NATIONAL WOMEN'S LAW CENTER

EXPANDING THE POSSIBILITIES

mind the gap:
low-income women in dire need of health insurance

ABOUT THE CENTER

The National Women's Law Center is a non-profit organization whose mission is to expand the possibilities for women and girls by working to remove barriers based on gender, open opportunities, and help women and their families lead economically secure, healthy, and fulfilled lives—especially low-income women and their families.

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Access and preventive care disparities between low-income women with and without insurance demonstrate the importance of Medicaid in states yet to expand coverage

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans. At this point, twenty-five states have not yet expanded coverage through Medicaid, leaving over three million women in the coverage gap. This gap results from states' failure to expand coverage and applies to individuals with incomes below the poverty level (approximately $11,500 for an individual) who do not qualify for traditional Medicaid on the basis of disability, family composition, or age. Women with income above poverty are eligible for subsidies for private health insurance available through their state Marketplace.[1]

This report demonstrates the risk the coverage gap poses to low-income women's health by examining the dramatic differences in health care access and preventive services utilization between low-income women who will be stuck in this coverage gap—unless their state changes course—versus those who have access to coverage. More specifically, this analysis finds that women in the coverage gap also experience a health care gap. For example, low-income women without health insurance report going without needed care because of cost 2.5 times as often as low-income women with insurance. There are also great disparities in access to care on the state level. In Oklahoma, for example, insured low-income women received their recommended mammograms approximately 2.3 times as often as low-income women without insurance. And in Texas, insured, low-income women report having a regular health care provider twice as often as low-income women without health coverage. In general, low-income women without health insurance are significantly less likely to access basic health care services on a regular basis and are less likely to use important preventive services than women who have similarly low incomes but who are covered by public or private health insurance.

medicaid expansion: a keystone of the affordable care act, before and after the supreme court

As enacted, the Affordable Care Act (ACA) extended health coverage to 14 million uninsured American women, with roughly half of this population gaining health coverage through expanded Medicaid eligibility and the other half through tax credits to purchase private insurance. Before the ACA, whether a woman qualified for Medicaid coverage depended on not only her income, but also her age, whether she was pregnant, whether she had children, and whether she had a disability. The law expanded Medicaid eligibility to all qualified individuals under age 65 who have incomes below 138 percent of the federal poverty line (FPL), or just over $32,000 for a family of four, with the federal government covering 100 percent of Medicaid spending on health services for the newly-covered population in the first three years of implementation, and at least 90 percent in later years.[2] In the vast majority of states, this marked the first time that low-income, childless women would have access to Medicaid coverage.

In 2012, however, the Supreme Court held that states are not required to expand Medicaid coverage as a condition of receiving federal matching funding for the traditional Medicaid program. Under the Court's ruling, states can choose whether or not to accept the federal money to cover more individuals through Medicaid. The Centers for Medicare and Medicaid Services (CMS) has made clear that states may choose to expand coverage at any time and receive the enhanced matching rate that applies to the year the state's expansion begins. States that choose to use the new federal funding and expand coverage may also drop it at any time if they so choose.[3]

Twenty-six states (including the District of Columbia) have chosen to expand their Medicaid program at this time.[4] But in the 25 states that have not yet expanded Medicaid coverage, over three million women will have no affordable coverage options and will fall into the resulting coverage gap. Table 1 shows the number of women who will be left without health insurance in the 25 states that have not yet expanded coverage.

TABLE 1: WOMEN LEFT IN THE COVERAGE GAP, BY STATE

States	Number of Women in the Coverage Gap	Women in the Coverage Gap, as Percentage of Uninsured Womaen
Texas	687,000	27.6%
Florida	464,000	27.4%
Georgia	266,000	33.0%
North Carolina	204,000	30.0%
Pennsylvania+	179,000	31.1%
Louisiana	138,000	39.3%
Indiana	135,000	39.5%
Missouri+	133,000	43.5%
Virginia*	128,000	30.5%
Alabama	124,000	42.5%
Tennessee+	124,000	34.6%
South Carolina	108,000	42.2%
Mississippi	90,000	49.5%
Oklahoma	82,000	33.3%
Wisconsin	55,000	27.5%
Kansas	49,000	36.0%
Idaho	36,000	34.6%
Utah	31,000	20.7%
Nebraska	25,000	28.7%
Montana	22,000	29.3%
New Hampshire*	17,000	27.4%
South Dakota*	15,000	35.7%
Alaska	14,000	28.6%
Maine	13,000	26.0%
Wyoming	10,000	30.3%
Total	3,149,000	31.5%

*A committee to further study the Medicaid expansion has been established.

+Exploring an approach to Medicaid expansion likely to require waiver approval.

Sources: Kaiser Family Foundation, "Status of State Action on Medicaid Expansion Decision, Updated October 22, 2013," available at http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/#note-1.; Genevieve M. Kenney et. al., The Urban Institute, Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage, (August 2012), available at http://www.urban.org/UploadedPDF/412630-opting-in-medicaid.pdf; NWLC analysis of U.S. Census Bureau Current Population Survey, Annual Social and Economic Supplement, 2013.

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mind the gap:
women in the coverage gap also experience a health care gap

While access to affordable health coverage is important for everyone, it is a particularly salient issue for women. Women more often manage multiple chronic conditions and pay more in out-of-pocket costs, which makes them particularly vulnerable to health care costs.[5] As a result, their health care needs go unmet, with women routinely foregoing needed services and care. In 2008, one in four women reported going without needed health care because they could not afford it.[6]

This report examines current health care access and utilization of uninsured women who would generally be eligible for Medicaid, if their state expanded the program, to illustrate how these women could benefit from expanded coverage. This analysis finds that these women fare significantly worse in our health care system than insured women with similar family incomes. More specifically, we examined responses to questions from the Centers for Disease Control's Behavioral Risk Factor Surveillance System survey assessing access and utilization among two groups of women—uninsured women in households with an annual income of less than $35,000 and women within the same income range who currently have some form of health coverage. This income level approximates eligibility for the coverage expansion for a women living in a family of between four and five people, and ensures that the analysis captures women who fall into the coverage gap (who will have somewhat lower incomes). Across nearly all of these measures, which include general access measures indicative of integration into the health care system and utilization measures for several preventive services that states must cover for individuals eligible for expanded Medicaid coverage, women who would be eligible for Medicaid coverage fare worse than insured women with the same income. This is true on a national level as well as on a state level in the 25 states that have not expanded Medicaid.

