

AFFORDABLE CARE ACT

101

**What the New
Health Care Law
Means for Wisconsin Women**



**RAISING
WOMEN'S
VOICES**

**for the health
care we need**



Wisconsin Alliance for
Women's Health
www.supportwomenshealth.com

Table of Contents

Introduction	3
Pros and Cons of the Affordable Care Act	4
Benefits for Wisconsin Women and Families	5
Affordable Care Act Implementation Timeline	6
Coverage for Health Care Services	8
Making Health Care Affordable	9
Improving Access to Reproductive Health Care	10
Health Care Disparities and the Affordable Care Act	11
Resources	12

Acknowledgements

This **Affordable Care Act 101 Guide** has been adapted from a variety of resources published by Raising Women’s Voices, the National Women’s Law Center, the Commonwealth Fund, Health Care for All—New York, the Maryland Women’s Coalition for Health Care Reform, the Wisconsin Office on Health Care Reform, and Healthcare.gov. The Wisconsin Alliance for Women’s Health (WAWH) would like to give special acknowledgment to the National Women’s Law Center (www.nwlc.org) for extensive use of its publications and resources in preparation of this guide. Adaptations were made with permission by WAWH Executive Director, Sara Finger, Project Director, Amy Olejniczak and Intern, Emily Gordon.

About the Wisconsin Alliance for Women’s Health (WAWH) WAWH is an independent, statewide network of organizations and individuals dedicated to advancing comprehensive women’s health in Wisconsin by engaging, educating, empowering and mobilizing individuals and organizations. WAWH envisions an environment in which all Wisconsin women at every stage of their life can realize their optimal health and well-being. www.supportwomenshealth.org

About Raising Women’s Voices Raising Women’s Voices works to engage women from diverse constituencies in identifying their health needs and those of their families and articulating a vision of health care that meets these needs. This campaign hopes to create partnerships between women’s health advocates and consumer health advocacy organizations to strengthen the understanding of each other’s perspectives on health care. www.raisingwomensvoices.net

Disclaimer While text, citations, and data are, to the best of the authors’ knowledge, current during the release of this report, there may be subsequent developments including legislative actions that could alter the information provided herein. This report does not constitute legal advice. Individuals and organizations considering legal action should consult with their own legal counsel before deciding on a course of action. In addition, this report does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider.

For more information on the Affordable Care Act, please visit www.supportwomenshealth.org.



Introduction

Why the New Health Care Law Matters to Wisconsin Women

As noted in the recent Commonwealth Fund report, *“Realizing Health Reform’s Potential: Women and the Affordable Care Act of 2010”*, women, on average, have far more contact with the health care system over their lifetimes than men. The health care needs of women are greater, especially during their reproductive years, and historically women have played a central role in coordinating health care for family members, from spouses and children to aging parents. While women are equally as likely as men to be without health insurance, their own unique health care needs leave them more exposed to the rapidly rising costs of care and to the problems resulting from loss of health insurance coverage.

Because insurance carriers consider women, particularly young women, a higher risk than men, women have experienced more difficulty obtaining coverage from the individual market and are charged much higher premiums for the same benefits than men of the same age. Women’s higher health care costs mean that they are more likely than men to experience problems paying medical bills—their own and those of family members. And women, both insured and uninsured, have been more likely than men to delay seeking health care to avoid the associated costs.

Women and the Affordable Care Act

The nation’s new health care law, the **Affordable Care Act**, was signed into law on March 23, 2010 and includes a variety of provisions that will affect women in Wisconsin. It eliminates many of the difficulties women specifically have with finding and keeping affordable insurance, as well as the discriminatory practices used by the insurance industry. Some of these provisions include:

- ✱ All new insurance plans will be required to cover preventive health care and screenings (such as pap smears and mammograms) without charging co-payments.
- ✱ Insurance companies will be prohibited from canceling policies due to illness.
- ✱ Insurance companies will no longer be able to set lifetime limits or “unreasonable” annual limits on the amount of medical care they will cover.
- ✱ Dependent children will be able to remain on family policies until their 26th birthdays, unless they can get coverage through their own employer.
- ✱ Insurance companies will be prohibited from denying coverage based on pre-existing conditions.
- ✱ Insurance plan and cost comparisons will be more accessible, making it easier for people to choose a plan that best meets their needs and budget.

