



**Testimony on  
“What Women Want: Equal Health Care for Equal Premiums”**

**by**

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**for the  
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## **I. Introduction**

Chairman Harkin, Ranking Member Enzi and members of the committee, I am Karen Ignagni, President and CEO of America's Health Insurance Plans (AHIP), which is the national association representing approximately 1,300 health insurance plans that provide coverage to more than 200 million Americans. Our members offer a broad range of health insurance products in the commercial marketplace and also have demonstrated a strong commitment to participation in public programs.

We thank the committee for holding this important hearing, and we appreciate this opportunity to testify. Our members are strongly committed to meeting the health care needs of women, and we fully support efforts to ensure that women are treated fairly and equitably under our nation's health care system. Our testimony today will focus on three key areas:

- AHIP's support for comprehensive health reforms that would correct flaws in the current system and address the coverage needs of women;
- innovative programs our members have implemented to improve health care for the women they serve; and
- research findings showing that private health insurance plans are enhancing the health and well-being of female enrollees.

## **II. Fixing the Health Insurance Market to Address Women's Health Concerns**

AHIP's members have proposed far-reaching health insurance reforms. Our proposals directly confront the reality that the individual health insurance market, as currently structured, is seriously flawed and needs to be fundamentally overhauled.

To solve this problem, it is important to first recognize that insurance works only when people pay into the system both when they are healthy and when they are sick. This is not the case

under the current system, since coverage is purchased on a voluntary basis and many young and healthy people choose to go without coverage. Within this flawed system, the adoption of preexisting condition exclusions and waiting periods for new enrollees is an approach that plans are forced to use to keep coverage affordable for those people who maintain coverage on an ongoing basis. By adopting these practices, health insurance plans are working to keep costs as low as possible for as many people as possible – while also recognizing very clearly that major changes are needed to replace this inadequate system with a reformed system that works well for all Americans.

Our members are aggressively promoting major reforms to accomplish this goal. The foundation of our proposal would eliminate rating based on gender and health status and, additionally, provide guaranteed coverage for pre-existing conditions in the individual market. Prohibiting premium variation based on gender is a critically important step toward providing security and peace of mind to women and assuring that they receive equal health care for equal premiums. These reforms, when combined with a personal coverage requirement and premium assistance for low-income and moderate-income individuals and families, will ensure that no one – regardless of their gender, health status, or medical history – falls through the cracks of the U.S. health care system.

Establishing an enforceable coverage requirement is particularly important to the success of the insurance market reforms we are proposing. If the individual coverage requirement provides inadequate incentives to get everyone covered, individuals and families who are covered in the individual market are likely to experience unintended consequences similar to those experienced in several states where insurance market reforms were enacted in the absence of universal coverage in the 1990s. A Milliman Inc. report<sup>1</sup> released by AHIP in September 2007 examined the experience in the eight states that enacted various forms of community rating and guarantee issue laws in the 1990s, without establishing an individual coverage requirement. A significant number of individuals responded to these reforms by deferring coverage until after they encountered health problems and, as a result, the Milliman report found that these states experienced higher premiums for those with insurance, saw reduced enrollment in individual health insurance coverage, and had no significant decrease in the number of uninsured.

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<sup>1</sup> The Impact of Guaranteed Issue and Community Rating Reforms on Individual Insurance Markets, Milliman, Inc., August 2007

Other organizations – including the Commonwealth Fund<sup>2</sup> and the Urban Institute<sup>3</sup> – also have recognized the need, in the context of comprehensive health reform, to bring everyone into the system with an individual coverage requirement.

More recently, AHIP commissioned a report<sup>4</sup> by PricewaterhouseCoopers because of our concerns about the workability of the current legislative proposals. We wanted outside verification of the trends we were seeing in our own analyses, suggesting that the reform construct in the Senate Finance Committee bill could lead to alarming unintended consequences during implementation. This study confirms that the current legislation will make coverage less affordable for individuals, families and employers, and make it harder to get all Americans covered. It shows that costs will go up even faster than they would under the current system.