Uninsured women fare significantly worse in our health care system than women with insurance.

UNINSURED WOMEN HAVE LESS ACCESS TO CARE

Without health coverage, low-income women have less access to basic care. As Table 2 shows, cost creates a significant barrier to care for low-income women. Approximately 58 percent of low-income women without health insurance report that cost prevented them from seeing a doctor at least once in the last 12 months, which is nearly 150 percent more than the 22.5 percent of low-income women with health coverage who found cost a barrier to care. In addition, approximately 52 percent of low-income, uninsured women report having a personal doctor or health care provider compared to 88 percent of low-income women with health insurance—a difference of almost 70 percent. Similarly, 62 percent of low-income uninsured women report having had a regular checkup in the last two years, which is 41 percent less than the 88 percent of low-income, insured women who had a regular visit during this time frame.

TABLE 2: UNINSURED, LOW-INCOME WOMEN HAVE WORSE ACCESS TO BASIC HEALTH CARE

Question	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost (For this question alone, a higher percentage means that fewer women are accessing care)	**57.7%**	**22.5%**
Have a personal doctor or health care provider	**51.9%**	**87.6%**
Had a "regular checkup" in the last two years	**62.4%**	**87.9%**

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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UNINSURED, LOW-INCOME WOMEN AVOID CARE BECAUSE OF COST

These national statistics reflect an average of survey responses across all 50 states,and in many of the states choosing not to expand Medicaid the disparities are even worse. For example, in Maine, low-income, uninsured women reported going without care because of cost three times as often as low-income women with health insurance. Table 3 shows that similar disparities exist in South Dakota and Tennessee, while a number of other states post differences well above the national average. When women go without care because of cost, they may postpone diagnosis of a serious health problem, go without needed treatment, or incur financial losses related to missed work due to illness.

TABLE 3: LOW-INCOME WOMEN WHO NEEDED TO SEE A DOCTOR BUT COULD NOT BECAUSE OF COST AT SOME POINT IN THE LAST 12 MONTHS

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	66.7%	26.4%
Alaska	56.7%	21.8%
Florida	62.3%	31.9%
Georgia	59.8%	28.1%
Idaho	61.5%	24.9%
Indiana	55.2%	23.9%
Kansas	60.6%	23.6%
Louisiana	55.8%	25.4%
Maine	51.2%	16.3%
Mississippi	67.8%	26.7%
Missouri	54.8%	22.6%
Montana	51.3%	24.5%
Nebraska	53.9%	19.8%
New Hampshire	57.1%	22.3%
North Carolina	63.9%	26.5%
Oklahoma	59.9%	26.3%
Pennsylvania	55.1%	19.9%
South Carolina	66.5%	27.4%
South Dakota	51.2%	16.2%
Tennessee	66.1%	21.8%
Texas	58.9%	30.5%
Utah	52.4%	27.9%
Virginia	53.7%	23.3%
Wisconsin	46.8%	18.1%
Wyoming	51.9%	21.4%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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Disparities in other access measures also frequently exceed national averages. Women who have a personal physician or other usual source of care can turn to their provider for regular preventive services, seek help with new health problems, and obtain referrals for needed specialty services. Women without a usual source of care have greater difficulty connecting to the health care system—and experience poorer health outcomes, increased health disparities, and higher health care costs. Women without health insurance, in comparison to those with coverage, were less likely to report having a usual source of care. For example, insured, low-income women in Texas report having a regular health care provider twice as often as low-income women without health coverage, in comparison to an average health access gap of 41 percent (Table 4). Another four states—Florida, Georgia, North Carolina and Oklahoma—post gaps that are more than double this national rate.

TABLE 4: LOW-INCOME WOMEN WITH A PERSONAL DOCTOR OR HEALTH CARE PROVIDER

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	56.4%	90.0%
Alaska	44.9%	70.7%
Florida	44.5%	85.5%
Georgia	48.6%	89.5%
Idaho	52.5%	85.7%
Indiana	55.3%	89.3%
Kansas	54.7%	86.4%
Louisiana	59.9%	90.2%
Maine	72.4%	94.3%
Mississippi	55.1%	87.1%
Missouri	48.6%	84.7%
Montana	53.5%	83.8%
Nebraska	64.4%	89.5%
New Hampshire	67.3%	90.6%
North Carolina	46.3%	85.4%
Oklahoma	45.8%	85.4%
Pennsylvania	62.2%	93.0%
South Carolina	58.9%	88.1%
South Dakota	61.6%	76.4%
Tennessee	51.6%	86.7%
Texas	40.1%	84.5%
Utah	55.5%	82.3%
Virginia	49.4%	84.8%
Wisconsin	58.2%	91.1%
Wyoming	50.9%	80.3%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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Similarly, women who have regular health exams are more likely to have their provider identify health problems before they start, or early enough that they have a greater opportunity for treatment and cure. However, insured low-income Idaho women reported having had a regular check-up in the last two years almost twice as often as low-income women without health coverage—even though the national disparity averages 30 percent. Other states with notable disparities include Oklahoma, Wyoming and Utah. (See Table 5).

These differences in health care access are great, but states have an immediate tool at hand to address this gap in access to regular health care services for low-income uninsured women. By expanding coverage through Medicaid, states can integrate millions of low-income women into our health care system.

TABLE 5: LOW-INCOME WOMEN WHO HAVE HAD A REGULAR CHECKUP IN THE PAST TWO YEARS

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	68.6%	90.4%
Alaska	56.1%	83.6%
Florida	62.1%	89.6%
Georgia	70.9%	91.5%
Idaho	41.4%	80.5%
Indiana	55.2%	85.7%
Kansas	60.6%	87.2%
Louisiana	77.4%	94.2%
Maine	66.1%	89.0%
Mississippi	64.6%	90.5%
Missouri	57.0%	84.2%
Montana	49.9%	77.2%
Nebraska	56.3%	80.2%
New Hampshire	63.9%	88.7%
North Carolina	68.9%	92.0%
Oklahoma	50.1%	80.4%
Pennsylvania	62.8%	88.1%
South Carolina	63.3%	87.0%
South Dakota	64.7%	85.9%
Tennessee	74.9%	91.9%
Texas	59.2%	87.4%
Utah	52.0%	78.2%
Virginia	69.9%	91.2%
Wisconsin	70.5%	90.3%
Wyoming	51.1%	79.5%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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UNINSURED WOMEN HAVE LIMITED USE OF PREVENTIVE SERVICES

Preventive services allow individuals to catch problems earlier and begin treatment, when necessary, in a timely manner, avoid more serious diseases down the line, and ultimately live healthier, longer lives. But without health insurance coverage, low-income, uninsured women have trouble accessing these important preventive services, and use preventive care less than low-income insured women. Table 6 highlights the differences in service utilization for several recommended preventive services that health insurance must cover under the ACA.

