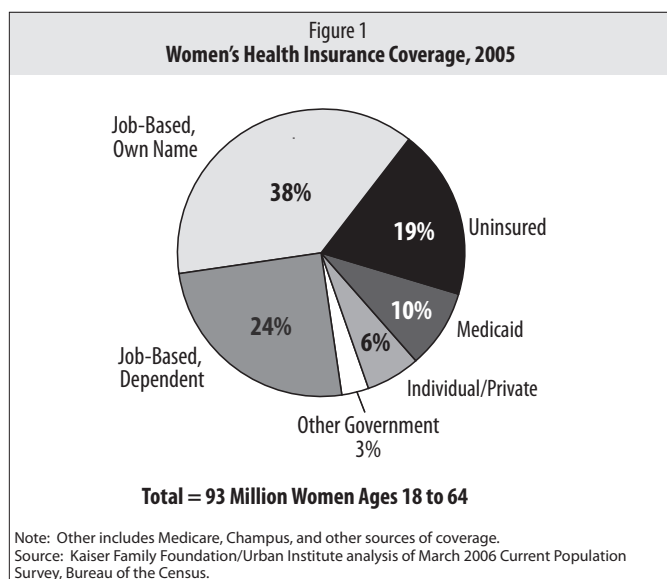


### WOMEN'S HEALTH INSURANCE COVERAGE

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. The patchwork of different private sector and publicly funded programs in the U.S. leaves nearly one in every five non-elderly 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 (24% vs. 13%).

**Medicaid**, the health program for the poor, covers 10% of non-elderly women. Typically, only very low-income mothers, pregnant women, and certain women with disabilities qualify.

**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, and can leave women more exposed to health care costs.

**Other government health insurance** covers a small fraction (3%) of women under age 65 because coverage is limited to women who either have a disability (Medicare) or are the spouses or dependents of those in the military (CHAMPUS, TRICARE). Medicare is the primary form of coverage for those 65 and older and many women with long-term disabilities.

**Uninsured** women account for 19% of the non-elderly population of women. Most of these women either do not qualify for Medicaid, do not have access to employer-sponsored plans, or cannot afford individual policies.

#### Employer-Sponsored Insurance

Over 57 million non-elderly women in the U.S. get their health coverage from 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 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 (32%) or that don't have workers (31%).<sup>1</sup>
- In 2006, annual insurance premiums averaged \$4,242 for individuals and \$11,480 for families. Workers typically picked up 16% of the premium costs for individual coverage and 27% for family coverage.<sup>2</sup>
- 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.<sup>3</sup> 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.
- 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 reported she postponed or went without needed care because she couldn't afford it, up from 2001.<sup>4</sup>

#### Medicaid

According to Medicaid program statistics, in 2003 nearly 19 million low-income women (19 to 64 years) were enrolled in Medicaid, the state-federal program for low-income individuals.<sup>5</sup> 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 of (57%) non-elderly women (18 to 64 years) on Medicaid are considered "poor" under federal guidelines (less than 100% Federal Poverty Level (FPL) and one-quarter (27%) are near-poor (100-199% FPL).
- Medicaid disproportionately carries the weight of covering the sickest groups. One-third (34%) of non-elderly women on Medicaid rate their health as fair or poor, compared to only 11% of low-income women covered by employer-sponsored coverage.<sup>1</sup>

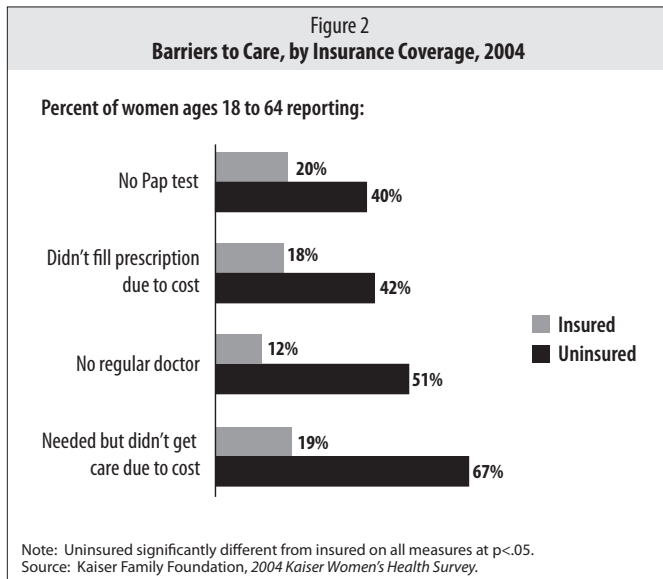
Medicaid covers a broad range of services that are important for women including inpatient and outpatient care, prescription drugs, long-term care, prenatal care, family planning, and preventive services such as Pap smears and mammograms.

