



***Making the Grade on Women's Health:  
A National and State-by-State Report Card***  
**State Women's Health Agenda**

*America's policy makers are letting women down with inadequate, ineffective and inconsistent health care policies that too often focus on illness rather than on health.*

To assist state officials, legislators and advocates in promoting women's health, *Making the Grade on Women's Health: A National and State-by-State Report Card* was released in August 2000 by the National Women's Law Center, FOCUS on Health & Leadership for Women at the University of Pennsylvania School of Medicine, and The Lewin Group. The first report ever to assess comprehensively the overall health of women at the state and national level, it identified an urgent need to improve women's access to health insurance and health care services, place a stronger emphasis on prevention, and invest in more research on women's health. The *Report Card* concluded that America's policy makers are letting women down with inadequate, ineffective and inconsistent health care policies that too often focus on illness rather than on health.

The *Report Card* reviewed 32 measures of women's health status and 32 measures of women's health policy (reflecting over 70 different state policies). **The *Report Card* gave the nation an overall grade of "Unsatisfactory" and not a single state received a grade of "Satisfactory"**. In fact, the nation as a whole only met five of the graded health status measures and there were ten graded health status measures that were missed by every state! Among the other disappointing findings:

- Too many women lack health insurance coverage, and many women have inadequate insurance coverage. Nationally, nearly one in seven women (14 percent) does not have health insurance.
- The states and the nation have not done enough to address many women's lack of access to health care and to health care providers.
- The states and the nation have not focused enough attention on preventive measures, such as smoking cessation, nutrition, physical activity and screening for diseases and conditions.

National Women's Law Center  
11 Dupont Circle, NW  
Medicine  
Suite 800

Washington, DC 20036  
Ph: 202-588-5180  
Fx: 202-588-5185  
[www.nwlc.org](http://www.nwlc.org)

FOCUS on Health & Leadership for Women  
University of Pennsylvania School of  
423 Guardian Drive, Blockley Hall, Room 932

Philadelphia, PA 19104-6021  
Ph: 215-573-8897  
Fx: 215-573-2265  
<http://cceb.med.upenn.edu/focus>

- Women's health has suffered because neither the nation nor the states have addressed major women's health needs in the areas of reproductive health, mental health, and violence against women.
- Federal and state health policies do not adequately address the health needs and priorities of women in racial or ethnic minorities, lesbians, low-income women and women with disabilities.
- There are massive gaps in women's health research -- especially research on key health conditions that primarily affect women and that affect women differently from men.

What can your state do to improve the status of women's health? Public policy makers must understand how critical it is that they take positive steps to promote women's health. Women's health is a complex issue and no single policy is going to solve all of the problems identified in the *Report Card*. However, the *Report Card* lists over 70 different women's health policies that some states have enacted, and identifies many research needs, all of which are common-sense policies to promote women's health. They are broken down into the following categories:

1. Expanding Health Care to the Uninsured
2. Overcoming Barriers to Health Care Beyond Insurance Coverage
3. Improving Access to Specific Health Care Services
4. Improving Mental Health
5. Increasing Access to Reproductive Health Services
6. Addressing the Health Needs of Women Subjected to Violence
7. Increasing Access to Critical Screening
8. Addressing Wellness and Prevention
9. Living In A Healthy Community

To find out more details about how your state did and about the policies included in this women's health agenda, please visit the National Women's Law Center website ([www.nwlc.org](http://www.nwlc.org)) or the FOCUS website (<http://ceb.med.upenn.edu/focus>) to view or download the *Report Card*. You can also contact us by calling the National Women's Law Center at 202/588-5180 or FOCUS at 215-573-8897. Copies of the *Report Card* can be ordered from the National Women's Law Center by phone or via the web.

## **EXPANDING HEALTH CARE TO THE UNINSURED**

Women's access to health care services is seriously compromised by inadequate health insurance coverage. A growing number of women in this country lack health insurance. Nationwide, approximately 14 percent of women are uninsured, falling seriously short of the national goal that every person should have health insurance. No state met this national goal, and only eight came within ten percent of meeting it. Moreover, the variation among the states was substantial. Hawaii ranked first, with 7.5 percent of women age 18 to 64 without health insurance. Texas ranked last, with 28 percent of women age 18 to 64 without health insurance. The following eight policies are common-sense steps that states can take to reduce the number of uninsured women.

