Insurance Coverage among Women of Reproductive Age in Montana

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.

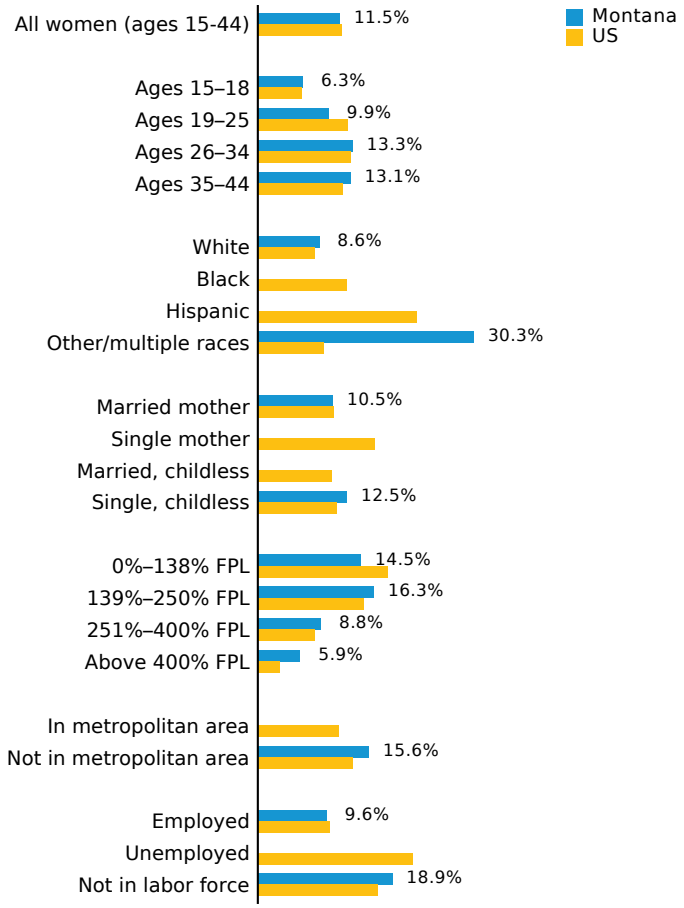
In Montana, which expanded Medicaid under the Affordable Care Act, the uninsurance rate fell from 23.4 percent in 2013 to 11.5 percent in 2017. Despite these gains, approximately 22,000 Montana women of reproductive age remained uninsured in 2017.

Uninsurance Rate among Subgroups of Women in Montana 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.

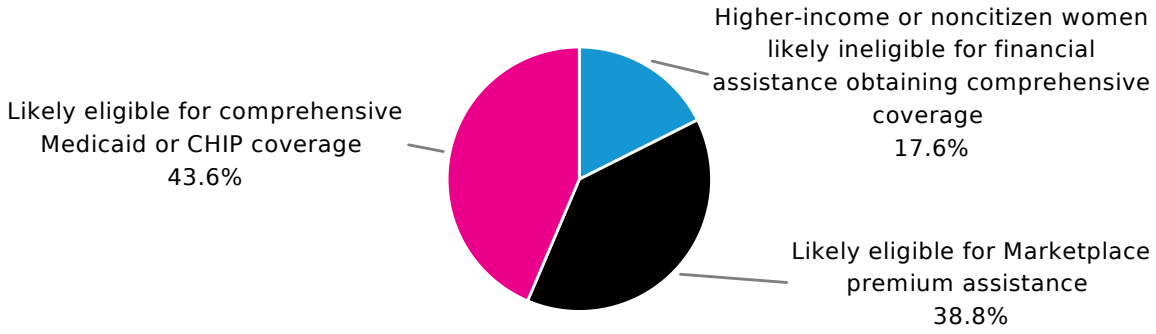
- Women of reproductive age in Montana had a similar uninsurance rate (12.0 percent) to similar women nationwide (11.7 percent) in 2017 (figure 1).
- Within Montana, women of other/multiple races, women with incomes at or below 138 percent of the FPL, women with incomes between 139 and 250 percent of the FPL, women living in nonmetropolitan areas, 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 Montana may require further 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 Montana 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. Subgroups with no state estimate had a sample size smaller than 200. 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 Montana 2017



Source: Urban Institute analysis of 2017 American Community Survey.
Note: CHIP is the Children's Health Insurance Program. For detailed category definitions, see Health Insurance Coverage for Women of Reproductive Age, 2017. Some uninsured women in all categories may be eligible for or enrolled in a Medcaid plan that covers family planning services only. Some women likely eligible for Marketplace premium assistance may be eligible for more affordable coverage through a state-specific 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 22,000 uninsured women of reproductive age in Montana in 2017 (figure 2),

- about 43.6 percent were likely eligible for comprehensive Medicaid or Children's Health Insurance Program coverage based on their income;
- about 17.6 percent were likely ineligible for assistance obtaining comprehensive health insurance, including noncitizens, (8.4 percent) and women with incomes above 400 percent of the FPL (9.2 percent).

Looking Ahead

Following Medicaid expansion in Montana, the uninsurance rate fell from 23.4 percent in 2013 to 11.5 percent in 2017. Despite coverage gains, approximately 22,000 Montana women of reproductive age remained uninsured in 2017. 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 Montana , 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.