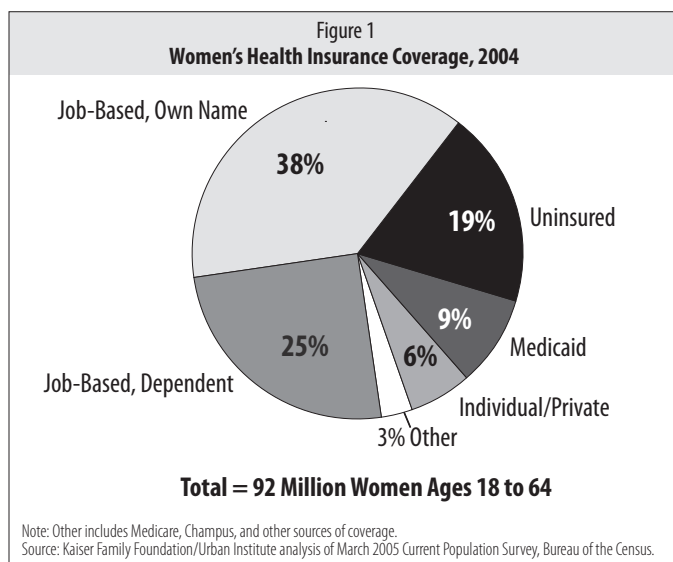


WOMEN'S HEALTH INSURANCE COVERAGE

Important advances in our knowledge about women's health have been made in the past decade. Health insurance coverage helps make these improvements possible for millions of women. However, the patchwork of different private sector and publicly-funded programs in the U.S. leaves nearly one in every five nonelderly women uninsured.



Sources of Health Insurance Coverage

Employer-sponsored insurance provides coverage to almost two-thirds of women between the ages of 18 and 64 (Figure 1). Although women and men have similar rates of job-based coverage overall, women are less likely to be insured through their own job (38% vs. 50%, respectively) and more likely to have dependent coverage (25% vs. 13%).

Medicaid, the health program for the poor, covers 9% of nonelderly women. Typically, only very low-income mothers, pregnant women, seniors, and certain women with disabilities qualify for the program.

Individually purchased insurance is used by just 6% 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 a small fraction (3%) of women under age 65 because they are either disabled, or the spouses or dependents of those in the military. Medicare is the primary form of coverage for seniors and many nonelderly women with long-term disabilities.

Uninsured women account for nearly one in five (19%) women 18 to 64. Most of these women either can't afford individual policies, do not qualify for Medicaid, or don't have access to employer-sponsored plans.

Employer-Sponsored Insurance

Historically, full-time employment has provided the greatest opportunity for securing job-based coverage. However, even full-time work does not guarantee coverage.

- Women in families who have at least one individual working full-time are the most likely to have job-based coverage (74%) and much less likely to be uninsured (15%) than women in families that work part-time (34%) or in nonworking families (30%).
- In 2005, a typical insurance premium for individuals cost \$4,024 and \$10,880 for families. Workers typically picked up 16% of the premium costs for individuals and 26% for family coverage.¹
- Women are less likely than men to be eligible for and to participate in their employer's health plan, in part because, they are more likely to work part-time, have lower incomes, and rely on spousal coverage. The take-up rate for job-based coverage among workers is 80% for women and 89% for men.²
- Women are more vulnerable to losing their insurance should they become divorced or widowed, because they are more likely than men to be covered as dependents. Women are also at greater risk of losing coverage if their spouse loses his job or his employer drops family coverage or increases premium and out-of-pocket costs to unaffordable levels.

- Cost pressures are increasingly acting as a barrier to health care even for women with private insurance. In 2004, one in six privately insured women said she postponed or went without needed care because she couldn't afford it.³

Medicaid

According to Medicaid program statistics, in 2003 over 11 million low-income women (19 to 64 years) were enrolled in Medicaid, the state-federal program for low-income individuals.⁴ Medicaid is only available, however, to low-income women who are parents, pregnant, disabled, or over 65 and who also meet the program's very restrictive income eligibility criteria.

- Over half (55%) of nonelderly women (18 to 64 years) on Medicaid are considered "poor" under federal guidelines (less than 100% of the Federal Poverty Level (FPL)), one quarter (27%) are near poor (100-199% FPL).
- Medicaid disproportionately carries the weight of covering the sickest groups. One-third (34%) of nonelderly women on Medicaid rate their health as fair or poor, compared to only 12% of low-income women covered by employer-sponsored coverage.⁵

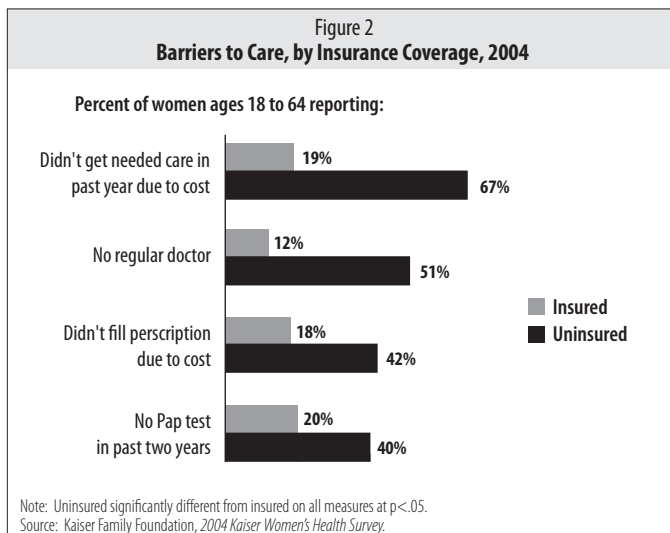
Medicaid covers a broad range of services that are important for women, including inpatient and outpatient care, prescription drugs, long-term care, prenatal care, family planning, and preventive services such as pap smears and mammograms.

