

# Women's Health Coverage: Stalled Progress

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New data from the U.S. Census Bureau show that 1 in 10 women lack access to health insurance. This year, progress in reducing the number of uninsured has stalled. This is likely due to continued sabotage of the Affordable Care Act (ACA), including Congressional attempts to repeal the ACA and the Administration's stark reduction in federal outreach efforts.

Approximately 89 percent of adult women (ages 18-64)<sup>1</sup> in the United States had health insurance in 2017; however, more than 11 percent of women remained uninsured. Women rely on health coverage to access preventive care, family planning, treatment for chronic conditions, and to reduce financial instability.

The ACA and Medicaid expansion have reduced uninsured rates and narrowed disparities in insurance coverage. But the data show that progress is still needed so that all women have access to insurance coverage and racial and ethnic disparities are eliminated. Instead of undermining the ACA, policymakers should focus on policies that expand and maintain health coverage, which will help improve the overall health of women and reduce disparities in both access to care and health outcomes.

## Women of Color and Health Coverage

Despite substantial gains in coverage, women of color continue to face persistent disparities in both health outcomes and access to coverage in comparison to white women. In 2017,

- ▶ 19.9 percent of Latina women are uninsured.
- ▶ 13.7 percent of Black women are uninsured.
- ▶ 8.9 percent of Asian women are uninsured
- ▶ 8.0 percent of White women are uninsured.

Access to health insurance is essential to address many of the preventable diseases and chronic health conditions that women of color face at a higher rate than white women.<sup>2</sup>

## Women's Health Coverage

In 2017, most women were covered through one of the following three sources:

- ▶ 63.0 percent of women have insurance through an employer.
- ▶ 16.9 percent of women are covered by Medicaid.

- ▶ 14.9 percent of women purchase their own insurance on the individual market (most of these through the ACA health insurance marketplace).

## Medicaid and Women’s Health Coverage

Medicaid provides coverage of essential health care for millions of women with low incomes.

- ▶ Close to 17 million adult women are covered by Medicaid
- ▶ Nationally, nearly 1 in 5 adult women rely on Medicaid for their health coverage.
- ▶ Nearly 17 percent of women are covered by Medicaid, up from just 14% in 2013, when the ACA and Medicaid expansion were implemented.

Medicaid is vital for the health of millions of women throughout their lives. Medicaid is critical for connecting low-income women and women with disabilities to essential care, including family planning, maternal health services, nursing home care and more.

## Women’s Coverage Gains Post ACA Implementation

In 2013, prior to the implementation of the ACA, nearly 17 percent of women were uninsured. Following the implementation of the ACA, including Medicaid expansion, women saw significant coverage gains. The ACA corrected longstanding, discriminatory gaps in access to insurance coverage for women by expanding Medicaid coverage, establishing marketplaces to shop for insurance and providing financial assistance to make coverage affordable. The ACA also guaranteed coverage for a robust scope of benefits, including maternity care, preventive care, mental health services, prescription drugs and more. However, continued sabotage of the ACA has likely contributed to insurance rates stagnating in the last year.

**Table 1. Women’s Health Insurance Coverage by Race**

Percentage of Women without Health Insurance (ages 18-64)	2013	2016	2017
Women (total)	16.9%	10.63%	11.1%
Latinas	30.4%	19.55%	19.9%
Black Women	19.5%	12.12%	13.7%
Asian Women	16.5%	8.12%	8.9%
White Women	12.8%	7.85%	8.0%

## Women’s Health Coverage by State

The percentage of women covered by health insurance varies by state. Appendix A lists insurance coverages rates for all 50 states and the District of Columbia. The five places with the *highest* percent of women with health coverage are Iowa, Kentucky, Massachusetts, Minnesota and Vermont. The five states with the *lowest* percent covered are Alabama, Florida, Georgia, Oklahoma and Texas. (See Appendix A for the state-by-state table).

## Recommendations

Women need access to health care to lead healthy lives, but the data show that too many women, particularly Latinas and Black women, still lack insurance. Moreover, women who live in states that did not expand Medicaid continue to have the lowest rates of insurance. This largely is because many women fall into the coverage gap, due to earning too much to qualify for traditional Medicaid, but not enough to purchase insurance on the ACA marketplace.<sup>3</sup>

Robust evidence shows that health insurance coverage improves health.<sup>4</sup> A woman’s coverage status often determines if she will access care, the type of provider she will choose, the quality of care she receives, and it influences her overall health and financial security. To improve health and to reduce disparities, policymakers should continue to support policies that protect and expand the ACA and Medicaid and move our nation toward universal coverage.

