

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Health Care Reform and Sexual Assault

Implications for Survivors, Rape Crisis Centers, and Coalitions

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Women and Healthcare

- According to the Kaiser Family Foundation, more than 17 million women are uninsured, and millions more are underinsured.
- "In 2008, one in seven privately insured women reported she postponed or went without needed care because she couldn't afford it," Kaiser reports.

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

- Women are more likely to rely on a spouse's insurance coverage, leaving them vulnerable if they're divorced or widowed, if the spouse becomes old enough to qualify for Medicare, or if their partner's employer decides to drop dependent coverage, which is happening with increasing frequency.
- A study by the National Women's Law Center found, "Overall, women are more likely than men to have difficulty obtaining needed health care (43% vs. 30%) -- a difference more pronounced for uninsured women (68% vs. 49%)."

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Impacts of Sexual Violence

Increasingly, we know that profound, long-term effects may result from childhood sexual abuse and in turn, may influence current encounters with health care providers.

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Health Impacts

Some of the long-term effects of child sexual abuse include post-traumatic stress disorder (PTSD) symptoms, psychological issues, interpersonal difficulties, self injuring, pain, and other somatic complaints.

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Mental Health Impacts

Some of the specific long-term effects of child sexual abuse may include depression, suicidal attempts, and other lasting mental health issues, including substance use.

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Potential long-term physical consequences

- Avoidance of routine healthcare
- Chronic pelvic pain
- Gastrointestinal disorders
- Gynecological and pregnancy complications
- Migraines or frequent headaches
- Back pain
- Disability (physical and mental) preventing work
- Stress-related medical conditions

Jewkes, Sen, and Garcia-Moreno, 2009. Obtained from CDC Fact Sheet, 2007

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Numerous studies have reported an association between child sexual abuse and various medical conditions, including chronic pelvic pain, gastrointestinal disorders, irritable bowel syndrome, and recurrent headaches

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Impact on Male Survivors

New research reveals that male survivors of childhood sexual abuse face unique challenges that many health care practitioners do not recognize and understand as well as they should.

Canadian researchers have found that although both male and female childhood sexual survivors have similar anxieties and fears about their encounters with health care professionals, there are gender based differences concerning perceptions of victimhood, guilt, shame, homophobia and vulnerability.

Study by Gern Laitnik, a PhD student in the U of Alberta Faculty of Nursing.

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Researchers have also reported that, compared with control subjects, survivors of child sexual abuse have a higher prevalence of medical problems, somatization, high-risk behaviors, family physician visits, hospitalizations, and surgeries

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

The cost of insured health care services for the survivors was 4.1 times the population average after adjusting for age and gender. The average annual cost of publicly funded health care expenditures per survivor was \$4,387 as compared to \$1,081 for the population average.

□ A study done by S. Burgess, A. M. Watkinson, A. Elliott, W. MacDermott, M. Epstein

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Survivors reported that some of the positive consequences of insured health care services included various stabilizing effects such as control of symptoms and the ability to function in society.

□ A study done by S. Burgess, A. M. Watkinson, A. Elliott, W. MacDermott, M. Epstein

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Factors that Create Additional Barriers to Optimal Health

- Poverty
- Untrained Providers
- Limited English Proficiency
- Immigration Policies

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

How the new health reform law will impact survivors of sexual violence

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

We are figuring this out together as we go.....

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

New healthcare reform law is a combination of two bills

- Patient Protection and Affordable Care Act (Public Law 111-148)
Signed into Law March 23, 2010
- Health Care & Education Affordability Reconciliation Act of 2010 (Public Law 111-152)
Signed into law March 30, 2010

Affects how the current health care system runs and establishes new, affordable health insurance options.

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Many survivors who have never had routine access to healthcare may be entering the healthcare system.

