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Health Insurance Coverage for Women of Reproductive Age, 2013–16

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The Affordable Care Act (ACA) included several provisions to increase access to affordable health insurance coverage for nonelderly adults. In this chartbook, we report changes in uninsurance among women of reproductive age (15 to 44) from 2013 to 2016 using data from the American Community Survey (ACS). We find

- the uninsurance rate among women of reproductive age fell from 20.3 percent in 2013 to 11.6 percent in 2016, a 43 percent decrease;

- women of all ages, family structures, races and ethnicities, citizenship status, educational attainment, employment status, and incomes gained coverage between 2013 and 2016;

- despite these gains, women of color, single mothers, noncitizens, and women with low incomes or a high school education or less still had higher rates of uninsurance in 2016;

- among reproductive-age women who remained uninsured in 2016, about 20 percent were likely eligible for comprehensive Medicaid or Children's Health Insurance Program (CHIP) coverage based on their income, another 28 percent were likely eligible for assistance with premiums for Marketplace coverage based on their income; and nearly 50 percent were likely ineligible for assistance obtaining comprehensive health insurance, including noncitizens (29.1 percent), low-income women in nonexpansion states eligible for family planning programs only (10.2 percent) or ineligible for any Medicaid benefits (5.5 percent), and women with incomes above 400 percent of the federal poverty level, or FPL (4.2 percent).

Background

Access to affordable health insurance coverage is integral to people's ability to obtain necessary health care services and lead productive lives (Finkelstein et al. 2012; Institute of Medicine US Committee on Health Insurance Status and Its Consequences 2009; Sommers, Gawande, and Baicker 2017). For women, in addition to general preventive and curative care, necessary care may include family planning, contraception, preconception, prenatal, maternity, and postpartum care throughout their reproductive years (ages 15 to 44). Contraception access has been linked to broad economic benefits for women and their families, including increased college attendance and completion, workforce participation, and a reduced gender pay gap (Bailey and Lindo 2017; Sonfield et al. 2013). Moreover, because the health and well-being of mothers can affect their children's short- and long-term circumstances (Center on the Developing Child 2016), women's ability to access affordable coverage and care has important implications for society as a whole.

Recognizing the relationships between women's insurance coverage, access to care, and health outcomes for women and children, health insurance expansion efforts have long targeted women of reproductive age, and mothers specifically (Adams and Johnston 2016). Since the late 1980s, state Medicaid programs have been required to offer coverage to pregnant women with incomes below 133 percent of FPL (Howell 2001). When the 1996 welfare reforms delinked Medicaid from cash assistance, many states expanded Medicaid eligibility for low-income parents, and these expansions disproportionately covered low-income single mothers (Aizer and Grogger 2003). Starting in 1997, states began extending eligibility for limited family planning benefits to women otherwise ineligible for comprehensive Medicaid coverage (Adams, Galactionova, and Kenney 2015; Adams, Kenney, and Galactionova 2013). Together, these policies have helped many women access needed reproductive health care (Busch and Duchovny 2005; Howell 2001; Kearney and Levine 2009; Wherry 2018), but when the ACA passed in 2010, approximately 13.3 million women of reproductive age remained uninsured.[1]

The ACA created several mechanisms to decrease the uninsurance rate among nonelderly adults, including women of reproductive age. These mechanisms included expanding Medicaid to low-income people, including adults without children; health insurance Marketplaces where individuals with low and moderate incomes could purchase subsidized coverage; and extended eligibility for dependents on private plans up to age 26. The dependent coverage provision began in September 2010, and the Medicaid and Marketplace expansions largely took effect in January 2014.[2] Twenty-five states (including the District of Columbia) implemented the Medicaid expansion in January 2014, expanding eligibility to adults with incomes up to 138 percent of FPL. After these initial expansions, Michigan and New Hampshire expanded later in 2014; Pennsylvania, Indiana, and Alaska expanded in 2015; and Montana and Louisiana expanded in 2016. Marketplace coverage provisions include federal premium subsidies and cost-sharing reductions for those with incomes between 138 percent of FPL (100 percent in nonexpansion states) and 250 percent of FPL; those with incomes above 250 percent of FPL and below 400 percent of FPL are eligible for premium subsidies only.

This chartbook reports recent changes in insurance coverage for reproductive-age women between 2013 and 2016, following implementation of the major ACA coverage expansions. We report these changes for all women and by various subgroups including age, family structure, race and ethnicity, citizenship, education, employment, and income. We also report coverage changes by metropolitan status, state, and for the 30 largest Metropolitan Statistical Areas in the US. Finally, we describe the characteristics of the reproductive-age women who remained uninsured in 2016, including their potential eligibility for assistance obtaining insurance.

Data and Methods

We use 2010, 2013, and 2016 ACS data to examine changes in the uninsurance rate among women ages 15 to 44. The ACS is a nationally representative survey conducted annually by the Census Bureau, and we obtained the data from the University of Minnesota Integrated Public Use Microdata Series (IPUMS).[3] We estimate health insurance coverage at the time of the survey and incorporate edits to account for apparent misreporting (Lynch et al. 2011). We focus on changes in coverage between 2013, just before implementation of the ACA's major coverage provisions, and 2016.[4] We classify the 32 states that had expanded Medicaid under the ACA by July 2016 as expansion states and all others as nonexpansion states. We also generate income relative to FPL for each woman's health insurance unit using an approach developed by the State Health Access Data Assistance Center (SHADAC 2013). Health insurance units capture the income used to determine eligibility for most means-tested programs better than the family definition used on the ACS.

To examine differences in uninsurance rates between 2013 and 2016 or between groups of women, we used two-tailed t-tests to test whether the estimates were statistically different from zero. All differences reported in the text are significant at the $p < 0.05$ level.

Using information on age, citizenship, health insurance unit income, and state Medicaid/CHIP eligibility thresholds, we classified the women who remained uninsured in 2016 into five mutually exclusive categories based on their likely options for financial assistance obtaining coverage:

1. **Likely eligible for Medicaid**. Citizen women over age 18 who are likely eligible for comprehensive Medicaid coverage based on their income and state-specific eligibility thresholds for parents and other adults, including ACA Medicaid expansions to people with incomes up to 138 percent of FPL.

