

Insurance Coverage among Women of Reproductive Age in Tennessee

The Affordable Care Act established several provisions aimed at reducing the uninsurance rate, and the number of uninsured women of reproductive age (15–44) in the United States fell from 12.7 million in 2013 to 7.5 million in 2017.

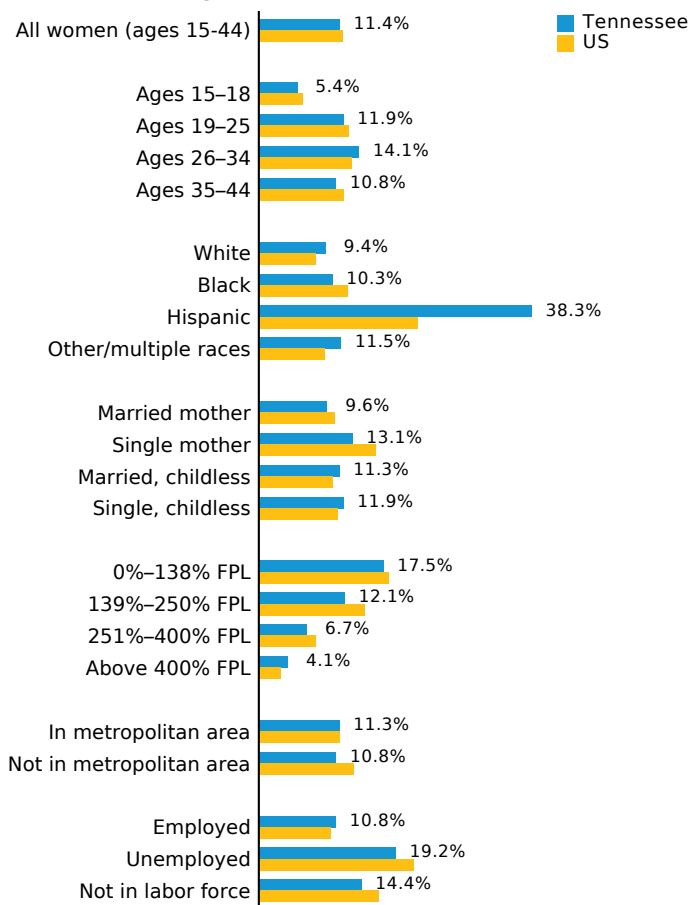
In Tennessee, which did not expand Medicaid under the Affordable Care Act, the uninsurance rate fell from 18.3 percent in 2013 to 11.4 percent in 2017. Despite these gains, approximately 149,000 Tennessee women of reproductive age remained uninsured in 2017.

Uninsurance Rate among Subgroups of Women in Tennessee and the US, 2017

Uninsured women are vulnerable to well-documented access, affordability, and health problems associated with lacking insurance coverage, including potentially limited access to family planning and other reproductive health services.

- Women of reproductive age in Tennessee had a comparable uninsurance rate (11.4 percent) to similar women nationwide (11.7 percent) in 2017 (figure 1).
- Within Tennessee, women ages 26 to 34, Hispanic women, women with incomes at or below 138 percent of the FPL, unemployed women, and women not in the labor force had higher uninsurance rates than the state average for all women of reproductive age in 2017.
- Reducing the uninsurance rate among women of reproductive age in Tennessee may require expanding access to Medicaid or other highly subsidized insurance, as well as targeted outreach and enrollment efforts to subgroups of already eligible women with the highest uninsurance rates.

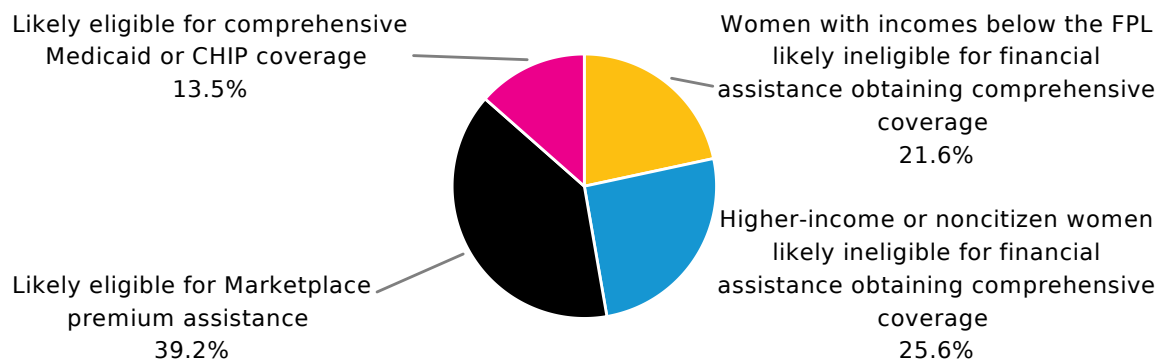
Figure 1. Uninsurance Rate among Subgroups of Women of Reproductive Age in Tennessee and the US, 2017



Source: Urban Institute analysis of 2017 American Community Survey.

Note: FPL is federal poverty level. White, black, and other/multiple race are non-Hispanic. Differences reported in text are significant at $p < 0.05$.

Figure 2. Potential Eligibility for Financial Assistance Obtaining Coverage among Uninsured Women of Reproductive Age in Tennessee, 2017



Source: Urban Institute analysis of 2017 American Community Survey.

Note: CHIP is the Children's Health Insurance Program.

Some women may remain uninsured because they lack an affordable coverage option, but others may not enroll in an affordable Medicaid, Children's Health Insurance Program, or Marketplace plan because of a lack of awareness of their eligibility, administrative burdens, or concerns about enrolling in a public program.

Among approximately 149,000 uninsured women of reproductive age in Tennessee in 2017 (figure 2),

- about 13.5 percent were likely eligible for comprehensive Medicaid or Children's Health Insurance Program coverage based on their income;
- another 39.2 percent were likely eligible for assistance with premiums for Marketplace coverage based on their income, including 12.2 percent with incomes between 100 and 138 percent of the FPL;
- about 21.6 percent were women with incomes below the FPL who were likely ineligible for assistance obtaining comprehensive Medicaid, Children's Health Insurance Program, or Marketplace coverage; and
- about 25.6 percent were likely ineligible for assistance obtaining comprehensive health insurance, including noncitizens (18.9 percent), and women with incomes above 400 percent of the FPL (6.8 percent).

Looking Ahead

Expanding Medicaid in Tennessee could benefit approximately 33.8 percent of uninsured Tennessee women of reproductive age, including currently ineligible citizens with incomes below the FPL (21.6 percent) and those with incomes between 100 and 138 percent of the FPL (12.2 percent) for whom Medicaid may be more affordable than Marketplace coverage. Outreach and enrollment efforts targeted at subgroups of women with high uninsurance rates and those already eligible for assistance could also help reduce the uninsurance rate in Tennessee, though higher subsidies may be required to help address affordability barriers. In addition to continuing to monitor the uninsurance rate, it will be critical to track women's ability to access the general and reproductive health services they need. This will include monitoring the availability and capacity of providers that disproportionately serve low-income and uninsured women, such as community health centers and Title X clinics.