I. INTRODUCTION

Access to health services is crucial for women. They have ongoing reproductive health needs, suffer from more chronic conditions and are more likely to be poor-which means they are less likely to have private insurance and more likely to suffer from poor health than men.[1] National health concerns, especially rising health care costs, from prescription medications to premiums and out-of-pocket expenses, also have a disproportionate impact on women–even those with health insurance-because of their lower economic status.

Too often, however, access to health care services is an acute problem for women. The effects of limited access are tangible. Nearly one-quarter of women report that there was a time in the last year when they needed to see a doctor but did not.[2] Almost 40% of women in fair or poor health did not fill a prescription in the last year because they could not afford it, and half had to delay or forgo care because they encountered problems with insurance companies approving treatment.[3] Access problems are even more acute for the nearly one in five women who are uninsured who are less likely to see a doctor regularly and more likely to delay getting care for existing problems than their insured counterparts.[4] Low-income and minority women are also more likely to lack access to basic health care services, including preventive and prenatal care.[5]

Though it is not widely recognized, state policies can have tremendous influence on women's ability to receive care. Health insurers are regulated at the state level. States also are the arbiters of their Medicaid programs, a critical health care safety net for millions of low-income women of all ages. States also have opportunities to strengthen their public health infrastructure to better meet the needs of seniors, people with disabilities, or low-income people, all of whom are disproportionately women. Because of these key roles in ensuring access, this report examines state-level policies that affect women's access to care.

State policies can compel insurers to cover specific services, promoting their use and reducing their cost to women, or to provide access to specific types of physicians without a referral, again reducing cost as well as the burden of an additional doctor's appointment. To help ensure that women get the services they need when they need them, states can require managed care plans to provide external reviews of coverage denials. States can use the Medicaid program to help uninsured women get family planning services and breast and cervical cancer screening and treatment, extend Medicaid coverage to previously uncovered populations, and help seniors on Medicare afford their co-pays and prescription medications.

However, this influence cuts both ways. States can allow providers to opt out of performing certain reproductive health services, thereby diminishing the supply of providers and the availability of care. States can regulate services, such as abortion, with the intention of reducing, not increasing, access. States can set qualifying income levels for Medicaid so low that many low-income women are left without coverage or scale back the scope of services for those who are eligible. In the current fiscal climate with states facing severe budget shortfalls, many of these services and programs may be curtailed or eliminated.

This report details more than 50 key state policies that have impact on women's access to important health care services in the areas of private health insurance, Medicaid, reproductive health care and other women's health-related services. This report is intended to show the range of state activities that affect access to care. This report can serve as a resource for policymakers, members of the media, researchers and women's health advocates to assist them in comparing state efforts to expand women's access and to identify creative strategies, and pinpoint areas where there are gaps to fill.