Due to the many ways in which the new health care law affects women in Wisconsin, it is critical that we be well-informed. This **Affordable Care Act 101 Guide** provides a brief presentation of the who, what, when, where and why of the new health care law, and what it means for Wisconsin women and their families. The guide is not intended to be comprehensive, but provides a snapshot of upcoming legislative changes. For more information regarding the Affordable Care Act, visit www.raisingwiwomensvoices.org.

Pros and Cons of the Affordable Care Act

Pros

- * 94% of all uninsured women of reproductive age will qualify for either Medicaid or federal subsidies to help them buy insurance.
- * Young adults will be able to stay on family health insurance policies until their 26th birthdays, thus providing them access to reproductive health care. This provision will bring relief to roughly 14,700 individuals in Wisconsin who will now have quality affordable coverage under their parents.
- * Almost \$375 million will be given to states to implement a “personal responsibility education program” that will largely focus on preventing pregnancy and STIs through a combination of abstinence and contraception education.
- * States will be more easily able to expand Medicaid coverage to both men and women for family planning services up to the same eligibility level as for pregnancy-related care (300% of poverty in Wisconsin).
- * Community health centers, where many low-income women and undocumented immigrant women receive primary and reproductive health care, will receive \$11 billion in new funding which will help nearly double the number of patients seen over the next five years. The funding will also support the construction of new centers in Wisconsin.
- * Insurance companies will not be able to cancel policies when the insured get sick, including with ovarian cancer, cervical cancer, breast cancer or HIV.
- * Insurance companies will not be able to deny coverage for “pre-existing conditions”, including pregnancy or having had a c-section delivery in the past.
- * All private insurance plans will be required to offer a package of women’s preventive and screening services, such as pap smears and mammograms, without requiring co-pays.
- * Free-standing birthing centers will be eligible for Medicaid reimbursement.
- * New funds (\$1.5 billion over five years) are available for maternal, infant and early childhood home visiting programs.
- * New funds (\$50 million a year) are available for school-based health programs, which often provide STI and birth control counseling and services.
- * Medicaid reimbursements for primary care doctors will be increased, making it easier for Medicaid recipients (including women of reproductive health age) to get preventive care with more physicians.
- * Insurance companies will no longer be able to set lifetime or unreasonable annual limits on the amount of medical care they will cover, ensuring that the 3.6 million Wisconsin residents with private insurance coverage never have to worry about their coverage running out and facing catastrophic out-of-pocket costs.

Cons

- * Federal funds will not be used for abortion services (except in cases of rape, incest or threat to the life of the woman).
- * States can choose to prohibit abortion coverage in health insurance plans offered in the new Health Insurance Exchange (a marketplace where individuals and small businesses can buy affordable insurance plans) that will become available in 2014.
- * In states where abortion coverage is allowed in the Exchange, women will have to send in two checks: one for abortion coverage and one for everything else.
- * A one-sided “conscience clause” requires health insurers to protect providers who will not provide or refer for abortions, but does not protect those who will.
- * New funding is provided for ineffective abstinence-only sex education. Title V, the federal abstinence-only-until-marriage program, will be given \$50 million a year for five years.
- * Undocumented immigrants, including women of reproductive age, are not eligible for Medicaid or federal subsidies to help them buy insurance and are even prohibited from using their own money to buy health insurance through the Exchange.
- * Legal immigrants, including women of reproductive age, still must wait five years to become eligible for Medicaid.

Benefits for Wisconsin Women and Families

The Affordable Care Act extends coverage to more than 125,000 Wisconsin residents. The law provides real benefits that will help real people. Wisconsin has been recognized nationally as a state that is ideally situated to implement this new health care law.

Major Benefits for Wisconsin Residents Include:

