

# ROADBLOCKS TO HEALTH CARE:

## Why the Current Health Care System *does not* work for *Women*

### *Overwhelmed by Health Care Costs*

**Women are more vulnerable to high health care costs than men.**

Women's reproductive health requires more regular contact with health care providers, including yearly pap smears, mammograms, and obstetric care.

Women are also more likely to report fair or poor health than men (9.5% versus 9.0%).<sup>1</sup>

While rates of chronic conditions such as diabetes and high blood pressure are similar to men, women are twice as likely to suffer from headaches, more likely to experience joint, back or neck pain.<sup>2</sup> These chronic conditions often require regular and frequent treatment and follow-up care.

### *A Patchy System of Health Insurance*

**The current health insurance framework leaves too many women uncovered.**

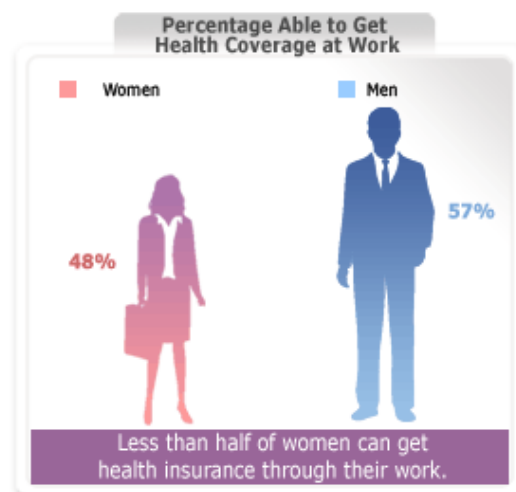
Twenty-one million women and girls went without health insurance in 2007, and another 14 million relied on coverage through the individual insurance market.<sup>3</sup>

Women are less likely to be employed full-time than men (52% versus 73%), making them less likely to be eligible for employer-based health benefits themselves. In fact, less than half of women have the option of obtaining employer-based coverage on their own.<sup>4</sup>

Even when they work for an employee that offers coverage, one in six is not eligible to take it, often because they are part-time workers. They end up either covered through a spouse (41%), purchasing insurance directly through the individual market (5%), on public programs (10%), or uninsured (38%).<sup>5</sup>

And even among women with the option to get health coverage through their employer, they are twice as likely as men to go on their spouse's plan (15% versus 7%).<sup>6</sup>

This dynamic has several effects. Single women are twice as



Source<sup>4</sup>

likely to be uninsured than married women (24% versus 12%).<sup>7</sup>

Married women in the 55 to 64 age group are particularly vulnerable to a discontinuity of coverage as their spouses go on Medicare. Among this age group, there is a drop in dependent employer-sponsored coverage from 39% to 34%.<sup>8</sup>

When employer-based coverage is not an option, some women turn to the individual insurance market. In the 55 to 64 age group, the decline in employer-based coverage is coupled with a rise in the purchase of individual insurance from 5% to 8%. This trend is not seen with men.<sup>9</sup>

### ***The Failure of the Individual Insurance Market***

**Higher costs and inadequate benefits make the individual insurance market an unreliable choice for women.**

Important state and federal laws that protect individuals with employer-sponsored insurance do not apply to health insurance sold in the individual market. These include anti-discrimination protections in the Civil Rights Act of 1964<sup>10</sup> and the Pregnancy Discrimination Act of 1978,<sup>11</sup> as well as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), which prohibits covered employers from charging different premiums or denying coverage based on age or health status.<sup>12</sup>

In contrast, in the individual insurance market, many states allow insurance companies to calculate premiums based on an individual’s characteristics such as existing health problems, age, and gender.<sup>13</sup>

Data from e-health insurance show that there is a wide variation in premiums by state, by plan, and by age and gender of the policyholder. A search for single coverage plans with similar underlying benefits for a nonsmoker living in a large city found premiums that ranged from \$700 to all the way to \$8000.<sup>14</sup>

In particular, women are often charged higher premiums than men during their reproductive years. Holding other factors constant, a 22 year old woman can be charged one and a half times the premium of a 22 year old man. This difference largely disappears – and sometimes reverses – by age 64.<sup>15</sup>

The high cost of health insurance in the individual market



Source<sup>15</sup>

impedes a woman's ability to obtain coverage at a time when she needs it most. Of the 8 million middle-income nonelderly women who do not have employer-sponsored coverage, more than half remain uninsured and only a fifth obtain insurance through the individual market. In comparison, more than one-third of high-income women without employer-sponsored insurance manage to purchase individual coverage – but 43% still go uncovered.<sup>16</sup>

Beyond cost, the coverage in the individual market is woefully inadequate. A recent survey by the National Women's Law Center found that the vast majority of individual market health insurance policies did not cover maternity care (a limited number of insurers sell a separate maternity "rider.")<sup>17</sup>

Moreover, it is still legal in 9 states for insurers to reject applicants who are survivors of domestic violence.<sup>18</sup>

### ***The Price of Access***

**As a result, women are more likely than men to experience difficulty accessing care.**

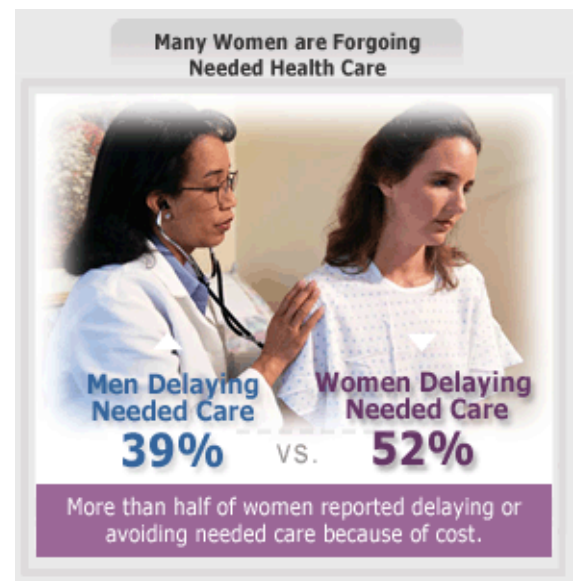
In a recent national survey, more than half of women (52%) reported delaying or avoiding needed care because of cost, compared with 39% of men.<sup>19</sup>

Women face a higher financial burden from medical care than men. Nearly one-third of women aged 50 to 64 are in households that have spent more than 10% of their income on health care, compared with one quarter of men of similar age.<sup>20</sup>

Almost half of women report problems paying medical bills, compared with 36% of men, and one-third of women were forced to make a difficult tradeoff such as using up their savings, taking on debt, or giving up basic necessities.<sup>21</sup>

**Comprehensive health care reform is needed to level the playing field, and make health care accessible and affordable for all women.**

### ***Sources***



Source<sup>19</sup>

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*Data analysis provided by the Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality, and the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.*

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