



## CONNECTICUT WOMEN'S HEALTH CAMPAIGN e-News, July 2009

**In this issue:** Two health bills vetoed; new women's health amendments in national health reform; State budget crisis threatens some health programs.

### CWHC News

**Take a Quick Survey. Do You Exercise?** Please take this short survey, and send to your networks. **We need results from 25 more women!**

[http://www.surveymonkey.com/s.aspx?sm=UhH3bo6i\\_2bxUjutA5tnDdaQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=UhH3bo6i_2bxUjutA5tnDdaQ_3d_3d)

**Shout out to one of our Executive Committee Members, Cinda Cash,** *executive director of The Connecticut Women's Consortium, a nonprofit agency that focuses on issues of women's mental health, substance use disorders, addiction, domestic violence and trauma, for her commentary in the Hartford Courant.*

<http://www.courant.com/news/opinion/commentary/hc-commentarycashkeno0614.artjun14,0,32470.story>

*"Women who develop gambling addiction are also more likely to report other mental health issues such as clinical depression, often as the result of childhood or adult trauma such as emotional, verbal, physical or sex abuse and/or assault. Since addiction of any kind has a tremendous negative impact on the family, and women are more likely to be caretakers of children, introducing keno to every corner of our state will make its effect felt on women who become addicted and their children who will have to cope with the disastrous consequences..."*

*The bottom line: We're better than this. The state's consideration of providing more opportunities to gamble is a policy initiative that should be avoided. It is not an expression of Connecticut's positive core values and our state's ability to support those values, and our families, at all levels of our society."*

### State Legislative Update

The session ended June 3<sup>rd</sup> without a budget. Once a budget is passed, it is likely that more cuts to health programs will be implemented. These are likely to disproportionately affect the health of women, especially those with lower incomes, chronic conditions and the elderly. We have reported on health program closures in the June 2009 edition of *CWHC e-News*. In addition, some health programs were cut for July when Governor Rell allocated funding in order to keep the State running on July 1st, including:

- Healthy Start (maternity outreach, prenatal care)
- AIDS programs

- Teen Pregnancy Prevention
- HUSKY Outreach, School-Based Health Centers, and Children With Special Health Care Needs

#### **Enactments:**

**Senate Bill 455, *An Act Concerning the Nursing Home Bill of Rights***, protects Medicaid patients from providing donations or gifts as a condition of admission and extends that protection families and friends.

#### **Bills vetoed by the Governor:**

Both **HB 6600, the Sustinet bill**, establishing a plan for universal health care in Connecticut and **HB 6582, the Connecticut Healthcare Partnership bill** creating a pool for the state, municipalities, non-profits and the self-employed were vetoed on July 8, 2009. For more information, see <http://www.ct.gov/governorrell/cwp/view.asp?A=3675&Q=443102> Governor Rell signed an executive order establishing a Healthcare Reform Advisory Board “to develop state-level policies in response to reforms under consideration at the federal level.”

**Veto Session.** Scheduled for July 20, 2009. It is unclear whether either the Partnership/health care pooling bill or Sustinet will be considered.

## **Federal Update**

**Congress is also considering major health reform** options this summer. Chairman Kennedy released the landmark “**Affordable Health Choices Act.**” Click here for a copy of the bill, [http://help.senate.gov/BAI09A84\\_xml.pdf](http://help.senate.gov/BAI09A84_xml.pdf). An excellent side by side comparison of the various federal proposals can be found at: <http://www.kff.org/healthreform/sidebyside.cfm>

A significant new development in the debate is the introduction of the **Women’s Health Amendment**, sponsored by Rep. Barbara Mikulski, S. 201. This Amendment will ensure that women have access to key preventive services by making preventive services that are recommended by the United States Preventive Services Task Force (USPSTF) available with no or limited cost sharing. However, the USPSTF does not fully account for the range of preventive services women need. Missing from USPSTF guidelines are:

- Preconception care;
- family planning counseling and services; and
- an annual well-woman visit, recommended by the American College of Obstetricians and Gynecologists to improve women’s overall health.

Since these are not included in the USPSTF recommendations, they do not have the same cost-sharing protections as other preventive health benefits. ***The Amendment addresses this gap by requiring the Health Resources and Services Administration (HRSA) to develop additional guidelines as needed to address the unique preventive health needs of women***

The Women’s Health Amendment will also increase access to a diverse network of health care providers, especially essential community providers, by requiring health plans operating through the “exchange” or “gateways” to include community and women’s health centers in their networks. These are an entry-point into the health care system for millions of women. Many health insurance companies do not contract with these community providers, leaving even insured women with limited access.

**Dodd Amendment on Disclosure, Transparency and Consumer Education.** Senator Christopher Dodd's amendment would implement three key provisions:

**Benefit Explanations.** This amendment requires insurance companies to explain to consumers – accurately and in plain English – the terms and benefits of the policies they offer. Each benefit summary must adhere to a uniform format to facilitate comparison-shopping by consumers. The language must be easy for consumers to understand, especially insurance and medical terms.