- * **Affordable Health Care.** 94% of all uninsured women of reproductive age will qualify for either Medicaid or federal subsidies to help them buy insurance.
- * **Covered Preventive Care.** All new insurance plans are required to cover preventive health care and screenings—such as pap smears and mammograms—without charging copayments.
- * **Better Access to Care.** The Health Insurance Exchange will provide a marketplace where individuals and small businesses can compare competing plans and choose one that best meets their needs and budget.
- * **Essential Health Benefits.** All new insurance plans are required to cover an established package of “essential health benefits” including services such as maternity care, prescription drugs, and mental health.
- * **No More Lifetime Limits.** The new health care law clamps down on insurance company abuses so people can get the care they need without worrying about when they’ll hit their “maximum” limit of coverage.
- * **Small Business Help.** Through a new tax credit, it will be easier for small businesses to provide coverage for workers and pay more affordable premiums.
- * **Young Adult Coverage.** Insurers will be required to allow all dependents to remain on their parents’ plan until age 26. The only exception is if the child can get insurance through his or her own employer.
- * **More Regulation.** The new health care law encourages transparency on what insurers are charging and when they’re raising rates.
- * **Pre-existing Condition Protection.** Insurance companies will be prohibited from denying coverage based on pre-existing conditions and from charging more for coverage based on gender or medical history.
- * **Consumer Protections.** Insurance companies are prohibited from canceling coverage due to illness.
- * **No More Discrimination.** Insurance companies, care providers and health programs that receive funding from the federal government cannot discriminate based on sex, race, national origin, age or disability.
- * **Closing the Medicare Part D Donut Hole.** The new law will provide discounts to Medicare beneficiaries in Wisconsin who hit the “donut hole” or gap in drug coverage, and will completely close the gap by 2020.
- * **Support for Early Retirees.** A \$5 billion temporary early retiree insurance program helps ensure that firms continue to provide health coverage to their early retirees.
- * **Strengthening Community Health Centers.** Increased funding for Community Health Centers will help nearly double the number of patients seen by the centers over the next five years.
- * **More Doctors Where People Need Them.** The law will provide scholarships and loan repayments for doctors, nurses and other health care providers who work in areas with a shortage of health professionals.
- * **New Medicaid Options.** For the first time, Wisconsin has the option of Federal Medicaid funding for coverage for all low-income populations, irrespective of age, disability, or family status.

The Affordable Care Act Implementation Timeline

2010

- ✓ Pre-existing condition exclusions are banned for children.
- ✓ Family planning services must be included in all Medicaid benchmark plans.
- ✓ Medicaid must cover services provided by freestanding birth centers.
- ✓ Employers must provide reasonable breaks and a private place, other than a bathroom, for nursing mothers to express breast milk.
- ✓ Medicare enrollees who reach the drug coverage “donut hole” receive a \$250 rebate.
- ✓ A temporary high-risk pool is established for those who are uninsured and can’t find coverage due to a pre-existing health condition.
- ✓ Lifetime limits on benefits are banned.
- ✓ Dependent coverage for young adult children is extended to age 26.
- ✓ Rescissions (i.e. cancelling coverage after a person becomes ill) are banned except in limited circumstances of fraud or intentional misrepresentation.
- ✓ Insurers must allow direct access to OB/GYNs (no referrals necessary).
- ✓ Preventive health care services must be covered without cost-sharing (i.e. when an insurance policy requires the insured person to pay a portion of the costs of covered services; deductibles, co-insurance and co-payments are cost sharing), including screenings for women.
- ✓ Medicaid must cover tobacco cessation services for pregnant women, free of charge.
- ✓ Tax credits are available to help small employers offer health insurance.
- ✓ New grant program for states to establish “personal responsibility education” programs for adolescents which must include education on abstinence and contraception as well as adulthood preparation subjects such as healthy relationships and financial literacy.
- ✓ New grant program for states to provide support services to pregnant and parenting teens and women.
- ✓ New grant program for states to establish maternal, infant, and early childhood visitation programs which provide in-home services to pregnant women and new families.
- ✓ New grant program for eligible entities to provide education, treatment, and support services to women with postpartum depression and their families.

2010

The Affordable Care Act Implementation Timeline (cont.)

2011

2011

- ✓ Insurance companies must provide rebates if their non-medical costs (i.e. administrative costs and profits) exceed 15% of premium costs in the group market or 20% in the small group and individual markets.
- ✓ Certified nurse midwives receive equitable reimbursement under Medicare and are paid at an equal rate as physicians for equal work.
- ✓ Drug companies are required to provide a 50% rebate for brand name drugs sold to Medicare enrollees in the prescription drug coverage “donut hole.”
- ✓ New voluntary long-term care insurance program, known as the Community Living Assistance Services and Support (CLASS)