For all five indicators, uninsured low-income women received the service in question at rates below that of insured low-income women. The biggest difference was for flu vaccines, with uninsured women receiving the vaccine at a rate of nearly 80 percent lower than insured women. Low-income uninsured women also had lower rates of important cancer screenings. For example, uninsured low-income women received colonoscopies, which can not only detect, but in some cases prevent colon cancer, at a rate nearly 70 percent lower than insured low-income women. The rate of cervical cancer screenings, which have been shown to significantly reduce the incidence of cervical cancer and mortality over time, was nearly 25 percent lower for uninsured low-income women than for insured low-income women, and the rate of mammograms was nearly 60 percent lower.[7] The smallest difference was in HIV testing. Nationally, uninsured low-income women had a slightly lower rate of HIV testing that insured low-income women, but on the state level this difference is often statistically insignificant. In some cases, uninsured women actually have slightly higher rates of testing. These results are not surprising given the extensive efforts to expand access to HIV testing for populations that are at high risk for this disease, and these high-risk groups are also likely to be low-income and uninsured.

In several of the states that have not expanded coverage through the Medicaid program, the gap between low-income uninsured women and low-income women with health insurance is even larger than the national gap between these two groups for these important services. In Oklahoma for example, insured low-income women received their recommended mammograms approximately 2.3 times as often as low-income women without insurance, while insured low-income women in Indiana reported receiving recommended colon cancer screenings at a rate nearly 2.5 times higher than uninsured women. The largest difference was in Mississippi, where insured low-income women received a seasonal flu vaccine at a rate nearly 3 times higher than women without insurance.

TABLE 6: LOW-INCOME WOMEN WHO HAVE HAD A PREVENTIVE CARE CHECKUP IN THE PAST TWO YEARS

Question	Low-Income Women without Insurance	Low-Income Women with Insurance
Had a mammogram in the past two years (aged 40+)	45.5%	72.2%
Had a sigmoidoscopy or colonoscopy (aged 50+)	37.1%	62.4%
Had a Pap test in the past three years (18+)	65.3%	80.8%
Ever tested for HIV	44.5%	46.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	21.5%	38.3%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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According to recent research, expanding coverage through Medicaid should improve women's access to preventive services like flu shots and screenings for conditions like HIV and cancer. For example, according to researchers from the Massachusetts Institute of Technology and Harvard University,individuals newly covered by the Oregon Medicaid program increased their utilization of hospital care, outpatient services, and prescription drugs, and their compliance with recommended preventive care.[8] By expanding coverage through Medicaid, states can reduce the gap in women's use of preventive services, ultimately improving their health.

TABLE 7: LOW-INCOME WOMEN OVER 40 WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	47.4%	75.4%
Alaska	37.7%	69.9%
Florida	37.2%	72.7%
Georgia	45.6%	79.5%
Idaho	28.8%	57.5%
Indiana	37.7%	69.1%
Kansas	42.2%	71.1%
Louisiana	62.1%	76.7%
Maine	50.3%	77.7%
Mississippi	41.4%	73.1%
Missouri	43.4%	66.2%
Montana	41.5%	65.2%
Nebraska	40.5%	61.6%
New Hampshire	53.8%	72.0%
North Carolina	49.1%	77.3%
Oklahoma	28.1%	64.7%
Pennsylvania	43.7%	75.0%
South Carolina	51.2%	75.2%
South Dakota	50.0%	73.8%
Tennessee	41.9%	72.8%
Texas	43.3%	71.4%
Utah	34.5%	65.7%
Virginia	52.1%	76.3%
Wisconsin	58.1%	74.8%
Wyoming	29.1%	59.2%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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TABLE 8: LOW-INCOME WOMEN OVER 50 WHO HAVE HAD A COLON CANCER SCREENING

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	43.3%	66.4%
Alaska	33.3%	65.5%
Florida	33.5%	72.0%
Georgia	40.8%	64.8%
Idaho	31.0%	56.9%
Indiana	26.0%	62.6%
Kansas	43.9%	63.1%
Louisiana	37.1%	58.5%
Maine	47.4%	74.4%
Mississippi	30.0%	59.5%
Missouri	41.9%	61.8%
Montana	32.5%	50.9%
Nebraska	31.7%	54.1%
New Hampshire	50.0%	70.9%
North Carolina	40.3%	67.1%
Oklahoma	28.6%	54.5%
Pennsylvania	41.2%	68.2%
South Carolina	38.5%	67.6%
South Dakota	29.3%	56.3%
Tennessee	36.9%	67.7%
Texas	30.7%	62.5%
Utah	39.8%	67.1%
Virginia	35.8%	70.7%
Wisconsin	46.2%	62.7%
Wyoming	32.7%	58.3%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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TABLE 9: LOW-INCOME WOMEN OVER 18 WHO HAVE HAD A PAP TEST IN THE LAST 3 YEARS

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	69.5%	83.0%
Alaska	64.4%	79.3%
Florida	61.6%	79.3%
Georgia	65.6%	82.5%
Idaho	56.4%	74.6%
Indiana	59.9%	78.7%
Kansas	68.6%	81.8%
Louisiana	70.9%	83.7%
Maine	68.4%	86.0%
Mississippi	67.8%	82.8%
Missouri	60.3%	77.4%
Montana	63.3%	76.9%
Nebraska	65.2%	76.8%
New Hampshire	62.1%	83.9%
North Carolina	70.1%	84.7%
Oklahoma	63.4%	76.9%
Pennsylvania	59.6%	81.0%
South Carolina	67.4%	83.4%
South Dakota	68.9%	82.3%
Tennessee	65.6%	82.4%
Texas	67.7%	80.8%
Utah	63.5%	71.8%
Virginia	69.4%	81.5%
Wisconsin	65.0%	82.1%
Wyoming	58.9%	74.2%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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TABLE 10: LOW-INCOME WOMEN WHO HAVE EVER BEEN TESTED FOR HIV