- 1. Increase the income eligibility requirement for the state Medicaid program so that pregnant women with incomes at or above 200 percent of FPL are eligible.**
- 2. Increase the income eligibility requirement for the state Medicaid program so that single parents with incomes at 200 percent of FPL are eligible.**
- 3. Increase the income eligibility requirement for the state Medicaid program so that the "aged and disabled" with incomes at or above 100 percent of FPL are eligible.**
- 4. Drop the Medicaid 100-hour work disqualifier for two-parent families.**
- 5. Provide presumptive Medicaid eligibility for pregnant women.**
- 6. Allow parents and children to apply for Medicaid using the same simplified mail-in application.**
- 7. Drop the assets test for parents, thereby both facilitating the application process and increasing the pool of eligible people.**
- 8. Provide health care coverage for low-income adults not otherwise eligible for publicly funded health insurance.**

## **OVERCOMING BARRIERS TO HEALTH CARE BEYOND INSURANCE COVERAGE**

Neither the nation nor the states have met the challenge of helping women secure better access to key health care services and increasing the availability of needed health care providers. Nationally, nearly one in ten people live in a “medically underserved area,” with reduced access to primary care physicians. There are large disparities among states in providing access: in Maryland, 2.2 percent of the population live in medically underserved areas, while in Louisiana, 24 percent of the population live in these underserved areas. Below are nine policies that states can put in place to ensure that women can overcome barriers -- including a lack of primary care providers, work obligations, managed care program restrictions and linguistic barriers -- to critical health care services.

- 1. Fund the operation of comprehensive primary medical care practice programs for the medically underserved.**
- 2. Continue to reimburse Federally Qualified Health Centers (FQHCs) for 100 percent of the cost of serving Medicaid recipients.**
- 3. Enact a family and medical leave law that offers protections in addition to those provided by the federal law.**
- 4. Provide temporary disability insurance.**
- 5. Require that managed care programs allow women to have direct access to broad reproductive, gynecologic and health maintenance services.**
- 6. Enact managed care protections that include “continuity of care” provisions.**
- 7. Require managed care programs to cover clinical trials for adults.**
- 8. Require managed care programs to provide patients with a right to external review of the managed care company’s decisions.**
- 9. Enact comprehensive requirements for the provision of appropriate interpretation and translation services to patients with limited English proficiency.**

## **IMPROVING ACCESS TO SPECIFIC HEALTH CARE SERVICES**

The key health conditions, diseases and causes of death faced by women present a mixed picture of progress in some areas, but very poor results in others. For example, although 30 states met the national goal regarding the number of women dying from heart disease, only four states met the national goal regarding deaths from strokes. Twenty-five states and the District of Columbia met the national goal regarding the number of women dying from lung cancer. Thirty-six states met the goal regarding the number of deaths from breast cancer. Not a single state met the national goals regarding the percentage of women with high blood pressure or the number of cases of diabetes. No state data are available for the number of women with arthritis or osteoporosis, both of which disproportionately affect women. In just over a decade, the percentage of all AIDS cases reported that are adult and adolescent women has more than tripled, with the most dramatic increases among women of color. Forty-three states met the national goal, but overall statistics mask the fact that African American and Hispanic women suffer disproportionately from AIDS. Listed below are 13 policies that will help women to address these deadly diseases and chronic conditions.