- Medicaid finances over one-third of all births in the U.S., nearly half (46%) of all nursing home spending, and accounts for 61% of all publicly-funded family planning services.⁶
- In recent years, states have expanded Medicaid eligibility to assist certain low-income, uninsured women with the costs of family planning services (23 states) as well as breast and cervical cancer treatment.

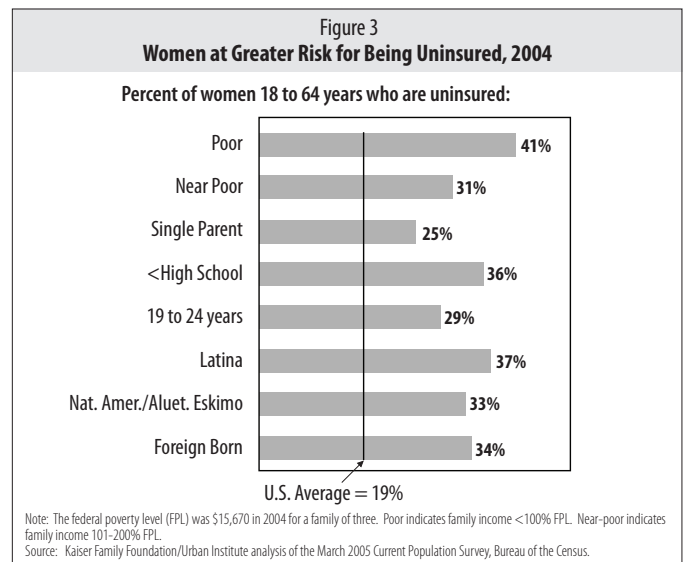
While Medicaid is the backbone of the nation's health care safety-net, the program has been at the center of a national debate. Recent federal legislation has cut federal funding for Medicaid and made policy changes that will give states far more latitude to charge low-income beneficiaries premiums and co-payments than in the past. Furthermore, the new law cuts federal spending by \$10 billion over the next ten years, which will likely result in fewer beneficiaries getting the care they need.

Uninsured Women

Over 17 million women are uninsured. Between 2003 and 2004, nearly 243,000 women became newly uninsured.⁷ Lack of health insurance contributes to poorer health outcomes for women. When women are uninsured, they are more likely to postpone care and to forgo filling prescriptions than their insured counterparts and often delay or go without important preventive care such as mammograms and Pap tests (Figure 2). An Institute of Medicine report estimates that 18,000 people die unnecessarily each year because they are uninsured.⁸ These individuals lack access to care and even get a lower standard of care when they are in the health system.



- Women who are younger and low-income are particularly at risk for being uninsured, as are women of color, especially Latinas (Figure 3).
- Eight out of ten (79%) uninsured women are in families with at least one person in the workforce, either part-time or full-time. Two-thirds of uninsured women (64%) are in families with at least one adult working full-time. Just 20% of uninsured women are in nonworking families.



Outlook for the Future

Addressing Affordability: The rapid and steady growth in health costs has had a disproportionate effect on women because of their lower incomes and greater need for health care services throughout their lives. In recent years, policymakers and employers have begun to embrace "consumer-driven" health care models such as high deductible health plans coupled with tax-protected health accounts to control spending. Proponents believe that consumers will make better and more economical choices if they have to pay directly for health services. Some are concerned, however, that high out-of-pocket liability in consumer-driven arrangements could deter lower income and chronically ill people from getting health services that they need and will end up further shifting the costs of care onto consumers, rather than controlling spending growth.

Covering the Uninsured: In recent years, there has been bipartisan interest in broadening access to health coverage to the nearly 45 million uninsured Americans, without consensus on how to achieve this goal. Most of the proposals actively under consideration would make rather modest and incremental changes in coverage, such as helping individuals afford coverage through tax credits. Others would build on Medicaid or other public programs to extend coverage or would combine public and private programs to incrementally improve coverage rates. Given the importance of health insurance in improving women's access to care and health status, extending health coverage to the over 17 million uninsured women is a women's health priority.

End Notes

- ¹ Kaiser/HRET, 2005 Employer Health Benefits Survey, 2005.
- ² B. Garrett. Employer-Sponsored Health Insurance Coverage. Kaiser Commission on Medicaid and the Uninsured (KCMU), 2004.
- ³ Kaiser Family Foundation, "Women and Health Care: A National Profile," 2005."
- ⁴ KCMU analysis of 2003 MSIS data from CMS, 2006.
- ⁵ Kaiser/UI analysis of March 2005 Current Population Survey, Bureau of the Census.
- ⁶ National Governors Association, *MCH Update*, 2005; Centers for Medicare and Medicaid Services, *2005 National Health Accounts*; KFF/AGI, *Medicaid: A Critical Source of Support for Family Planning*, 2005.
- ⁷ Kaiser/Urban Institute analysis of March 2004, 2005 Current Population Surveys, Bureau of the Census.
- ⁸ Institute of Medicine, "Care Without Coverage: Too Little, Too Late," 2002.

Additional copies of this publication (#6000-04) are available on the Kaiser Family Foundation's website at www.kff.org.