**Disclosure of Information.** Health insurance companies must clearly disclose provisions of coverage concerning the issuer's right to change premiums, co-payments, etc.

**Health Insurance Consumer Assistance Grants.** Grants will be awarded to states to enable them to establish, expand, or support offices of health insurance consumer assistance.

## Health Program Notes

**Pfizer Launches New Program for The Unemployed.** MAINTAIN (Medicines Assistance for Those who Are in Need) is designed to help recently unemployed Americans and their families who have lost their insurance, and who take Pfizer medicines, to continue treatment at no cost for up to one year. The program is open through December 31, 2009 and applies to those who have become unemployed since January 1, 2009. Those who qualify will receive Pfizer medicines at no cost for up to 12 months or until they become re-insured (whichever occurs first). Over 70 Pfizer primary care medicines will be available through the program. For more information, including how to apply call 1-866-706-2400 or go to: [www.PfizerHelpfulAnswers.com](http://www.PfizerHelpfulAnswers.com). (Source: The Women's Consortium and The Perkins Partnership)

**Quitline Offers Patch Gum And Lozenges While Supplies Last.** **The CT Quitline (1-800-QUIT-NOW)** is a toll free telephone tobacco use cessation support and information program that is available to all CT residents free of charge. The services include information, cessation counseling and support in the form of one-call or multi-call programs, and referrals to local cessation programs. Services are provided in most languages. Also offered (while supplies last) is Nicotine Replacement Therapy (patch, gum or lozenge) when medically appropriate to callers at no cost who enter the multi-call program. The quantity of NRT provided depends on the individual's insurance status. (Source: CT Cancer Partnership)

## Women's Health Resources

**Blog about Women and Caregiving.** The Feminism 2.0 website is hosting an extended online discussion this month. Feminism 2.0 brings together major women's advocacy organizations and online women's communities to further the connection between today's issues and women's voices.

<http://blog.directcarealliance.org/2009/07/join-an-online-conversation-about-women-and-caregiving/>

**Medicare's Role for Women's Health.** A new piece highlights Medicare's role in insuring older women and those with disabilities. Women are disproportionately low-income, with fewer resources and more chronic conditions than men, making Medicare a vital source of retirement security. More than half of all Medicare beneficiaries are women, and many need long-term care services not currently covered by the program. Key issues for women on Medicare, such as gaps in coverage and rising out-of-pocket costs are featured. <http://www.kff.org/womenshealth/upload/7913.pdf>

**Medicaid: Source of Screening Affects Women's Eligibility for Coverage of Breast and Cervical Cancer Treatment in Some States.** GAO-09-384, May 22. The CDC's Early Detection Program providers screen more than half a million low-income, uninsured women each year for breast and cervical cancer. Yet many eligible women are screened by other providers or not screened at all. GAO estimated that from 2005 through 2006, 15 percent of eligible women received a mammogram from the Early Detection Program, while 26 percent were screened by other providers and *60 percent were not screened*. For Pap tests, GAO estimated that from 2004 through 2006, 9 percent were screened by the program, 59 percent by other providers, and *33 percent were not screened*.  
<http://www.gao.gov/new.items/d09384.pdf>

**Women With Breast Cancer Who Receive Chemotherapy Are More Likely Than Those Treated With Radiation To Have A Major Change In Work Status** such as leaving work, retiring or going on long-term disability leave. According to a study published in the journal *Cancer*, researchers identified 3,233 women who were first diagnosed with breast cancer between 1998 and 2002. About 54% of the women received chemotherapy, and 58% received radiation therapy. Most of the women did "not experience a significant change in their employment after cancer diagnosis and treatment." However, of the 6.6% who experienced such a change, those who received chemotherapy had a 1.8-fold greater risk of leaving work, retiring or going on long-term disability leave.  
<http://www.reuters.com/article/healthNews/idUSTRE55T6XK20090630>

**Connecticut Medicaid Primary Care Case Management (PCCM) Report.** PCCM is a model of health care delivery that generally requires a patient to choose a primary care provider responsible for coordinating care and is paid a monthly fee for doing so, on top of payment for medical services. In general, all medical services are reimbursed on a fee-for-service basis, and care is available 24 hours a day, seven days a week. <http://www.cga.ct.gov/2009/rpt/2009-R-0216.htm>

## Health Fact

**Nationally, women make up a significantly greater proportion of patients at community health centers than men (59.3% compared to 40.7%).** *Source: National Women's Law Center.*

## Join Us!

To see a list of CWHC members, our principles or a sign up sheet, see [http://www.cga.ct.gov/pcsw/cwhc/pages/cwhc\\_membership.asp](http://www.cga.ct.gov/pcsw/cwhc/pages/cwhc_membership.asp) CWHC members will not be asked to sign on each year. If you would like to change your membership status, please contact [Lisa.Sementilli@cga.ct.gov](mailto:Lisa.Sementilli@cga.ct.gov)

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