2014

- ✓ Discrimination based on health status is banned. Plans may not establish rules for eligibility for individuals to enroll in coverage based on health factors, such as being the victim of domestic violence.
- ✓ Guaranteed issue (health plans must accept all individuals and groups that apply for coverage) is effective.
- ✓ Pre-existing condition exclusions are banned for adults.
- ✓ Annual limits on benefits are banned.
- ✓ The new Health Insurance Exchange is established for individuals and small businesses to compare and purchase qualified health plans.
- ✓ Health insurance tax credit subsidies are available to assist low- and middle-income people (those with family incomes up to 400% of the FPL) who purchase insurance coverage through the Exchange.
- ✓ Small business health coverage tax credit increased to up to 50% of employer contribution.
- ✓ New protection for spouses of Medicaid home and community-based service (HCBS) recipients, to prevent “spousal impoverishment”.
- ✓ New plans offered to individuals and small businesses must cover the “essential benefits package” including (among other services) maternity care, prescription drugs and mental health services.

2014

Coverage for Health Care Services

The Affordable Care Act Requires Coverage for Many Important Health Services for Women

- ✱ The new law establishes a package of “essential health benefits” which all new health insurance plans sold to individuals and small businesses will be required to cover. Many of the required services—such as maternity care, prescription drugs, and mental health services—are particularly important for women.

The Affordable Care Act Requires Coverage for Key Preventive Services With No Cost-Sharing

- ✱ All new health plans must cover—with no cost-sharing—preventive services and screenings recommended by the US Preventive Services Task Force (USPSTF). Eliminating cost-sharing for preventive services will greatly benefit women, who use more preventive care than men but are also more likely to forgo preventive care due to cost.
- ✱ The law eliminates cost-sharing under Medicare for preventive services recommended by the USPSTF, as well as colorectal cancer screenings and a one-time “Welcome to Medicare” physical exam. Medicare beneficiaries are also entitled to an annual wellness visit and a personalized prevention plan.
- ✱ The law also increases federal funding to states that provide Medicaid coverage of additional preventive services, screenings, and immunizations with no cost-sharing.
- ✱ The law requires states to cover tobacco cessation services for pregnant women on Medicaid.
- ✱ The law prohibits cost-sharing for mammographies for women ages 40 and over, as per the USPSTF’s 2002 guidelines.
- ✱ The law allows insurers to cover preventive services that are not recommended by the USPSTF. For example, insurers can still choose to cover a colonoscopy for a 30-year-old woman at risk, even though USPSTF only recommends regular colonoscopies for people ages 50-75.

The Affordable Care Act Improves Supports for Long Term Care Recipients and Caregivers

- ✱ The law creates a new insurance program (the Community Living Assistance Services and Supports, or CLASS) to provide long-term care and supports, such as home modifications, respite care, personal assistance services, home care aides, and nursing support. This will create new options for older women, who are more likely than men to need assistance with daily activities.
- ✱ CLASS benefits can be used to compensate a family caregiver—a big help for women, who are more likely than men to be an unpaid family caregiver. The new law also encourages states to improve and expand access to long-term services under Medicaid programs (including at home or in a community-based facility).

The Affordable Care Act Expands Federal “Mental Health Parity” Requirements

- ✱ Mental Health Parity ensures mental health and substance abuse services are treated equally to physical health benefits (not subject to increased financial requirements or treatment limitations). The new law expands these requirements to all individual plans, and all plans sold through the new exchanges .

Making Health Care Affordable

The Affordable Care Act Protects Women from Financial Risk and Medical Bankruptcy

- ✳ Health plans are prohibited from imposing lifetime limits, (they can no longer limit the amount of money they will pay over an individual's lifetime). This protection is especially beneficial for women with high health care expenses, such as those with disabilities, chronic conditions, and serious illnesses.
- ✳ Health plans are prohibited from limiting the amount of money they will pay for benefits during one year.
- ✳ The annual deductibles (set dollar amounts that an individual must pay before insurance coverage begins) for new health plans sold to small groups will be limited to a maximum of \$2,000 for single coverage and \$4,000 for family coverage.
- ✳ All new health plans are required to include limits on annual out-of-pocket spending on covered health services. The cost-sharing limits are based on IRS guidelines for high-deductible health plans.

