

FACT SHEET

Health Coverage is a Critical Component of Women's Economic Security

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Affordable, comprehensive health coverage provides an important financial protection for women and their families. Women more often manage multiple chronic conditions and pay more in out-of-pocket costs than men, which makes them particularly vulnerable to health care costs.¹ Health insurance provides women with greater access to health services and reduces cost burdens. For example, women with health insurance are less likely than uninsured women to delay or forgo care, delay recommended medical tests or treatment, or skip doses of medicine because of cost.² In addition, health insurance also helps women avoid medical debt; women with insurance are significantly less likely to have had trouble paying their medical bills than women without insurance.³

Affordable Care Act Protects Women's Economic Stability

The Affordable Care Act (ACA) expands access to affordable health coverage by reforming health insurance markets, offering financial help with insurance premiums and cost-sharing, and in many states, expanding health coverage through the Medicaid program. Affordable, guaranteed availability of health insurance ensures that women can access critical health care services and can pursue new employment and other economic opportunities without losing affordable health coverage or putting themselves or their family in financial jeopardy.

- Over 4.3 million women have enrolled in private health coverage through the Health Insurance Marketplace established by the ACA.⁴
 - In addition to financial help for premiums and cost-sharing, women enrolled in Marketplace plans have protections against high out-of-pocket spending and access to range of important preventive services – including contraception, well-woman visits, and breastfeeding supplies and support – without any cost sharing.
 - Health coverage on the Marketplace provides a new insurance option for women who don't have employer-sponsored insurance or couldn't afford individual plans, which historically charged women more than men for the same coverage.⁵ By ensuring that affordable insurance is available regardless of employment status, women have more flexibility to pursue additional education or start their own business without putting their access to health care at risk.

Further Steps for Low-Wage Women

Many low-income women still face significant barriers to health insurance, particularly women working in low-wage jobs. Only 23 percent of employers with a low-wage workforce offer employer-sponsored coverage, compared to 57 percent of all employers.⁶ Women who work for these employers need other approaches to enjoy the financial and health benefits of health insurance.

- The ACA provides states the option to expand coverage through Medicaid. Over half of states have chosen to expand Medicaid eligibility at this time, but in the 24 states that have not expanded coverage, low-income women may have no options for accessing affordable coverage.
 - Over three million low-income women are living without health insurance because their state has not expanded coverage. This gap in coverage poses real risks for low-income women's health and financial well-being.
- Although the Affordable Care Act provides financial assistance for the purchase of health coverage, approximately 3.9 million individuals – largely low-income women and their families – are left without this help.⁷ These women and their families are denied access to financial help with health insurance premiums because of a provision in the law known as the “family glitch.”
 - The family glitch requires employers to provide affordable insurance only for the workers themselves not for their families. As long as worker-only health coverage does not exceed 9.5 percent of family income, health coverage is considered affordable even if family coverage through the employer costs far more than 9.5 percent of family income.
 - If worker has an offer of health insurance coverage that meets this standard, the whole family is barred from receiving financial assistance. Family members caught in this “glitch” will have to pay, on average, 14 percent of their income to purchase employer coverage.⁸
- Without access to affordable care, women will either forgo care or may accumulate medical debt to pay for their care.
 - Low-income women without health insurance report going without needed care because of cost 2.5 times as often as low income women with health insurance. They are also less likely to have received important preventive services such as mammograms, pap smears, and flu vaccines.⁹
 - Over 50% of uninsured women report having trouble paying their medical bills. And, medical debt can cause serious consequences for women's finances, particularly for lower income women, by using up savings, facing difficulty paying for basic necessities, and being contacted by a collection agency.¹⁰

Access to health care remains a critical part of women's economic agenda. The ACA has made significant gains for women's access to affordable coverage but obstacles to care remain. All women need the security of affordable, comprehensive health coverage to ensure they can pursue their educational and professional goals.

- 1 Elizabeth M. Patchias & Judy Waxman, “Women and Health Coverage, the Affordability Gap,” National Women's Law Center, (April 2007), http://www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf
- 2 Alina Salganicoff et al, Kaiser Family Foundation, “Women and Health Care in the Early Years of the Affordable Care Act,” (May 2014) available at <http://kff.org/womens-health-policy/report/women-and-health-care-in-the-early-years-of-the-aca-key-findings-from-the-2013-kaiser-womens-health-survey/>
- 3 Salganicoff, “Women and Health Care in the Early Years of the Affordable Care Act.”
- 4 U.S. Department of Health and Human Services, “Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Enrollment Period,” (May 1, 2014) available at http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf
- 5 Danielle Garrett, National Women's Law Center, “Turning to Fairness,” (March 2012) available at <http://www.nwlc.org/resource/report-turning-fairness-insurance-discrimination-against-women-today-and-affordable-care-ac>
- 6 Kaiser Family Foundation, “2013 Employer Health Benefits Survey,” (August 20, 2013), available at <http://kff.org/private-insurance/report/2013-employer-health-benefits/>
- 7 Kaiser Family Foundation, “Measuring the Affordability of Employer Health Coverage” (August 2011) available from <http://kff.org/health-costs/perspective/measuring-the-affordability-of-employer-health-coverage/>
- 8 “Measuring the Affordability of Employer Health Coverage.”
- 9 National Women's Law Center, “Mid the Gap: Low-Income Women in Dire Need of Health Insurance,” (January 2014) available at http://www.nwlc.org/sites/default/files/pdfs/nwlcmindthegapmedicaidreportfinal_20140122.pdf
- 10 Salganicoff, “Women and Health Care in the Early Years of the Affordable Care Act.”