

MIDLIFE WOMEN: INSURANCE COVERAGE AND ACCESS¹

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Women at midlife are more likely to have health insurance than younger women, but have higher rates of uninsurance than do women age 65 and older. Therefore, for many women, midlife remains a period of uncertain access to needed medical care and concerns about paying health-related bills. This issue brief utilizes data from the Commonwealth Fund's *1999 Health Care Survey of Adults Ages 50–70* to examine the health insurance-related experiences and concerns of women at midlife.³ The survey data were analyzed for midlife women and men age 50 to 64, and older women and men age 65 to 70.

Among the many findings, the survey results showed that many women are without health insurance at midlife; that there is a strong link between lack of insurance and problems with access; that gaps in coverage present access barriers, even for the insured; and that women have

greater problems with access and medical bills than do men. In addition, problems with access to care lessen as women turn 65 and are eligible for Medicare, though these problems do not disappear.

Insurance Coverage

Among women age 50 to 64, the major source of health insurance coverage is through an employer. Sixty-five percent of women have employer-based coverage through their own or their spouse's employer. Many midlife women have spells without insurance coverage. In all, almost one in four women (23 percent) age 50 to 64 had a time without coverage since turning 50, including 16 percent who were uninsured in 1999. Seventeen percent of women in this age group reported that, during their adult years, they never, rarely, or only sometimes had insurance coverage (see Table 1).

Table 1 • INSURANCE COVERAGE AMONG WOMEN AND MEN AGE 50–64 AND AGE 65–70 (in percentages)

	Women		Men	
	Age 50–64	Age 65–70	Age 50–64	Age 65–70
Current insurance coverage				
Employer	65	4	70	4
Medicare	5	88	6	90
Other/Medicaid	14	2	10	3
Uninsured in 1999	16	6	14	3
Uninsured at some time since age 50 ¹	23	21	20	17
Never, rarely, or only sometimes insured during adult years	17	16	13	10
Insured with prescription drug coverage	58	50	53	49
Insured without prescription drug coverage	42	50	43	51

¹Asked of women age 52–64 who were currently insured.

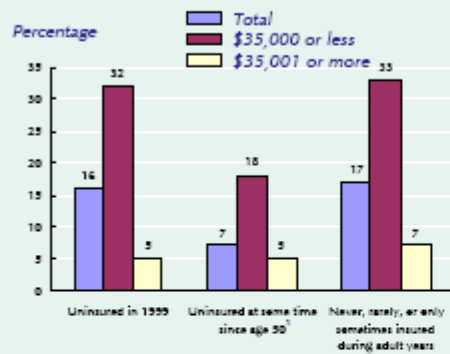
Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70*, 1999.

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³The *Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70* was conducted by Princeton Research Survey Associates from August through November 1999. The survey consisted of 20-minute telephone interviews with a random, national sample of 2,000 adults (1,183 women and 817 men), age 50 to 70, living in telephone households in the continental United States. The interviews included 1,523 adults age 50 to 64 and 477 adults age 65 to 70. See also: Cathy Schoen, Elisabeth Simantov, Lisa Duchon, and Karen Davis, *Counting on Medicare: Perspectives and Concerns of Americans Ages 50 to 70*. The Commonwealth Fund, July 2000.

Figure 1 • INSURANCE HISTORY AMONG WOMEN AGE 50–64 BY INCOME LEVEL



¹Asked of women age 52–64 who were currently insured.

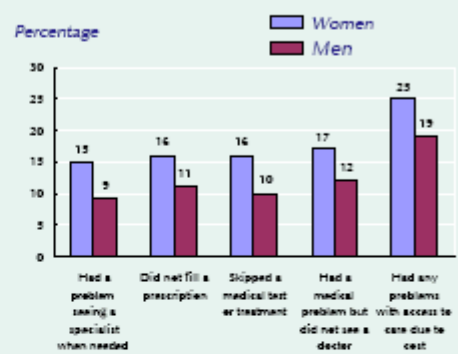
Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

Lower-income women are especially vulnerable to poor health insurance coverage. Women with incomes of \$35,000 or less are twice as likely as women overall either to be currently uninsured or to have had experiences with being uninsured (see Figure 1).

