Disclosure Statement

I have no relationship with any industry or person(s) that could be construed as a conflict of interest in presenting this material.

No off label therapies or products will be discussed in this presentation.
Workshop:
How Private Insurance Fails Those With Mental Illness:
The Case for Single-Payer Health Care

“How Our Current Healthcare System Discriminates Against Women”

APA – NYC – Monday, May 7th, 2018, 8-9:30 am,
Javits Center, Room 1 E 08

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Our current healthcare system

- Insurers charge women more than men
- Private plans provide inadequate coverage
- Discrimination against women who divorce
- Catholic hospital systems threaten reproductive services & end-of-life care
Gender Rating

Stopped in exchanges,
not in employer-based insurance
Minimal penalties for violation
Employers pay more
Lower salaries for women
More deductibles & co-payments
Older (more women) charged 3x more than younger
Essential Health Benefits (EHBs):

2% of individual health plans on exchanges meet EHBs

Lack treatment for mental health
Lack treatment for cancer
Lack maternity coverage
Lack dental and vision care for children
Lack treatment for Substance Use Disorders
Women Who Divorce

Marital status linked to health insurance

Women who divorce:

greater risk of becoming uninsured

115,000 women lose private HI after divorce
65,000 women become uninsured
Duration > 2 years
Moderate income women – no Medicaid, no private HI
Disrupt established relationships with HC professionals
Financial hardship, financial barriers from new cost-sharing
Cost is a barrier to health care for women

Health Status declines

(Lavelle B et al 2012 J Health & Soc Beh)
Catholic hospital systems threaten access to reproductive services & end-of-life-care

ERDs (Ethical & Religious Directives) extreme & harmful

AZ – woman 15 weeks pregnant, miscarried 1 twin at home, risk of losing child & mother hemorrhage, transferred to hospital 80 miles away

MI – woman 18 weeks pregnant, water broke, contractions, sent home 3x, fever, infection, bleeding, distress, dead son
In Summary:

- Insurers charge women more than men
- Private plans provide inadequate coverage
- Discrimination against women who divorce
- Catholic hospital systems threaten reproductive services & end-of-life care
Our current system discriminates against women.

A well designed single payer system like an Improved Medicare For All

Outcomes better, costs less

HR 676 Expanded and Improved Medicare For All Act,

115th Congress 2017-2018
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