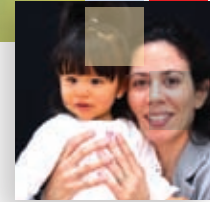


Health Care for Women Health Care for All

A REFORM AGENDA



Women and Health Insurance: By the Numbers

Number of Uninsured

General Population

- In 2006, 47 million people in the U.S., 15.8% of the population, were uninsured, an increase of 2 million people over the previous year.¹

Pregnant Women and Children

- Approximately 13% of all pregnant women are uninsured.²
- Over nine million children under age 19 (12.1%) were uninsured in 2006, an increase of 700,000 since 2005.¹

Women of Childbearing Age (ages 15–44)

- One in five women of childbearing age (12.6 million) was uninsured in 2006, 27.2% of all the uninsured in the U.S.
- The uninsured rate for women of childbearing age (20.4%) is greater than for all Americans under age 65 (17.8%).
- The uninsured rate varies by state. Texas (31.3%) and New Mexico (29.7%) had the highest average rates of uninsured women of childbearing age, while Minnesota and Hawaii (10.8% each) had the lowest, during the years 2004-2006.²

Non-Elderly Women (ages 18–64)

- Over 17 million non-elderly women (18%) were uninsured in 2006, an increase of 1.2 million women since 2004. Half of the growth occurred among low-income women.³
- The rate of uninsured non-elderly women varies by state, from a high of 28% in Texas to a low of 9% in Minnesota.^{3,4}

Elderly Women (ages 65 and older)

- Nearly all women age 65 or older are covered by Medicare, the national health coverage program for seniors and some people with disabilities.⁴

Racial and Ethnic Disparities in Coverage

- Women of color are at particular risk for being uninsured, as are younger and low-income women.
- In 2006, Hispanic and Native American women and children were three times more likely to be uninsured than non-Hispanic whites.
 - Uninsured women: 39.5% Hispanic, 38.9% Native American, 14.3% non-Hispanic white.
 - Uninsured children under age 19: 22.8% Hispanic, 23.9% Native American, 7.6% non-Hispanic white.
- African American (24%) and Asian/Pacific Islander women (18.2%) were also more likely to be uninsured than non-Hispanic white women.^{2,4}

The uninsured rate for females of childbearing age is greater than for all Americans under age 65. . . .

Approximately 13% of all pregnant women are uninsured.



Women and Health Insurance: By the Numbers

Health Disparities for Uninsured Women

General Population

- Lack of health coverage results in 18,000 excess deaths in the U.S. each year. Acquiring health insurance reduces mortality rates for the uninsured by 10–15%.⁵

Women

- Uninsured women lack adequate access to care and have poorer health outcomes than insured women. They are significantly more likely to postpone care, avoid or delay filling prescriptions, or delay or go without important preventive care such as mammograms and Pap tests.
- Uninsured women with breast cancer are 30–50% more likely to die from the disease.
- Uninsured non-elderly women (ages 18–64) are three times less likely to have had a Pap test in the last three years, with a 60% greater risk of late-stage cervical cancer diagnosis.
- Only half of uninsured women (50%) have a regular doctor, compared to 89% of privately-insured women.^{6,7}

Pregnant Women and Newborns

- Uninsured pregnant women are less likely to seek prenatal care in the first trimester and to receive the optimal number of visits during their pregnancy. They have a 31% higher likelihood of experiencing an adverse health outcome after giving birth.⁸
- Inadequate use of prenatal care is associated with increased risks of low birthweight babies, preterm birth, neonatal mortality, infant mortality and maternal mortality.⁹

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- Pregnancy-related maternal mortality is 3–4 times higher among women who receive no prenatal care compared to women who receive prenatal care.¹⁰
- Mothers who receive no prenatal care have an infant mortality rate more than six times that of mothers receiving early prenatal care.¹¹

Racial and Ethnic Minorities

- One in three Hispanic women report delaying or going without care during the year because of costs.
- Higher uninsured rates among minority women may contribute to their higher mortality rates from disease. The mortality rate from cancer is 18% higher for African American women than for non-Hispanic white women.⁷