2. **Likely eligible for Marketplace assistance**. Citizen women over age 18 with incomes above state-specific Medicaid eligibility thresholds (above 100 percent of FPL in nonexpansion states) and at or below 400 percent of FPL, who are likely eligible for financial assistance for Marketplace coverage based on their income.

3. **Likely eligible for family planning services only**. Citizen women over age 18 with incomes below 100 percent of FPL who are ineligible for comprehensive Medicaid coverage but are likely eligible for a program providing family planning services in their state based on their income.

4. **Likely ineligible for insurance assistance.** Women over age 18 who (1) are not US citizens and therefore face extremely limited eligibility for any financial assistance obtaining health insurance coverage in most states, (2) are citizens with incomes below 100 percent of FPL and are likely ineligible for Marketplace assistance, comprehensive Medicaid, or more limited family planning coverage in their state based on their income, or (3) are citizens and have incomes above 400 percent of FPL and are therefore likely ineligible for Medicaid or Marketplace financial assistance.

5. **Teenagers**. Citizen women ages 15 to 18 who have relatively generous Medicaid eligibility but may face different circumstances than their adult counterparts when accessing insurance coverage and reproductive health services.[5]

This study has several limitations. First, these cross-sectional estimates do not reflect causal effects of the ACA on insurance coverage for women of reproductive age, because they do not account for other factors, such as an improving economy, that may have affected coverage changes. Second, our estimates of potential eligibility for financial assistance obtaining coverage are based only on age, income, state of residence, parental status, and citizenship status. These estimates do not factor in other pathways to Medicaid eligibility, such as disability or pregnancy status, or other eligibility restrictions for Marketplace assistance, such as access to an affordable employer plan. Finally, all survey responses are subject to recall and social desirability biases and thus may contain measurement error.

Coverage Changes among Women of Reproductive Age

Uninsurance Rate among Women and Men Ages 15 to 44, 2010–16
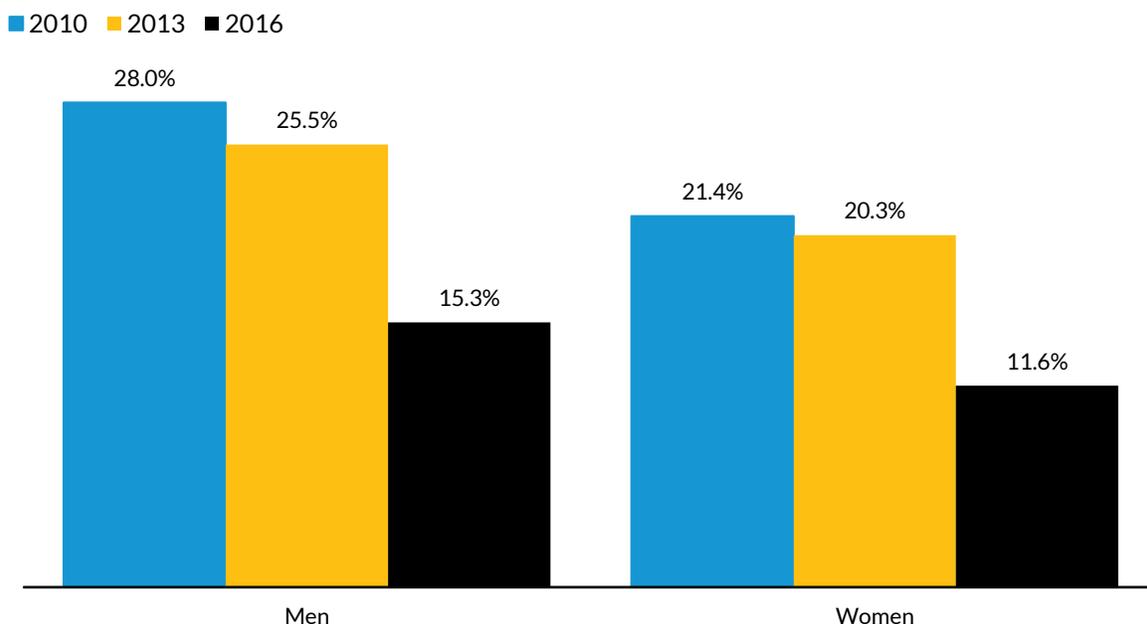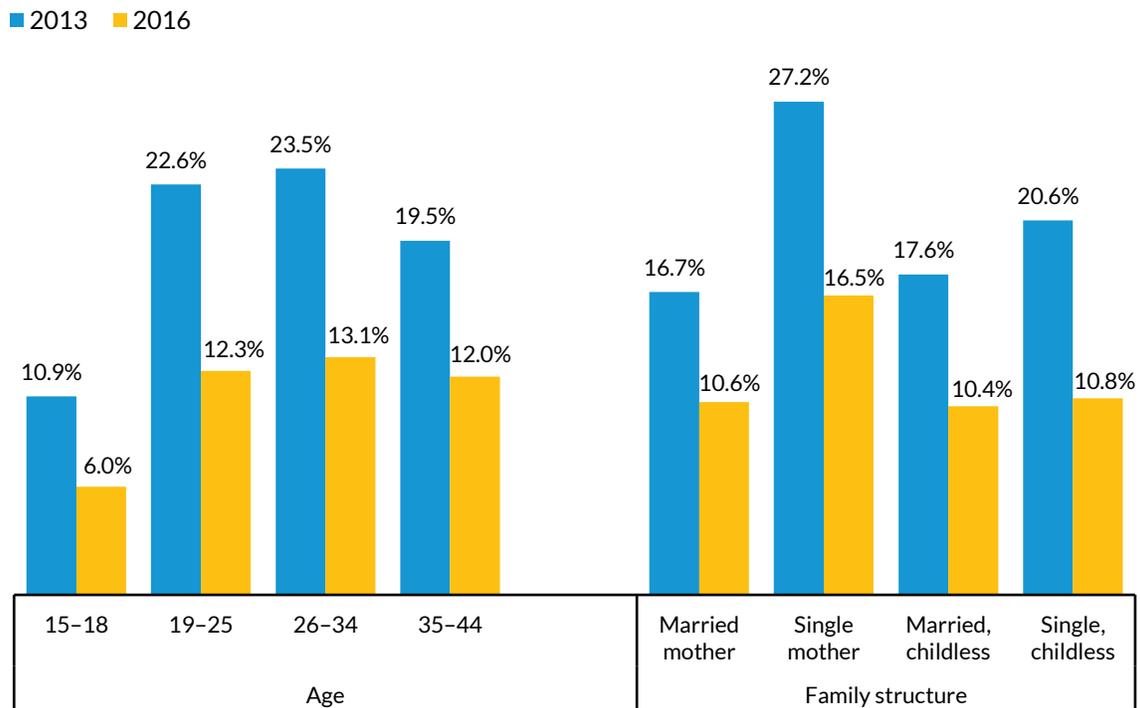
■ 2010 ■ 2013 ■ 2016