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	60.0%	53.5%
Alaska*	54.1%	53.8%
Florida*	56.4%	53.7%
Georgia	57.0%	49.4%
Idaho*	34.9%	35.1%
Indiana*	40.5%	43.5%
Kansas*	46.2%	44.4%
Louisiana*	49.5%	53.1%
Maine	26.8%	41.8%
Mississippi	43.4%	46.1%
Missouri*	43.3%	46.0%
Montana*	41.6%	40.9%
Nebraska*	37.3%	34.7%
New Hampshire*	38.7%	38.8%
North Carolina	59.8%	54.0%
Oklahoma*	42.4%	38.9%
Pennsylvania*	40.6%	44.7%
South Carolina*	48.0%	48.4%
South Dakota*	36.6%	34.0%
Tennessee*	47.5%	49.9%
Texas*	46.0%	49.7%
Utah*	32.4%	33.4%
Virginia	53.7%	45.1%
Wisconsin*	37.5%	45.6%
Wyoming*	33.8%	33.4%

*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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TABLE 11: LOW-INCOME WOMEN WHO HAVE HAD EITHER A SEASONAL FLU SHOT OR A SEASONAL FLU VACCINE THAT WAS SPRAYED THROUGH THE NOSE IN THE PAST 12 MONTHS

State	Low-Income Women without Insurance	Low-Income Women with Insurance
Alabama	19.0%	39.8%
Alaska	19.7%	30.0%
Florida	13.3%	26.2%
Georgia	18.6%	36.2%
Idaho	15.5%	32.1%
Indiana	15.2%	40.8%
Kansas	22.7%	41.9%
Louisiana	24.2%	39.8%
Maine	24.7%	42.2%
Mississippi	13.8%	39.1%
Missouri	24.3%	41.0%
Montana	22.1%	39.5%
Nebraska	26.8%	41.8%
New Hampshire	23.6%	46.4%
North Carolina	25.3%	41.2%
Oklahoma	20.0%	42.5%
Pennsylvania	21.1%	38.2%
South Carolina	21.1%	38.4%
South Dakota	26.3%	48.8%
Tennessee	29.7%	43.6%
Texas	20.1%	37.3%
Utah	22.8%	38.4%
Virginia	28.2%	43.7%
Wisconsin	21.2%	34.6%
Wyoming	28.8%	42.1%

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm.

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mind the gap:
other gaps in care for low-income, uninsured women

In the absence of new coverage through Medicaid, low-income, uninsured women must rely on a patchwork of fragmented programs to receive only some of the health services they need. The federal and state programs that provide health coverage or direct services are often limited, and many women cannot access them at all. For example, pregnant women in states that have not expanded Medicaid coverage under the ACA are often able to obtain Medicaid coverage for the limited duration of their pregnancy, but eligibility and covered services can vary from state to state; the Centers for Disease Control and Prevention funds breast and cervical cancer screenings for some—although not all— qualified low-income women in each state; and a number of federal, state, and local programs offer access to HIV testing, but cannot help all women who need this service.

The picture is similarly limited for reproductive health. For example, the Title X program, which funds no-cost or low-cost family planning services at family planning clinics, provides crucial services but is generally underfunded and can't meet demand. And states do not always use all of the available programmatic and budget options at their disposal to improve women's access to reproductive health services. For example, although states can provide Medicaid coverage of family planning services for low-income individuals who do not qualify for traditional Medicaid, only four of these states fully cover contraception for women aged 18-64.

Expanding coverage through Medicaid will address many of these shortcomings. Women who enroll in Medicaid coverage will have comprehensive health insurance—coverage that includes important preventive screenings, maternity care, family planning services, and other services that today's patchwork of programs cannot deliver to all low-income, uninsured women.

In the absence of Medicaid coverage, low-income uninsured women rely on a patchwork of programs for health services.

mind the gap: conclusion

Overall, the gap between low-income, uninsured women and low-income women with health insurance on critical access and prevention measures demonstrates that going without health insurance is bad for women's health. This analysis shows that low-income uninsured women—who would be eligible for health insurance if their state accepted the federal money to expand Medicaid coverage—are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, states accept this federal money and expand coverage through Medicaid, thus eliminating the coverage gap, they would ensure that all low-income women can access the care they need to lead healthier lives.

mind the gap: methodology

DATA

For this report we analyzed data from the 2012 Behavior Risk Factor Surveillance Survey (BRFSS). The BRFSS data is derived from surveys conducted by state health departments in conjunction with the Centers for Disease Control and Prevention (CDC). The BRFSS surveys non-institutionalized adults in every state about their health risk behaviors, preventive health choices, access to health care services, and basic demographic information. We chose this source because of its large sample size, variety of questions, and very current data. It was also the most robust data source available that we could analyze by state, gender, income, and insurance status.[9]

DEFINING LOW-INCOME WOMEN

Our analysis compares insured and uninsured women between the ages of 18 and 64. In order to provide a useful analysis, we wanted to make sure our uninsured category reasonably approximated the Medicaid eligible population while still maintaining sample sizes large enough for a valid analysis. To this end, we decided to define low-income women as women with incomes at or below $35,000. Thirty-five thousand dollars is the income break available in BRFSS that comes closest to 138 percent of the federal poverty line for a family containing between 4 and 5 people (an average sized American family). Although we know this income level is over inclusive and will include women with smaller families who while not be eligible for Medicaid, we can feel reasonably sure we are capturing the majority of those newly eligible.

While women at or below 138 percent of the federal poverty level would qualify for Medicaid coverage, the coverage "gap" refers to people at or below 100 percent FPL, whose incomes fall below the level where tax credits to buy private insurance become available. So while our data is a rough approximation of Medicaid eligibility rather than an approximation of the coverage gap, this should not impact the general conclusions derived from the data, because women in the coverage gap are even lower income and thus would be expected to have as much difficulty, if not more difficulty, accessing care than individuals with family incomes up to 138 percent FPL.

ALABAMA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Alabama has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Alabama accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Alabama accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Alabama. Notable findings include:

- For uninsured women in Alabama, cost is major barrier to care—over 66 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 26 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 47 percent of uninsured women in Alabama received a recommended mammogram compared to 75 percent of insured women.
- Uninsured women in Alabama went without needed health care because of cost more often than women nationally and are also falling short of the national average for rates of flu vaccines.

