



ISSUE ADVISORY - Happy 50th Birthday Medicare and Medicaid...and Let's Not Forget the Americans with Disabilities Act at 25 Years!

July 30, 2015

To celebrate the 50th anniversaries of **Medicare** and **Medicaid** and all great things that these vital programs do for women's health and economic security, NOW urged activists earlier this week to hold or join a local birthday celebration. Supporters in more than 60 cities were planning to hold parties, flash mobs and discussions, such as in Oakland where they held a rally and march hosted by the Campaign for a Healthy California and, in Boston, MassCARE organized a party with cake, music, and speakers.

NOW celebrates their 50th anniversaries as well because we believe that these two programs have done more than most others to help protect and uplift women and their families. Though conservative politicians and even the American Medical Association bitterly opposed the creation of Medicare and Medicaid (Socialism!), a majority of the public over the past five decades have come to see and appreciate their value. Not only have both programs greatly expanded access to affordable health care, but both have improved the health status and quality of life for tens of millions of women, men and children.

Program Racially-Integrated Hospitals - One not well known, but very important impact of Medicare is that it helped to racially integrate much of the nation's health care delivery system. There were many Black communities in the south that had basically no access to hospitals, according to Temple University Prof. David Barton Smith. Hospitals in southern states complied with Jim Crow laws, excluding blacks from hospitals. Black babies were born at home and maternal and infant mortality rates were tragically higher for African-Americans. In the north, Black physicians found it difficult to obtain admitting privileges at hospitals dominated by whites and white physicians were pressured to send black patients elsewhere such as county hospitals or poorly-equipped historically Black institutions. Clearly, if you were an African-American woman, your health and your life were at risk – as well as those of all of your family members -- because of racial segregation.

But with the passage of Medicare, hospitals quickly integrated. By threatening to withhold federal funding from any hospital that discriminated on the basis of race – as the Civil Rights Act of 1964 required – Medicare forced the desegregation of every hospital almost overnight. The White House under President Lyndon Johnson kept the effort quiet and set up a five employee Office of Equal Health Opportunity that certified hospitals to get federal funding based on whether they discriminated or not. Within four months, more than 1000 hospitals were integrated!

Most Important Human Needs Programs - Sen. Ron Wyden (D-Ore.), the ranking member on the powerful Senate Finance Committee, told an audience at a Medicare briefing this week, that

he remembers seeing many years ago on the outskirts of town “poor farms.” These were places, he said, where impoverished elderly persons were “warehoused.” But now, we have more than 100 million Americans who have access to care, Wyden added. In his career before he came to Congress, Wyden led the Grey Panthers, an elder rights advocacy organization.

For the last 50 years, Medicare, the health insurance program for persons age 65 and older, and Medicaid, which provides coverage for eligible low-income persons, have been key to increasing access to affordable health care services for a substantial share of the population. One in three persons is covered by either Medicare or Medicaid and, according to the Kaiser Family Foundation, for a combined total of 111 million at an estimated cost of \$1.035 billion this year. Currently, 55 million beneficiaries are enrolled in Medicare, 46.3 million aged 65 and older, plus 9 million persons under age 65 with permanent disabilities. Enrollment is expected to rise to 79 million by 2030 with the retirement of the “Baby Boom” generation.

Women constitute more than half (56 percent) of all Medicare beneficiaries (or 25.9 million women) and two of every three beneficiaries age 85 and older are women. In addition to tending to be poorer than men in retirement, women suffer from more chronic health conditions and have more health care expenditures as a result.

Medicare Has Reduced Poverty - Medicare is responsible for keeping millions of low income older persons – and especially women -- out of dire poverty. Because of Medicare the poverty rate for seniors has fallen from 28 percent to eight percent (for men) and 10 percent (for women). Half of all persons with Medicare live on annual incomes of \$23,500 or less and the median income for older women is just \$16,040. Clearly, Medicare is an essential component in helping older persons pay for their health care needs and it remains very popular with the general public. An in-depth survey by the Kaiser Family Foundation found that 77 percent of the respondents agreed that the program is important, with 89 percent of Democratic respondents saying that the program is very important, compared to 75 percent of Republicans who participated in the survey.