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Source: Authors' analysis of 2010, 2013, and 2016 American Community Survey data.
Notes Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Estimates for 2013 and 2016 are statistically different from estimates for 2010, and 2016 estimates are statistically different from 2013 estimates at $p < 0.05$ for both men and women. Estimates for men are statistically different from estimates for women at $p < 0.05$ in each year.

- From 2010 to 2016, the uninsurance rate among women of reproductive age fell from 21.4 percent to 11.6 percent, with most of the gain occurring between 2013 and 2016.

- The number of uninsured women of reproductive age declined from 13.3 million in 2010 to 7.4 million in 2016 (data not shown).

- Men were more likely to be uninsured than women in each year, but uninsurance decreased more among men than women between 2010 and 2016.

- Between 2010 and 2013, the uninsurance rate among women ages 19 to 25, who were targeted by the expansion of dependent coverage, fell from 27.7 percent to 22.6 percent (data not shown), but coverage gains among all other subgroups were highly concentrated between 2013 and 2016.

FIGURE 2

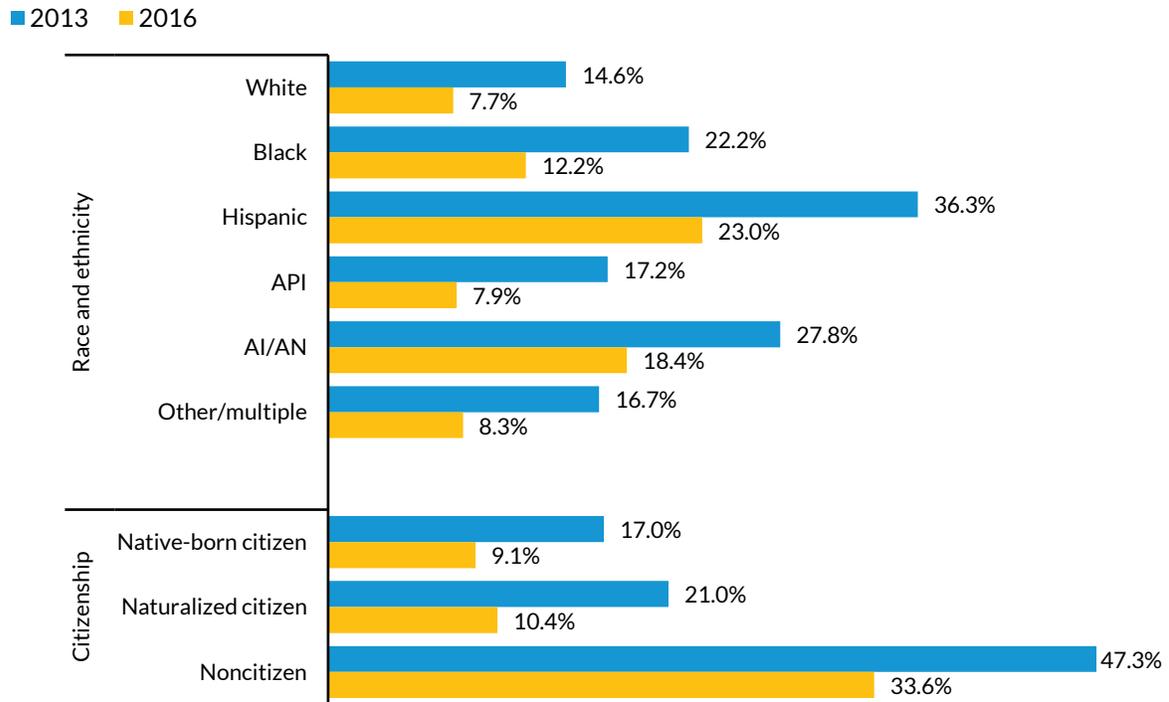**Uninsurance Rate among Women of Reproductive Age by Age and Family Structure, 2013 and 2016**

■ 2013 ■ 2016

Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: Women of reproductive age are ages 15 to 44. Mothers are women identified as the mother of a child ages 18 or under living in their household. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every subgroup.

- Women in each age group and family structure examined gained coverage between 2013 and 2016.

- Women ages 19 to 25, women ages 26 to 34, and single mothers experienced coverage gains of at least 10 percentage points between 2013 and 2016.

- In 2016, women ages 15 to 18 had a lower uninsurance rate than older women, and single mothers had a higher uninsurance rate than married mothers or childless women.