ALABAMA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost[+]	66.7%	26.4%
Have a personal doctor or health care provider	56.4%	90.0%
Had a "regular checkup" in the last two years	68.6%	90.4%
Had a mammogram in the past two years (aged 40+)	47.4%	75.4%
Had a sigmoidoscopy or colonoscopy (aged 50+)	43.3%	66.4%
Had a Pap test in the past three years (18+)	69.5%	83.0%
Ever tested for HIV	60.0%	53.5%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	19.0%	39.8%

[+]For this question alone, a higher percentage means that fewer women are accessing care.

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Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

ALASKA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Alaska has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Alaska accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Alaska accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Alaska. Notable findings include:

- For uninsured women in Alaska, cost is major barrier to care – over 56 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 22 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 38 percent of uninsured women in Alaska received a recommended mammogram compared to 70 percent of insured women.
- Uninsured women in Alaska are also falling short of the national average for all of the indicators below except HIV testing.

ALASKA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	56.7%	21.8%
Have a personal doctor or health care provider	44.9%	70.7%
Had a "regular checkup" in the last two years	56.1%	83.6%
Had a mammogram in the past two years (aged 40+)	37.7%	69.9%
Had a sigmoidoscopy or colonoscopy (aged 50+)	33.3%	65.5%
Had a Pap test in the past three years (18+)	64.4%	79.3%
Ever tested for HIV*	54.1%	53.8%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	19.7%	30.0%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

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Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

FLORIDA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Florida has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Florida accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Florida accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Florida. Notable findings include:

- For uninsured women in Florida, cost is major barrier to care – over 62 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 32 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 37 percent of uninsured women in Florida received a recommended mammogram compared to 73 percent of insured women.
- Uninsured women in Florida are also falling short of the national average for their rates of mammograms, colon cancer screenings, cervical cancer screenings, and flu vaccines.

FLORIDA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	62.3%	31.9%
Have a personal doctor or health care provider	44.5%	85.5%
Had a "regular checkup" in the last two years	62.1%	89.6%
Had a mammogram in the past two years (aged 40+)	37.2%	72.7%
Had a sigmoidoscopy or colonoscopy (aged 50+)	33.5%	72.0%
Had a Pap test in the past three years (18+)	61.6%	79.3%
Ever tested for HIV*	56.4%	53.7%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	13.3%	26.2%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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GEORGIA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Georgia has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Georgia accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Georgia accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Georgia. Notable findings include:

- For uninsured women in Georgia, cost is major barrier to care – over 59 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 28 percent of insured women.
- Uninsured women utilize preventive services at lower rates; for example only 46 percent of uninsured women in Georgia received a recommended mammogram compared to 80 percent of insured women.
- Uninsured women in Georgia are also falling short of the national average for their rates of regular check-ups and flu vaccines.

GEORGIA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost[+]	59.8%	28.1%
Have a personal doctor or health care provider	48.6%	89.5%
Had a "regular checkup" in the last two years	70.9%	91.5%
Had a mammogram in the past two years (aged 40+)	45.6%	79.5%
Had a sigmoidoscopy or colonoscopy (aged 50+)	40.8%	64.8%
Had a Pap test in the past three years (18+)	65.6%	82.5%
Ever tested for HIV	57.0%	49.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	18.6%	36.2%

[+]For this question alone, a higher percentage means that fewer women are accessing care.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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IDAHO

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Idaho has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Idaho accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Idaho accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Idaho. Notable findings include:

- For uninsured women in Idaho, cost is major barrier to care – over 61 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 25 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 29 percent of uninsured women in Idaho received a recommended mammogram compared to 58 percent of insured women.
- Uninsured women in Idaho are also falling short of the national average for their rates of mammograms, colon cancer screenings, cervical cancer screenings, and flu vaccines.

IDAHO

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	61.5%	24.9%
Have a personal doctor or health care provider	52.5%	85.7%
Had a "regular checkup" in the last two years	41.4%	80.5%
Had a mammogram in the past two years (aged 40+)	28.8%	57.5%
Had a sigmoidoscopy or colonoscopy (aged 50+)	31.0%	56.9%
Had a Pap test in the past three years (18+)	56.4%	74.6%
Ever tested for HIV*	34.9%	35.1%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	15.5%	32.1%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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INDIANA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Indiana has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Indiana accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Indiana accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Indiana. Notable findings include:

- For uninsured women in Indiana, cost is major barrier to care – over 55 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 24 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 38 percent of uninsured women in Indiana received a recommended mammogram compared to 69 percent of insured women.
- Uninsured women in Indiana are also falling short of the national average for their rates of mammograms, colon cancer screenings, cervical cancer screenings, and flu vaccines.

INDIANA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	55.2%	23.9%
Have a personal doctor or health care provider	55.3%	89.3%
Had a "regular checkup" in the last two years	55.2%	85.7%
Had a mammogram in the past two years (aged 40+)	37.7%	69.1%
Had a sigmoidoscopy or colonoscopy (aged 50+)	26.0%	62.6%
Had a Pap test in the past three years (18+)	59.9%	78.7%
Ever tested for HIV*	40.5%	43.5%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	15.2%	40.8%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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KANSAS

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Kansas has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Kansas accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Kansas accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Kansas. Notable findings include:

- For uninsured women in Kansas, cost is major barrier to care – over 60 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 24 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 42 percent of uninsured women in Kansas received a recommended mammogram compared to 71 percent of insured women.
- Additionally, only 69 percent of uninsured women are receiving a recommended Pap test compared to 82 percent of insured women in Kansas.

KANSAS

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	60.6%	23.6%
Have a personal doctor or health care provider	54.7%	86.4%
Had a "regular checkup" in the last two years	60.6%	87.2%
Had a mammogram in the past two years (aged 40+)	42.2%	71.1%
Had a sigmoidoscopy or colonoscopy (aged 50+)	43.9%	63.1%
Had a Pap test in the past three years (18+)	68.6%	81.8%
Ever tested for HIV*	46.2%	44.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	22.7%	41.9%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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LOUISIANA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Louisiana has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Louisiana accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Louisiana accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Louisiana. Notable findings include:

- For uninsured women in Louisiana, cost is major barrier to care – over 55 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 25 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 62 percent of uninsured women in Louisiana received a recommended mammogram compared to 77 percent of insured women.
- Additionally, only 71 percent of uninsured women are receiving a recommended Pap test compared to 84 percent of insured women in Louisiana.

