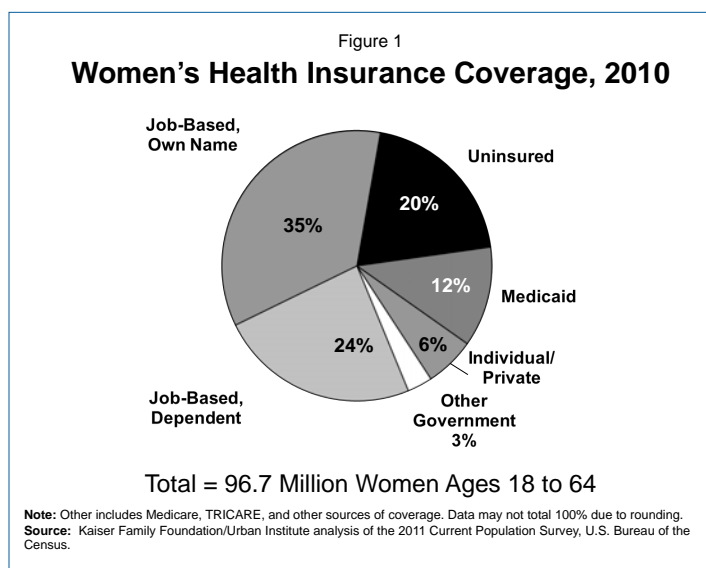


WOMEN'S HEALTH INSURANCE COVERAGE

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 new advances in women's health. Among the 96 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 one in five uninsured. The Affordable Care Act (ACA) of 2010 includes several measures that will change the profile of women's coverage between now and 2014, when the new law will be implemented.

Sources of Health Insurance Coverage

Employer-sponsored insurance covers 59% of women between the ages of 18 and 64 (Figure 1). Women continue to be less likely than men to be insured through their own job (35% vs. 44%, respectively) and more likely to be covered as a dependent (24% vs. 14%).¹



Medicaid, the state-federal program for the poor, covers 12% of non-elderly women. Typically, only very low-income women who are pregnant, have children living at home, or who are disabled can 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. Also, 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 covers a small fraction (3%) of women under age 65. For nonelderly women, coverage is limited to women who either have a disability (Medicare) or are covered through the military (TRICARE).

Uninsured women account for 20% of the population of women ages 18 to 64. They typically do not qualify for Medicaid, do not have access to employer-sponsored plans, and either cannot afford or do not qualify for individual policies.

Employer-Sponsored Insurance

Approximately 57 million non-elderly women in the U.S. receive their health coverage from their own or their spouse's employer. Historically, full-time employment has provided the greatest opportunity for obtaining job-based coverage.

- Women in families with at least one full-time worker are more likely to have job-based coverage (73%) and less likely to be uninsured (15%) than women in families with only part-time workers (33%) or without any workers (31%).¹
- Women are more vulnerable to losing their insurance compared to men, as they are more likely to be covered as dependents. This places them at greater risk of losing coverage if they become widowed or divorced, their spouse loses his job, his employer drops family coverage or increases premium and out-of-pocket costs to unaffordable levels.
- In 2011, annual insurance premiums averaged \$5,429 for individuals and \$15,073 for families, 113% higher than in 2001. Workers have been picking up a greater share of premium costs, and currently pay for an average of 18% of premiums for individual coverage and 28% for family coverage.²

Medicaid

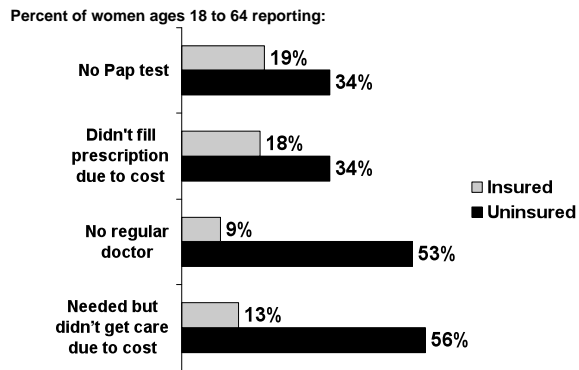
According to Medicaid program statistics in 2008, 17 million low-income women (18 to 64 years) were enrolled in Medicaid.³ Women make up three-quarters of the adult Medicaid population, but only low-income women who are: pregnant, mothers of children who are 18 years or under, disabled, or over 65 can qualify for Medicaid. Women without children and disabilities typically are not eligible no matter how poor. This will change after 2014 when Medicaid eligibility is broadened to all individuals with incomes below 139% of the Federal poverty level.

- Among all insurers, Medicaid disproportionately carries the weight of covering the poorest and sickest population of women. Approximately 84% of non-elderly women on Medicaid have incomes below 200% of the Federal Poverty Level (FPL) and one third (34%) rate their health as fair or poor, compared to 11% of low-income women covered by employer-sponsored insurance.¹
- Medicaid finances 41% of all births in the U.S.,⁴ accounts for 71% of all publicly-funded family planning services⁵ and nearly half (43%) of all nursing home spending.⁶
- In recent years, states have expanded Medicaid eligibility to cover the costs of family planning services (27 states) and all states have established Medicaid programs to pay for breast and cervical cancer treatment for certain low-income uninsured women.⁷

Uninsured Women

Approximately 19 million women are uninsured.¹ Uninsured women are more likely to have inadequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes.⁸ They are more likely to postpone care and to forgo filling prescriptions than their insured counterparts and often delay or skip important preventive care such as mammograms and Pap tests (Figure 2). One study attributed nearly 45,000 excess annual deaths to lack of health insurance.⁹