FIGURE 3
**Uninsurance Rate among Women of Reproductive Age by
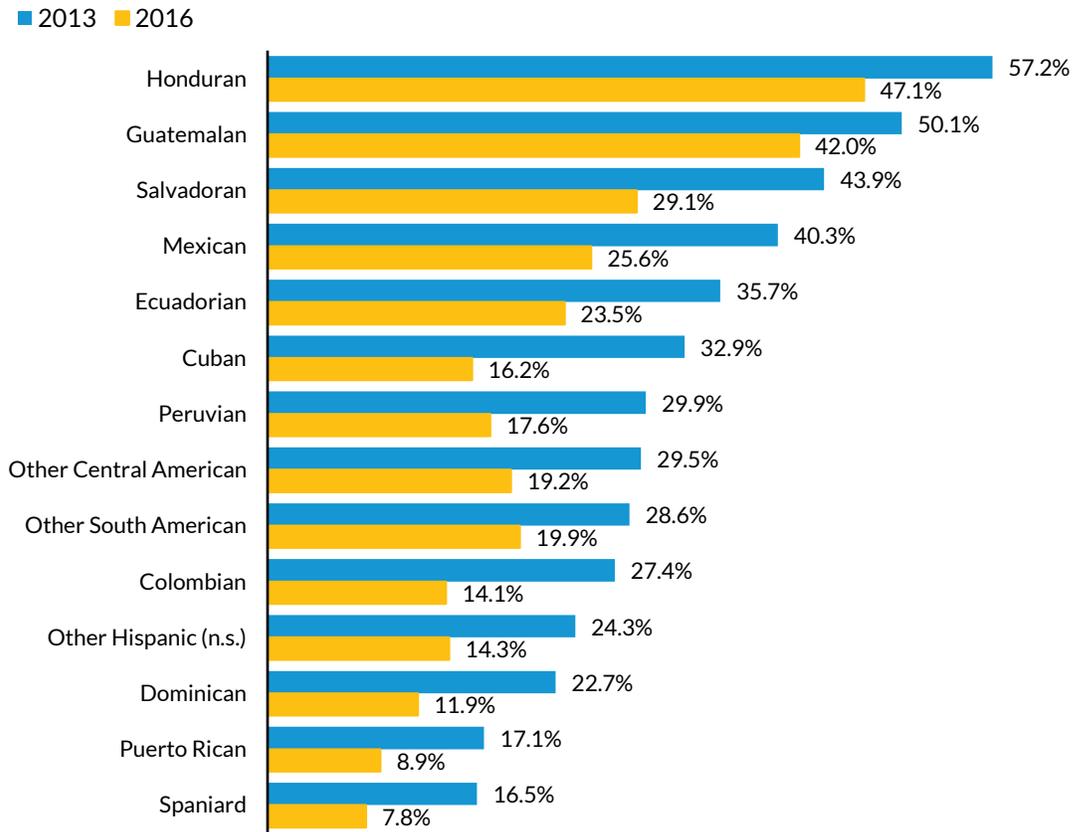Race and Ethnicity and Citizenship, 2013 and 2016**

■ 2013   ■ 2016

Source: Authors' analysis of 2013 and 2016 American Community Survey data.
Notes: API = Asian/Pacific Islander; AI/AN = American Indian/Alaska Native. Women of reproductive age are ages 15 to 44.
Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. White, black, API, and AI/AN are
not Hispanic. Other/multiple includes those who reported "some other race" or multiple races and are not Hispanic. Reported
estimates do not include coverage from the Indian Health Service. If the Indian Health Service is treated as insurance for AI/AN
women, the uninsurance rates are 27.8 percent in 2013 and 18.3 percent in 2016. Estimates for 2016 are statistically different at
$p < 0.05$ from those for 2013 for every subgroup.

- Each racial and ethnic group of women examined gained coverage between 2013 and 2016, as
  did native-born, naturalized, and noncitizen women.

- Black and Hispanic women experienced coverage gains of at least 10 percentage points, as did
  naturalized citizens and noncitizens.

- In 2016, the uninsurance rates for Hispanic women (23.0 percent) and American Indian/Alaska
  Native women (18.4 percent) remained above 15 percent, and the uninsurance rate for
  noncitizens was 33.6 percent.

FIGURE 4

Uninsurance Rate among Hispanic Women of Reproductive Age by Detailed Ethnicity, 2013 and 2016

■ 2013 ■ 2016

|	2013	2016
Honduran	57.2%	47.1%
Guatemalan	50.1%	42.0%
Salvadoran	43.9%	29.1%
Mexican	40.3%	25.6%
Ecuadorian	35.7%	23.5%
Cuban	32.9%	16.2%
Peruvian	29.9%	17.6%
Other Central American	29.5%	19.2%
Other South American	28.6%	19.9%
Colombian	27.4%	14.1%
Other Hispanic (n.s.)	24.3%	14.3%
Dominican	22.7%	11.9%
Puerto Rican	17.1%	8.9%
Spaniard	16.5%	7.8%

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Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: n.s. = not specified. Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every subgroup.

■ Women in all the Hispanic ethnic groups examined gained coverage between 2013 and 2016.

■ Mexican, Salvadoran, and Cuban women experienced coverage gains of 14.7 percentage points, 14.8 percentage points, and 16.8 percentage points, respectively; several additional groups of Hispanic women experienced gains of at least 10 percentage points.

■ By 2016, uninsurance rates remained above 20 percent for Ecuadorian, Salvadoran, and Mexican women, and above 40 percent for Honduran and Guatemalan women.