## Appendix A

**Table 2: Women’s Health Insurance Coverage by State**

State/Territory	Percent of Women Age 18-64 with Health Insurance	Number of Women Age 18-64 with Health Insurance	Number of Women Age 18-64 without Health Insurance
<b>Total</b>	88.90%	89,312,461	11,154,570
<b>AL</b>	84.90%	1,308,552	233,161
<b>AK</b>	86.80%	189,712	28,747
<b>AZ</b>	87.80%	1,848,456	256,130
<b>AR</b>	86.80%	778,115	117,951
<b>CA</b>	90.20%	11,070,612	1,197,998
<b>CO</b>	88.60%	1,564,039	202,060
<b>CT</b>	93.50%	1,044,334	72,247
<b>DE</b>	88.40%	275,717	36,175
<b>DC</b>	93.50%	233,191	16,170
<b>FL</b>	82.30%	5,311,006	1,143,306
<b>GA</b>	83.40%	2,824,677	560,691
<b>HI</b>	92.60%	382,200	30,435
<b>ID</b>	85.60%	438,968	73,751
<b>IL</b>	90.20%	3,505,593	380,509
<b>IN</b>	93.60%	1,915,407	131,553
<b>IA</b>	97.40%	901,485	23,967
<b>KS</b>	85.60%	719,314	120,624
<b>KY</b>	95.10%	1,257,692	64,273

<b>LA</b>	87.90%	1,266,823	175,129
<b>ME</b>	91.80%	372,423	33,069
<b>MD</b>	91.80%	1,725,367	154,515
<b>MA</b>	96.90%	2,207,535	71,625
<b>MI</b>	92.20%	2,813,165	239,220
<b>MN</b>	94.60%	1,619,513	93,001
<b>MS</b>	86.20%	792,176	127,319
<b>MO</b>	91.00%	1,671,268	165,441
<b>MT</b>	91.10%	274,269	26,638
<b>NE</b>	87.80%	469,392	65,322
<b>NV</b>	86.80%	799,253	121,504
<b>NH</b>	92.50%	390,546	31,575
<b>NJ</b>	91.80%	2,537,635	226,088
<b>NM</b>	87.20%	541,913	79,442
<b>NY</b>	93.10%	5,825,668	432,953
<b>NC</b>	87.80%	2,883,700	400,614
<b>ND</b>	89.30%	198,275	23,719
<b>OH</b>	93.10%	3,288,183	242,147
<b>OK</b>	83.80%	969,751	186,820
<b>OR</b>	93.90%	1,186,235	77,049
<b>PA</b>	91.70%	3,595,755	326,478
<b>RI</b>	91.30%	321,000	30,545
<b>SC</b>	86.90%	1,332,203	200,980
<b>SD</b>	88.40%	211,359	27,675
<b>TN</b>	87.70%	1,836,591	256,740
<b>TX</b>	79.10%	6,860,169	1,807,385
<b>UT</b>	87.30%	796,069	115,357
<b>VT</b>	94.80%	180,255	9,819
<b>VA</b>	87.20%	2,323,906	339,988
<b>WA</b>	93.30%	2,208,555	159,506
<b>WV</b>	89.20%	483,055	58,355
<b>WI</b>	92.30%	1,614,312	135,034
<b>WY</b>	86.10%	147,076	23,769

Data source: The National Partnership calculated all data in this document in September 2018, using the U.S. Census Bureau's Table Creator tool and the 2018 Current Population Survey Annual Social and Economic Supplement.

1 Throughout this factsheet, we refer to adult women ages 18-64.

2 National Center for Health Statistics. (2016). Health, United States, 2015: with Special Feature on Racial and Ethnic Health Disparities. Retrieved on 29 August 2018, from <https://www.cdc.gov/nchs/data/hus/15.pdf>; U.S. Centers for Disease Control and Prevention. (2015). Hispanic Health. A la Buena Salud – To Good Health! Retrieved 29 August

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2018, from <https://www.cdc.gov/vitalsigns/hispanic-health/index.html>; U.S. Department of Health and Human Services, Health Resources and Services Administration. (2013). Women's Health USA 2012. Retrieved 30 January 2018 from, <https://mchb.hrsa.gov/whusa12/more/downloads/pdf/whusa12.pdf>

3 Kaiser Family Foundation. (2018 June). The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid. Retrieved 5 September 2018, from <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

4 Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Retrieved 5 September 2018, from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>; Sommers, B. D., Gawande, A. A., & Baicker, K. (2017, August). Health insurance coverage and health—what the recent evidence tells us. *The New England Journal of Medicine*. Retrieved 12 September 2018, from <https://www.nejm.org/doi/full/10.1056/NEJMs1706645> and Kaiser Family Foundation.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at [NationalPartnership.org](http://NationalPartnership.org).

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