outlines minimum standards regarding provider networks that plans must meet in order to participate in an Exchange. Criteria include: ensuring sufficient choice and type of providers, providing information about the availability of in-network and out-of-network providers, and including essential community providers (ECPs), where available, that serve predominately low-income, medically underserved individuals. For low-income women, the inclusion of public clinics such as community health centers, family planning providers and safety-net hospitals as ECPs in the plan networks, will be key to maintaining established provider relationships and ensuring that women have access to available care near their homes.

- ✓ How will your state address the ACA’s network adequacy requirement in terms of provider type and supply?
- ✓ What certification standards will be required for QHPs and do these ensure that the range of providers, including ECPs, is broad enough to meet the health needs of women across the lifespan (e.g., Ob/Gyn, Mental Health)?

Lessons Learned:

- › Blue Cross Blue Shield Foundation of Massachusetts, [Network Adequacy in the Commonwealth Care Program](#).
- › Families USA, [Consumer-Friendly Standards for Qualified Health Plans in Exchanges: Examples from the States](#).
- › Guttmacher Institute, [Working Successfully with Health Plans: An Imperative for Family Planning Centers](#).

Further Reading:

- › Guttmacher Institute, [Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women’s Health Care Needs](#).
- › Health Reform GPS, [Essential Community Providers](#).
- › National Association of Insurance Commissioners, [Plan Management Function: Network Adequacy White Paper](#).
- › National Association for State Health Policy, [Potential Roles for Safety Net Providers in Supporting Continuity Across Medicaid and Health Insurance Exchanges](#).
- › RAND Corporation, [Nurse Practitioners and Sexual and Reproductive Health Services: An Analysis of Supply and Demand](#).

Outreach and Enrollment

Women play a central role in managing their families’ health care and making choices about health insurance coverage and providers. In addition, women are more likely than men to move in and out of the workforce, resulting in insurance coverage volatility and gaps in coverage, known as “churn.”⁸ Although the ACA makes provisions to expand and stabilize coverage for millions of women, a sizable number are unaware of many of the law’s benefits. Given women’s key role as family health care decision makers, successful implementation will require a comprehensive, ongoing communications strategy that draws on both public and private-sector resources and is targeted to reach women. Implementation efforts should also include parallel targeted outreach and enrollment effort to reach vulnerable populations of women, including those with limited access to online resources or with language barriers.⁹

Lessons Learned:

- › Blue Cross Blue Shield of Massachusetts Foundation, Massachusetts Connector and Robert Wood Johnson Foundation, [Implementing a Successful Public Outreach and Marketing Campaign to Promote State Health Insurance Exchanges; Effective Education, Outreach and Enrollment for Populations Newly Eligible for Health Coverage](#).
- › Enroll America and Families USA, [The Ideal Application Process for Health Coverage](#).
- › Kaiser Family Foundation, [Explaining Health Reform: Uses of Express Lane Strategies to Promote Participation in Coverage](#).
- › National Academy for State Health Policy, [Hard Work Streamlining Enrollment Systems Pays Dividends to the Sooner State](#).

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Outreach and Enrollment (continued)

By designing Exchanges with a streamlined application process and educating women about their private insurance options, as well as their eligibility and their family's eligibility for government and subsidized programs (e.g., Medicaid or tax credits), states can help ensure continuous coverage and reduce coverage gaps associated with complex application processes.¹⁰

- ✓ How will your state ensure outreach efforts and enrollment systems are tailored to meet the needs of women and their families to ensure maximum enrollment and utilization of health benefits?
- ✓ How will states inform women about the scope of benefits and any exemptions in a manner that is simple and transparent?
- ✓ How will your state design systems that minimize gaps in coverage and maximize continuous, comprehensive care for women and their families?
- ✓ How is your state approaching issues of culturally-appropriate strategies to reach individuals across communities?
- ✓ How will navigators and/or in-person assisters be selected? Will they be trained in cultural competency? Will they reflect the communities they serve?