FIGURE 5
Uninsurance Rate among Asian/Pacific Islander Women of Reproductive Age by Detailed Race, 2013 and 2016
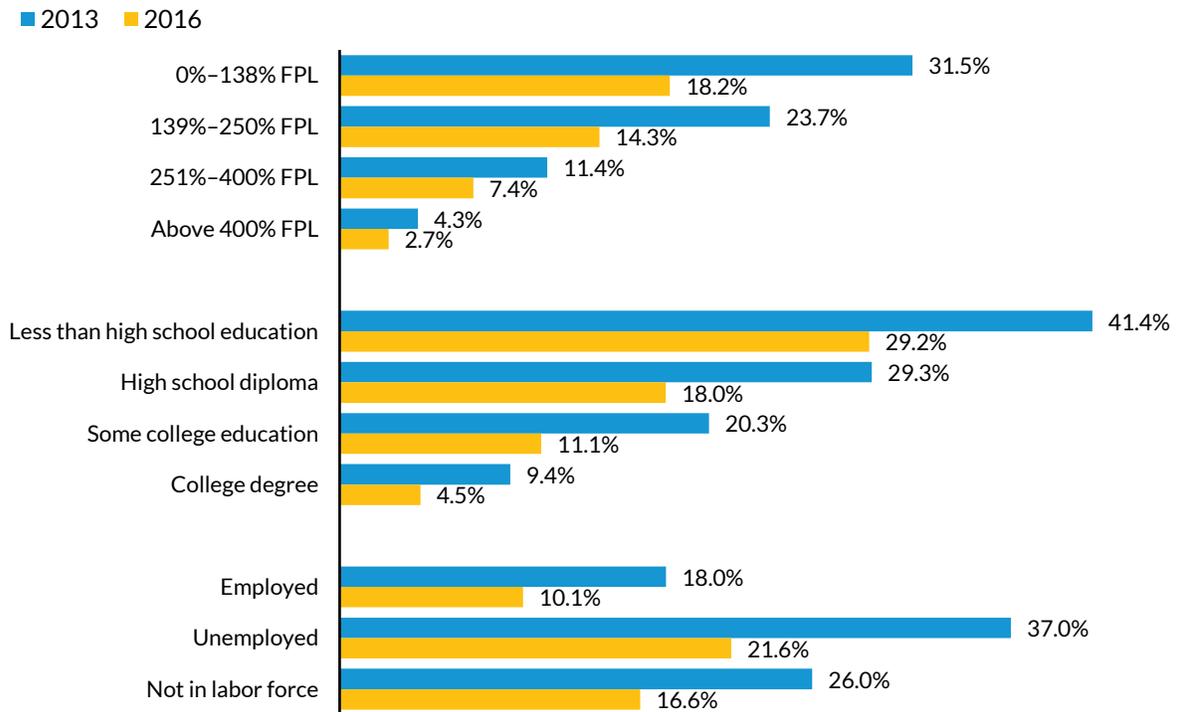
■ 2013 ■ 2016
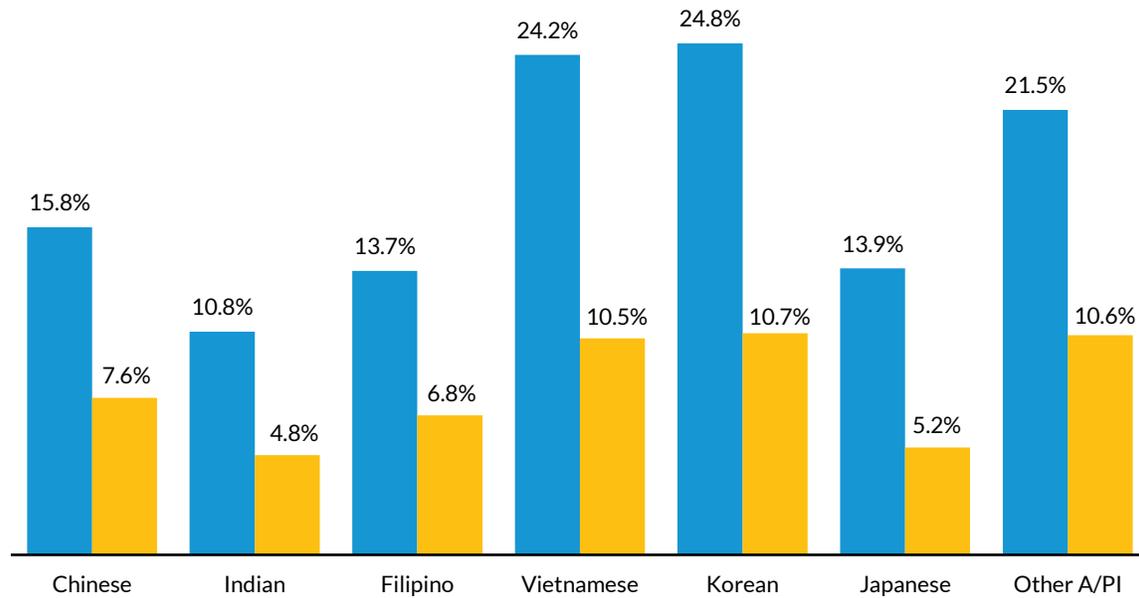
Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: A/PI = Asian/Pacific Islander. Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every subgroup.

- Women in all the Asian/Pacific Islander racial groups examined gained coverage between 2013 and 2016.

- Vietnamese and Korean women experienced gains of approximately 14 percentage points, but both groups still had uninsurance rates above 10 percent in 2016.

FIGURE 6
Uninsurance Rate among Women of Reproductive Age by Income, Education, and Employment, 2013 and 2016

■ 2013 ■ 2016

| Category	2013	2016
0%–138% FPL	31.5%	18.2%
139%–250% FPL	23.7%	14.3%
251%–400% FPL	11.4%	7.4%
Above 400% FPL	4.3%	2.7%
Less than high school education	41.4%	29.2%
High school diploma	29.3%	18.0%
Some college education	20.3%	11.1%
College degree	9.4%	4.5%
Employed	18.0%	10.1%
Unemployed	37.0%	21.6%
Not in labor force	26.0%	16.6%

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Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: FPL = the federal poverty level. Women of reproductive age are ages 15 to 44. Education and employment categories exclude women ages 15 to 17. Income is for the health insurance unit. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every subgroup.

- Women in all income, education, and employment groups examined gained coverage between 2013 and 2016.

- Women with incomes at or below 138 percent of FPL, women with a high school education or less, and unemployed women experienced coverage gains of at least 10 percentage points between 2013 and 2016, but each group still had an uninsurance rate above 15 percent in 2016.