Health insurance plans are strongly committed to working with Congress to avoid this outcome. Our Board of Directors has endorsed major proposals for expanding coverage, improving quality, and reducing the growth rate of health care spending. These reforms – which we outlined in our testimony for the committee’s March 24 hearing – build upon the strengths of the current system and recognize that both the private sector and public programs have a role to play in meeting these challenges.

Health insurance plans also are contributing to the reform debate through a system-wide simplification effort to streamline administrative procedures and achieve cost efficiencies for physicians and hospitals, and by committing to help fund a reinsurance mechanism during the transition to the market reforms. Together, these contributions will decrease costs across the health care system, reduce paperwork and duplication, and ensure that everyone can obtain high quality coverage that is portable across the entire system.

Another critically important priority in the health reform debate is improving access to preventive services, which are particularly important for women. We support pending legislation that would eliminate cost-sharing for preventive services rated “A” or “B” by the U.S. Preventive

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<sup>2</sup> The Path to a High Performance U.S. Health System, Commonwealth Fund, February 2009

<sup>3</sup> The Individual Mandate — An Affordable and Fair Approach to Achieving Universal Coverage, New England Journal of Medicine, Linda Blumberg, Ph.D. and John Holahan, Ph.D., June 2009

<sup>4</sup> Potential Impact of Health Reform on the Cost of Private Health Insurance Coverage, PricewaterhouseCoopers, October 2009

Services Task Force (USPSTF) and for immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). Providing first dollar coverage of proven preventive services is an important strategy for keeping people healthy, detecting diseases at an early stage, and avoiding preventable illnesses.

Our members have been pro-active in designing wellness and prevention programs that promote healthier lifestyles and preventive screenings, identify and monitor patients at high risk for certain conditions, help ensure early diagnosis and treatment, and address the unique needs and circumstances of women. These programs help to improve quality of care and should be supported by the health reform process, including the flexibility for plans to offer premium discounts based on an individual's or an employee's participation in wellness programs.

### **III. Health Plan Innovations Addressing Women's Health Care Needs**

Health insurance plans, in addition to supporting health reform, have been very active in developing innovative programs to improve health care quality and health outcomes for women. These programs – including several that we discuss below – focus on a wide range of women's priorities and health care needs.

#### Geisinger Health Plan's Health Management Program for Osteoporosis

Geisinger Health Plan has implemented a program that analyzes claims to identify patients whose medical histories and demographic characteristics place them at risk of the disease, as well as those who have a history of bone fractures. Under this program, registered nurse case managers contact members at risk by phone or arrange office visits to provide them with key information about osteoporosis prevention and treatment. During these phone calls and meetings, case managers explain risk factors for osteoporosis, discuss ways to prevent the condition, and discuss the benefits of bone mineral density testing and medications for osteoporosis.

When Geisinger determines that patients' age and health profiles place them at high risk of osteoporosis, case management nurses review the patients' prescriptions to avoid use of

medications that could increase the risk of falls, and they follow up with physicians as needed to identify safer alternatives. Case managers work with pharmacy assistance programs as needed to help low-income members obtain needed osteoporosis medications. They may coordinate with Area Agencies on Aging to conduct home safety inspections to remove items that could lead to falls, and they can help arrange for transportation to doctor visits. Besides working with patients on an ongoing basis, Geisinger's case managers maintain regular contact with primary care physician offices by phone and e-mail and in person to discuss the needs of members with osteoporosis and help ensure that they receive recommended care.

In 2009, 21 percent of Geisinger members age 65 and older are enrolled in the health plan's osteoporosis health management program. The percent of women age 67 or older with histories of bone fracture who had either undergone bone mineral density testing or had taken osteoporosis prevention or treatment medications rose by 9.4 percent from 2008 to 2009.

#### Kaiser Permanente's Domestic Violence Prevention Program

On October 10, Kaiser Permanente and Dr. Brigid McCaw received a national award from the Family Violence Prevention Fund for creating and implementing an innovative and comprehensive approach to domestic violence prevention.