More than one in three midlife women has insurance but with no coverage for prescription drugs. Premium costs for insurance vary greatly, but 20 percent of women pay more than \$2,000 per year. All of these factors influence midlife women’s use of and access to medical services.

This picture changes significantly for most women when they turn 65 and become eligible for Medicare. The percentage of uninsured women drops to six percent among women age 65 to 70, as an overwhelming majority (88 per-

Figure 2 • PROBLEMS WITH ACCESS TO HEALTH CARE AMONG WOMEN AND MEN AGE 50–64



Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

cent) are covered by Medicare, and only seven percent report paying more than \$2,000 for premiums (see Table 1). Compared with insured women age 50 to 64, fewer women on Medicare have prescription drug coverage.

Access to Health Care

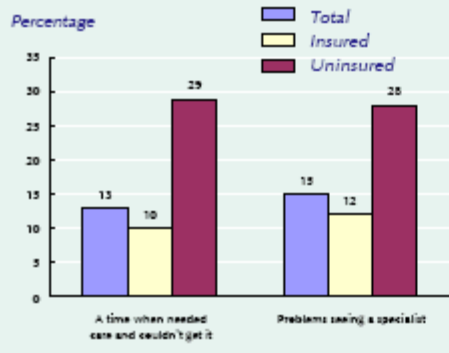
One in four women age 50 to 64 reported at least one significant access problem due to health care costs in the past year (see Figure 2) including not filling prescriptions, skipping medical tests, or not going to the doctor. This is a higher rate than among older women (19 percent), or among men in either age group. Women in the midlife group also report higher rates of needing care but not getting it than either older women or men. Seventeen percent of women age 50 to 64 said they had a medical problem but did not see a doctor (see Table 2).

Table 2 • PROBLEMS WITH ACCESS TO HEALTH CARE FOR WOMEN AND MEN AGE 50–64 AND AGE 65–70 (in percentages)

	Women		Men	
	Age 50–64	Age 65–70	Age 50–64	Age 65–70
Had a problem seeing a specialist when needed	15	10	9	8
Did not fill a prescription	16	15	11	10
Skipped a medical test or treatment	16	11	10	8
Had a medical problem but did not see a doctor	17	7	12	9
Any access problem due to cost	25	19	19	13

Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

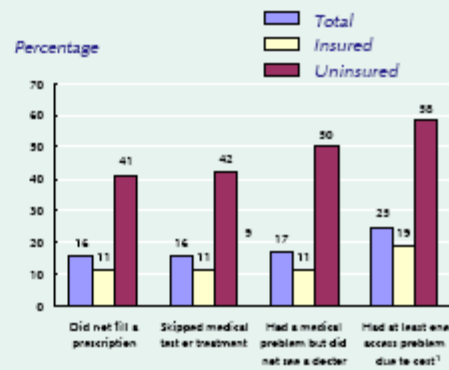
Figure 3 • PROBLEMS WITH ACCESS TO HEALTH CARE IN THE PAST 12 MONTHS AMONG WOMEN AGE 50–64



Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

The experiences with accessing care are strongly driven by insurance coverage. Uninsured women age 50 to 64 are three times as likely as insured women in this age group to say they needed care but did not get it. Uninsured women are more than twice as likely as insured women to have significant problems getting in to see a specialist, even when their doctor thinks it is necessary (see Figure 3). The impact of financial barriers to care for uninsured women is great. Over one-half of uninsured women age 50 to 64 (58 percent) reported having forgone some type of medical care due to cost, compared with

Figure 4 • PROBLEMS WITH ACCESS TO HEALTH CARE DUE TO COST AMONG WOMEN AGE 50–64 BY INSURANCE COVERAGE



¹Percentage of women who, in the past year, had one or more of the following problems: did not fill a prescription; skipped a medical test, treatment, or recommended follow-up; or had a medical problem but did not visit a doctor due to cost.

Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

one-quarter of all women in this age group (see Figure 4). Among women with employer-based coverage, those who had problems with health care access and costs dropped to 16 percent.

