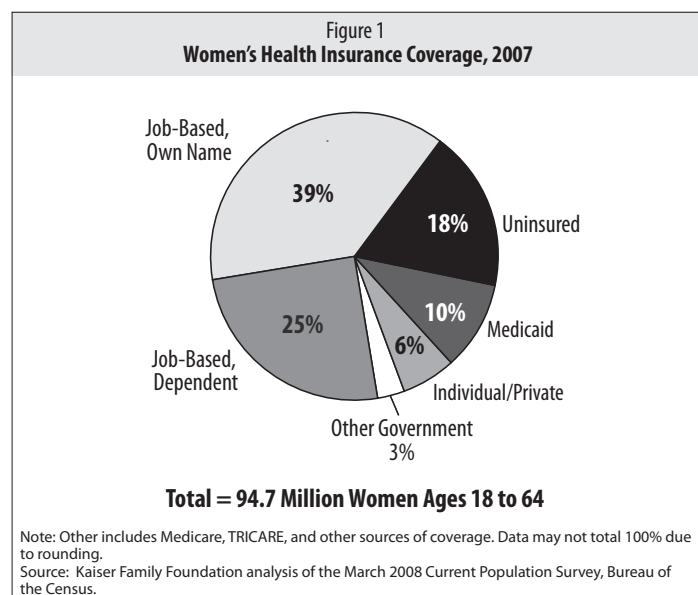


WOMEN'S HEALTH INSURANCE COVERAGE

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 94 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.



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 (39% vs. 49%, 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

Over 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 (74%) and much less likely to be uninsured (14%) than women in families with only part-time workers (32%) or without any workers (29%).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.
- 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 2001.³
- In 2008, annual insurance premiums average \$4,704 for individuals and \$12,680 for families, up 119% for family coverage since 1999. Workers typically pick up 15% of the premium costs for individual coverage and 26% for family coverage.⁴

Medicaid

According to Medicaid program statistics, in 2004, over 15 million low-income women (19 to 64 years) were enrolled in Medicaid, the state-federal program for low-income individuals.⁵ 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. Childless women without disabilities typically are never eligible no matter how poor.

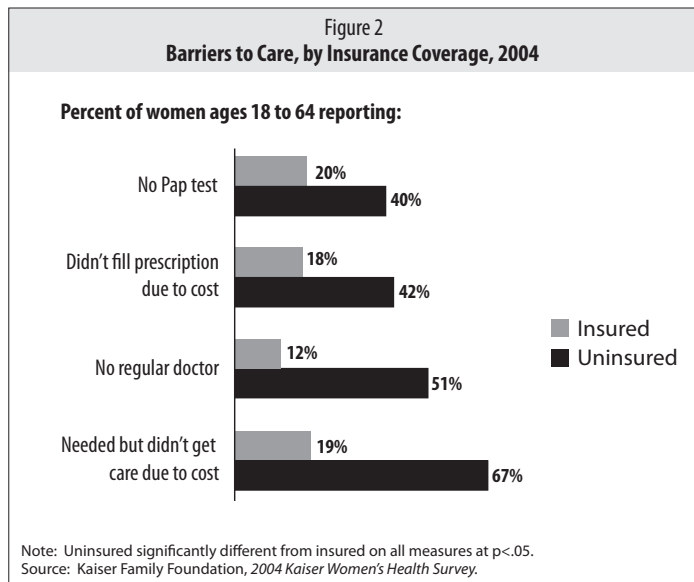
- Over half (56%) of non-elderly women (18 to 64 years) on Medicaid are considered "poor" under federal guidelines (less than 100% Federal Poverty Level (FPL)) and one-quarter (25%) are near-poor (100–199% FPL).¹
- Medicaid disproportionately carries the weight of covering the sickest population. One-third (34%) of non-elderly women on Medicaid rate their health as fair or poor, compared to only 10% 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.