This innovative program by Kaiser Permanente uses health education materials, posters, flyers, and other information to encourage people to speak up about domestic violence. Under this program, clinicians receive training so they are comfortable raising this issue, providing a caring response, referring patients to on-site domestic violence services, and offering information about community resources.

The program is enhanced by Kaiser Permanente HealthConnect®, which enables the organization's more than 14,000 physicians to electronically access the medical records of members nationwide. It includes tools that make it easier for physicians to identify victims of domestic violence, provide a consistent caring response based on clinical practice recommendations, and make referrals to other Kaiser Permanente services and community resources.

## Passport Health Plan's "Tiny Tot" Program for Healthy Pregnancies

Passport Health Plan has created a "Tiny Tot" program to help mothers with preterm newborn babies to ensure a healthy transition from the hospital to the home. Under this program, a registered nurse is assigned to focus on the welfare of the newborn and to work as a liaison between the family and members of the infant's health care team, including neonatologists, pediatricians, neonatal intensive care unit nurses, and home care providers. The nurse helps the family with the paperwork for obtaining any necessary medical equipment, such as ventilators, and with the logistics for getting to appointments with specialists.

The program also includes a strong focus on educating new mothers about infant care and the importance of creating a healthy home environment. The program's goals are to:

- decrease the average length of stay in the hospital;
- decrease or prevent hospital re-admissions and emergency room visits within 30 days of discharge;
- increase the percentage of members who follow up with their primary care physician within 30 days of discharge;
- identify newborns in need of ongoing case management services; and
- coordinate discharge needs.

Enrollees participating in the "Tiny Tot" program have a 98 percent compliance rate in obtaining a newborn screen within the first 30 days. Also, since the program began in 2001, hospital re-admission rates for preterm babies have decreased in the range of one to four percentage points.

This program – and the CIGNA program discussed below – are particularly important, given that the rate of preterm births in the United States has increased by 18 percent since 1990, according to the March of Dimes. Babies who survive a premature birth face the risk of serious lifelong health problems including learning disabilities, cerebral palsy, blindness, hearing loss, and other chronic conditions such as asthma. Also, the health care costs associated with a preterm birth typically are 12 times as much as those for a full term, healthy birth.

### CIGNA's Healthy Pregnancies, Healthy Babies Program

To address the rise in preterm births, many of which are preventable, CIGNA implemented its *Healthy Pregnancies, Healthy Babies* program in 2006 to provide educational and care management services to women who are pregnant or considering pregnancy.

Participants in the program undergo an initial risk assessment and routine follow-up assessments throughout their pregnancy. Based on these assessments, participants will receive appropriate prenatal education and care management, and those considered high risk will be assigned to a Specialty Case Management Nurse. Clinical assessments, risk stratification and history are managed through a single tool so that any member of the care team can speak to a participant knowledgably about her condition. Participants receive one-on-one counseling and support from a health coach, who can help the mother-to-be manage the physical and emotional demands of pregnancy.

Because early intervention can help prevent prematurity and other poor pregnancy outcomes, the program offers a tiered incentive that is higher for women who enroll early in their pregnancies. To help assure that pregnant members participate actively in the program, payment of the incentive is contingent on program completion. CIGNA also offers free tobacco cessation programs, as there is indisputable evidence that links smoking with preterm birth and low birth-weight babies. Extra dental care also is part of the program, as pregnancy can affect teeth and gums, and infections and other oral health problems can lead to preterm birth.

More than 90 percent of the women who enroll in the program complete it, and more than 97 percent report a high level of satisfaction with their experience in the program. Improved outcomes for mothers and babies have led to savings of more than \$6,000 per pregnancy for participants of the program.

### Centene Corporation's CONNECTIONS Plus Program

A program by Centene Corporation, known as CONNECTIONS Plus, offers free cell phones to Medicaid members who do not have safe, reliable access to land line phones. As of last year, the health plan had provided cell phone service to 160 pregnant women since the program's



inception in 2007. Program participants use the cell phones to call their doctors, case managers, 911, and the health plan nurse line when they need help, and they can speak regularly with nurse case managers affiliated with Centene's disease management programs.

