VI. CONCLUSION

The scope of state-level policies affecting women's access to health care is quite broad. This assessment of state efforts finds mixed results. In large measure, many of the recent state activities have served to improve access. In the area of health coverage, states have made significant inroads. States have been on the forefront of a wide range of insurance mandates that have served to give insured women in some states coverage for contraceptives, direct access to OB/GYNs without a referral, and mandatory coverage of a broad range of key screening services of importance to women throughout their lifespans. Most low-income pregnant women are eligible for prenatal care coverage under Medicaid and many states have taken advantage of greater federal flexibility to broaden Medicaid eligibility standards that allow more low-income parents to qualify for coverage. Medicaid has also been used as an important vehicle to improve access to family planning services for low-income women in many states; and a new federal law gives states the opportunity to extend coverage to uninsured low-income women with breast or cervical cancer. It also provides significant financial protection to women who are seniors or have disabilities.

Despite these advances, many women still lack access to basic health care services, and insurance coverage is still beyond their reach. Coverage under Medicaid for childless adults is still uncommon and eligibility levels for parents are still extremely low in many states. One in five women in the U.S. lacks any insurance coverage, either because their employers don't offer coverage and they can't afford to purchase individual policies, or they can't afford to pay the premiums and cost-sharing associated with their employer-based plans. For some, Medicaid is a critical safety net, but many will never qualify for Medicaid regardless of how poor they get.

In addition, there has been some key legislation at the state level that has resulted in restricted access to certain services, and in other areas that are important for women, there has been limited action. For example, access to abortion services has been increasingly limited by policies that impose waiting periods, burdensome regulations on abortion providers, and restrictions on teen access without parental consent. Similarly, in many important areas, such as facilitating access to emergency contraception or mandates on important screening services for common infections such as chlamydia, states have been relatively inactive. Consequently, access to health care services is still problematic for many women in the United States.

While states have done much to advance women's health coverage and access, more work needs to be done to better understand the relationship between specific state efforts to improve access and the potential for improvements in women's health status. For example, are service- or disease-specific expansions effective in addressing women's access or are broader expansions more beneficial and cost-effective in the long run? How should states incorporate women's access into their larger health care agendas?

While these questions remain, it is clear that states can be on the frontlines in ensuring that women get the care they need. As states contend with unprecedented fiscal crises though, it is unclear what additional efforts they will be able to afford to improve women's access to care. In times of economic downturn, low-income women are even more susceptible to the barriers to health care. During the coming years, states will face great challenges in meeting the growing health needs of their most vulnerable residents under tight fiscal constraints.

This report details a broad range of approaches including legislative, regulatory and financing mechanisms, that state policymakers can use to ensure that women obtain the full range of services they need to improve their health and well-being.