WOMEN’S ACCESS TO HEALTH INSURANCE

EXECUTIVE SUMMARY

Young-Hee Yoon, Stephanie Aaronson, Heidi Hartmann, Lois Shaw, and Roberta Spalter-Roth

with the assistance of Jill Braunstein, Robin Dennis, and Nicoletta Karam

Institute for Women’s Policy Research

April 28, 1994
WOMEN’S ACCESS TO HEALTH INSURANCE

EXECUTIVE SUMMARY

Women have a unique relationship to the health care system in the United States that needs to be taken into account in health care reform.

Compared with men, women use more health care services and pay more for them as a proportion of their income. They are also responsible for facilitating their families’ use of health care and for ensuring the health of infants and children.

Yet many women have no health insurance: 12 million women of working age (18 to 64), or 15 percent of these adult women, have no insurance of any kind. Many of these women are medically underserved as a result.

It has been traditional for women to obtain health insurance indirectly through their husbands’ jobs, even when they themselves also work in the labor market. More and more women are slipping through the cracks of this traditional arrangement and more will continue to do so. As people marry later and divorce more, more are unmarried for longer portions of their lives. Already 2 out of 5 adult women do not live with husbands and the majority of women, even of married women, do not receive their health insurance through their husbands. And increasing numbers of men have jobs that do not provide health insurance, especially for other family members; access to dependent care coverage is falling for all workers.

Given these changes taking place in family structures and employment, women increasingly need secure access to insurance. Because of their decreased likelihood of obtaining insurance through marriage, it is important to look at how women obtain access to health insurance through their own employment.

As the conditions of men’s employment increasingly come to resemble women’s (with the expansion of the service sector and the growth of part-time and contingent jobs), and as more men become single parents for portions of their lives, examining the barriers women face in accessing health insurance is increasingly relevant for men as well as women.

About the Study

The Institute’s study analyzes data from the January and March 1991 Current Population Surveys, monthly household surveys conducted by the U.S. Bureau of the Census. The study focuses on adult women of working age, 18 to 64, examines the factors affecting their access to health insurance, and assesses the impact of the proposed Health Security Act on women’s health insurance coverage. It compares and contrasts the experiences of women and men whenever relevant. Funding for the research was provided by the Henry F. Kaiser Family Foundation.
Findings for All Adult Women

Women have less access to health insurance through their own employers than men do: 37 percent for women versus 55 percent for men. Women have more indirect access to coverage through their spouses than men do and more access to public programs such as Medicaid and Medicare. Overall, men are slightly less likely to have health insurance than are women. (See Figure 1.)

Women are fortunate to have access through more sources than men, but greater reliance on indirect coverage through a family member leaves them vulnerable to life cycle events such as leaving the parental home, divorce, widowhood, or the retirement or job loss of a spouse.

- Young women especially lack health insurance. Five million young adult women (under age 30) have no insurance, yet 70 percent of births are to women under 30. (See Table 1 and Figure 2.)

- The marriage factor is even more important than anticipated: women who are not married are twice as likely as married women to lack health insurance. Marriage to a fully-employed man is also crucial to health insurance access. A woman whose husband works less than full-time full-year is no more likely to have health insurance than a woman whose husband does not work at all.

- Single mothers are also more likely to be uninsured, despite the existence of the Medicaid program which targets low-income single mothers and children. (See Table 1 and Figure 2.)

As other researchers have found, being a member of a minority race or ethnic group and having low educational attainment and low family income are all associated with lack of insurance. Over 4 million women of color lack health insurance. (See Table 1 and Figure 3.)

Findings for Employed Women

Women generally have more marginal places in the labor market than men and so have less health insurance from their own employers than men do: they are more likely to work part-time, have shorter job tenure, and lower earnings (compare Tables 2 and 3). But everywhere in the labor market -- even in large firms, in the higher paying occupations and industries, and in full-time stable work -- women have less direct insurance from employers than do men.

- Only 1 in 8 women working fewer than 25 hours per week has direct employer-provided health insurance, 2 in 5 women in the first year on the job, and only 1 in 4 working in small firms with fewer than 25 employees (see Figure 4).

- Nearly 8 million of the 12 million uninsured women are employed, yet they do not have access to health insurance through their jobs.
Despite men's greater access to health insurance through their own employers, even more working men than working women are uninsured: 12 million of the 14 million uninsured men are employed.

For both women and men, the six industries that are least likely to provide insurance through employment and that have the highest proportions of workers who are uninsured are: agriculture/forestry, construction, retail trade, business/repair services, personal services, and entertainment services (see Tables 2 and 3).

These differences by gender, age, marital status, race/ethnicity, education, family income, and conditions of employment not only raise questions about fairness between individuals, they also point to the undesirable society-wide outcomes that result from our current system of voluntary employer contributions to health insurance costs. Is it acceptable that women are least likely to have health insurance during their child bearing years? Is it acceptable that so many working women and men lack health insurance?

**Findings on the Impact of the Health Security Act**

Our findings on the impact of the proposed Health Security Act, particularly the workplace guarantee that would ensure that all employers contribute to health insurance for workers who work at least 10 hours per week, show striking results (see Table 4 and Figure 5):

- Fully 29 million working women, or 50 percent of all working women ages 18-64, and 27 million working men, or 40 percent of all working men ages 18-64, would gain coverage through their own workplace; the majority of these have coverage through other sources but many are currently uninsured.

- Nearly 20 million of the 26 million uninsured working age adults would gain new health insurance coverage through their own employers -- 8 million uninsured working women and 12 million uninsured working men -- 3/4 of all uninsured adults.

The following uninsured would gain coverage directly from their own employers because of the workplace guarantee (see Table 4 and Figure 5):

- 6 million uninsured women earning less than $12,000 annually and 7 million uninsured men earning at the same level (put another way 2/3 of all workers who would become insured for the first time through their own employer earn less than $12,000);

- 3 million uninsured women working in large firms, those with 100 or more employees, and 4 million similarly situated men;

- 3 million uninsured women working in small firms with fewer than 25 employees and even more -- 6 million -- similarly situated men;

- More than 2 million uninsured women working in retail firms of all sizes, 1 million of them in the larger firms with 100 or more workers;
• Nearly 1 million uninsured women working in large (100 or more employees) 
  professional services firms;

• 1 million uninsured women working in personal services, most in small firms, and
  2.5 million uninsured men working in construction firms, most in small firms.

Alternative Workplace Guarantees. If small firms with fewer than 25 employees were 
dropped from the workplace guarantee and the employer responsibility to contribute, the 
portion of the uninsured who would gain health insurance through their own employer would 
fall from 3/4 of all the uninsured to 2/5. If all firms with fewer than 100 employees were 
dropped, the share of the uninsured who would gain coverage would fall to 1/4.

In addition to increasing coverage for the uninsured, a workplace guarantee provides new 
direct coverage to many workers who currently have access indirectly through a spouse or a 
parent. Having direct access to employer-provided health insurance can protect many women 
from losing insurance as the result of reaching adulthood, family break-up due to divorce or 
separation, or the retirement or job loss of the insured. Having greater access to insurance 
from their own employers can thus provide greater security to women undergoing transitions 
in their family arrangements.

Under the Health Security Act, which also guarantees universal access beyond the workplace 
through ensuring access to nonworkers through health alliances and by providing subsidies to 
those with low incomes, workers also do not have to fear loss of insurance when they change 
jobs, experience unemployment, or leave the labor market for a period of time.