THE HENRY J. KAISER FAMILY FOUNDATION

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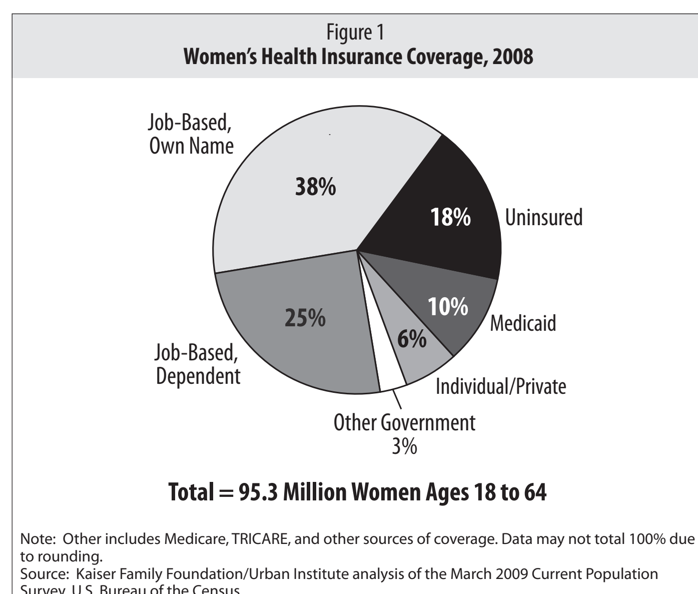
WOMEN'S HEALTH INSURANCE COVERAGE

Health insurance coverage is a critical factor in making health care accessible to women. Women with health coverage are more likely to obtain needed preventive, primary, and specialty care services, and have better access to many of the new advances in women's health. Among the 95 million women ages 18 to 64, most have some form of coverage. However, the patchwork of different private sector and publicly funded programs in the U.S. leaves nearly one in five non-elderly women uninsured. Nearly all women 65 and older are covered by Medicare, the national health coverage program for seniors and some people with disabilities.

Figure 1
Women's Health Insurance Coverage, 2008



Note: Other includes Medicare, TRICARE, and other sources of coverage. Data may not total 100% due to rounding.
Source: Kaiser Family Foundation/Urban Institute analysis of the March 2009 Current Population Survey, U.S. Bureau of the Census.

Sources of Health Insurance Coverage

Employer-sponsored insurance covers almost two-thirds of women between the ages of 18 and 64 (Figure 1). Although job-based coverage rates are similar for women and men, women are less likely to be insured through their own job (38% vs. 48%, respectively) and more likely to have dependent coverage (25% vs. 13%).[1]

Medicaid, the health program for the poor, covers 10% of non-elderly women. Typically, only very low-income women who fall into certain categories qualify for the program.

Individually purchased insurance is used by just 6% of women. This type of insurance often provides more limited benefits than job-based coverage and can be costly. Furthermore, the presence of pre-existing medical conditions can trigger coverage denials in the individual market, depending on the insurer and state regulations.

Medicare and other government health insurance cover a small fraction (3%) of women under age 65. This coverage is limited to women who either have a disability (Medicare) or are the spouses or dependents of those in the military (TRICARE).

Uninsured women account for 18% of the non-elderly population of women. These women typically do not qualify for Medicaid, do not have access to employer-sponsored plans, or cannot afford individual policies.

Employer-Sponsored Insurance

Approximately 60 million non-elderly women in the U.S. receive their health coverage from either their own or their spouse's employer. 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 with at least one full-time worker are more likely to have job-based coverage (76%) and much less likely to be uninsured (14%) than women in families with only part-time workers (33%) or without any workers (28%).[1]
- Among workers, women are less likely than men to be eligible for and to participate in their employer's health plan. The overall take-up rate for employer-sponsored coverage is 80% for women workers compared to 89% for men.[2] This is in part because women are more likely to work part-time, have lower incomes, and rely more on spousal coverage.
- 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.
- In 2009, annual insurance premiums average $4,824 for individuals and $13,375 for families, up 131% for family coverage since 1999. Workers typically pick up 17% of the premium costs for individual coverage and 27% for family coverage.[3]

Medicaid

According to Medicaid program statistics, in 2006, nearly 17 million low-income women (18 to 64 years) were enrolled in Medicaid, the state-federal program for low-income individuals.[4] Three-quarters of the adult Medicaid population are women. Only low-income women who are either: pregnant, mothers of children who are 18 years or under, disabled, or over 65 can qualify for Medicaid. Women without children and disabilities typically are never eligible no matter how poor.