- › National Academy for State Health Policy, [State Experiences with Express Lane Eligibility: Policy Considerations and Possibilities for the Future](#).
- › State Health Access Data Assistance Center, [Best Practices in SHAP Outreach, Eligibility, and Enrollment Activities](#).
- › U. Mass Medical School, National Academy of Social Insurance, Robert Wood Johnson Foundation, [Establishing the Technology Infrastructure for Health Insurance Exchanges Under the Affordable Care Act: Initial Observations from the “Early Innovator” and Advanced Implementation States](#).

Further Reading:

- › Commonwealth Fund, [Realizing Health Reform’s Potential: Maintaining Coverage, Affordability, and Shared Responsibility When Income and Employment Change](#).
- › Connors Center for Women’s Health and Gender Biology, [Women and National Health Care Reform; Massachusetts Health Reform: Impact on Women’s Health Issue Brief](#)
- › Families USA, [Brokers and Agents and Health Insurance Exchanges](#).
- › Georgetown University Health Policy Institute, [Designing Navigator Programs to Meet the Needs of Consumers: Duties and Competencies](#).
- › Health Reform GPS, [State Health Insurance Exchange Navigators](#).
- › National Academy for State Health Policy and Robert Wood Johnson Foundation, [New Denial and Disenrollment Coding Strategies to Drive State Enrollment Performance](#).
- › National Academy for State Health Policy and Robert Wood Johnson Foundation, [Using Data to Drive State Improvement in Enrollment and Retention Performance](#).
- › National Association of Insurance Commissioners, [Navigators, Agents and Brokers, Marketing and Summary of Benefits and Coverage](#).
- › Robert Wood Johnson Foundation and National Academy of Social Insurance, [Building a Relationship Between Medicaid, the Exchange, and the Individual Insurance Market](#).

Affordability and Transparency

Compared to men, women have lower lifetime earnings, higher medical expenditures across the lifespan, and higher out-of-pocket health care expenses.¹¹ Financial barriers to care such as premiums, cost-sharing charges, and benefit limitations can negatively affect both insured and uninsured women. In addition to selecting different plans, women will also have to select a Qualified Health Plan (QHP) coverage tiers - bronze, silver, gold, or platinum - that will affect both premium costs and out-of-pocket spending. There is a large body of research that finds cost-sharing can affect the amount and type of services people use, sometimes resulting in even higher downstream costs due to lower use of preventive or treatment services.¹²

- ✓ Will women be able to find affordable health care coverage, taking into account premiums, cost-sharing and benefit limits?
- ✓ Is the state considering options to make coverage more affordable for exchange enrollees, such as adopting a Basic Health Plan (BHP) or negotiating premium rates with QHPs?
- ✓ How will your state ensure costs, including out-of-pocket costs, are transparent and services are affordable for women under the Exchange?
- ✓ Will your state develop systems to assist women and their families make informed choices about their plan and tier selection?

Lessons Learned:

- › California Health Care Foundation, [Ten Years of California's Independent Medical Review Process: A Look Back and Prospects for Change](#).
- › Connors Center for Women's Health and Gender Biology, [Massachusetts Health Reform: Impact on Women's Health](#).
- › Georgetown University Health Policy Institute and Robert Wood Johnson Foundation, [The Massachusetts and Utah Health Insurance Exchanges: Lessons Learned](#).
- › Kaiser Family Foundation, [Patient Cost-Sharing Under the Affordable Care Act](#).
- › National Partnership for Women and Families, [Why the Affordable Care Act Matters for Women: Expanding Affordability and Choice in the Marketplace](#).
- › National Women's Law Center, [Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition](#).

Further Reading:

- › Centers for Medicare & Medicaid Services, [Actuarial Value and Cost Sharing Reductions Bulletin](#).
- › Commonwealth Fund, [Oceans Apart: The Higher Health Costs of Women in the U.S. Compared to Other Nations, and How Reform Is Helping](#).
- › Kaiser Family Foundation, [Policy Insights: Transparency and Complexity](#).