Whether or not prescription drugs are covered by the insurance plan also affects experiences with access, as well as ability to pay medical bills. Women age 50 to 64 with-

Table 3 • PROBLEMS WITH MEDICAL BILLS OR ACCESS TO HEALTH CARE AMONG WOMEN AGE 50–64 BY INSURANCE STATUS AND PRESCRIPTION DRUG COVERAGE (in percentages)

	Total	Insured with Drug Benefits	Insured without Drug Benefits	Uninsured
Problems with medical bills				
Had a problem paying medical bills	20	10	22	46
Had to change way of life significantly to pay medical bills	10	6	11	24
Was contacted by a collection agency for medical bills	15	10	13	32
Problems with access to health care				
Skipped a medical test or treatment due to cost	16	9	15	43
Did not fill a prescription due to cost	16	8	16	41
Had any problem with medical bills or access to health care due to cost ¹	25	16	24	58

¹Medical bill problems include being unable to pay medical bills, having to change way of life, or being contacted by a collection agency in the last year. Access problems due to cost include not filling a prescription or skipping a medical test, treatment, or recommended follow-up, or having a medical problem but not visiting a doctor due to cost.

Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

Table 4 • PROBLEMS WITH MEDICAL BILLS AMONG WOMEN AND MEN AGE 50–64 AND AGE 65–70 (in percentages)

	Women		Men	
	Age 50–64	Age 65–70	Age 50–64	Age 65–70
Had a problem paying medical bills	20	17	15	11
Had to change way of life significantly to pay medical bills	10	8	8	9
Was contacted by a collection agency for medical bills	15	10	13	8

Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

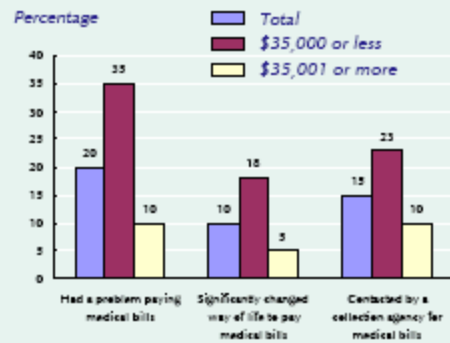
out drug coverage were considerably more likely than those with coverage to skip a medical test or treatment and twice as likely to forgo filling a prescription and have problems paying medical bills (see Table 3).

Access for women age 50 to 64 vs. women age 65 to 70—Consistent with a decrease in uninsured rates for older women, there are fewer problems with access and bill paying reported among women age 65 to 70. The notable exception is the problem getting prescription drugs, as this is not a Medicare benefit.

Access for men vs. women—While not without problems getting care, men at midlife appear to be in slightly better circumstances than women. One in four women age 50 to 64 report at least one problem getting care due to cost, compared with one in five men (see Table 2). Men do have higher rates of employer-sponsored health insurance and higher incomes, which may account for these differences.

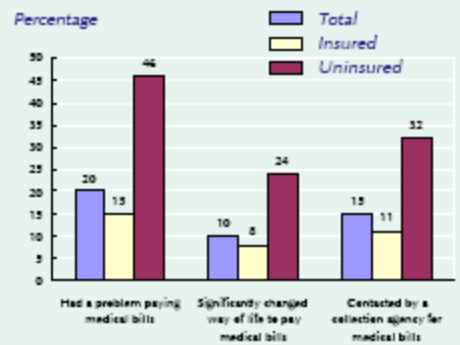
Problems paying bills—One in five women age 50 to 64 report a problem paying a medical bill in the past year, and 15 percent dealt with collection agencies in relation to medical bills, somewhat higher than for older women or for men (see Table 4). Women age 50 to 64 who have low incomes or who are uninsured have the most problems paying for medical care. The extent of this burden on women with limited means is striking—35 percent had problems paying medical bills in the past year (see Figure 5). Women without health insurance are more than three times as likely as insured women to experience these financial problems, with 46 percent of uninsured women age 50 to 64 having problems paying medical bills (see Figure 6).