- 1. Provide a Medicaid drug benefit that covers an unlimited number of prescriptions.**
- 2. Provide a Medicaid drug benefit for prescriptions without a patient co-payment.**
- 3. Provide a broad, non-Medicaid pharmaceutical program.**
- 4. Cover pharmaceuticals for individuals with incomes at or above 400 percent of the Federal Poverty Level (FPL) under the AIDS Drug Assistance Program.**
- 5. Ensure that the state's long-term care ombudsman staffing level meet the Institute of Medicine's (IOM) minimum acceptable standards.**
- 6. Select the largest allowable protection for income and assets of the "community" spouses of nursing home residents under the Medicaid program.**
- 7. Increase the number of adults receiving Medicaid Home and Community-Based Services (HCBS).**
- 8. Require private insurance plans to cover diabetes supplies and education.**
- 9. Create a Comprehensive Capacity Diabetes Control Program and supplement it with state funds.**
- 10. Apply for federal funds to create an enhanced Community Based Arthritis Program.**
- 11. Fund an osteoporosis public education program.**
- 12. Require private insurers to cover reconstructive breast surgery.**

**13. Require private insurers to cover hospital stays following a mastectomy.**

**IMPROVING MENTAL HEALTH**

The first Surgeon General’s report on mental health, issued in 1999, underscores the close relationship between mental and physical health. But the generally limited state-level data, and the absence of a concrete national objective to improve mental health with data to measure progress, illustrate the nation’s lack of attention to mental health. The number of days in a month that women reported that their mental health was “not good” varied substantially: from Arizona, where women reported on average 1.2 such days per month, to Kentucky, where women reported on average 5.5 such days per month. Only four states currently require mental health disorders to be covered by insurance on the same basis as physical disorders. Three important policies that states can adopt to ensure that women get access to mental health care services are listed below.

- 1. Enact mental health parity legislation.**
- 2. Require private insurers to cover treatment for eating disorders on the same basis as other health conditions.**
- 3. Require private insurers to cover treatment for depression on the same basis as other health conditions.**

## **INCREASING ACCESS TO REPRODUCTIVE HEALTH SERVICES**

Reproductive health affects every stage of a woman's life, yet because family planning, prevention of sexually transmitted diseases, and abortion services in particular are subject to controversy, women's health suffers. No state met the national goal that 90 percent of all pregnant women receive prenatal care in the first trimester of pregnancy. There has been a 30 percent decline in the number of abortion providers nationwide since 1982; almost one-third of women – including those who need abortions to address medical emergencies – reside in a county with no provider available. The result of this dearth of available reproductive health services is staggering. Nationally, almost half of all pregnancies are unintended, with women under age 18 and over age 40 have the highest rates of unintended pregnancy. Nor has the nation as a whole reached its goal to reduce maternal mortality levels, and the World Health Organization ranks 20 countries ahead of the United States on this key marker of public health. Only three states have met this national goal. And only 21 states met the national goal for the percent of women with chlamydia, the most common bacterial sexually transmitted disease.

In addition to ensuring that women have access to prenatal care and reproductive health screenings (which are discussed elsewhere in this packet), your state can take the following nine steps to ensure that women receive the full range of reproductive health services.

- 1. Require private insurers that cover prescription drugs to cover all forms of Food and Drug Administration (FDA)-approved prescription contraceptive drugs and devices.**
- 2. Apply for a Medicaid waiver to expand coverage for family planning services.**
- 3. Require that private insurance companies cover physician-determined maternity stays after childbirth.**
- 4. Require private insurance companies to provide coverage for the diagnosis and treatment of infertility.**
- 5. Enact “clinic access” legislation to protect women and providers from violence and harassment at reproductive health centers.**
- 6. Allow the availability of all medically accepted abortion procedures.**
- 7. Allow minors to obtain abortions without requiring parental consent or notification.**
- 8. Allow women to receive abortions without a mandatory waiting period.**
- 9. Provide funding for abortion on par with other medically necessary procedures.**

## **ADDRESSING THE HEALTH NEEDS OF WOMEN SUBJECTED TO VIOLENCE**

Despite estimates that nationally, 55 percent of women have been physically assaulted and/or raped in their lifetime, there is a serious lack of consistent and reliable data collected over time at the national and state level, particularly in measuring the nature and prevalence of domestic violence. Generally, state policies and programs targeting domestic violence and sexual assault have been piecemeal and inadequate. Three policies that states can enact to assist women in receiving health care services to prevent or treat violence are listed below.

