

The High Cost of Being a Woman

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Health Care: The High Cost of Being a Woman

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Imagine you are in the waiting room of your doctor's office. Across the way sits a man who is the same age as you and in the exact same condition of health. Now imagine that the man also has the same insurance plan as you, but his premium is 45 percent less than yours — simply because he is a man.

Until a few months ago, charging women higher health insurance premiums because of their gender was common — and perfectly legal — in most states. This practice, known as "gender rating," occurs when insurance companies charge men and women different premiums for the same individually purchased health care plans.

According to a 2008 report by the National Women's Law Center, women are often charged more than men are, even when purchasing identical health care plans. The NWLC study concluded that, at age 25, women were charged anywhere from 6 percent to 45 percent more than men were for individual market plans; at age 45, women's monthly premiums ranged from 4 percent to 48 percent higher than men's monthly premiums.^{[1](#)}

"Every single day, insurance companies practice punitive practices against women," Sen. Barbara Mikulski (DMD) said in a statement. "They deny us coverage, they charge us more for the coverage we have, and they limit our access to providers."^{[2](#)}

In March 2010, President Barack Obama signed two bills into law that will significantly overhaul the nation's health care system — the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act, which contained some fixes to the new health care law as well as some AAUW-supported student loan reforms. The new law bans gender rating for plans offered in both the individual and small-group markets (defined as organizations employing 100 or fewer people). Unfortunately, as part of a compromise, the new law allows insurance companies to continue this discriminatory practice in plans offered in the

large-group market. AAUW strongly advocated for the elimination of gender rating and was disappointed that the law did not include an outright ban.

Still, the partial elimination of gender rating was an important victory. The 2010 health care laws also break down other formidable barriers women face in obtaining health insurance, particularly in the areas of maternity care, preventive care and screenings, and domestic violence. And the laws make it clear that access to affordable, high-quality, comprehensive health care continues to be very much a women's issue.

Women Face Significant Challenges

Health care security is tied to economic security. This relationship is especially true for women, who, on average, earn less than men do. Women earn approximately 77 cents for every dollar men earn.³ But women also use more health care services than men do. These two factors — less income and more costs — have left many women with unpaid medical bills and debt problems resulting from health services.⁴

In 2007, for example, more than half (52 percent) of women reported problems accessing necessary care because of cost, and 45 percent of women accrued medical debt or reported problems with medical bills. Fifty-two percent had not filled a prescription; had skipped a recommended medical test, treatment, or follow-up visit; had not visited a doctor or clinic when they had a medical problem; or did not get needed specialist care in the past year because of cost. Nearly half (45 percent) of women delayed or did not receive a cancer screening or dental exam for the same reason.⁵

And not only are women less able to afford insurance or care because of wage disparities, they are also more likely to depend on a family member, such as a spouse, for their insurance and, thus, face more instability in coverage.⁶ Women also suffer higher out-of-pocket costs than men and are more likely to lack access to coverage because of certain pre-existing conditions.⁷

All these challenges leave women particularly vulnerable to gaps in coverage, and the consequences are devastating. In 2009, the proportion of women without insurance reached a record high—nearly one in five women ages 18–64 was uninsured.⁸

Special Health Concerns for Women

All women need access to affordable, high-quality health care, especially since they are more likely than men to need health care throughout their lifetimes.⁹ Women's reproductive health (regardless of whether they have children) requires regular check-ups, as screenings and early detection can help prevent some of the most deadly — and expensive — diseases afflicting women today.

Maternity Care

The importance of quality maternity care — especially prenatal care — cannot be overstated. If a woman visits her health care provider early and regularly during her pregnancy, birth defects and other complications can often be prevented or managed. But lack of insurance coverage can

stand in the way of women receiving timely care. And when pregnant women are uninsured, they are considerably less likely to get proper prenatal care.[10](#) Tragically, this may have consequences both for the mother and for the long-term health of the child.