Figure 5 • PROBLEMS WITH MEDICAL BILLS AMONG WOMEN AGE 50–64 BY INCOME LEVEL



Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

Figure 6 • PROBLEMS WITH MEDICAL BILLS AMONG WOMEN AGE 50–64



Source: The Commonwealth Fund. *The Commonwealth Fund 1999 Health Care Survey of Adults Ages 50–70, 1999.*

Concerns about Health Care

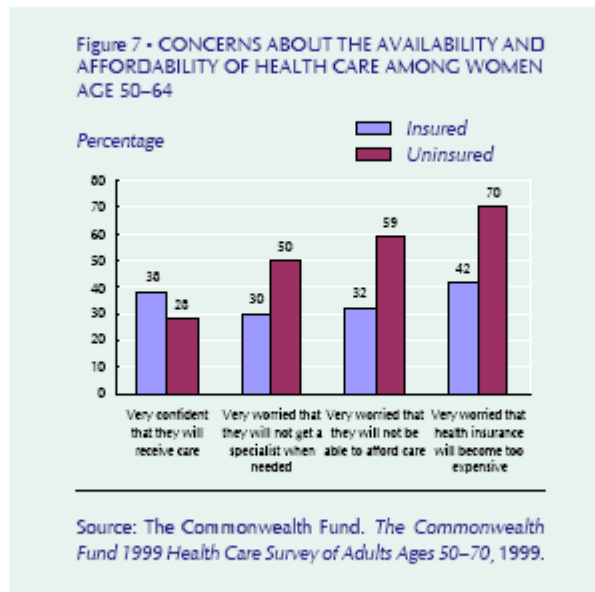
Just under half of women age 50 to 64 feel very satisfied with the health care they have received in the past year. Nevertheless, even among insured women, only 38 percent feel very confident they can get the care they need. About thirty percent are worried that they will not be able to get to a specialist when needed, or will not be able to afford medical care when needed, and over 40 percent are worried that health insurance will become too expensive for them. These concerns are even greater among women who are uninsured. A majority of uninsured midlife women worry about getting and paying for needed care (see Figure 7).

Confidence increases, and worries decline, for women age 65 and older, though these women also have concerns. Health insurance coverage is also an important factor as women consider retirement: Nearly 70 percent of working women age 50 to 64 said health insurance was a very important part of making that decision.

Conclusion

Many women age 50 to 64 are still struggling to meet their basic health care needs—at a point in their lives when those health care needs are significantly increasing. The experiences of midlife women documented through these survey data highlight the importance of insurance coverage in ensuring access to care. The high levels of concern among uninsured women about getting care are evidence that these women do not perceive a safety net or health care system able to meet their needs if they cannot pay for care. The quality of coverage is also important—continuous coverage and prescription drug coverage make a big difference in how women are able to access care.

Low-income women are especially vulnerable and will require insurance options that are truly affordable. Several states are developing programs to expand coverage, which may be an important resource for some midlife women and may help guide efforts around the country.⁴ Without an expansion in the availability and quality of insurance coverage, midlife women will continue to go without important health care at a critical period in their lives—care that could enable them to remain healthy, active, and productive in the decades ahead.



⁴ Sharon Silow-Carroll, Stephanie E. Anthony, and Jack A. Meyer, *State and Local Initiatives to Enhance Health Coverage for the Working Uninsured*. The Commonwealth Fund, October 2000.

The Women's Research & Education Institute (WREI), which was established in 1977, is an independent nonprofit organization in Washington, DC. WREI gathers, synthesizes, and analyzes policy-relevant information on issues that concern or affect women, and serves as a resource for federal and state policymakers, scholars, advocates for women, the media, and the public.

WREI's projects include:

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WOMEN IN THE MILITARY. This project, which WREI first undertook in 1989, monitors the status of women in the U.S. armed forces, and gathers and disseminates research findings and data about military women and the issues that concern them. Biennial conferences serve as important vehicles for sharing and disseminating information. The two most recent of these involved women in the uniformed civilian services—such as firefighting and police—as well as military women.

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WOMEN'S HEALTH. Women's health and policies to improve it have been WREI concerns for many years. WREI's most recent project, *Improving the Health of Midlife Women*, charts a federal health policy agenda for the 21st century. The report is a blueprint to better living for policymakers, the public, clinicians, and midlife women, highlighting areas where Congress can make a significant difference in promoting health and preventing disease. Other WREI health publications include the fifth edition of *The American Woman* (1994–95), as well as *Women's Health Insurance Costs and Experiences* and *The Health of Mid-Life Women in the States*.

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