Yet, Medicare does not cover long-term health care needs and dental, vision or hearing services. Additionally, the price of prescription drugs is excessive because the government is not allowed to negotiate drug prices (most other developed countries do negotiate for lower drug prices) due to a program pushed by conservatives in Congress, the Medicare Part D prescription insurance plan. The Part D plan does help many seniors better afford prescription drugs, but it enables the pharmaceutical industry to continue pricing commonly-used medications much higher in the U.S. than in other countries. There are many ways in which Medicare could be improved and, in some cases, save billions of dollars. The Medicare Rights Center has quite a few ideas about that in their 50 Wishes for Medicare’s Future, <http://www.medicarerights.org/50wishes>

The 2015 Social Security and Medicare Trustees’ report, issued July 22, found that Medicare Part A is solvent through 2030, the HI or Hospital Insurance Fund will be able to pay inpatient

claims for the next 15 years, and the Supplemental Insurance Fund (Part B and Part D) Trust Fund remains on firm footing. However, benefits continue to grow at rates lower than the growth rates of overall health expenditures.

Republican Threats to Medicare, Disability Program - Threats are frequently made by Republican leaders in Congress to reduce benefits and increase the age of eligibility for Medicare. Currently they are blocking a rebalancing of trust fund sources to assure that full benefits are paid to beneficiaries under Social Security's Disability Insurance program. Without the rebalancing – a routine action taken in the past – benefits will decline by 19 percent in 2016. Further, the Republican budget for fiscal year 2016 would repeal the ACA expansion of coverage, eliminating protections for people with pre-existing conditions and premium subsidies, along with increasing prescription drug prices. Their proposed budget would also turn Medicaid into a block grant program, combining it with the Children's Health Insurance Program, and reducing funding by more than a third, according to Families USA.

Medicaid – A Critical Health Insurance Program - It is difficult to overstate the importance of the Medicaid program which serves nearly 70 million low-income persons, including more than 31 million children (half of all low-income children) under the related Child Health Insurance Program (CHIP). CHIP is a state-federal program that provides coverage to uninsured children who are not eligible for Medicaid, but cannot afford private coverage. Women comprise a majority of adult Medicaid beneficiaries.

It is the nation's major publicly-funded health insurance program, covering routine care acute care and long-term services and supports. The program is funded from both federal and state sources. Medicaid finances 16 percent of total personal health spending in the U.S., according to the Kaiser Family Foundation, and is a core source of financing for safety-net hospitals and health centers that provide health care services in low-income communities, including care for the uninsured. It is the main funder of long-term care (nursing home) facilities for poor and elderly low-income and disabled women.

Most Important Reproductive Health Care Program - Medicaid is the major funding source for women's reproductive health needs and covers a range of services from family planning, to maternity care, prescription drugs, hospitalization, and long-term care. Medicaid accounts for 75 percent of all public spending on family planning services. Federal law requires states to cover family planning and related services, and provide federal matching funds to pay 90 percent of the cost of these services.

The program assures that low-income women and their families are protected from medical debt and out-of-pocket costs that might deter them from seeking medical help when they need it. Medicaid helps women to decide whether and when to have children and, as a result, enables them to maintain family economic stability. This means that women can invest more in their education and employment mobility to improve their families' economic well-being. Medicaid is

also a generator of women's jobs in the health care field as more than 80 percent of the jobs supported by Medicaid are held by women, a total of 3.9 million jobs.

Medicaid places limits on how much patients must pay in co-payments and insurance. By law, states may not require Medicaid beneficiaries to pay more than five percent of family income on premiums, copayments, and coinsurance for all family members, and federal law prohibits states from requiring cost sharing for particular services and for certain categories of enrollees.

In 2010, Medicaid paid for 48 percent of births – a statistic that some found alarming. Certainly, it was good that low-income women had access to critical maternity care services through the program, but very concerning that so many poor families lacked jobs and access to regular health insurance coverage. Implementation of the Affordable Care Act, hopefully, has helped many women and their families gain access to affordable health insurance and its no-cost sharing contraceptive coverage.