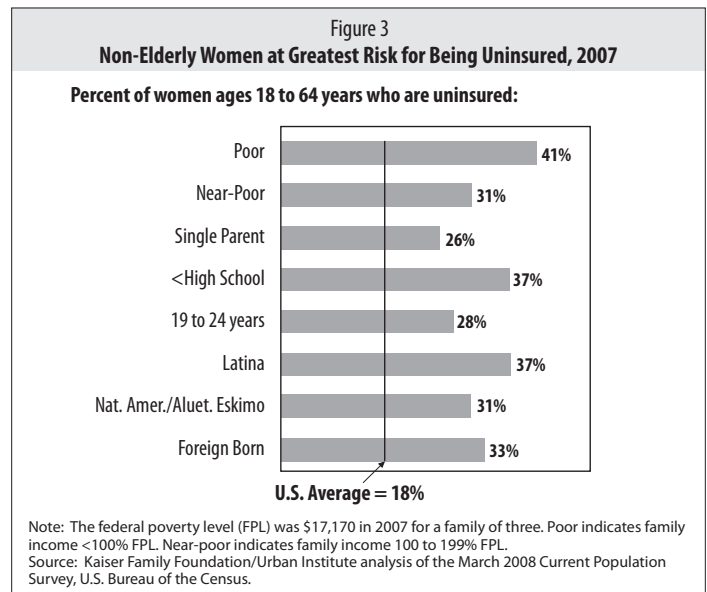
- Medicaid finances 41% of all births in the U.S.,⁶ nearly half (43%) of all nursing home spending,⁷ and accounts for 71% of all publicly-funded family planning services.⁸
- In recent years, states have expanded Medicaid eligibility to assist certain low-income uninsured women with the costs of family planning services (26 states) as well as breast and cervical cancer treatment.⁹

Uninsured Women

Approximately 16.7 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). Having insurance improves health overall and could reduce mortality rates for the uninsured by at least 25%. The number of excess deaths attributed to being uninsured among adults age 25–64 in 2006 has been estimated to be between 22,000 and 27,000.¹⁰



- 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.¹
- There is considerable state-level variation in uninsured rates across the nation, ranging from 28% of women in New Mexico and Texas to a low of 8% of women in Massachusetts.¹



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 the rate of growth in health care premiums has slowed in the past year, they have more than doubled since 1999, compared to only a 34% rise in wages during the same period.⁴ There has been growing interest among some policymakers and employers in using “consumer-driven” health care models to control spending. These plans with high deductibles are often used in conjunction with a tax preferred savings account. In the public sector, states have more flexibility over costs and benefits in Medicaid, but so far, only a few states have taken up these options and the impact on women’s access to care is unclear.

Covering the Uninsured: For the first time in many years, there has been a slight decline in the number of uninsured, but 45 million people in the U.S. are still without health insurance. In recent years, there has been broad interest in expanding access to health coverage to this group, but with no consensus on how to achieve this goal. A handful of states have recently adopted or considered proposals to expand coverage, but the current economic downturn could fall hard on state budgets, which could further limit their ability to make any expansions in coverage. Given the importance of health coverage in promoting access to care for women, covering the nearly 17 million uninsured women will continue to be a pressing health policy challenge.

Endnotes

- ¹ Kaiser Family Foundation and Urban Institute analysis of March 2008 Current Population Survey, Bureau of the Census, 2008.
- ² B Garrett. *Employer-Sponsored Health Insurance Coverage*. Kaiser Commission on Medicaid and the Uninsured (KCMU), 2004.
- ³ Kaiser Family Foundation. *Women and Health Care: A National Profile*, 2005.
- ⁴ Kaiser/HRET. *2008 Employer Health Benefits Survey*, 2008.
- ⁵ Kaiser Family Foundation. *Medicaid and Women Factsheet*, November 2007.
- ⁶ National Governors’ Association. *MCH Update 2005: States Make Modest Expansions to Health Care Coverage*, 2006.
- ⁷ CMS. *2006 National Health Care Expenditures Data*, 2008.
- ⁸ A Sonfield, Alrich C and Gold RB. *Public funding for family planning, sterilization and abortion services, FY 1980–2006*. Guttmacher Institute, 2008.
- ⁹ Guttmacher Institute. *State Medicaid Family Planning Eligibility Expansions. State Policies in Brief*, 2008.
- ¹⁰ Dorn, S. 2008. *Uninsured and Dying Because of It: Updating the Institute of Medicine Analysis on the Impact of Uninsurance on Mortality*. Urban Institute, Washington, DC. January 2008.

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