- with many people who have not traditionally been able to access non-emergency healthcare and other people with more advanced issues who have not had access historically to care entering the medical system, there may be an increase in disclosures of sexual violence or there may be issues related to sexual violence that may not be disclosed – training for providers will be become increasingly important

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Prevents Denial of Coverage for Pre-Existing Conditions

This legislation will remove pre-existing condition exclusions

- Kids (2010)
- Adults (2014)

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Prevents Denial of Coverage for Pre-Existing Conditions

Means for Survivors:

- Many survivors have long term health and mental health conditions resulting from sexual violence which will now be covered
- Disclosure of sexual violence to healthcare providers no longer could be deemed "pre-existing"

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Removes caps on coverage

This legislation mandates no lifetime (2010) or annual benefit caps (2014)

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Removes caps on coverage

Means for Survivors:

- Long term health and mental health conditions resulting from sexual violence which will not "price out"
- Especially impactful for PTSD and other mental health conditions

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Health Insurance “Exchanges” (2014)
Plans will offer standard, comprehensive benefits

- Simplified plan options – differ based on cost sharing
- Will give non-employment based options

The New Health Reform Law: What Does it Mean for Women ;National Women’s Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Health Insurance “Exchanges” (2014) Plans
will offer standard, comprehensive benefits

Means for Survivors:

- Insurance portability should help those with pre-existing conditions who couldn’t leave jobs including those jobs where they feel unsafe or triggered
- Women who lose employer coverage due to experiences of sexual harassment and assault – either on the job or as a result of job impacts from the assault – will have access to ongoing coverage

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Medicaid Expansion & Improvements

- Expanded to low-income uninsured to 133% FPL (~\$21,000 family of 3) (by 2014)
- States can expand Medicaid coverage for Family Planning Services (immed)
- Will cover Freestanding birth centers (immed)

The New Health Reform Law: What Does it Mean for Women ;National Women’s Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Medicaid Expansion & Improvements

Means for Survivors:

- "No wrong door" system: Applying for the wrong program does not mean you have to submit new applications for other programs that you are eligible for.
 - Health Insurance Exchange(s), Medicaid, and the Children's Health Insurance Program
- Eligibility for childless adults
- Increased opportunities for advocates to inform state level implementation with the interests of survivors

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Remove Costs for Preventive Care

Eliminate cost-sharing for services recommended by the USPSTF, so copayments and deductibles are not a barrier to care- (9/2010)

Sen. Mikulski Women's Health Amendment – Health Resources and Service Administration of HHS to develop recommendations for women's preventive health services.

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Profits Must Fund Healthcare

Requires all health plans to put more of insured premiums into care, and less into profits, CEO pay, etc. This medical loss ratio requires plans in the individual market to spend 80 percent of premiums on medical services, and plans in the large group market to spend 85 percent. Insurers that don't meet these thresholds must provide rebates to policyholders

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Remove Costs for Preventive Care

Means for Survivors:

- Increases access to preventive services for those previously unable to access, possibly increasing disclosures of sexual violence
- A broader swath of people will have access to initial medical care and thus, possible screening for sexual violence
- Potential for outreach to survivors who have not accessed preventative services due to trauma

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Minimum Covered Benefits

Plans for individuals and small business required to cover broad categories of services (ie: inpatient, maternity, prescription drugs and mental health services) (2014)details to be set by the Secretary of HHS

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Minimum Covered Benefits

Means for Survivors:

- Mental health services that may not have been covered under many plans will now be mandated for coverage
- Survivors will have access to services for PTSD and other mental health issues often associated with sexual violence

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

"We know that in any given year, about 2.3 million Americans receive treatment in our substance abuse "specialty care" treatment system. However, according to the latest [National Survey on Drug Use and Health](#), 25 million meet criteria for Substance Use Disorders (SUDs). One of the primary reasons why more than 90 percent of those who could benefit from treatment don't receive it is that they lack insurance or other means to pay. Now that an estimated 95 percent of the country's legal population will have healthcare coverage--and, thanks to the [Wellstone/Domenici Parity Act](#), insurers who cover substance abuse treatment must do so at the same level of benefit they provide for other medical conditions"

-Deni Carise, Chief Clinical Officer, Phoenix House/Scientist, Treatment Research Institute/Univ. of Penn

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Immediate Access to OB/GYN Care

