

## Women's Health Care Coverage

Quality, affordable health care is critical to everyone, especially women, children and people of color, many of whom have inadequate health care coverage or no health care coverage at all.

Among the 97 million women ages 19 to 64 residing in the U.S., most had some form of coverage in 2013. The majority (57%) are covered through employer-sponsored health insurance. A small share of women (5%) purchase private insurance through individual policies. The public sector covers many women: Medicaid, the public program for the poor, assists 13% of the population; Medicare covers 4% of women under 65 with disabilities; and a small share of women are covered under other government health care, such as military sponsored insurance through CHAMPVA and TRICARE. <sup>[1]</sup>

17 million women do not have health care insurance, despite the array of private and public health coverage options available. Medicaid <sup>[2]</sup> provides health care to some of the most vulnerable populations, including pregnant women, their children, people with disabilities and seniors. Medicare <sup>[3]</sup> has been operating since 1965, and guarantees access to health insurance for Americans ages 65 and older and younger people with disabilities.

### **YWCA Position**

The YWCA USA supports quality, affordable, and accessible health care. The YWCA supports a strong safety net that includes Medicaid, Medicare and State Health Insurance programs. The YWCA also opposes legislative efforts to repeal, defund, or halt the implementation of the ACA.

### **Facts**

- **Uninsured women are more likely to delay health care due to cost and many suffer serious health problems. According to a 2012 Kaiser Tracking poll**, 6 in 10 Americans reported delaying or foregoing medical care in the past year due to health care costs. That same poll revealed that 63% of women delayed or skipped care due to cost. The uninsured also tend to postpone treatment, skip a needed medical test or treatment, and don't fill needed prescription drugs because health costs are a barrier to care. <sup>[4]</sup> The uninsured are particularly at risk of foregoing preventive care, including lifesaving screening tests such as mammograms, screenings for cervical cancer and pap tests. The lack of health insurance can be deadly <sup>[5]</sup>, as research has shown that uninsured

adults are more likely to die earlier than those who have insurance.

- **Emergency room use is costly.** Because everyone needs health care at some point, the uninsured often use emergency rooms or other forms of care to address their illnesses or life-threatening emergencies. In fact, U.S. hospitals provided \$45.9 billion in uncompensated care in 2012 for which they did not receive payment from patient or insurance, [according to the latest data](#) <sup>[6]</sup> from the American Hospital Association's (AHA) Survey of Hospitals. This cost is often passed onto state and local governments and federal programs like Medicare and Medicaid. By making insurance more affordable and accessible to all populations, specifically the uninsured, emergency room utilization rates decline because individuals have access to primary care physicians.
- **Health care costs are rising.** In 2014, a [typical insurance premium](#) <sup>[7]</sup> for individuals cost \$6,025 and \$16,834 for families. Various factors that drive health care spending include a rise in chronic conditions, the costs of new medical technologies, hospital cost increases, provider prices, the aging population, prescription drug costs, administrative costs and medical inefficiency. The cost of care is especially burdensome on women as they tend to earn lower wages, have few financial assets, and have high rates of poverty compared to men.
- **Health Insurance is critical to women in uncertain economic times.** As health insurance costs soar, employers cut benefits, jobs disappear and millions of people slip through the cracks and lose their coverage, it is critical to make health care coverage affordable, accessible and uninterrupted to all, especially women and women of color who face unique barriers to care. During economic recessions when the unemployment rate increases, the number of individuals who lose employer based health care results in higher Medicaid/CHIP and uninsured populations. According to the [Urban Institute](#) <sup>[8]</sup>, every 1 percentage point increase in the unemployment rate is likely to result in 1 million more Medicaid and CHIP enrollees and 1.1 million more uninsured. By expanding Medicaid and providing affordable health care options under health reform, women and families are more likely to have a critical safety net in place to avoid interruptions in care.
- **Too many women are uninsured, especially in communities of color.** In [2013](#) <sup>[11]</sup>, approximately 17 million women between the ages of 19-64 were uninsured. 19% of Black women, 31% of Hispanic women, and 25% of Native American women were uninsured.
- **Women are [less likely than men to be insured](#)** <sup>[11]</sup> **through their own job (35% vs. 44% respectively) and more likely to be covered as a dependent on a spouse's plan (22% vs. 13%).** This is in part because women are more likely to work part-time and have lower incomes, and therefore are more likely to rely on spousal coverage. Women risk losing coverage if they divorce, are widowed or if their spouse loses a job.

[1] Watson, Liz, Frohlich, Lauren, and Johnston, Elizabeth. (2014, April). Collateral Damage: Scheduling Challenges for Workers in Low-Wage Jobs and Their Consequences. Available at [http://www.nwlc.org/sites/default/files/pdfs/collateral\\_damage\\_scheduling\\_fact\\_sheet.pdf](http://www.nwlc.org/sites/default/files/pdfs/collateral_damage_scheduling_fact_sheet.pdf)

[2] Medicaid.gov. Eligibility. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html>

[3] Medicare.gov. What is Medicare? Available at <http://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html>

[4] The Henry J. Kaiser Family Foundation. Health Security Watch. (2015, June). Available at [https://kaiserfamilyfoundation.files.wordpress.com/2013/05/8322\\_hsw-may2012-update.pdf](https://kaiserfamilyfoundation.files.wordpress.com/2013/05/8322_hsw-may2012-update.pdf)

[5] Bailey, Kim. Dying for Coverage: The Deadly Consequences of Being Uninsured. (2012, June). Available at <http://www.familiesusa.org/resources/publications/reports/dying-for-coverage.html>

[6] American Hospital Association. Financial Fact Sheets. Available at <http://www.aha.org/research/policy/finfactsheets.shtml>

[7] The Henry J. Kaiser Family Foundation. (2014, September). 2014 Employer Health Benefits Survey. Available at <http://kff.org/report-section/ehbs-2014-summary-of-findings/>

[8] The Henry J. Kaiser Family Foundation. (2009, January). The Kaiser Commission on Medicaid and the Uninsured. Available at [https://kaiserfamilyfoundation.files.wordpress.com/2013/03/7850\\_fs.pdf](https://kaiserfamilyfoundation.files.wordpress.com/2013/03/7850_fs.pdf)