LOUISIANA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	55.8%	25.4%
Have a personal doctor or health care provider	59.9%	90.2%
Had a "regular checkup" in the last two years	77.4%	94.2%
Had a mammogram in the past two years (aged 40+)	62.1%	76.7%
Had a sigmoidoscopy or colonoscopy (aged 50+)	37.1%	58.5%
Had a Pap test in the past three years (18+)	70.9%	83.7%
Ever tested for HIV*	49.5%	53.1%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	24.2%	39.8%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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MAINE

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Maine has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Maine accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Maine accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Maine. Notable findings include:

- For uninsured women in Maine, cost is major barrier to care – over 51 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 16 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 50 percent of uninsured women in Maine received a recommended mammogram compared to 78 percent of insured women.
- Additionally, only 68 percent of uninsured women are receiving a recommended Pap test compared to 86 percent of insured women in Maine.

MAINE

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost[+]	51.2%	16.3%
Have a personal doctor or health care provider	72.4%	94.3%
Had a "regular checkup" in the last two years	66.1%	89.0%
Had a mammogram in the past two years (aged 40+)	50.3%	77.7%
Had a sigmoidoscopy or colonoscopy (aged 50+)	47.4%	74.4%
Had a Pap test in the past three years (18+)	68.4%	86.0%
Ever tested for HIV	26.8%	41.8%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	24.7%	42.2%

[+]For this question alone, a higher percentage means that fewer women are accessing care.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

MISSISSIPPI

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Mississippi has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Mississippi accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Mississippi accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Mississippi. Notable findings include:

- For uninsured women in Mississippi, cost is major barrier to care – nearly 68 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 27 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 41 percent of uninsured women in Mississippi received a recommended mammogram compared to 73 percent of insured women.
- Uninsured women in Mississippi are also falling short of the national average for their rates of mammograms, colon cancer screenings, and flu vaccines.

MISSISSIPPI

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	67.8%	26.7%
Have a personal doctor or health care provider	55.1%	87.1%
Had a "regular checkup" in the last two years	64.6%	90.5%
Had a mammogram in the past two years (aged 40+)	41.4%	73.1%
Had a sigmoidoscopy or colonoscopy (aged 50+)	30.0%	59.5%
Had a Pap test in the past three years (18+)	67.8%	82.8%
Ever tested for HIV*	43.4%	46.1%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	13.8%	39.1%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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MISSOURI

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Missouri has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Missouri accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Missouri accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Missouri. Notable findings include:

- For uninsured women in Missouri, cost is major barrier to care – over 54 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 23 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 43 percent of uninsured women in Missouri received a recommended mammogram compared to 66 percent of insured women.
- Additionally, only 60 percent of uninsured women are receiving a recommended Pap test compared to 77 percent of insured women in Missouri.

MISSOURI

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	54.8%	22.6%
Have a personal doctor or health care provider	48.6%	84.7%
Had a "regular checkup" in the last two years	57.0%	84.2%
Had a mammogram in the past two years (aged 40+)	43.4%	66.2%
Had a sigmoidoscopy or colonoscopy (aged 50+)	41.9%	61.8%
Had a Pap test in the past three years (18+)	60.3%	77.4%
Ever tested for HIV	43.3%	46.0%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	24.3%	41.0%

†For this question alone, a higher percentage means that fewer women are accessing care.

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Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

MONTANA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Montana has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Montana accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Montana accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Montana. Notable findings include:

- For uninsured women in Montana, cost is major barrier to care – over 51 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 24 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 42 percent of uninsured women in Montana received a recommended mammogram compared to 65 percent of insured women.
- Uninsured women in Montana are also falling short of the national average for their rates of mammograms, colon cancer screenings, and cervical cancer screenings.

MONTANA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	51.3%	24.5%
Have a personal doctor or health care provider	53.5%	83.8%
Had a "regular checkup" in the last two years	49.9%	77.2%
Had a mammogram in the past two years (aged 40+)	41.5%	65.2%
Had a sigmoidoscopy or colonoscopy (aged 50+)	32.5%	50.9%
Had a Pap test in the past three years (18+)	63.3%	76.9%
Ever tested for HIV*	41.6%	40.9%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	22.1%	39.5%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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NEBRASKA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Nebraska has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Nebraska accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Nebraska accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Nebraska. Notable findings include:

- For uninsured women in Nebraska, cost is major barrier to care – nearly 54 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 20 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 41 percent of uninsured women in Nebraska received a recommended mammogram compared to 62 percent of insured women.
- Uninsured women in Nebraska are also falling short of the national average for their rates of mammograms and colon cancer screenings.

NEBRASKA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	53.9%	19.8%
Have a personal doctor or health care provider	64.4%	89.5%
Had a "regular checkup" in the last two years	56.3%	80.2%
Had a mammogram in the past two years (aged 40+)	40.5%	61.6%
Had a sigmoidoscopy or colonoscopy (aged 50+)	31.7%	54.1%
Had a Pap test in the past three years (18+)	65.2%	76.8%
Ever tested for HIV*	37.3%	34.7%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	26.8%	41.8%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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NEW HAMPSHIRE

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but New Hampshire has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if New Hampshire accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care the state need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, New Hampshire accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, they would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in New Hampshire. Notable findings include:

- For uninsured women in New Hampshire, cost is major barrier to care – over 57 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 22 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 54 percent of uninsured women in Oklahoma received a recommended mammogram compared to 72 percent of insured women.
- Uninsured women in New Hampshire are also falling short of the national averages for both colon cancer screenings and flu vaccines.

NEW HAMPSHIRE

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	57.1%	22.3%
Have a personal doctor or health care provider	67.3%	90.6%
Had a "regular checkup" in the last two years	63.9%	88.7%
Had a mammogram in the past two years (aged 40+)	53.8%	72.0%
Had a sigmoidoscopy or colonoscopy (aged 50+)	50.0%	70.9%
Had a Pap test in the past three years (18+)	62.1%	83.9%
Ever tested for HIV*	38.7%	38.8%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	23.6%	46.4%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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NORTH CAROLINA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but North Carolina has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if North Carolina accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, North Carolina accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in North Carolina. Notable findings include:

- For uninsured women in North Carolina, cost is major barrier to care – nearly 64 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 27 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 49 percent of uninsured women in North Carolina received a recommended mammogram compared to 77 percent of insured women.
- Additionally, only 70 percent of uninsured women are receiving a recommended Pap test compared to 85 percent of insured women in North Carolina.