Under this program, cell phones can be customized to member needs and may include numbers for transportation services, specialty pharmacy services, housing and shelter, parenting support, emergency crisis numbers, counseling, special needs services, food pantries, utility assistance, clothing banks, parenting support, and family support. High-risk pregnant women are allowed to keep their cell phones for a transition period (about six weeks) following their babies' birth.

There is strong evidence that low-income women are at increased risk for preterm births. The average gestational age at delivery for the babies of pregnant women who have participated in the Centene Corporation program since 2007 is 37.79 weeks, which is well within the normal range.

#### Keystone Mercy's Healthy Ministry Program for Women

For more than nine years, Keystone Mercy Health Plan has offered the Health Ministry Program for Women, a faith-based health education and awareness program to reduce health disparities among minority women. The program helps women incorporate positive health behaviors into everyday life to prevent, reduce, and reverse chronic diseases and stress. By partnering with and bringing local health care providers to churches, synagogues, and mosques, the Health Ministry Program provides women with a safe and supportive setting in which to learn about their health.

The program's goals are to:

- educate women and their families about the importance of prevention and early detection of disease through community-based partnerships;
- promote regular health screenings and check-ups to identify and target women at risk;
- increase participants' knowledge of stress triggers and stress management techniques; and
- empower women to be their own health advocates by knowing the risks and warning signs of chronic diseases.

As part of the Health Ministry program, Keystone has partnered with six Philadelphia-area churches for the past three years on an initiative called the Forty-Day Journey. The initiative emphasizes nutrition, exercise, water intake, and medication compliance. It includes education on topics such as healthy cooking, and it features a Gospel aerobics class and walking clubs.

Approximately 2,500 people, including 825 Keystone Mercy Members, participated in the Forty-Day Journey from 2006 to 2008. Among program participants with diabetes, Keystone measured the following improvements over two years:

- A nearly 20 percent drop in triglyceride levels;
- A 22 percent decline in LDL, or bad cholesterol, overall, and a 31 percent decline for people with Type 1 diabetes;
- A 17 percent reduction in blood sugar levels;
- A 4.6 percent reduction in weight overall, and a 3 percent decline for people with Type 1 diabetes.

Program participants reported reductions in pain and improvements in mobility and flexibility. They also said that their overall mood had improved and hope for the future had increased since participating in the program. In 2008, the Health Ministry Program won the “Recognizing Innovation in Multicultural Health Care Award” from the National Committee for Quality Assurance (NCQA).

#### Group Health Cooperative’s Teen Pregnancy and Parenting Clinic

Group Health Cooperative has established a Teen Pregnancy and Parenting Clinic that provides education and support to help pregnant teens avoid risky behaviors – such as smoking, alcohol, and recreational drug use – that can lead to premature birth, low birthweight, and cognitive impairments. Program participants range in age from 13 to 25.

Two family physicians, along with family practice residents from Group Health’s Family Medicine Residency program, provide care at the clinic, including antepartum care, delivery, postpartum care, primary care, and pediatric follow-up. The clinic team also includes a registered nurse, a social worker, a nutritionist, a representative from the U.S. Department of Agriculture’s Special Supplemental Nutrition Program for Women, Infants and Children (the

WIC program), and a health educator. The nurse meets with patients during every visit, helps assess their needs, and coordinates care with other team members. The social worker addresses psychosocial issues and helps program participants obtain community resources such as housing and transportation. The nutritionist helps teens create a diet appropriate for pregnancy; the WIC provider helps participants obtain vouchers for free groceries; and the health educator teaches parenting classes.

The clinic provides care to approximately 50 teens and their children each year. Participating teens visit the clinic every one to three weeks throughout their pregnancy and have follow-up visits for two years after delivery. Their children receive services through the clinic for up to five years. Health outcomes among program participants have exceeded those achieved among comparable populations served by Seattle-area community health centers.

Since the clinic's opening in 1990, program staff have delivered 736 babies and the percent of low birthweight babies (those less than five pounds) has been 6.7 percent, compared to a national rate of 8.3 percent.