FIGURE 7
Uninsurance Rate among Women of Reproductive Age by State Medicaid Expansion Status and Metropolitan Area Residence, 2013 and 2016
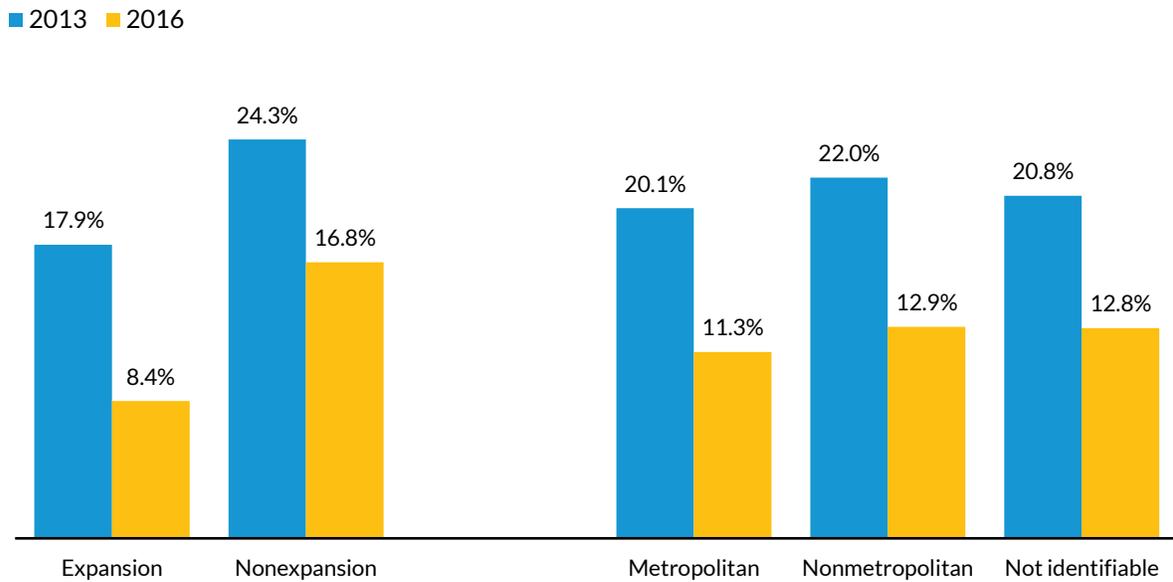
■ 2013 ■ 2016

Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Metropolitan area is defined as residing within a Metropolitan Statistical Area. Not identifiable indicates that the respondent's sampling area straddled a metropolitan area boundary, and therefore metropolitan area status could not be reliably identified. States that expanded Medicaid under the ACA by July 2016 are classified as expansion states and all others as nonexpansion states. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every subgroup.

- The uninsurance rate for women in expansion states declined by 9.5 percentage points, compared with a 7.5 percentage point decline for women in nonexpansion states.

- In 2016, the uninsurance rate among women of reproductive age in nonexpansion states was twice the rate in Medicaid expansion states (16.8 percent versus 8.4 percent).

- Women in metropolitan and nonmetropolitan areas experienced similar coverage gains between 2013 and 2016, but the uninsurance rate among women in nonmetropolitan areas remained slightly higher in 2016.

Coverage Changes among Women of Reproductive Age by Geographic Location

Uninsurance Rate among Women of Reproductive Age in Nonexpansion States, 2013 and 2016

Nonexpansion states	2013 (%)	2016 (%)
Alabama	22.4	14.1
Florida	28.4	17.6
Georgia	26.2	18.3
Idaho	23.2	15.1
Kansas	19.3	12.2
Maine	15.3	9.4
Mississippi	24.6	16.6
Missouri	19.1	13.3
Nebraska	15.9	12.9
North Carolina	23.1	15.0
Oklahoma	25.8	20.1
South Carolina	23.1	13.7
South Dakota	18.7	9.9
Tennessee	18.3	11.6
Texas	31.2	24.1
Utah	18.0	10.5
Virginia	16.9	12.0
Wisconsin	11.6	7.0
Wyoming	19.5	12.7
Total	**24.3**	**16.8**

Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Nonexpansion states did not expand Medicaid under the ACA by July 2016. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every state.

- All nonexpansion states experienced significant coverage gains for women of reproductive age between 2013 and 2016, but only Florida saw a coverage gain of more than 10 percentage points. Other strong gains occurred in South Carolina (9.4 percentage points) and South Dakota (8.9 percentage points).

- Uninsurance rates in 2016 remained above 15 percent in seven states, and above 20 percent in Texas (24.1 percent) and Oklahoma (20.1 percent).

- Maine (9.4 percent), South Dakota (9.9 percent), and Wisconsin (7.0 percent) had uninsurance rates below 10 percent in 2016.

TABLE 2

Uninsurance Rate among Women of Reproductive Age in Expansion States, 2013 and 2016

Expansion states	2013 (%)	2016 (%)
Alaska	25.3	19.0
Arizona	23.7	12.7
Arkansas	25.0	12.2
California	23.0	9.3
Colorado	18.6	9.1
Connecticut	11.6	6.7
District of Columbia	6.4	3.6
Delaware	13.0	6.4
Hawaii	9.8	5.1
Illinois	16.3	8.4
Indiana	19.8	11.0
Iowa	12.2	5.1
Kentucky	22.5	6.2
Louisiana	24.4	13.6
Maryland	13.6	8.1
Massachusetts	5.0	2.5
Michigan	15.7	6.9
Minnesota	10.8	5.5
Montana	23.4	10.3
Nevada	28.5	14.5
New Hampshire	15.5	8.4
New Jersey	19.2	10.3
New Mexico	28.7	11.0
New York	13.9	7.5
North Dakota	13.9	10.6
Ohio	14.3	6.4
Oregon	20.5	7.5
Pennsylvania	13.5	7.3
Rhode Island	15.5	5.3
Vermont	7.2	3.1
Washington	20.9	7.8
West Virginia	22.5	5.7
Total	**17.9**	**8.4**

Source: Authors' analysis of 2013 and 2016 American Community Survey data.

Notes: Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Expansion states expanded Medicaid under the ACA by July 2016. Reported estimates do not include coverage from the Indian Health Service. If Indian Health Service is treated as insurance for women from Alaska, the uninsurance rates are 25.3 percent in 2013 and 18.9 percent in 2016. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every state.

- All expansion states experienced significant coverage gains for women of reproductive age between 2013 and 2016, with coverage gains in 12 states of at least 10 percentage points and Kentucky, West Virginia, and New Mexico experiencing gains of over 15 percentage points.

