

Senator Mikulski's amendment #201 (the Women's Health Amendment)
Co-sponsored by Senator Brown, Senator Murray, Senator Harkin, and Senator Dodd

This amendment does two important things: 1) it provides coverage—with no or limited cost sharing—for women's preventative health care and screenings; and 2) ensures patients' access to essential community providers, a critical protection for medically underserved communities and an important part of addressing our nation's provider shortage.

Improving Coverage of Women's Preventative Health Care

The amendment would require health plans to cover—with no or limited cost sharing requirements—women's preventive care and screenings (including for pregnant women and individuals of child bearing age) provided for in guidelines supported by the Health Resources and Services Administration. This is an essential protection for women's access to preventative health care not currently covered in the prevention section of the Affordable Health Choices Act.

- **Women are Increasingly Delaying or Skipping Preventive Health Care Due to Cost**
 - The economic crisis has only caused more women to delay or skip health care. While in 2007, one-quarter (25%) of women reported delaying or skipping health care because of cost, a May 2009 report by the Commonwealth Foundation found that more than half of women delayed or avoided preventive care because of its cost.
 - And a Kaiser Family Foundation report shows roughly 16.7 million women are uninsured, and thus likely to postpone care and delay or forgo important preventive care such as cancer screenings.
 - Women of childbearing age spend 68 percent more in out-of-pocket health care costs than men, in part because of reproductive health-related needs.
 - Uninsured women are more than twice as likely as those with insurance to have not received a pap test in the last year.

- **Preventive Care for Women Produces Better Health Outcomes**
 - Cervical cancer screenings every three to five years could prevent 4 out of every 5 cases of invasive cancer.
 - More than half of preventable infertility in the U.S. is related to sexually transmitted infections (STIs), principally Chlamydia and gonorrhea. Chlamydia screening programs can reduce the incidence of pelvic inflammatory disease (PID) and potentially reducing infertility by up to 60%.
 - Improved access to contraception could significantly reduce the more than 3 million unintended pregnancies that occur every year in the U.S.

Ensuring Access to Essential Community Providers

This amendment requires that, in order to be certified as a qualified health plan, that plans shall include within health insurance plan networks those essential community providers, where available, that serve predominately low-income, medically-underserved individuals, such as health care providers defined in section 340B(a)(4) of the Public Health Service Act and providers described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act as set forth by section 221 of Public Law 111-8.

Section 340B(a)(4) of the Public Health Service Act includes:

1. Federally-qualified health centers (FQHCs)
2. FQHC look-alikes
3. Migrant Health Centers

4. HIV/AIDS clinics
 5. Women’s Health Centers (receiving grants under Title X)
 6. Native Hawaiian Health Centers
 7. Urban Indian Organizations; and
 8. Public hospitals and other hospitals meeting a certain percentage of disproportionate share payments.
- The 340B Drug Pricing Program was created in 1992 to ensure certain safety net providers were guaranteed discounted prescription drugs. Entities generally qualify by virtue of receipt of certain federal funds. It is an important program and a good marker for entities that the law has long recognized as at the core of our nation’s health care “safety net.”

Section 1927(c)(1)(D)(i)(IV) of the Social Security Act as set forth by section 221 of Public Law 111-8 references:

“an entity that—

- (aa) is described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Act or is state-owned or operated; and
- (bb) would be a covered entity described in section 340B(a)(4) of the Public Health Service Act insofar as the entity provides the same type of services to the same type of populations as a covered entity described in such section provides, but does not receive funding under a provision of law referred to in such section.