

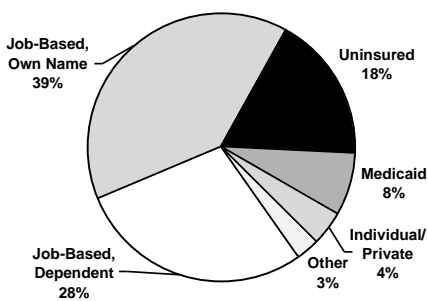
### WOMEN'S HEALTH INSURANCE COVERAGE

Health insurance coverage makes health care affordable and accessible for millions of women in the United States. While most women obtain coverage through either their own or their spouses' employers, a significant share of women are uninsured. Lack of health insurance contributes to poorer health outcomes for women. When they are uninsured, women are considerably more likely to postpone care than their insured counterparts and often forego important preventive services such as mammograms and Pap tests.

#### SOURCES OF HEALTH COVERAGE

In the U.S., women are covered by a patchwork of different private sector and publicly-funded programs that leaves nearly one in every five nonelderly women (18%)—15.2 million—uninsured (Figure 1).

Figure 1  
**Women's Health Insurance Coverage, 1999**



Total = 86.0 Million Women Ages 18 to 64

Note: Other includes Medicare, Champus, Indian Health Service and other sources of coverage. Source: UCLA Center for Health Policy Research estimates of the March 2000 Current Population Survey, Bureau of the Census.

**Job-based insurance** provides coverage to two-thirds of women between the ages of 18 and 64. While women and men have similar rates of job-based coverage overall, women are less likely to be insured through their own job (39% vs. 55%, respectively) and more likely to have dependent coverage (28% vs. 14%). Reliance on dependent coverage makes women more vulnerable to being uninsured if they become widowed or divorced, or if the employers drop dependent coverage or raise premiums and other out-of-pocket costs to employees.

**Medicaid**, the health program for the poor, covers 8% of nonelderly women. Typically, only very low-income mothers, pregnant women, and certain women with disabilities qualify.

**Individually purchased insurance** is used by just 4% of women. This type of insurance can be costly and often provides more limited benefits than job-based coverage.

**Medicare, CHAMPUS, and other government health insurance** programs provide coverage to only a small fraction

(3%) of women under age 65 because they are either disabled, or the spouses or dependents of those in the military.

#### PATTERNS OF COVERAGE

Variations in patterns of coverage are evident across different subgroups of women (Table 1).

**Table 1: Health Insurance Coverage of Women 18 to 64 Years, by Selected Characteristics, 1999**

	Total (in Millions)	Uninsured	Medicaid	Job-Based	Other*
<b>Age</b>					
18–29 Years	100%	25%	12%	59%	5%
30–44 Years	100%	16%	7%	72%	6%
45–54 Years	100%	14%	5%	74%	7%
55–64 Years	100%	16%	7%	63%	14%
<b>Poverty Level**</b>					
<100% of Poverty	100%	40%	33%	19%	8%
100%–199% of Poverty	100%	31%	14%	46%	10%
200%+ of Poverty	100%	11%	2%	81%	6%
<b>Race/Ethnicity</b>					
Latina	100%	37%	13%	46%	5%
White, non-Latina	100%	13%	5%	74%	7%
Black, non-Latina	100%	23%	16%	56%	5%
Asian/Pacific Islander	100%	24%	6%	64%	7%
<b>Family Structure</b>					
Single, with children	100%	25%	25%	45%	4%
Single, no children	100%	24%	8%	61%	8%
Married, with children	100%	12%	5%	77%	6%
Married, no children	100%	14%	3%	75%	9%
<b>Family Work Status</b>					
Full-Time/Full Year	100%	12%	2%	82%	4%
Full-Time/Part Year	100%	26%	15%	53%	6%
Part-Time	100%	29%	12%	49%	10%
Self-employed	100%	33%	6%	31%	30%
Non-working	100%	31%	31%	21%	17%

\*includes women with individual policies, Medicare, Champus and other coverage.

\*\*In 1999, 100% federal poverty threshold = \$13,290 for a family of three.

Note: Percentages may not equal 100% due to rounding.

Source: UCLA Center for Health Policy Research estimates of the March 2000 Current Population Survey, Bureau of the Census.

#### Age

- Among women, those ages 18 to 29 are the most likely to be uninsured and the least likely to have job-based coverage. Job-based coverage rates increase for women in their middle years and then decline among women ages 55 to 64, who may be retiring early or are the spouses of men who retire and are Medicare eligible.
- Women in their peak reproductive years—ages 18 to 29—are the most likely age group to have Medicaid (12%). This is because they are more likely to qualify for Medicaid if they have low-incomes and children or are pregnant.

#### Income

- Poor women (family incomes below 100% of the federal poverty threshold) are nearly four times more likely to be uninsured (40%) than women with family incomes at or

above 200% of poverty (11%). Medicaid serves as an important safety net for poor women, covering one-third of them. Only 19% of poor women have job-based coverage.

