

The Need for Gender Equity in Health Care Coverage

Our nation's health care system poses [unique difficulties for women](#) in accessing affordable and high-quality health care. Since women are more likely than men to need health care services throughout their lives and have lower incomes and fewer resources than men, women are disproportionately burdened by [economic barriers to obtaining health care](#): a 2007 study found that more than three of five adult women under 65 reported a problem paying medical bills or a cost-related problem getting needed health care or both, compared with about half of men. Last week's Senate Committee on Health, Education, Labor, and Pensions hearing, "[What Women Want: Equal Benefits for Equal Premiums](#)," exposed health insurance companies' discriminatory practices that harm women—gender rating, coverage exclusions of health care services that only women need, and denial of coverage due to "preexisting" conditions that particularly apply to women.

Gender rating—charging same-aged women and men different premiums for identical health coverage—jeopardizes women's health by producing arbitrary premiums within the individual and group health insurance markets. A recent [National Women's Law Center study](#) illustrates how insurance companies unjustly penalize women simply because of their sex: in the capital cities of states that permit gender rating in the individual health insurance market (39 states including Illinois), over 60 percent of best-selling plans charge a 40-year-old nonsmoking woman a rate between 1 percent and 63 percent higher than what they charge a 40-year-old male who reports recent tobacco usage. Insurance companies charge 25-year-old women up to 84 percent more than men of the same age for individual health plans that exclude maternity coverage, the same study found.

In the group market where employers obtain coverage for their employees, insurers in states that permit gender rating calculate health policy premiums based on the number of women employed by a business. While laws prohibiting sex discrimination in the workplace prevent employers from charging male and female employees different coverage rates, no law bars an insurance company from charging groups different rates based on the sex of the group members. This means that businesses with a [predominately female workforce](#)—such as child care where 95 percent of employees are female and home health care where 90 percent of workers are female—end up paying more for their health insurance policies. When businesses are faced with unaffordable premiums, employers pass on more of their health insurance expenses to employees through higher out-of-pocket cost sharing or employers stop offering coverage to workers altogether.

Besides controlling costs, health care reform should guarantee comprehensive benefits including preventive services, treatment for chronic conditions, reproductive services, and end-of-life care. With a majority of individual market health insurance policies lacking comprehensive maternity coverage, women are often forced to purchase optional maternity coverage at rates that can be prohibitively high. Women also have problems accessing comprehensive health services due to individual market insurers classifying pregnancy or having had a Cesarean section as a "preexisting" condition that is ground enough to deny a woman's application for coverage or even require her to [get a sterilization](#) to be eligible for coverage. Insurers are allowed to use a woman's status as a survivor of domestic violence to deny her health insurance coverage in [eight states and the District of Columbia](#).

All [three reform proposals](#) that are being considered in Congress (H.R. 3200 America's Affordable Health Choices Act, the Senate Health, Education, Labor, and Pensions Committee Affordable Health Choices Act, and the Senate Finance Chairman's Mark) would impose new regulations that would prohibit premium rating based on gender and pre-existing conditions. In fact, the only characteristics that could affect an individual's premium would be age and tobacco use, both of which would be limited changes, family composition and geography. As the fight for health care reform enters the next stage within Congress, legislators must act to ensure gender equity in health insurance coverage and eliminate insurers' discriminatory policies that unjustly prevent women from obtaining the health care they need.

The Shriver Center health advocacy team is collecting stories about people's experiences, good and bad, with the American health care system to help inform the current debate on health care reform. If you have a story that you would like to share, [click here](#). To view the Shriver Center's video series "Real People Demand Health Reform," featuring stories from the story collecting project, [click here](#).

For more information, contact Wendy Pollack, director, Women's Law and Policy Project, Shriver Center, at 312.368.3303 or wendypollack@povertylaw.org.

Published by the SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW. Funded in part by generous grants from the Chicago Foundation for Women and the Jo & Art Moore Family Fund.