NORTH CAROLINA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost[+]	63.9%	26.5%
Have a personal doctor or health care provider	46.3%	85.4%
Had a "regular checkup" in the last two years	68.9%	92.0%
Had a mammogram in the past two years (aged 40+)	49.1%	77.3%
Had a sigmoidoscopy or colonoscopy (aged 50+)	40.3%	67.1%
Had a Pap test in the past three years (18+)	70.1%	84.7%
Ever tested for HIV	59.8%	54.0%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	25.3%	41.2%

[+]For this question alone, a higher percentage means that fewer women are accessing care.

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Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

OKLAHOMA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Oklahoma has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Oklahoma accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Oklahoma accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Oklahoma. Notable findings include:

- For uninsured women in Oklahoma, cost is major barrier to care – over 60 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 26 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 28 percent of uninsured women in Oklahoma received a recommended mammogram compared to 65 percent of insured women.
- Uninsured women in Oklahoma are also falling short of the national average for all the health indicators below.

OKLAHOMA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	59.9%	26.3%
Have a personal doctor or health care provider	45.8%	85.4%
Had a "regular checkup" in the last two years	50.1%	80.4%
Had a mammogram in the past two years (aged 40+)	28.1%	64.7%
Had a sigmoidoscopy or colonoscopy (aged 50+)	28.6%	54.5%
Had a Pap test in the past three years (18+)	63.4%	76.9%
Ever tested for HIV*	42.4%	38.9%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	20.0%	42.5%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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PENNSYLVANIA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Pennsylvania has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Pennsylvania accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care the state need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Pennsylvania accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, they would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Pennsylvania. Notable findings include:

- For uninsured women in Pennsylvania, cost is major barrier to care – over 55 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 19 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 44 percent of uninsured women in Pennsylvania received a recommended mammogram compared to 75 percent of insured women.
- Uninsured women in Pennsylvania are also falling short of the national average for rates of mammograms, cervical cancer screenings, and HIV screenings.

PENNSYLVANIA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	55.1%	19.9%
Have a personal doctor or health care provider	62.2%	93.0%
Had a "regular checkup" in the last two years	62.8%	88.1%
Had a mammogram in the past two years (aged 40+)	43.7%	75.0%
Had a sigmoidoscopy or colonoscopy (aged 50+)	41.2%	68.2%
Had a Pap test in the past three years (18+)	59.6%	81.0%
Ever tested for HIV*	40.6%	44.7%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	21.1%	38.2%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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SOUTH CAROLINA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but South Carolina has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if South Carolina accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, South Carolina accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in South Carolina. Notable findings include:

- For uninsured women in South Carolina, cost is major barrier to care – over 66 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 27 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 51 percent of uninsured women in South Carolina received a recommended mammogram compared to 75 percent of insured women.
- Uninsured women in South Carolina are also falling short of the national average for rates of flu vaccines and cervical cancer screenings.

SOUTH CAROLINA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	66.5%	27.4%
Have a personal doctor or health care provider	58.9%	88.1%
Had a "regular checkup" in the last two years	63.3%	87.0%
Had a mammogram in the past two years (aged 40+)	51.2%	75.2%
Had a sigmoidoscopy or colonoscopy (aged 50+)	38.5%	67.6%
Had a Pap test in the past three years (18+)	67.4%	83.4%
Ever tested for HIV*	48.0%	48.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	21.1%	38.4%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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SOUTH DAKOTA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but South Dakota has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if South Dakota accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, South Dakota accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in South Dakota. Notable findings include:

- For uninsured women in South Dakota, cost is major barrier to care – over 51 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 16 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 50 percent of uninsured women in South Dakota received a recommended mammogram compared to 74 percent of insured women.
- Uninsured women in South Dakota are also falling short of the national average for rates of HIV screenings, colon cancer screenings, and cervical cancer screenings.

SOUTH DAKOTA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	51.2%	16.2%
Have a personal doctor or health care provider	61.6%	76.4%
Had a "regular checkup" in the last two years	64.7%	85.9%
Had a mammogram in the past two years (aged 40+)	50.0%	73.8%
Had a sigmoidoscopy or colonoscopy (aged 50+)	29.3%	56.3%
Had a Pap test in the past three years (18+)	68.9%	82.3%
Ever tested for HIV*	36.6%	34.0%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	26.3%	48.8%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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TENNESSEE

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Tennessee has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Tennessee accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Tennessee accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Tennessee. Notable findings include:

- For uninsured women in Tennessee, cost is major barrier to care – over 66 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 22 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 42 percent of uninsured women in Tennessee received a recommended mammogram compared to 73 percent of insured women.
- Uninsured women in Tennessee are also falling short of the national average for rates of mammograms and colon cancer screenings.

TENNESSEE

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	66.1%	21.8%
HHave a personal doctor or health care provider	51.6%	86.7%
Had a "regular checkup" in the last two years	74.9%	91.9%
Had a mammogram in the past two years (aged 40+)	41.9%	72.8%
Had a sigmoidoscopy or colonoscopy (aged 50+)	36.9%	67.7%
Had a Pap test in the past three years (18+)	65.6%	82.4%
Ever tested for HIV*	47.5%	49.9%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	29.7%	43.6%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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TEXAS

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Texas has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Texas accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Texas accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Texas. Notable findings include:

- For uninsured women in Texas, cost is major barrier to care – over 58 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 30 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 43 percent of uninsured women in Texas received a recommended mammogram compared to 71 percent of insured women.
- Uninsured women in Texas are also falling short of the national average for rates of regular checkups, mammograms, colon cancer screenings, and flu vaccines.

TEXAS

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	58.9%	30.5%
Have a personal doctor or health care provider	40.1%	84.5%
Had a "regular checkup" in the last two years	59.2%	87.4%
Had a mammogram in the past two years (aged 40+)	43.3%	71.4%
Had a sigmoidoscopy or colonoscopy (aged 50+)	30.7%	62.5%
Had a Pap test in the past three years (18+)	67.7%	80.8%
Ever tested for HIV*	46.0%	49.7%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	20.1%	37.3%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

UTAH

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Utah has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Utah accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Utah accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Utah. Notable findings include:

- For uninsured women in Utah, cost is major barrier to care – over 55 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 28 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 35 percent of uninsured women in Utah received a recommended mammogram compared to 66 percent of insured women.
- Uninsured women in Utah are also falling short of the national average for rates of HIV screenings, cervical cancer screenings, and mammograms.