Reproductive Health Care

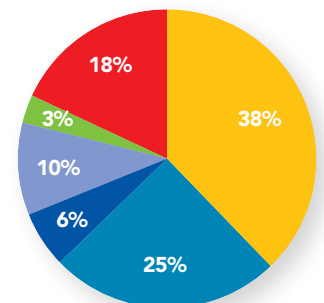
- Contraception is a medical necessity for most women during the three decades of their reproductive years, but many have a hard time paying for it.
- Two-thirds of women rely on private insurers for their health coverage, yet many insurers still do not cover contraception.
- Women already pay 68% more than men for out-of-pocket medical costs, due in large part to their reproductive health needs.¹²

Sources of Health Insurance Coverage

Coverage Overview

In 2006, the sources of coverage for the 94 million non-elderly U.S. women were:¹³

- Employer-based, in the woman's own name: 38%
- Employer-based, as a dependent: 25%
- Individually purchased insurance: 6%
- Medicaid: 10%
- Other government: 3%
- Uninsured: 18%



Source: Kaiser Family Foundation

Employer-Based Insurance

- The percentage of persons covered by employer-based health insurance in the U.S. has decreased, from 60.2% in 2005 to 59.7% in 2006.¹
- 64% of uninsured women are in families with at least one adult working full time, and 79% are in families with at least one person working either part or full time. Just 21% of uninsured women are in unemployed families.⁴
- Women are less likely than men to be insured through their jobs, 38% versus 49% respectively, and more likely to be insured as dependents of employed family members, 25% versus 13%. This leaves women more vulnerable to losing their health insurance in the event of divorce or death of a spouse.¹³

Individually Purchased Insurance

- 6% of women have this type of coverage, often with high deductibles or other out-of-pocket costs.
- In 2004, one in six women with individual coverage reported postponing or going without needed care because she couldn't afford it.¹³

Medicaid

- Medicaid, the state-federal program for low-income individuals, provides over 20 million low-income women (22%) with health coverage. Women comprise 69% of the adult Medicaid population.¹⁴
- In the childbearing age category, only low-income women who are pregnant, mothers of children under 19 years of age, or disabled can qualify.¹⁴
- Medicaid finances 41% of all births in the U.S., and accounts for 61% of all publicly-funded family planning services.^{15, 16}

Medicare and Other Government Sources

- The 3% of women under age 65 covered in this category typically have a disability and receive their coverage through the Medicare program, or are spouses or dependents of those in the military covered by TRICARE.

Women are less likely than men to be insured through their jobs, and more likely to be insured as dependents of employed family members. . . . This leaves women more vulnerable to losing their health insurance in the event of divorce or death of a spouse.

Health Care Costs

For Families

- Increases in health insurance premiums (8%–14% per year since 2000) consistently outpace inflation and the growth in workers' earnings (3%–4%).
- Families are paying more out-of-pocket costs for health care. Nearly one in five non-elderly individuals in 2003 was in a family where health care spending exceeded 10% of annual income.¹⁷
- Although the share of total premiums that workers pay has remained fairly stable (16% for single coverage; 28% for family coverage in 2007), the rapid increase in overall premium levels results in workers paying much more than they did a few years ago. Since the year 2000, employer-sponsored health coverage premiums have increased by 87%.^{17, 18}

For the Nation

- In 2006, the U.S. spent \$2.1 trillion on health care, almost three times the \$714 billion spent in 1990. This accounted for 16% of the nation's gross domestic product (GDP), averaging \$6,697 per person.¹⁹
- Health care spending for 2007 is expected to reach \$2.2 trillion, or 16.2% of GDP, averaging just under \$7,500 per resident.¹⁸
- The U.S. spends twice as much on health care as the median industrialized nation.²⁰
- The Institute of Medicine estimates that the cost of achieving full insurance coverage in the U.S. would be less than the loss in economic productivity from existing coverage.²¹

Endnotes

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