- 1. Require domestic violence protocols for, training for and screening by health care providers.**
- 2. Enact a statute prohibiting discrimination against domestic violence victims in all types of private insurance.**
- 3. Enact laws that require training for health care providers, police and prosecutors in handling sexual assault cases.**



## **INCREASING ACCESS TO PREVENTIVE HEALTH SCREENINGS**

The nation and the states are just beginning to address the challenge of enhancing women's health and well-being through preventive and health-promoting measures. Some progress has been made in women receiving screenings for key diseases, but much work remains to be done. All states and the District of Columbia met the national goal for mammograms for women age 50 and over. However, specific populations of women, particularly women who are uninsured, older and members of certain racial and ethnic groups do not yet receive mammograms at the overall national rate. Moreover, there is now a new and higher national goal for women age 40 and over. Twenty-four states and the District of Columbia met the national goal for Pap smears – the primary screening test to help prevent cervical cancer. Nineteen states and the District of Columbia met the national goal for colorectal cancer screening. States can enact the following five policies to make critical health screenings available to more women.

- 1. Require private insurers to cover annual Pap smears and cervical cancer screening.**
- 2. Require private insurers to cover testing for chlamydia.**
- 3. Require private insurers to cover annual mammograms and breast cancer screening.**
- 4. Require private insurers to cover bone density screening for certain high-risk groups.**
- 5. Require private insurers to cover colorectal cancer screening.**

## **ADDRESSING WELLNESS AND PREVENTION**

Despite the importance of promoting wellness and preventing illness, no state has met the national goals for increasing physical activity, reducing overweight, and improving diet. Only one state (Utah) met the national goal regarding the percentage of adults who smoke, and just 18 states met the national goal regarding binge drinking. State and federal policies and programs to help women adopt these preventive behaviors are limited in scope and are only beginning to be developed and implemented. Below are nine common-sense policies that a state can enact to help its citizens to live a healthier lifestyle.

- 1. Require students in grades nine through 12 to take four years of physical education in order to graduate.**
- 2. Use federal matching funds to conduct outreach to ensure that all eligible individuals are enrolled in the Food Stamp Program.**
- 3. Provide a Food Stamp Nutrition Education Program.**
- 4. Provide comprehensive private insurance and Medicaid smoking cessation treatment coverage.**
- 5. Reduce the state's sales rate of tobacco products to minors.**
- 6. Enact laws restricting indoor smoking.**
- 7. Put in place an excise tax on cigarettes of one dollar or more per pack.**
- 8. Require that sexuality education be taught and that it include information about both contraception and abstinence.**
- 9. Require that STD/HIV education be taught and that it include abstinence and other methods of prevention.**

## **LIVING IN A HEALTHY COMMUNITY**

The community in which a woman lives affects virtually all aspects of her health and well-being. For example, disparities in income levels and educational attainment are strongly associated with disparities in the occurrence of illness and death. Nationwide, 15 percent of women live in poverty, ranging from top-ranked Utah, where 8.2 percent of women live in poverty, to bottom-ranked New Mexico, where 21.4 percent of women live in poverty. In the District of Columbia, 21.6 percent of women live in poverty. The gap between wages of men and women also reflects the particular economic hurdles facing women even when not living in poverty. Nationwide, women earn 72.3 percent of what men earn, and the states vary widely. States can put in place policies that can positively impact economic security, discrimination, gun control and the environment. Twelve such policies are listed below.

- 1. Allow families receiving Temporary Assistance to Needy Families (TANF) to keep some amount of the child support payments collected on their behalf.**
- 2. Increase the state's child support collection rate.**
- 3. Provide state Supplemental Security Income to the elderly, blind and people with disabilities.**
- 4. Reduce the percentage of their income that the poorest 20 percent of families pay in state and local taxes.**
- 5. Enact a minimum wage that allows a family of three to reach the poverty level.**
- 6. Prohibit employment discrimination based on sexual orientation.**
- 7. Prohibit employment and health insurance discrimination based on genetic information.**
- 8. Require handgun licensing or permits, and require waiting periods.**
- 9. Enact statutes requiring "safe storage" of guns.**
- 10. Prohibit the carrying of concealed weapons.**
- 11. Improve monitoring of diseases or conditions that can be caused by exposures to environmental hazards.**
- 12. Increase funding for public transit in the state.**

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