Most women with job-based health insurance receive maternity benefits as a result of state and federal antidiscrimination protections.[11](#) Until the passage of the new health care law last year, however, no such protection existed in the individual insurance market. Individual-market insurers could deny a pregnant woman's application or consider pregnancy a pre-existing condition and thus exclude coverage for maternity services. Insurers could also reject coverage for women who had previous Caesarean sections, charge them higher premiums, or impose an exclusionary period during which they refuse to cover another Caesarean section.[12](#)

Fortunately, under the new law, policies will be required to cover maternity care as an "essential health benefit." The new law also prohibits health plans from turning away applicants because of pregnancy and previous Caesarean sections. These changes will take effect in 2014.[13](#)

Preventive Care and Screenings

Heart disease remains the number one killer of women in the United States. More than one-fourth of all deaths among women in 2006 were due to heart disease. Cancer also continues to pose a deadly risk for women. In 2008, an estimated 182,400 women were newly diagnosed with breast cancer, and more than 40,000 women died from the disease. In 2008, there were an estimated 11,000 newly diagnosed cases of invasive cervical cancer in women, and about 3,900 women died from the disease.[14](#)

These diseases can often be prevented or managed if women receive screenings, immunizations, educational materials, and other preventive care services. Under the new health care law, more women will now have access to these services at no additional cost. Thanks to an amendment sponsored by Sen. Mikulski and strongly advocated for by AAUW, the new legislation requires insurance companies to cover preventive health care and screenings for women — such as mammograms and pap smears — with no additional premium or co-payment.

Domestic Violence

Domestic violence remains a serious problem in this country. An estimated 1.5 million women are physically abused by their intimate partners each year, and about one of every four women seeking care in emergency rooms has injuries resulting from domestic violence. In addition to physical injuries, victims of domestic violence experience higher rates of depression, substance abuse, suicidal thoughts, and suicide attempts.[15](#)

Insurers in several states and the District of Columbia could legally reject health coverage for domestic violence survivors.[16](#) Fortunately, the new health care law bans this practice.[17](#)

Improving Women's Health

AAUW's 2009–11 Public Policy Program reaffirms our strong belief in "increased access to quality, affordable health care ... including expansion of patient's rights." This is particularly true

for women, who face significant challenges when it comes to managing their health and who often have family care responsibilities that can also burden their health status. Many of the new health care reforms will help improve the overall health of women.

As Sen. Mikulski said in response to the passage of the reforms, "Now if you need a mammogram, you can get one. If you need a test for cervical cancer, you can get one. You can get your preventive tests without a deductible and without a co-pay. Without hesitation, you will be able to get it."

Mikulski added, "[A]s we move forward ... the women of America will be better served, their lives will be saved, they will be able to have early detection and screenings."¹⁸

Notes

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3. U.S. Census Bureau. (2009). *Income, poverty, and health insurance coverage in the United States: 2008*, Table A-2. www.census.gov.
4. National Women's Health Center and the Commonwealth Fund. (April 2007). *Women and health coverage: The affordability gap*. www.commonwealthfund.org.
5. The Commonwealth Fund (May 2009). *Women at risk: Why many women are forgoing needed health care*. www.commonwealthfund.org.
6. National Women's Law Center (October 2010). *Women's health insurance, 2009: A snapshot of health insurance data from the U.S. Census Bureau*. www.nwlc.org.
7. National Women's Law Center. (April 2007). Issue Brief: *Women and health coverage: A framework for moving forward*. www.nwlc.org.
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9. National Women's Health Center and the Commonwealth Fund. *Women and health coverage: The affordability gap*.
10. National Women's Law Center. *Nowhere to turn*.
11. Ibid.
12. Ibid.
13. Andrews, M. (November 16, 2010). Pregnancy not covered by most individual health policies. www.msnbc.msn.com; and Grady, D. (March 29, 2010). Overhaul will lower the costs of being a woman. www.nytimes.com.
14. Agency for Healthcare Research and Quality (September 2010). *Women's health highlights: Recent findings*. www.ahrq.gov.
15. Ibid.
16. National Women's Law Center. *Nowhere to turn*.
17. Grady. Overhaul will lower the costs of being a woman.
18. Mikulski. Mikulski statement on Senate passage of Reconciliation Bill.

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