The Affordable Care Act Increases Access to Affordable Health Insurance Plans

- ✳ Up to 4.5 million women will be eligible for coverage through Medicaid. By 2014, states must extend Medicaid eligibility to those up to 133% of the federal poverty level (FPL). Wisconsin already covers many of these women through the BadgerCare Plus Core Plan. However, throughout the US, many women living in extreme poverty are unlikely to qualify for Medicaid unless they are also pregnant, parenting, or disabled.
- ✳ Approximately 11 million low- and middle-income women will receive subsidies to help purchase health coverage through the new Health Insurance Exchanges.
 - Subsidies will be available to women living in families with incomes up to 400% of the FPL, provided that they are not eligible for other acceptable coverage.
 - The subsidies are based on a sliding scale to limit the amount paid for health premiums and will be provided as tax credits that are both refundable (available even to very low-income women with limited or no tax liability) and advanceable (or made available at the beginning of a year for use whenever health insurance premiums are due).
- ✳ Low- and middle-income women who are eligible for premium subsidies will also be eligible for subsidies to help reduce any cost-sharing required by their Exchange-based health plan. Women living in families with incomes up to 400% of the FPL will have a reduced limit on out-of-pocket spending, and those with incomes up to 250% of the FPL may also qualify for further reductions in cost-sharing.
- ✳ Women who are eligible for employer-sponsored insurance that is deemed “unaffordable” can turn down the offer and receive health insurance subsidies to buy coverage through the Exchange instead.

The Affordable Care Act Makes Health Care Services More Affordable

- ✳ To ensure that copayments and deductibles are no longer a barrier to preventive care, all new health plans will be required to cover and eliminate cost-sharing for all preventive services and screenings recommended by the US Preventive Services Task Force.
- ✳ The new law also authorizes \$11 billion over five years for Community Health Centers to expand and enhance medical, oral, and behavioral health services. This provision is essential to ensuring that all women have access to affordable health care.

Improving Access to Reproductive Health Care

Reproductive health care is basic health care for women. Yet many women lack access to the services, information, and social supports they need to stay healthy and to make healthy decisions for themselves and their families.

The Affordable Care Act Expands Access to Maternity Care and Family Planning

- * “Maternity and newborn care” are among the health services that must be covered as “essential health benefits” in all new health plans as well as all plans participating in the new Health Insurance Exchanges.
- * The law prohibits health plans from denying coverage for “pre-existing conditions.” Previously, a woman’s application could be rejected or pregnancy-related care could be excluded because of pregnancy or a condition relating to pregnancy (i.e., if she has previously had a C-section).
- * The law increases access to maternity care providers by requiring Medicaid coverage for services provided by freestanding birth centers and increasing Medicare reimbursement for Certified Nurse-Midwives. The law also requires all new health plans to give women “direct access” to OB/GYN care—prohibiting plans from requiring authorization or prior approval.
- * The law extends Medicaid eligibility, making up to 4.5 million uninsured women newly eligible for the program—which provides coverage for family planning and many other key women’s health services.
- * In addition, all health plans sold to individuals and small businesses, as well as all plans participating in the Exchange, will likely be required to cover family planning services and supplies.

The Affordable Care Act Treats Abortion Differently From All Other Services, Placing Unnecessary Requirements on Individuals and Health Care Plans

- * Health care plans cannot use federal funds for abortion services beyond those permitted under the Hyde Amendment (in cases of life endangerment, rape, and incest) and plans that include coverage for such services will be required to follow certain requirements to segregate private funds. Women’s health advocates are working to mitigate any potential problems stemming from these requirements and encourage plans to continue to cover this basic women’s health service.

The Affordable Care Act Makes an Important Investment in Comprehensive Sex Education—But Also Restores Funding for Harmful and Discriminatory Abstinence-Only-Until-Marriage Programs

- * The law gives states \$375 million to invest in “personal responsibility education programs.” The programs, which must be evidence-based, medically accurate, and age-appropriate, will educate adolescents about both contraception and abstinence for the prevention of pregnancy and STIs, including HIV and will contain at least three adulthood preparation subjects, such as healthy relationships or educational success.
- * Unfortunately, the law also restores \$250 million to states for abstinence-only programs that fail to include vital information on contraception and STIs and often promote harmful gender and relationship stereotypes.

The Affordable Care Act Provides Supports for Pregnant and Parenting Teens and Women

- * The law sets aside \$25 million/year for ten years for a new “Pregnancy Assistance Fund”, to assist pregnant and parenting teens and college students, as well as pregnant women who are victims of violence.
- * Nursing mothers and their infants gain from a new requirement that employers provide a reasonable break time and location for breastfeeding.

Health Disparities and the Affordable Care Act

Not all Americans have equal access to health care. Low-income Americans, racial and ethnic minorities, and other underserved populations often have higher rates of disease, fewer treatment options, and reduced access to care. They are also less likely to have health insurance.

