FACT SHEET
WOMEN'S HEALTH POLICY FACTS
THE HENRY J. KAISER FAMILY FOUNDATION
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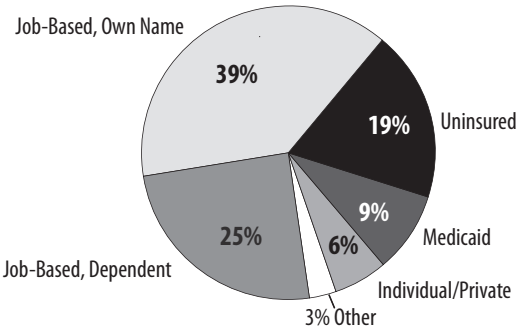
WOMEN'S HEALTH INSURANCE COVERAGE

Important advances in our knowledge about women's health have been made in the past decade. Health insurance coverage helps make these improvements accessible to millions of women. However, the patchwork of different private sector and publicly-funded programs in the U.S. leaves nearly one in every five non-elderly women uninsured.

Figure 1

Women's Health Insurance Coverage, 2003



Total = 91 Million Women Ages 18

Note: Other includes Medicare, Champus, and other sources of coverage.
Source: Kaiser Family Foundation estimates of the March 2004 Current Population Survey, Bureau of the Census.

Sources of Health Insurance Coverage

Employer-sponsored insurance provides coverage to 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 (39% vs. 51%, respectively) and more likely to have dependent coverage (25% vs. 13%).

Medicaid, the health program for the poor, covers 9% 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.

Medicare, CHAMPUS, and other government health insurance programs provide coverage to a small fraction (3%) of women under age 65 because they are either disabled, or the spouses or dependents of those in the military. Medicare is the primary form of coverage for seniors and many non-elderly women with long-term disabilities.

Uninsured women account for 19% of the women 18 to 64. Most of these women either can't afford individual policies, do not qualify for Medicaid, or don't have access to employer-sponsored plans.

Employer-Sponsored Insurance

Two thirds of 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 (33%) or non-working families (29%).

- In 2004, a typical insurance premium for individuals cost $3,695 and $9,950 for families. Workers typically picked up 15% of the premium costs for individuals and 28% for family coverage. [1]

- Among workers, women are less likely than men to be eligible for and to participate in their employer's health plan. This is in part because they are more likely to work part-time, have lower incomes, and rely more on spousal coverage. The overall take-up rate for employer-sponsored coverage among workers is 80% for women compared to 89% for men.[2]

- Because women are more likely than men to be covered as dependents, they are more vulnerable to losing their insurance should they become divorced or widowed. Women are also at greater risk if their spouse loses his job or his employer drops family coverage or increases premium and out-of-pocket costs to levels that the family can no longer afford.

- There is variation in the scope of benefits that are covered by employer sponsored insurance. While nearly all workers were in plans that covered prescription drugs (99%), annual ob/gyn visits (98%), and prenatal care (99%), fewer had coverage for other benefits that are important to women such as contraceptives (72%), sterilization (87%), and abortion (46%).[3]

Medicaid

According to Medicaid program statistics, in 2001 over 16 million low-income women (19 to 64 years) were enrolled in Medicaid, the state-federal program for low-income individuals.[4] 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. For those who qualify, Medicaid provides invaluable coverage to the most medically vulnerable women in the U.S.

- Nearly 6 in 10 (58%) non-elderly women (18 to 64 years) on Medicaid are considered "poor" under federal guidelines (less than 100% Federal Poverty Level (FPL)), one quarter (26%) are near poor (100-199% FPL) and 30% are single mothers.

- One-third (34%) of non-elderly women on Medicaid rate their health as fair or poor, compared to only 8% of low-income women covered by employer-sponsored coverage.

- Medicaid also disproportionately carries the weight of covering the sickest groups - 39% of non-elderly women reporting poor health are covered by Medicaid.[5]

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 one-third of all births in the U.S., over half of all nursing home spending, and accounts for over half of all publicly-funded family planning services.[6]

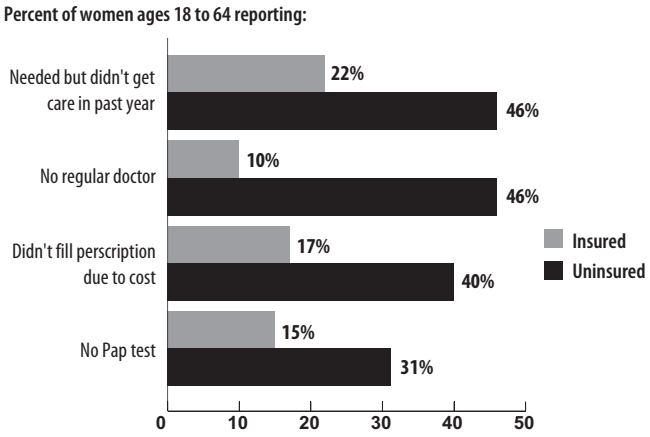
In recent years, several states have expanded Medicaid eligibility to assist certain low-income, uninsured women with the costs of family planning services (19 states), as well as breast and cervical cancer treatment (50 states + DC). Federal policies have also loosened Medicaid's income eligibility criteria, allowing states to extend coverage to more women, but many states have experienced major budget crises and have not broadened their programs to the levels permitted under federal law.