The bill mandates direct access to OB/GYN (no referral necessary) whether covered by HMO or other plan.
 (9/2010)

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Immediate Access to OB/GYN Care

Means for Survivors:

- This could be a benefit for SA survivors who don't want to seek emergency care but would like some kind of treatment post-assault.
- Eliminates barrier to survivors of requiring multiple disclosures before accessing primary OB/GYN care

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Expanded Coverage for Young Adults

Young adults can stay on parent's plan to age 26 (2010)

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Expanded Coverage for Young Adults

Means for Survivors:

- Age group most likely to be assaulted now has more chance of insurance coverage
- Provides access to services, but under a parental plan

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Abortion

- Only service that is singled out
- Cannot be required in the benefit package
- BUT plans can choose to cover:
 - None
 - Some (Hyde exceptions)
 - All
- One plan must **not** cover abortion
- Plans must not discriminate – for who can and cannot access abortion services

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

If a plan covers abortion (beyond Hyde Exceptions)

- No federal funds can be used for abortion services
- Enrollees make two separate payments
- Payments must be segregated into separate accounts
- State insurance commissioners ensure compliance

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Other Provisions of Interest

HCR will:

- Require larger employers (over 50 employees) required to provide **reasonable break time and place for nursing mothers to express breast milk**
- Guaranteed Issue + explicit prohibition on denying coverage to **survivors of domestic violence (2014)**
- Prohibits higher premiums for women **based on gender and anyone based on health status**
- Banning Sex Discrimination in Health Care (except as laid out in this act)

The New Health Reform Law: What Does it Mean for Women ;National Women's Law Center; April 8, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Data Collection

HCR will:

- Set standards for collecting and managing data on race, ethnicity, gender, primary language, and disability status;
- Require the analysis of health disparities data within HHS and in collaboration with other departments; and
- Improve and standardize data collection requirements for state Medicaid & CHIP programs.

Healthcare Reform Webinar hosted by the Asian & Pacific Islander American Health Forum April 22, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Data Collection

HCR will:

- Set standards for collecting and managing data on race, ethnicity, gender, primary language, and disability status;
- Require the analysis of health disparities data within HHS and in collaboration with other departments; and
- Improve and standardize data collection requirements for state Medicaid & CHIP programs.

Healthcare Reform Webinar hosted by the Asian & Pacific Islander American Health Forum April 22, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Community Health Centers

HCR will:

- Increase funding to build new and expand the capacity of existing community health centers; and
- Establish pilot programs to test wellness plans at for at-risk populations.

Healthcare Reform Webinar hosted by the Asian & Pacific Islander American Health Forum April 22, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Important to note:

- Excludes undocumented immigrants
- Requires everyone to verify citizenship/immigration status to buy health insurance in the exchange (even if not applying for tax credits)
- Not all workers are guaranteed employer based health insurance
- Unclear if everyone will be able to truly afford health insurance
- Reduces federal funding to safety-net hospitals and clinics over time
- Every state will have its own rules and process for the new "exchanges"

Healthcare Reform Webinar hosted by the Asian & Pacific Islander American Health Forum April 22, 2010

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Role for State & Local Advocates

- Inform communities of new opportunities;
- Inform state level implementation and planning for new HCR provisions;
- Influence how HCR is implemented by providing public comment on federal regulations and other guidance; and
- Collect stories for media, policymakers, and advocates on effects on survivors of sexual assault.

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Advocates will have an opportunity to impact state level decisions that will be happening because Medicare and some other medical systems are federal/state collaborations . Many states are beginning planning meetings now and the needs of survivors can help guide implementation.

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

What does the health care reform bill mean for small nonprofits?

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

What are the tangible impacts?

- Tax Credit for paying part of health insurance premiums—
- Grants to small employers that establish wellness programs—
- Employers would be allowed to offer employees rewards of up to 30 percent of the cost of coverage for participating in a wellness program—

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Wellness grants and incentives for employee participation-

- This bill includes \$200 million in wellness grants starting in 2011
- Employers can offer increased incentives to employees for participation in a wellness program—begins 2014 (currently 20% per HIPPA and would go up to 30%)

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Eligibility Rules for Tax Credit

- Providing health care coverage.** A qualifying employer must cover at least 50 percent of the cost of health care coverage for some of its workers based on the single rate.
- Firm size.** A qualifying employer must have less than the equivalent of 25 full-time workers
- Average annual wage.** A qualifying employer must pay average annual wages below \$50,000.