- Over half (57%) of non-elderly women (18 to 64 years) on Medicaid are considered "poor" under federal guidelines (less than 100% Federal Poverty Level (FPL)) and 27% are near-poor (100–199% FPL).[1]
- Medicaid disproportionately carries the weight of covering the sickest population. One-third (33%) of non-elderly women on Medicaid rate their health as fair or poor, compared to only 16% of low-income women covered by employer-sponsored coverage.[1]

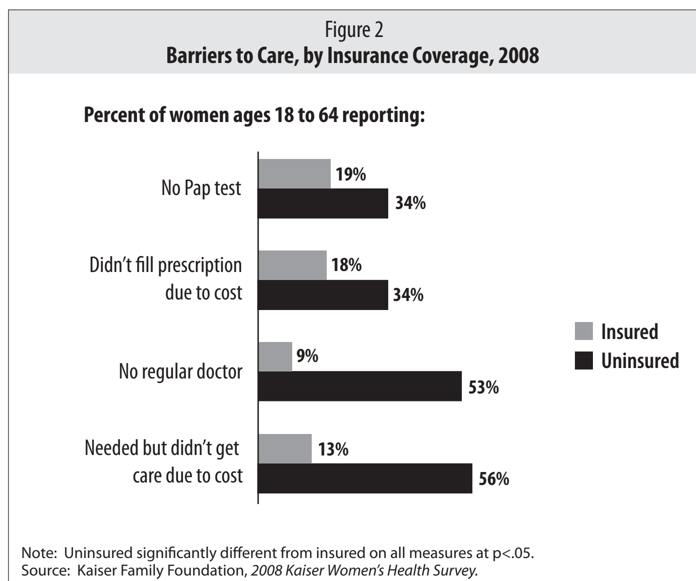
Medicaid covers a broad range of services that are important for women including inpatient and outpatient care, prescription drugs, long-term care, prenatal care, family planning, and preventive services such as Pap smears and mammograms.

- Medicaid finances 41% of all births in the U.S.,[5] nearly half (43%) of all nursing home spending,[6] and accounts for 71% of all publicly funded family planning services.[7]
- In recent years, states have expanded Medicaid eligibility to assist certain low-income uninsured women with the costs of family planning services (27 states) as well as breast and cervical cancer treatment.[8]

Uninsured Women

Approximately 17.2 million women are uninsured. Uninsured women are more likely to lack adequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes. For example, 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). One study has attributed nearly 45,000 excess annual deaths due to lack of health insurance.[9]

Figure 2
Barriers to Care, by Insurance Coverage, 2008



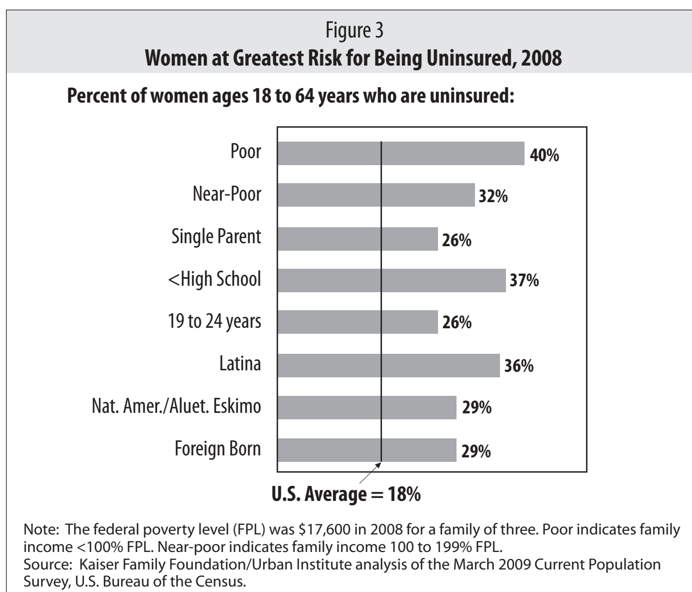
Note: Uninsured significantly different from insured on all measures at p<.05.
Source: Kaiser Family Foundation, *2008 Kaiser Women's Health Survey*.