- Ten expansion states still had uninsurance rates above 10 percent in 2016, but only Alaska had an uninsurance rate above 15 percent in 2016.

- The District of Columbia (3.6 percent) and Massachusetts (2.5 percent) had uninsurance rates below 5 percent in 2016.

TABLE 3

**Uninsurance Rate among Women of Reproductive Age
by Metropolitan Statistical Area, 2013 and 2016**

Metropolitan Statistical Area	2013 (%)	2016 (%)
New York-Newark-Jersey City, NY-NJ-PA	17.0	9.4
Los Angeles-Long Beach-Anaheim, CA	26.3	11.2
Chicago-Naperville-Elgin, IL-IN-WI	18.1	9.6
Dallas-Fort Worth-Arlington, TX	29.7	22.3
Houston-The Woodlands-Sugar Land, TX	31.3	24.4
Washington-Arlington-Alexandria, DC-VA-MD-WV	14.8	10.6
Atlanta-Sandy Springs-Roswell, GA	26.0	17.5
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	13.6	7.0
Miami-Fort Lauderdale-West Palm Beach, FL	34.6	19.9
Boston-Cambridge-Newton, MA-NH	5.5	3.1
San Francisco-Oakland-Hayward, CA	14.8	5.5
Riverside-San Bernardino-Ontario, CA	25.4	11.0
Phoenix-Mesa-Scottsdale, AZ	24.4	12.6
Detroit-Warren-Dearborn, MI	16.4	6.7
Seattle-Tacoma-Bellevue, WA	18.0	6.7
Minneapolis-St. Paul-Bloomington, MN-WI	10.7	5.2
San Diego-Carlsbad, CA	22.1	9.3
Denver-Aurora-Lakewood, CO	17.8	9.0
Tampa-St. Petersburg-Clearwater, FL	23.9	17.0
Baltimore-Columbia-Towson, MD	10.4	6.3
St. Louis, MO-IL	15.2	9.7
Charlotte-Concord-Gastonia, NC-SC	21.3	13.7
Orlando-Kissimmee-Sanford, FL	26.7	15.5
Portland-Vancouver-Hillsboro, OR-WA	19.4	6.9
San Antonio-New Braunfels, TX	26.3	19.1
Austin-Round Rock, TX	24.7	17.7
Sacramento--Roseville--Arden-Arcade, CA	19.9	5.8
Las Vegas-Henderson-Paradise, NV	29.4	15.4
Kansas City, MO-KS	20.0	12.5
Nashville-Davidson--Murfreesboro--Franklin, TN	17.8	11.0

Source: Authors' analysis of 2013 and 2016 American Community Survey.

Notes: Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Areas are sorted by population size of women of reproductive age. Estimates for 2016 are statistically different at $p < 0.05$ from those for 2013 for every metropolitan area.

- Five metropolitan areas experienced coverage gains of at least 14 percentage points between 2013 and 2016, with three in California (15.1 percentage points in Los Angeles; 14.5 percentage points in Riverside; and 14.2 percentage points in Sacramento) along with Miami (14.7 percentage points) and Las Vegas (14.0 percentage points).

- Uninsurance rates in 2016 remained above 20 percent in Houston (24.4 percent) and Dallas (22.3 percent) and were below 6 percent in Boston (3.1 percent), San Francisco (5.5 percent), Minneapolis (5.2 percent), and Sacramento (5.8 percent).

Which Women of Reproductive Age Remained Uninsured in 2016?

TABLE 4

Characteristics of Uninsured and Insured Women of Reproductive Age in 2016

	Percent of uninsured women	Percent of insured women
Age		
15–18	6.7	14.0
19–25	25.3	23.6
26–34	34.6	30.3
35–44	33.3	32.1
Race/ethnicity		
White, non-Hispanic	36.7	57.8
Black, non-Hispanic	14.5	13.7
Hispanic	39.8	17.5
Asian/Pacific Islander	4.6	7.1
American Indian/Alaska Native	2.9	1.7
Other/multiple races	1.5	2.2
Citizenship		
Native-born citizen	65.5	86.3
Naturalized citizen	5.5	6.2
Noncitizen	29.1	7.5
Family type		
Married mother	25.6	28.4
Single mother	22.6	15.0
Married, childless	8.0	9.1
Single, childless	43.9	47.6
Education		
Less than high school education	23.5	8.0
High school diploma	32.5	20.9
Some college education	32.3	36.3
College degree	11.6	34.8
Employment		
Employed	57.4	71.6
Unemployed	8.8	4.5
Not in labor force	33.8	23.9
Income (% FPL)		
0%–138%	59.9	35.5
139%–250%	23.1	18.2
251%–400%	11.0	18.3
Above 400%	5.9	28.0
Metropolitan area residence		
Metropolitan	78.8	81.0
Nonmetropolitan	8.0	7.1
Not identifiable	13.2	11.9
Medicaid expansion status		
Expansion	44.1	63.6
Nonexpansion	55.9	36.4

Source: Authors' analysis of 2016 American Community Survey data.

Notes: FPL = the federal poverty level. Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Other/multiple includes those who reported "some other race" or multiple

races and are not Hispanic. Mothers are women ages 15 to 44 identified as the mother of a child ages 18 or under living in their household. Education and employment categories include only women ages 18 to 44. Income is for the health insurance unit. Metropolitan area is defined as residing within a Metropolitan Statistical Area. Not identifiable indicates that the respondent's sampling area straddled a metropolitan area boundary, and therefore metropolitan area status could not be reliably identified. States that expanded Medicaid under the ACA by July 2016 are expansion states and all others are nonexpansion states. All estimates for uninsured women are statistically different at $p < 0.05$ from those for insured women.

Compared with insured women, uninsured women of reproductive age are more likely to

- be over age 18;

- be black, Hispanic, or American Indian/Alaska Native;

- be a noncitizen;

- be a single mother;

- have a high school education or less;

- be unemployed or not in the labor force;

- have a health insurance unit income of 250 percent of FPL or less;

- live in a nonmetropolitan or unidentifiable area; and

- live in a state that did not expand Medicaid under the ACA.