### Prevention and Wellness Initiatives

In a recent AHIP report<sup>5</sup> entitled "Innovations in Prevention, Wellness, and Risk Reduction," we outline case studies of health insurance plans that are working with other stakeholders to create healthier workplaces, schools, and communities, help families make better choices about diet and physical activity, and overcome economic, social, and cultural barriers to the adoption of preventive practices and healthier lifestyles. This report highlights a wide range of health plan initiatives that are combining personal health assessments, health coaching, changes in the work environment, and lifestyle incentives to help employers and their employees tackle health risks that lead to illness, absenteeism, lost productivity, and higher health care costs.

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<sup>5</sup> Innovations in Prevention, Wellness, and Risk Reduction, AHIP, 2008

## **IV. Research Findings Show Women Benefit From Private Sector Innovations by Medicare Advantage Plans**

AHIP recently released a study<sup>6</sup> showing that Medicare Advantage enrollees spent fewer days in the hospital, were subject to fewer hospital re-admissions, and were less likely to have “potentially avoidable” admissions for common conditions examined by the study. While this study focused broadly on both women and men, the findings indicate that women are particularly well served by participating in private health plans offered through the Medicare Advantage program.

The study’s findings demonstrate that the innovative programs developed by Medicare Advantage plans – which place a strong emphasis on preventive health care services that detect diseases at an early stage and disease management programs for seniors with chronic illnesses – are working to help keep patients out of the hospital and avoid potentially harmful complications.

The median scores for the eight plans included in this study show that Medicare Advantage plans improved health care for women by:

- reducing emergency room visits by 35 percent;
- reducing hospital re-admissions by 50 percent;
- reducing potentially avoidable hospital admissions by 16 percent;
- reducing inpatient hospital days by 18 percent; and
- increasing office visits (e.g., for primary and preventive care) by 20 percent.

A related AHIP study<sup>7</sup> shows that women enrolled in Medicare Advantage spent fewer days in the hospital, were subject to fewer hospital re-admissions, and were less likely to have potentially avoidable admissions, for common conditions ranging from uncontrolled diabetes to dehydration. This study analyzed statewide datasets on hospital admissions in California and Nevada compiled by the AHRQ. The unique data in these states allows for direct comparisons

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<sup>6</sup> A Preliminary Comparison of Utilization Measures Among Diabetes and Heart Disease Patients in Eight Regional Medicare Advantage Plans and Medicare Fee-for-Service in the Same Service Areas, AHIP, revised September 2009

<sup>7</sup> Reductions in Hospital Days, Re-Admissions, and Potentially Avoidable Admissions Among Medicare Advantage Enrollees in California and Nevada, 2006, AHIP, September 15, 2009

of utilization rates among enrollees in Medicare Advantage plans and in FFS Medicare. The female-specific data for this study indicate that:

- Women Medicare Advantage beneficiaries in California spent 30 percent fewer days in the hospital than those with FFS Medicare, and in Nevada, women in Medicare Advantage plans spent 26 percent fewer days in the hospital.
- Women Medicare Advantage enrollees were re-admitted to the hospital in the same quarter for the same condition 16 percent less often in California and 33 percent less often in Nevada, compared to FFS Medicare.
- In both states, women enrolled in Medicare Advantage plans were less likely – by margins of 8 percent in California and 9 percent in Nevada – than those in FFS Medicare to be admitted to the hospital for conditions described by AHRQ as “potentially avoidable,” such as dehydration, urinary tract infection, or uncontrolled diabetes.

These findings demonstrate that by reducing the need for hospitalizations and emergency room care, health insurance plans are not only improving the health and well-being of their female enrollees – but also achieving greater efficiencies and cost savings.

In both AHIP studies, utilization rates were calculated on a risk-adjusted basis. Risk scores for Medicare Advantage and Medicare FFS enrollees were based on age, sex, and health status.

## **V. Conclusion**

Thank you for this opportunity to testify on these important women’s health issues. We look forward to continuing to work with committee members to advance meaningful health reforms to expand coverage, improve quality, and slow the growth rate of health care spending.