Data Collection and Reporting Standards

Because the ACA is bound to have differential impacts on health, access, and coverage for various populations, it will be critically important to both collect and report data for women and men separately as well as for women of color, women with different health needs, ages, sexual orientations, and incomes. This will be essential in understanding the impact of the ACA on specific populations of women at the national, state, and plan levels as well as for informing policies and health care delivery in the future. With this in mind, states should consider that Exchanges have an opportunity to enforce the provisions of the ACA which prohibit discrimination in federal health programs and those receiving federal dollars.

Lessons Learned:

- › Connors Center for Women's Health and Gender Biology, [Women and National Health Care Reform](#).
- › Institute of Medicine, [Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement](#).
- › Institute of Medicine, [Women's Health Research: Progress, Pitfalls, and Promise](#).
- › Kaiser Family Foundation, [Performance Measurement Under Health Reform: Proposed Measures for Eligibility and Enrollment Systems and Key Issues and Trade-offs to Consider](#).

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Data Collection and Reporting Standards (continued)

- ✓ How will your state monitor and ensure compliance with the new coverage, services and protections afforded to women under the ACA?
- ✓ What metrics is your state using to evaluate the impact of the Exchange on coverage, affordability and access to health care for women and other subpopulations? Within that context, what data will be collected and what process will there be for analysis that will include appropriate stakeholder input?
- ✓ How will your state enforce nondiscrimination provisions of the ACA which prohibit discrimination against women and other subpopulations?

Further Reading:

- › [Dorsey R and Graham G, “New HHS Data Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status.”](#)
- › [National Academy for State Health Policy, State Policymakers’ Guide for Advancing Health Equity through Health Reform Implementation.](#)
- › [Robert Wood Johnson Foundation, Can Collecting Data on Patients’ Race, Ethnicity and Language Help Reduce Disparities in Care?](#)

¹ Pollitz, K., Kofman, M., Salganicoff, A. & Ranji, U. (2007). *Maternity care and consumer-driven health plans*. Kaiser Family Foundation.

² Ranji, U. & Salganicoff, A. (2011). *Women’s health care chartbook*. Kaiser Family Foundation.

³ Masiosek, MV. (2010). *Greater use of preventive services in U.S. health care could save lives at little or no cost*. *Health Affairs*, 29(9), 1656-1660.

⁴ Kaiser Family Foundation. (2008). *Abortion in the U.S.: utilization, financing, and access*.

⁵ Hoffman, C., Damico, A., & Garfield, R. (2011). *Insurance coverage and access to care in primary care shortage*. Kaiser Family Foundation.

⁶ Dill, MJ & Salsberg, ES. (2008). *The complexities of physician supply and demand: Projections through 2025*. Association of American Medical Colleges.

⁷ Council on Graduate Medical Education. (2010). *Advancing primary care*.

⁸ Sered, S. & Proulx, MD. (2011). *Lessons for women’s health from the Massachusetts reform: affordability, transitions, and choice*. *Women’s Health Issues*, 21(1), 1-5.

⁹ Raymond, AG. (2011). *Lessons from the implementation of Massachusetts health reform*. Blue Cross Blue Shield of Massachusetts Foundation.

¹⁰ Rodman, M. (2012). *Enroll America: The ideal application process for health coverage*. Families USA.

¹¹ Patchias, EM. & Waxman, J. (2007). *Women and health coverage: The affordability gap*. The Commonwealth Fund.

¹² Swartz, K. (2010). *Cost-sharing: Effects on spending and outcomes*. Robert Wood Johnson Foundation.

This document is also available at www.womenandhealthreform.org.
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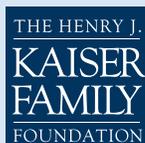
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