FIGURE 8

**Potential Eligibility for Insurance Assistance among Women
of Reproductive Age Remaining Uninsured in 2016**

Of 7.4 million women
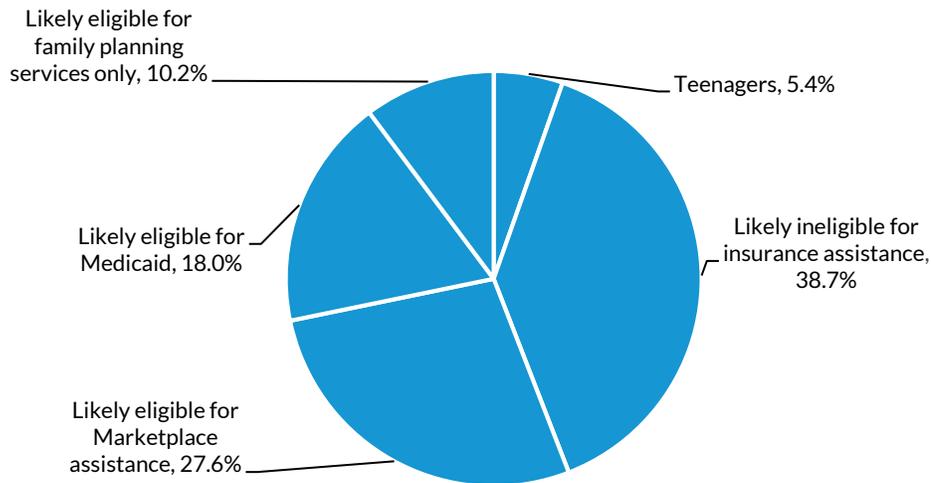
Source: Authors' analysis of 2016 American Community Survey.

Notes: Women of reproductive age are ages 15 to 44. Uninsured is at the time of the survey and reflects edits to account for apparent misreporting. Teenagers are citizens ages 15 to 18 and reported separately because they may face different circumstances than their adult counterparts, but approximately 73 percent are likely income-eligible for Medicaid or CHIP, 14 percent are likely income-eligible for Marketplace assistance, and 13 percent are likely ineligible for insurance assistance because of high incomes. Income is for the health insurance unit. Categories are defined in the data and methods section.

Among women of reproductive age who remained uninsured in 2016,

- eighteen percent were likely eligible for Medicaid coverage based on their income, because of either ACA Medicaid expansion or parental eligibility in nonexpansion states;

- an additional 5.4 percent were teenagers (ages 15 to 18), about 73 percent of whom are likely eligible for Medicaid or CHIP based on income (data not shown);

- more than one quarter (27.6 percent) were likely eligible for premium subsidies for Marketplace coverage based on their income;

- about 10 percent were likely ineligible for comprehensive Medicaid coverage or Marketplace assistance but were likely eligible for a program covering family planning services only, based on their income; and

- about 38.7 percent were likely ineligible for any assistance obtaining coverage, including noncitizens (29.1 percent), those with incomes above 400 percent of FPL (4.2 percent), and those with incomes below 100 percent of FPL living in states with limited Medicaid eligibility for parents and no family planning benefits (5.5 percent).

Discussion

This chartbook reports changes in the uninsurance rate for women of reproductive age from 2013 to 2016, following the major coverage expansions of the ACA. The estimates show that women of different ages, family structures, races and ethnicities, citizenship status, educational attainment, employment status, incomes, and locations gained coverage between 2013 and 2016. These coverage gains have important implications for women's access to necessary care and will likely affect the health and financial security of women and their families.

Despite strong coverage gains, several groups of reproductive-age women continued to have high uninsurance rates in 2016. These include women of color, single mothers, noncitizens, women with low incomes or a high school education or less, and those living in a state that did not expand Medicaid under the ACA. Examining the characteristics of women remaining uninsured in 2016 reveals that many of these women are likely eligible for assistance obtaining coverage. About 20 percent were likely eligible for comprehensive Medicaid or Children's Health Insurance Program (CHIP) coverage based on their income, and another 28 percent were likely eligible for assistance with premiums for Marketplace coverage based on their income. Increased outreach and enrollment efforts, particularly for women eligible for low-cost Medicaid or CHIP coverage, would likely benefit these women and their families.

Nearly 50 percent of uninsured women are likely ineligible for assistance obtaining comprehensive health insurance, however. These include noncitizens (29.1 percent), low-income women in nonexpansion states eligible for family planning programs only (10.2 percent) or ineligible for any Medicaid benefits (5.5 percent), and women with incomes above 400 percent of FPL (4.2 percent). Moreover, recent efforts by Congress and the administration could stall or reverse coverage gains. These include the repeal of the individual mandate, cutting open enrollment spending and allowing states to implement work requirements in Medicaid, as well as proposed changes to the Title X program that may further limit women's access to reproductive health care.

Conversely, with Idaho, Maine, Nebraska, Virginia, and Utah expected to expand Medicaid in 2019, some uninsured women will become newly eligible for comprehensive coverage in these states. As new data become available to capture the effects of more recent policy changes, continuing to monitor changes in coverage for women of reproductive age will be important.

Notes

[1] Authors' estimates from the 2010 American Community Survey.

[2] Five states (CA, CT, MN, NJ, WA) and the District of Columbia expanded Medicaid early under the ACA, but how much these policy changes reflected true eligibility expansions, as opposed to financing transfers, varied. See Sommers and colleagues (2014).

[3] Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. IPUMS USA: Version 8.0, accessed December 17, 2018, https://usa.ipums.org/usa/.

[4] The 2017 ACS data is now publicly available but has not yet been edited to account for misreporting of coverage status and type.

[5] Eligibility for comprehensive Medicaid coverage for a teen would be based on their family income, but eligibility for family planning services may be based on individual income. Moreover, teens may face unique challenges accessing reproductive health services when they desire to keep these services confidential and avoid parental notification.

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