- Medicaid finances over one-third (37%) of all births in the U.S.<sup>6</sup>, nearly half (43%) of all nursing home spending<sup>7</sup>, and accounts for 61% of all publicly funded family planning services.<sup>8</sup>
- In recent years, states have expanded Medicaid eligibility to assist certain low-income uninsured women with the costs of family planning services (24 states)<sup>9</sup> as well as breast and cervical cancer treatment.

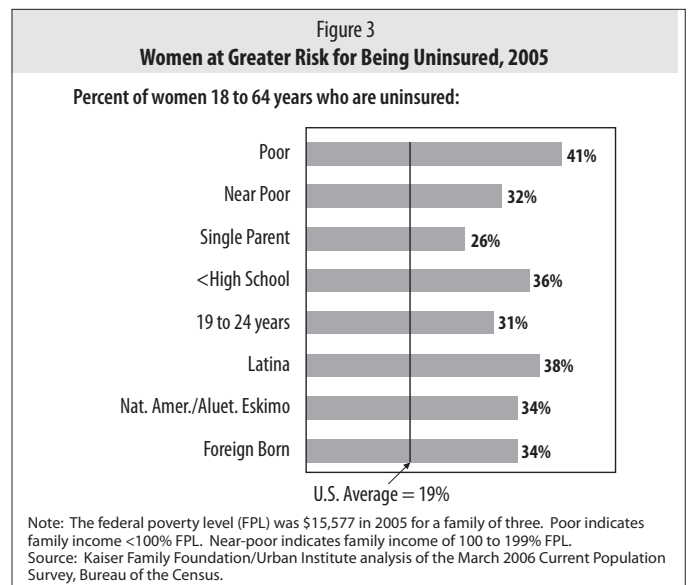
While Medicaid is the backbone of the nation's health care safety-net, the program has been at the center of a national debate. Recent federal legislation has cut funding for Medicaid by \$10 billion over the next ten years, and made policy changes that will give states far more latitude to charge low-income beneficiaries premiums and co-payments than they historically have had.

### Uninsured Women

Over 17 million women are uninsured. 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). These individuals lack adequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes. An Institute of Medicine report estimates that 18,000 people die unnecessarily each year because they are uninsured.<sup>10</sup>



- 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 (64%) are in families with at least one adult working full-time. Just 21% of uninsured women are in families without workers.



### Outlook for the Future

**Addressing Affordability:** 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. While growth in health care spending has slowed, it still doubles the rate of growth for wages. Some policymakers and employers have looked to so-called "consumer-driven" health care models to control spending. These plans encourage consumers to make more economical choices by paying directly for some health services; however, these plans are not widespread and it is not clear what impact they will have on spending and affordability. In the public sector, policymakers have allowed for greater cost-sharing in Medicaid in order to control costs, but this could also expose low-income women to higher out-of-pocket spending and potentially limit their access to care.

**Covering the Uninsured:** In recent years, there has been bipartisan interest in broadening access to health coverage to the nearly 47 million uninsured Americans, but without consensus on how to achieve this goal. While there has been relatively little activity at the federal level, a handful of states have recently adopted or are considering proposals to expand coverage. States are using a combination of strategies, such as expanding public programs to cover most children in a state, mandating employers to cover all workers or contribute to a public financing pool, and requiring all individuals to carry health insurance, with subsidies for those with lower incomes. Given the importance of health insurance in improving women's access to care and health status, federal, state, and private sector efforts will be needed to expand coverage to the over 17 million uninsured women.

#### Endnotes

- <sup>1</sup> Kaiser Family Foundation and Urban Institute analysis of March 2006 Current Population Survey, Bureau of the Census.
- <sup>2</sup> Kaiser/HRET, 2006 Employer Health Benefits Survey, 2006.
- <sup>3</sup> B. Garrett. *Employer-Sponsored Health Insurance Coverage*. Kaiser Commission on Medicaid and the Uninsured (KCMU), 2004.
- <sup>4</sup> Kaiser Family Foundation, *Women and Health Care: A National Profile*, 2005.
- <sup>5</sup> KCMU analysis of 2003 MSIS data from CMS, 2006.
- <sup>6</sup> National Governors' Association, *MCH Update 2005: States Make Modest Expansions to Health Care Coverage*, Draft, June 2006.
- <sup>7</sup> Centers for Medicare and Medicaid Services, National Health Accounts, 2006.
- <sup>8</sup> Kaiser Family Foundation and Alan Guttmacher Institute, *Medicaid: A Critical Source of Support for Family Planning Services*, 2005.
- <sup>9</sup> Alan Guttmacher Institute, *State Policies in Brief*, December 2006.
- <sup>10</sup> Institute of Medicine, *Care Without Coverage: Too Little, Too Late*, 2002.

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