Uninsured Women

Nearly 17 million women are uninsured. Between 2002 and 2003, nearly 900,000 women became newly uninsured, compared to 600,000 men.[7] Lack of health insurance contributes to poorer health outcomes for women. 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).

Figure 2

Barriers to Care, by Insurance Coverage, 2001



Note: Uninsured significantly different from insured on all measures at p<.05.
Source: Kaiser Family Foundation, *2001 Kaiser Women's Health Survey*.

- Women who are younger and low-income are particularly at risk for being uninsured, as are women of color, especially Latinas (Figure 3).

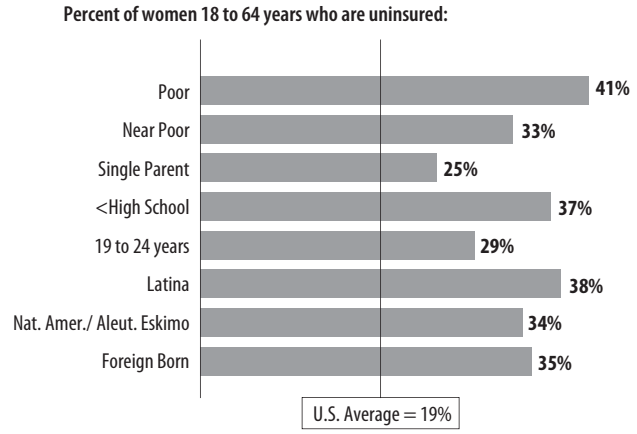
- Eight out of ten uninsured women are in families with at least one person in the workforce, either part-time or full-time. Two-thirds of uninsured women (65%) are in families with at least one adult working full-time. Just 20% of uninsured women are in nonworking families.

Policy Challenges

Addressing Affordability: The rapid growth in health care costs has had a disproportionate effect on women because of their lower incomes and greater need for health care services throughout their lives. Over the past three years, the amount of the insurance premium paid by employees has increased almost 50% for family coverage - rising from $1,800 to $2,661 annually.[8] These costs may soon become prohibitively expensive for many women and their families, putting them at risk for loss of coverage. Out-of-pocket costs such as copays, coinsurance, and deductibles add to the financial burdens that many women and their families face.

Figure 3

Women at Greater Risk for Being Uninsured



Note: The federal poverty level (FPL) was $15,260 in 2003 for a family of three. Poor indicates family income <100% FPL. Near-poor indicates family income 101-200% FPL.
Source: Kaiser Family Foundation analysis of the March 2004 Current Population Survey, Bureau of the Census.

Adequacy of Benefits: There has been increasing evidence that there are some notable gaps in the scope of benefits offered by private plans. Despite the federal and state policies that have been enacted to address these gaps, disparities persist. For example, almost all states required private plans to cover breast cancer screening (49 states + DC), but screening mandates for other conditions, including cervical cancer (25 states + DC), chlamydia (3 states), and osteoporosis (11 states), continue to be much more limited. Twenty-one states now require private plans to cover contraceptives if they cover other prescription drugs, and recent Federal court rulings have reinforced the responsibilities of plans and employers to cover this benefit, as of 2004.[9]

Covering the Uninsured: In recent years, there has been bipartisan interest in broadening access to health coverage to the nearly 45 million uninsured Americans. Policy proposals to achieve this goal vary widely. Some would help individuals afford coverage through tax credits; others would expand eligibility for Medicaid or other public programs to low-income parents. Others would combine public and private policies to incrementally improve coverage rates. Given the importance of health insurance in improving women's access to care and health status, expanding access to health coverage to the nearly 17 million uninsured women remains a women's health priority. Without adequate, affordable coverage, the advances that have been made in women's health will remain outside the reach of many women.

End Notes

[1] Kaiser/HRET, *2004 Employer Health Benefits Survey,* 2004.
[2] B. Garrett. *Employer-Sponsored Health Insurance Coverage*, Kaiser Commission on Medicaid and the Uninsured (KCMU), 2004.
[3] Kaiser/HRET, *2003 Employer Health Benefit Survey*, KFF, 2003.
[4] KCMU analysis of 2001 MSIS data from CMS, 2004
[5] Kaiser analysis of the March 2004 Current Population Survey, Bureau of the Census.
[6] KCMU, *Medicaid Resource Book*, 2002.
[7] Holohan, The Economic Downturn and Changes in Health Insurance Coverage, 2002-2003, KCMU.
[8] Kaiser/HRET, *2004 Employer Health Benefits Survey*, KFF, 2004
[9] Alan Guttmacher Institute, *State Policies in Brief*, 2004.

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