Millions More Covered under ACA Medicaid Expansion - The Affordable Care Act (ACA) permitted states to cover low-income women (and men) regardless of their family structure or health status through the ACA's Medicaid eligibility expansion. The ACA expanded Medicaid to nearly all non-elderly adults with income at or below 138 percent of the federal poverty level or about \$16,245 for an individual in 2015. Thus far, 29 states, including the District of Columbia, have adopted the Medicaid expansion and six states are considering the possibility. About 11 million persons – adults and children – have been able to gain insurance coverage through the Medicaid expansion and the Children's Health Insurance Program thus far.

Like Medicare, there remains to be adopted improvements to Medicaid that would extend its effectiveness. Prime among these recommended changes is the repeal of the Hyde Amendment, which since 1976 has prevented the use of federal dollars to pay for abortion care. About 17 states allow the use of state matching funds to pay for abortion services, but most Medicaid beneficiaries who cannot pay for abortion in a majority of the states, must either wait until later in pregnancy when they acquire the necessary funding or forego the abortion entirely. A recently-introduced bill, the EACH Woman Act (H.B. 2972), would ensure that women who have insurance through the federal government would have abortion coverage.

For more information about how Medicaid has improved women's lives over the past 50 years and the harmful impact of the Hyde Amendment, view the following guides from the National Women's Law Center:

http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_medicaid50th_whitepaper_3.pdf

http://www.nwlc.org/sites/default/files/pdfs/the_hyde_amendment_creates_an_unacceptable_barrier.pdf

Finally, a good word for the **Americans with Disabilities Act (ADA)** which turns 25 this July and has greatly improved access to public spaces and services for persons with disabilities. The United States is a world leader in promoting better awareness and planning to meet the diverse needs of persons with disabilities. The impact of the ADA has been described as “truly revolutionary” in providing for persons with disabilities to participate as full and visible members of society. The revamping and special design elements to assist persons with disabilities in public transit systems, schools, stores, stadiums, business enterprises and government buildings during those 25 years has been remarkable.

The ADA has empowered persons with disabilities and their fellow advocates to press -- and sometimes to sue – for high quality community-based services that have enabled them to leave hospitals, nursing homes, and other institutions. Additionally, thanks to ADA-based cases, the digital divide has begun to break down, allowing persons with disabilities wider opportunities in employment, education, and recreation.

Unemployment Remains High For Persons with Disabilities - But, one area where the ADA has failed to achieve its goals, according to Samuel Bagenstos, a former assistant attorney general for civil rights in the Department of Justice writing in the **New York Times**, is access to employment. Department of Labor Statistics show that about two-thirds of working-age people with disabilities remain out of the workforce – little different from the unemployment figures for persons with disabilities in 1990. Bagenstos says that this failure reflects the inherent limitations of antidiscrimination law and the structure of health care law where people can lose Medicaid coverage if they take a job, lack of accessible transportation and technology, or experience other barriers.

Also, it should be noted that in an exceptionally cruel and short-sighted move, House Republican leaders are trying to deny unemployment insurance benefits to persons with disabilities if they are also receiving Social Security Disability benefits (which are very modest). High rates of poverty persist among persons with disabilities – especially those that have difficulty obtaining employment.

Much Remains to Be Done - Other advocates for persons with disabilities speak out about the fact that many businesses – office buildings, motels and even medical clinics -- remain non-compliant with the ADA accessibility requirements. Also, a growing concern about police shootings of persons with histories of mental illness demands better training and revised policies for police in dealing with persons with disabilities. Violence and sexual assault – particularly for girls and women with disabilities – requires more attention and focused policies and programs.

The ADA amendments of 2008 allowed for obese individuals to seek employment protections against weight discrimination, declaring the condition to be a covered disability. Unfortunately, lower levels of obesity are not included. Recent national studies show increasing public support

for laws that extend disability protections to obesity, perhaps recognizing that obesity can impair and limit major life activities.

To learn more about the ADA, visit the Equal Employment Opportunities Commission's fact sheet, <http://www.eeoc.gov/facts/fs-ada.html>