- Women who are younger and low-income are particularly at risk for being uninsured, as are women of color, especially Latinas (Figure 3).
- Nearly eight out of ten (79%) uninsured women are in families with at least one part-time or full-time worker. Almost two-thirds of uninsured women (62%) are in families with at least one adult working full-time. Just 21% of uninsured women are in families without workers.[1]
- There is considerable state-level variation in uninsured rates across the nation, ranging from 29% of women in Texas to a low of 5% of women in Massachusetts.[1]

Health Reform and Women's Coverage

Women have much at stake in the current health reform discussions. The 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 due to their reproductive health needs and higher rates of chronic health problems. For many women, especially those with chronic health conditions, these affordability challenges have been compounded by discriminatory practices that charge women higher rates than men and don't cover such essential services such as maternity care.

Figure 3
Women at Greatest Risk for Being Uninsured, 2008



Note: The federal poverty level (FPL) was $17,600 in 2008 for a family of three. Poor indicates family income <100% FPL. Near-poor indicates family income 100 to 199% FPL.
Source: Kaiser Family Foundation/Urban Institute analysis of the March 2009 Current Population Survey, U.S. Bureau of the Census.

Access to Coverage: Policymakers are considering a requirement for everyone to carry health insurance and for employers to offer coverage or pay a fee. Very low-income individuals would qualify for Medicaid and other uninsured individuals would be able to purchase policies through a mini-marketplace that would have a graduated system of premium subsidies for lower income individuals. In addition, insurance reforms are being proposed that would eliminate pre-existing condition exclusions, as well as practices that vary premiums based on gender or health status.

Addressing Affordability: Even women with private insurance face cost pressures. In 2008, one in seven privately insured women reported she postponed or went without needed care because she couldn't afford it.[10] Policymakers are attempting to enact cost control policies in concert with coverage expansions in health reform legislation, but this has been difficult given the scope and complexity of the health care system. While coverage is a critical element for women's access to care, ensuring that women's out-of-pocket expenses are affordable and that the growth in system-wide costs is controlled are also central to the debate.

Scope of Coverage: The leading proposals do not detail the benefits that will be offered by plans in the exchange beyond listing broad categories of "essential benefits" such as hospitalization, physician services, outpatient services, prescription drugs, rehabilitation, and mental health care. However, many clinical preventive services and maternity care, which is not covered by most individual insurance policies, are specified in the proposals. Requirements around the coverage of abortion services have been debated.

If enacted, these new policies could have major impact on access to coverage and care for millions of women across the nation.

Endnotes

1. Kaiser Family Foundation and Urban Institute analysis of March 2008 Current Population Survey, Bureau of the Census, 2009.
2. B Garrett. *Employer-Sponsored Health Insurance Coverage*. Kaiser Commission on Medicaid and the Uninsured (KCMU), 2004.
3. Kaiser/HRET. *2009 Employer Health Benefits Survey,* 2009.
4. Kaiser Family Foundation analysis of Medicaid program data, 2009.
5. National Governors' Association. *MCH Update 2005: States Make Modest Expansions to Health Care Coverage,* 2006.
6. CMS. 2006 National Health Care Expenditures Data, 2008.
7. A Sonfield, Alrich C and Gold RB. *Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980–2006*. Guttmacher Institute, 2008.
8. Guttmacher Institute. State Medicaid Family Planning Eligibility Expansions. *State Policies in Brief, 2008.*
9. Wilper A, et al. "Health Insurance and Mortality in U.S. Adults," *AJPH*, Sept. 17, 2009 (online); print edition Vol. 99, Issue 12, December 2009.
10. Kaiser Family Foundation, unpublished data from 2008 Kaiser Women's Health Survey.

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