



**Pennsylvania NOW, Inc.**

**National Organization for Women**

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May 22, 2009

Senator Max Baucus  
Chair, Senate Finance Committee  
511 Hart Senate Office Bldg.  
Washington, D.C. 20510

Senator Chuck Grassley  
Ranking Member, Senate Finance  
Committee  
135 Hart Senate Office Building  
Washington, DC 20510-1501

Dear Senators Baucus and Grassley,

I am writing on behalf of Pennsylvania NOW for guaranteed access to health care for all, including all women and children regardless of age, income, employment status, ethnicity, sexual orientation, or disability. We are a grassroots, non-profit, volunteer organization with over 13,000 contributing members and about 20 chapters statewide here in Pennsylvania.

As advocates for women and children we believe that any health care plan **MUST** include the following:

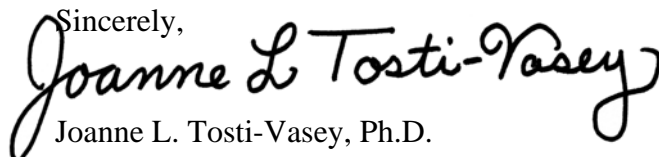
1. Health Care must be affordable and always available
  - a. Create a public option in which people must opt out of if they want to continue their current coverage. This single mandate would help to guarantee access to health care for all. This could be paid for through the employer, CHIP, Medicaid, and or Medicare health care streams. Considering a single-payer health care plan would also guarantee quality health care for all.
  - b. We currently have limited family health care throughout the country due to the lack of primary health care providers in rural and inner urban areas. The idea of providing training and relocation incentives for individuals interested in providing this primary level of care is critical in making health care accessible. We applaud this portion of the plan.
2. Provide subsidies for individuals and families. This concept, which you include in your plan, is a good idea. However, we doubt whether this will actually make health insurance affordable unless there are also limits on the cost of health insurance. Massachusetts is an example of a failed system. MA provides subsidies in their plan, but they do not have any caps on increasing costs of insurance coverage. So what has happened there is that the insurance companies have continued to increase fees at a rate that outpaces both individuals' abilities to pay as well as outpacing the state's subsidy program. As a result, health care is still unavailable to a large portion of the people residing in that state.

3. Ensure Quality Health Care for all regardless of gender, age, income, citizenship status, employment status, ethnicity, sexual orientation, disability or geographic location.
  - a. Eliminate insurance premiums ratings based on age, gender, and pre-existing condition must be eliminated for ALL plans. If these discriminatory practices are not removed then women, people with disabilities, people with prior medical histories that insurance companies don't like, and people who are older will either be unable to afford or be able to access health care. Instead, mandate community-based ratings to eliminate these forms of health care insurance discrimination.
  - b. The proposed health care mandate could work if, **and only if**, the coverage offered is actually affordable. While we are pleased that the Senate would ban "gender ratings" as well as ratings based on a preexisting condition, we are concerned that the Senate plan would still permit insurers to charge older people more than younger people ("age rating") or other individuals based on their ethnicity or sexual orientation. Our goal should be to get everyone into "community rated" health insurance plans that do not penalize people based on their individual characteristics, including being older, of different genders, sexual orientations, or presence of a preexisting condition.
  - c. Providing a Public Health Option would also allow people to move from one job to another and allow women who are divorcing or whose spouse dies to be able to obtain their own health care. It would also guarantee a younger spouse (usually a woman) to maintain health care as her older spouse retires and/or goes on Medicare.
4. Provide chronic care, emergency care, preventative, and supportive health care for all. Your plan starts the efforts to make sure that these forms of care are made available to all.
  - a. However, there is no specific language in your plan regarding comprehensive women's health care across the lifespan, including reproductive health care. We oppose and will oppose any effort to codify any exclusion of any form of women's health care in this plan. That includes access to contraception, emergency contraception, abortion services, cervical cancer screening, mammograms, etc.
  - b. In addition, we urge you to prohibit co-pays for preventative health care services and screenings so that women and families will not be discouraged from seeking out and receiving preventative health care services.
5. Coordinate health care coverage between individuals and families regardless of what plan provides the coverage. This is critical so that no-one falls through the cracks created by multiple insurance companies fighting each other. Cracks arise when different insurance companies create, for example, different formularies and differing types of covered treatment.
  - a. For example, currently, some families have two different insurance policies (e.g., one from each spouse's place of employment or a child in the family has both Medicaid and private insurance in instances where he/she has a medically necessary Medicaid-eligible disability). One of these policies requires generic drugs and the other one requires brand-name drugs. As a result of this conflict, access to either type of drug becomes problematic or impossible. Regulations must be made to ensure that people have access to the drugs they need and are

prescribed by their physicians. If a drug is on a formulary of one company and a person must coordinate their benefits, then the regulations must be set up to allow the individual to access these drugs in a timely manner without having to fight both insurance agencies.

- b. Another form of conflict occurs for transplant patients. I personally experienced this form of discrimination which almost resulted in my death. In my case, my insurance company refused to cover the donor costs for my bone marrow transplant because my twin sister was not covered under my insurance policy. Her insurance company would not cover the donor costs because she was not sick. Coordination of coverage must be mandated so that insurance companies do not deny coverage and so that transplant patients can receive their treatment in a timely manner.
6. Finally, any health care system must provide care that meets the needs of diverse women and actively works to achieve equity and eliminate disparities. Your plan to require private insurers to meet national standards for delivery of culturally and linguistically appropriate services; to require the federal government to do a better job of collecting data that can be used to identify and potentially reduce disparities, and to provide grants for programs to reduce infant mortality is a good start on this path. In addition, we believe that you should also
- a. Promote health care that is culturally competent and respectful of patients of all racial and ethnic backgrounds and gender identities, and that this care is available in a language that the patient can understand and easily engage in;
  - b. Ensure that people with disabilities have access to medical offices and equipment that will make health care accessible to them. For example, having examination tables that raise and lower to allow for both wheelchair transfer and for ob/gyn examinations are critical for women's reproductive health care; and
  - c. Eliminate waiting periods for Medicaid for anyone residing in the United States who meets the income eligibility guidelines. This is not only an issue of access to health care for low-income people but also an issue of public health, particularly in times of public health care crisis like what we may soon be experiencing with the swine flu outbreak.

Thank you for your time and consideration of this critical matter.

Sincerely,  
  
Joanne L. Tosti-Vasey, Ph.D.  
President, Pennsylvania NOW, Inc.

P.S. Please forward to other members of the Finance Committee. Thank you!