Both taxable (for profit) and tax-exempt firms qualify.

http://www.irs.gov/newsroom/article_0_id=220809_00.html

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

What is the maximum credit?

From 2010-2013, qualifying organizations may receive a credit of *up to 25%* of the premiums paid.

By 2014, qualifying organizations may receive a credit of *up to 35%* of premiums paid if they are purchasing an insurance plan through the exchange

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

How are employees counted?

Eligibility is determined by the number of full-time equivalent employees instead of the number of individual employees

The hours of leased employees are included, but not seasonal workers working less than 120 hours

http://independentsector.org/small_employer_credit_faqs

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Example: Non-Profit with 9 Employees gets \$18,000 Credit for 2010

First Street Family Services
 Employees: 9
 Wages: \$198,000 total or \$22,000/worker
 Employee Health Care Costs: \$ 72,000

2010 Tax credit: \$18,000 (25% credit)
 2014 Tax Credit: \$25,000 (35% credit)
<http://www.irs.gov/newsroom/article0,,id=220809,00.html>

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

How do we claim the credit?

Small employer credit may be claimed against three payroll taxes that tax-exempt organizations pay to the IRS

- Employer share of Medicare withholding
- Employee share of Medicare withholding
- Federal income taxes withheld by the employer on behalf of the employee (Employees will continue to receive credit for their withheld income tax payments)

http://independentsector.org/small_employer_credit_faqs

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

How long is my organization eligible?

The credit of up to 25% may be taken immediately through 2013

The credit of up to 35% may be taken for two years beginning in 2014 if insurance is purchased through the exchange

http://independentsector.org/small_employer_credit_faqs

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Q: Am I required to offer insurance to my employees?

A: No. There is not a so-called “employer mandate” in the legislation for small businesses.

<http://healthreform.gov/about/answers.html>

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Q: What if my small business doesn't offer insurance today, but I choose to start offering insurance this year. Will I be eligible for these tax credits?

A: Yes. The tax credit is designed to both support those small businesses that provide coverage today as well as those that newly offer such coverage.

<http://healthreform.gov/about/answers.html>

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Q: Can I join a pool now to lower my costs?

A: Beginning in 2014, reform will create state-based health insurance exchanges that pool small businesses and their employees.

<http://healthreform.gov/about/answers.html>

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Q: Can an employee get their 21 year old onto their plan?

A: Six months* from the passing of the bill, insurers will be required to permit children to stay on family policies until age 26.

Both married and unmarried dependents qualify for this dependent coverage.

Beginning in 2014, children up to age 26 can stay on their parent's employer plan even if they have an offer of coverage through their employer.

<http://healthreform.gov/about/answers.html>

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Q: What consumer protections will employees get this year if they get insurance at work?

A: In 6 months, insurers will be prohibited from placing lifetime limits on what they will pay for medical care and they can only apply restricted annual benefit limits. Insurers will no longer be able to arbitrarily cancel insurance policies when people get sick, except in cases of fraud.

Insurance companies will be prohibited from denying coverage to children with pre-existing conditions.

<http://healthreform.gov/about/answers.html>

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Non-tangible benefits?

Healthy work force = happy more productive work force

Less time off for illness

Easier to walk the talk. Encourage staff to “take care of yourself”

Children will have better coverage so parents can focus better on work.

National Sexual Assault Coalition
reshāp Resource Sharing Project
 Working Together To End Sexual Violence

Questions?

National Sexual Assault Coalition
reshāp Resource Sharing Project
Working Together To End Sexual Violence

Resource Sharing Project
www.resource-sharingproject.org

Cat Fribley rsp@iowacasa.org
Evelyn Larsen evelyn@iowacasa.org

Please fill out the evaluation prior to leaving!