UTAH

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	55.4%	27.9%
Have a personal doctor or health care provider	52.4%	82.3%
Had a "regular checkup" in the last two years	52.0%	78.2%
Had a mammogram in the past two years (aged 40+)	34.5%	65.7%
Had a sigmoidoscopy or colonoscopy (aged 50+)	39.8%	67.1%
Had a Pap test in the past three years (18+)	63.5%	71.8%
Ever tested for HIV*	32.4%	33.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	22.8%	38.4%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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VIRGINIA

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Virginia has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Virginia accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Virginia accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Virginia. Notable findings include:

- For uninsured women in Virginia, cost is major barrier to care – over 53 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 23 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 52 percent of uninsured women in Virginia received a recommended mammogram compared to 76 percent of insured women.
- Uninsured women in Virginia are also falling short of the national average for rates of cervical cancer screenings and personal physicians.

VIRGINIA

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost[+]	53.7%	23.3%
Have a personal doctor or health care provider	49.4%	84.8%
Had a "regular checkup" in the last two years	69.9%	91.2%
Had a mammogram in the past two years (aged 40+)	52.1%	76.3%
Had a sigmoidoscopy or colonoscopy (aged 50+)	35.8%	70.7%
Had a Pap test in the past three years (18+)	69.4%	81.5%
Ever tested for HIV	53.7%	45.1%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	28.2%	43.7%

[+]For this question alone, a higher percentage means that fewer women are accessing care.

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Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

WISCONSIN

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Wisconsin has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Wisconsin accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Wisconsin accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Wisconsin. Notable findings include:

- For uninsured women in Wisconsin, cost is major barrier to care – over 46 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 18 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 58 percent of uninsured women in Wisconsin received a recommended mammogram compared to 75 percent of insured women.
- Uninsured women in Wisconsin are also falling short of the national average for rates of HIV screenings, colon cancer screenings, and cervical cancer screenings.

WISCONSIN

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	46.8%	18.1%
Have a personal doctor or health care provider	58.2%	91.1%
Had a "regular checkup" in the last two years	70.5%	90.3%
Had a mammogram in the past two years (aged 40+)	58.1%	74.8%
Had a sigmoidoscopy or colonoscopy (aged 50+)	46.2%	62.7%
Had a Pap test in the past three years (18+)	65.0%	82.1%
Ever tested for HIV*	37.5%	45.6%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	21.2%	34.6%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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WYOMING

Under the Affordable Care Act (ACA), states may expand eligibility for their Medicaid programs to provide health coverage for millions of low-income Americans, but Wyoming has not yet expanded coverage. This analysis shows that low-income uninsured women – many of whom would be eligible for health insurance if Wyoming accepted the federal money to expand Medicaid coverage – are more likely to go without care because of cost, less likely to have a regular source of care, and utilize preventive services at lower rates than low-income women with health insurance. In short, this population is in dire need of affordable health coverage in order to access the care they need to get and stay healthy.

Women will continue to suffer from limited access to care if they remain in the coverage gap between today's Medicaid program and the new coverage of the ACA. If, however, Wyoming accepts this federal money and expands coverage through Medicaid, thus eliminating the coverage gap, the state would ensure that all low-income women can access the care they need to lead healthier lives.

The data below reflect the health care gap between insured and uninsured low-income women in Wyoming. Notable findings include:

- For uninsured women in Wyoming, cost is major barrier to care – nearly 52 percent of uninsured women have faced cost as an obstacle when seeking care, compared to only 21 percent of insured women.
- Uninsured women utilize preventive services at lower rates; only 29 percent of uninsured women in Wyoming received a recommended mammogram compared to 59 percent of insured women.
- Uninsured women in Wyoming are also falling short of the national average for rates of mammograms, HIV screenings, and cervical cancer screenings.

WYOMING

Indicator	Low-Income Women without Insurance	Low-Income Women with Insurance
In the last 12 months, have needed to see a doctor but could not because of cost†	51.9%	21.4%
Have a personal doctor or health care provider	50.9%	80.3%
Had a "regular checkup" in the last two years	51.1%	79.5%
Had a mammogram in the past two years (aged 40+)	29.1%	59.2%
Had a sigmoidoscopy or colonoscopy (aged 50+)	32.7%	58.3%
Had a Pap test in the past three years (18+)	58.9%	74.2%
Ever tested for HIV*	33.8%	33.4%
In the last 12 months, have had either a seasonal flu shot or a seasonal flu vaccine that was sprayed through the nose	28.8%	42.1%

†For this question alone, a higher percentage means that fewer women are accessing care.
*The difference between the two groups is not statistically significant.

Source: NWLC analysis of the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Data (BRFSS), 2013, available at http://www.cdc.gov/brfss/index.htm

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endnotes

1 Genevieve M. Kenney et. al., The Urban Institute, *Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage*, (August 2012), available at http://www.urban.org/UploadedPDF/412630-opting-in-medicaid.pdf

2 *Patient Protection and Affordable Care Act*, Pub. L. No. 111-148, § 2001 (2010), amended by *Health Care and Education Affordability and Reconciliation Act,* Pub. L. No. 111-152 (2010).

3 The traditional Medicaid program is also optional to the states and it took 18 years from passage for all states to opt in.

4 This reflects the number of states that had expanded Medicaid coverage as of November 4, 2013.

5 Elizabeth M. Patchias and Judy Waxman, "Women and Health Coverage, the Affordability Gap," National Women's Law Center, (April 2007), available at http://www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf.

6 Usha Ranji and Alina Salganicoff, "Women's Health Care Chartbook," Kaiser Family Foundation, (May 2011), available at http://www.kff.org/womenshealth/upload/8164.pdf.

7 Evelyn Whitlock, et al. "Liquid-Based Cytology and Human Papillomavirus Testing to Screen for Cervical Cancer, A Systematic Review for the U.S. Preventive Services Task Force," (October 2011), available at http://www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerupd.htm.

8 Katherine Baicker, Ph.D., and Amy Finkelstein, Ph.D., "The Effects of Medicaid Coverage — Learning from the Oregon Experiment," *The New England Journal of Medicine* 365 (2011): 683-685, available at http://www.nejm.org/doi/full/10.1056/NEJMp1108222

9 In order to present standardized data for this report, we combined certain response categories originally offered in BRFSS. For example, there were several available responses for the question asking about the respondent's last check-up. To present the responses in two categories, we grouped respondents who said their last visit was "within past 2 years" or "2 years or more." All analysis excluded respondents who did not know the answer or refused to answer.

11 Dupont Circle, Suite 800
Washington, DC 20036
202.588.5180 | fax 202.588.5185
www.nwlc.org