By improving access to quality health care for all Americans, the Affordable Care Act will help reduce these health disparities. The new law will bring down health care costs, invest in prevention and wellness, and give individuals and families more control over their own care.

The Affordable Care Act Will Help Reduce Disparities by Making Improvements in:

- * **Preventive Care.** Medicare and some private insurance plans will cover recommended preventive services like regular check-ups, cancer screenings, and immunizations at no additional cost to eligible people.
- * **Coordinated Care.** The law calls for new investments in community health teams to manage chronic disease. This is important, because minority communities experience higher rates of illness and death for chronic diseases such as diabetes, kidney disease, heart disease, and cancer. Because infant mortality and post-birth complications are also higher in minority and low-income groups, the law includes new funds for home visits for expectant mothers and newborns.
- * **Diversity and Cultural Competency.** The Affordable Care Act expands initiatives to increase racial and ethnic diversity in health care professions. It also strengthens cultural competency training for all health care providers. Health plans will be required to use language services and community outreach in underserved communities. Improving communications between providers and patients will help address health disparities particularly in Hispanic communities, which currently have high numbers of uninsured people.
- * **Health Care Providers for Underserved Communities.** The Affordable Care Act expands the health care workforce and increases funding for community health centers, which provide comprehensive health care for everyone no matter how much they are able to pay. Health centers serve an estimated one in three low-income people and one in four low-income minority residents. The new resources will enable health centers to double the number of patients they serve. Combined with investments made by the American Recovery and Reinvestment Act, the new law will support 16,000 new primary care providers.
- * **Ending Insurance Discrimination.** Insurance discrimination will be banned, so people who have been sick can't be excluded from coverage or charged higher premiums. Women will no longer have to pay higher premiums because of their gender. New funding will be available to collect information on how women and racial and ethnic minorities experience the health care system, leading to improvements that will benefit these groups.
- * **Affordable Insurance Coverage.** A new health insurance marketplace will be created in 2014. These new health insurance Exchanges will offer one-stop shopping so individuals can compare prices, benefits, and health plan performance on easy-to-use websites. The Exchanges will guarantee that all people have a choice for quality, affordable health insurance even if a job loss, job switch, move, or illness occurs. The new law also provides tax credits to help more Americans pay for insurance.

Resources

As Wisconsin continues to implement the Affordable Care Act, it is critical that women stay informed and aware of their rights and opportunities to ensure an optimal state of health and wellbeing for themselves and their families. Below is a list of resources available to learn more and stay on top of current implementation activities in our state and nationally.

Affordable Care Act Resources

HealthCare.gov
www.healthcare.gov

HealthCare.gov

HealthFinder.Gov
www.healthfinder.gov

healthfinder.gov
Live well. Learn how.

Wisconsin Office on Health Care Reform
www.healthcarereform.wisconsin.gov

WISCONSIN OFFICE of HEALTH CARE REFORM

Insurance Programs & Services

ACCESS
access.wisconsin.gov

ACCESS is a quick and easy way for people in Wisconsin to get answers to questions about health and nutrition programs.

BadgerCare Plus
www.dhs.wisconsin.gov/badgercareplus

BadgerCare Plus provides health insurance to children under age 19, pregnant women, parents and relatives caring for a child, parents with children in

foster care, young adults leaving foster care, farmers and other self-employed parents.

Wisconsin High Risk Sharing Plan (HIRSP)
www.hirsp.org

HIRSP offers health insurance to Wisconsin residents who either are unable to find adequate health insurance coverage in the private market due to their medical conditions or who have lost their employer-sponsored group health insurance. Applicants are required to meet HIRSP eligibility criteria to qualify.

Forward Health – Health Care Benefits Program
www.dhs.wisconsin.gov/ForwardHealth

Organizations

Families USA – Health Care Reform Central
www.familiesusa.org/health-reform-central

Kaiser Family Foundation – Health Care Reform
healthreform.kff.org

National Partnership for Women & Families
www.nationalpartnership.org

National Women’s Law Center Reform Matters
www.nwlc.org

Raising Women’s Voices
www.raisingwomensvoices.net

Wisconsin Alliance for Women’s Health
www.supportwomenshealth.org



**RAISING
WOMEN’S
VOICES**
for the health
care we need



Wisconsin Alliance for
Women’s Health
www.supportwomenshealth.com