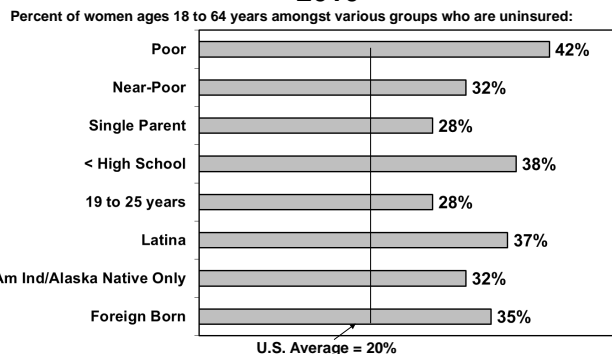
Figure 2
**Barriers to Care,
 by Insurance Coverage, 2008**



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, low-income, and of color (especially Latinas) are particularly at risk for being uninsured (Figure 3). The ACA included a provision allowing dependents to be covered up to age 26, and in 2011 approximately 2.5 million additional young adults were insured as a result. Overall, there was an 8.3% increase in insured young adults from 2010 to 2011.¹⁰

Figure 3
**Women at Greatest Risk for Being Uninsured,
 2010**



Note: The federal poverty level (FPL) was \$18,310 for a family of three in 2010. 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 2011 Current Population Survey, U.S. Bureau of the Census.

- 57% of uninsured women are in families with at least one adult working full-time and 75% of uninsured women are in families with at least one part-time or full-time worker.¹
- There is considerable state-level variation in uninsured rates across the nation, ranging from 30% of women in Texas to 5% of women in Massachusetts.¹

Health Reform and Women's Coverage

Expanding Coverage: One of the ACA's primary goals is to expand access to insurance coverage, significantly reducing the number of uninsured. The law requires that nearly everyone carry health insurance by 2014, through a combination of changes in private and public coverage. Individuals with very low incomes ($\leq 138\%$ of

poverty) will qualify for Medicaid, and other uninsured individuals will be able to purchase policies through state-based exchanges or mini-marketplaces with a choice of plans. Individuals with incomes between 139% and 400% of poverty will receive assistance with the premium costs of plans in these exchanges through a graduated system of subsidies through tax credits. Most employers will be required to offer coverage to employees or pay a penalty. There are also numerous insurance reforms that will go into effect in 2014, that will prohibit insurance companies from denying coverage based on pre-existing conditions, and will not allow insurers to vary premium rates based on gender or health status.

Addressing Affordability: Affordability of care is a concern for many women, not just those who are uninsured. In 2008, one in seven privately insured women reported she postponed or went without needed care because she couldn't afford it.¹¹ The new law includes some measures directed at controlling system costs as well as individual out-of-pocket spending. These include caps on out-of-pocket spending for certain low-income individuals, coverage for many preventive services without cost-sharing, an emphasis on reducing unnecessary treatments and improving quality of care, as well as evaluating the cost-effectiveness of medical treatments.

Scope of Coverage: The ACA mandates that plans in state-based exchanges cover broad categories of "essential benefits," including outpatient and hospitalization care, maternity care, prescription drugs, rehabilitation, and mental health care. The law also requires that new private plans now cover preventive services and vaccines recommended by federally-sponsored committees without co-payments or other cost sharing. This includes pap tests, mammograms, bone density tests, as well as the HPV vaccine. Beginning in August 2012, this provision will be extended to include an additional set of preventive services for women that was recently approved by the federal Health Resources and Services Administration (HRSA). These services include contraceptives as prescribed by a provider, breastfeeding supplies and supports such as breast pumps, screening for domestic violence, well woman visits, and several counseling and screening services.¹²

Health reform holds the potential to greatly expand access to coverage for millions of currently uninsured women and stabilize coverage for many more. Many important details will be determined over the next few years during the implementation phase. The decisions that the federal government, states, insurance companies, policymakers and individuals make over the next few years will have a major impact on access to coverage and care for millions of women across the nation in the years to come.

¹ Kaiser Family Foundation and Urban Institute analysis of 2010 Current Population Survey, Bureau of the Census, 2011.

² Kaiser/HRFET. 2011 Employer Health Benefits Survey, 2011.

³ KFF analysis of Medicaid program data, 2009.

⁴ National Governors' Association. MCH Update 2005: States Make Modest Expansions to Health Care Coverage, 2006.

⁵ A Sonfield, Alrich C and Gold RB. Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980-2006. Guttmacher Institute, 2008.

⁶ CMS. 2006 National Health Care Expenditures Data, 2008.

⁷ Guttmacher Institute. State Policies in Brief, Oct 2010.

⁸ Kaiser Commission on Medicaid and the Uninsured, The Uninsured: A Primer, October 2009.

⁹ Wilper A, et al. Health Insurance and Mortality in U.S. Adults. AJP, Sept. 17, 2009 (online); print edition Vol. 99, Issue 12, December 2009.

¹⁰ HHS, 2.5 Million Young Adults Gain Health Insurance in 2011 Due to the Affordable Care Act. Dec 2011.

¹¹ KFF, Women's Health Care Chartbook, 2011.

¹² HRSA, Women's Preventive Services: Required Health Plan Coverage Guidelines, 2011. www.hrsa.gov/womensguidelines/

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