Among near-poor women (family incomes between 100-199% of poverty), one in three (31%) lacks coverage.

### Race and Ethnicity

- Women of color are more likely than white women to be uninsured. Latinas are the most likely subgroup of women to be uninsured; over one-third (37%) lack coverage. Less than half have job-based coverage and 13% have Medicaid.
- Job-based coverage rates are slightly higher for Asian American and Pacific Islander (AAPI) and black women (64% and 56%, respectively), yet remain considerably lower than for white women (74%).

### Family Structure

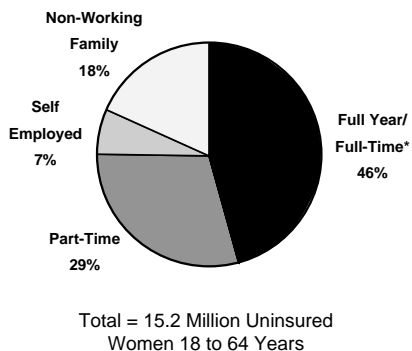
- Family structure has important consequences for a woman's access to health insurance. For example, married women are more likely to have job-based coverage (often dependent coverage through a spouse), and single women are more likely to have Medicaid or no insurance.
- One-quarter of single women (with and without children) are uninsured. Single mothers, however, rely more on Medicaid (25% vs. 8%), whereas single women without children have higher job-based coverage rates and are typically ineligible for Medicaid no matter how poor. Single mothers are almost twice as likely to be uninsured as married women with children, again reflecting married women's greater access to job-based coverage.

### Work Status

- Historically, full-time employment has provided the greatest opportunity for securing job-based coverage. Women in families who have at least one individual working full-time for the full year are the most likely to have job-based coverage (82%) and much less likely to be uninsured (12%) than women in families that work part-time or nonworking families.

Figure 2

### Family Work Status of Uninsured Women, 1999



\*35 hours or more/week for 50 or more weeks/year  
Source: UCLA Center for Health Policy Research estimates of the March 2000 Current Population Survey, Bureau of the Census.

- Workforce attachment, even full-time work, however, is no guarantee of coverage. Eight out of ten uninsured women are in families with at least one person in the workforce; just

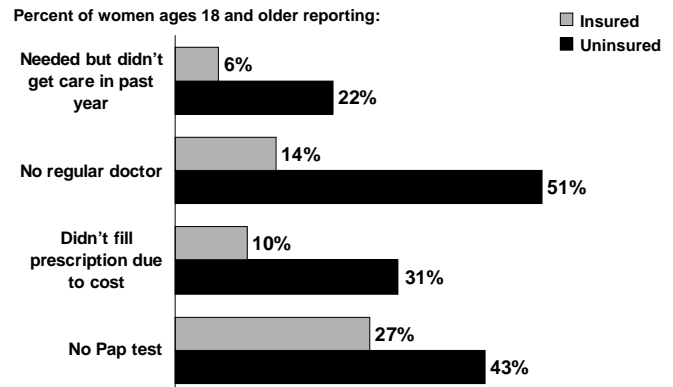
18% are in nonworking families. Furthermore, nearly one-half of uninsured women (46%) are in families with at least one adult working full-time for the full year (Figure 2).

### KEY ISSUES

**The Importance of Coverage:** Lack of health insurance contributes to poorer health outcomes for women. When women are uninsured, they are more likely to postpone care and go without filling prescriptions than their insured counterparts. They often forego important preventive services such as Pap tests (Figure 3).

Figure 3

### Barriers to Care for Uninsured Women, 1997



Note: Insured includes those who were continuously insured for the past year. Uninsured includes those who were currently uninsured at the time of the survey. Source: Commonwealth Fund 1998 Survey of Women's Health.

**Recent Trends in Coverage:** In the past decade, there has been a steady erosion in women's insurance coverage. Although women have increasingly gained coverage in their own names as their workforce participation has risen, more expensive premiums and higher out-of-pocket costs have made employers less likely to offer dependent coverage and employees less likely to choose coverage if it is offered to them. The share of low-income women without insurance fell dramatically following the 1996 changes in welfare and immigration policies. These new laws resulted in reduced Medicaid enrollment among women and an increased share of low-income women who were uninsured. Poor women, single mothers and non-citizen immigrant women experienced considerable declines in Medicaid enrollment and growth in uninsured rates from 1994 to 1999.

**Improving Access to Coverage:** In recent years, there has been increasing bipartisan support for broadening access to health coverage to include the over 40 million Americans who are currently uninsured. Policy proposals vary widely. Some would help individuals afford insurance coverage through tax credits; others would expand eligibility for Medicaid or other public programs to low-income parents of children who qualify for either Medicaid or the State Children's Health Insurance Program. Given the importance of health insurance in improving women's access to care and health status, expanding access to health coverage to the over 15 million uninsured women remains a women's health priority.

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