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Human Rights & Community Relations

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January 5, 2011
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Colorado Women's Health –2011 and Beyond

The new Women's Health Report Card by the National Women's Law Center is out. The bad news is Colorado received a grade of Unsatisfactory. The good news is that we ranked fourth in the Nation. (See <http://hrc.nwlc.org/states/colorado>). Based on Healthy People 2010 and other health goals, Colorado excelled relative to other states in physical activity, and had lower smoking rates, lower diabetes rates, longer life expectancy, and lower lung cancer and coronary disease death rates. We had the lowest obesity rate among states. We did worse than other states in mammography and colon cancer screening, dental visits, and Chlamydia rates and maternal mortality rates. We also had a larger percentage of women uninsured and in medically underserved areas than other states.



But State plans to improve health care access for Colorado women and men are underway. *Implementing Health Care Reform: A Roadmap for Colorado* (www.colorado.gov/healthreform) provides a highly readable handbook outlining the who, how and when for various improvements and changes. This provides a good starting point for anyone wondering how Colorado plans to implement the federal Affordable Care Act over the next five years. While subsidies for low income uninsured individuals to purchase health are among the last changes to take effect (in 2014), many intermediate steps could somewhat reduce Colorado's high rate of people without health care coverage. Colorado's legislature chose early implementation of two provisions in the federal law. HB 1008 banned the practices of charging women and men different rates for individual health insurance. HB 1021 requires maternity coverage in individual health insurance policies and requires contraceptive coverage in individual and small group policies.

If you want to follow how health care reform affects women nationally, the National Women's Law Center hosts a free monthly conference call. The Center also has excellent 1-4 page fact sheets covering the impact of health care reform on women in various situations, e.g. small business owner, uninsured, women with chronic conditions, etc (<http://www.nwlc.org/resource/im-woman-who-uninsuredhas-pre-existing-conditiongets-insurance-through-employeretc>). They also have short fact sheets (<http://www.nwlc.org/resource/what-women-need-know-about-health-reform>) about various aspects of the federal Affordable Care Act which most affect women, including:

- What Women Need to Know about Health Reform: Reasonable Breaks and Private Space to Express Breast Milk at Work
- What Women Need to Know About Health Reform: Abortion
- What Women Need to Know about Health Reform: Access to High-Quality Maternity Care
- What Women Need to Know about Health Reform: Access to Reproductive Health Services
- What Women Need to Know about Health Reform: Coverage for the Health Care Services You Need
- What Women Need to Know about Health Reform: Improving Access to Affordable Preventive Care
- What Women Need to Know about Health Reform: Insurance Reforms
- What Women Need To Know about Health Reform: Making Health Care More Affordable
- What Women Need To Know about Health Reform: Strengthening Long-Term Care Services and Supports
- What Women Need to Know about Health Reform: Medicaid
- What Women Need to Know about Health Reform: Improving Access to Mental and Behavioral Health Services
- What Women Need to Know about Health Reform: Addressing Health Disparities among Women
- What Women Need to Know about Health Reform: Health Insurance Tax Credits for Small Businesses Are Available Now

While the federal Affordable Care Act will greatly expand women's access to health care, women did lose ground when it comes to abortion. To get enough votes to pass federal health care reform, Congress required that insurance policies and subsidies available on the future State Health Insurance exchanges must carve out and segregate abortion coverage such that no public dollars pay for abortions. Using the precedence of the 1976 Hyde Amendment, which banned abortion as a covered health service under Medicaid, those who require a public subsidy for their health insurance will need to buy separate coverage for abortion with their own dollars. In advocating for his amendment, U.S. Representative Henry Hyde said in 1976, "I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill." See *Separate and Unequal: The Hyde Amendment and Women of Color* (December 2010) at www.americanprogress.org . The Affordable Care Act provided a new vehicle for Congress people to restrict access to abortion—the political price of extending access to other health services.