# Insurance Coverage among Women of Reproductive Age in Maine

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.

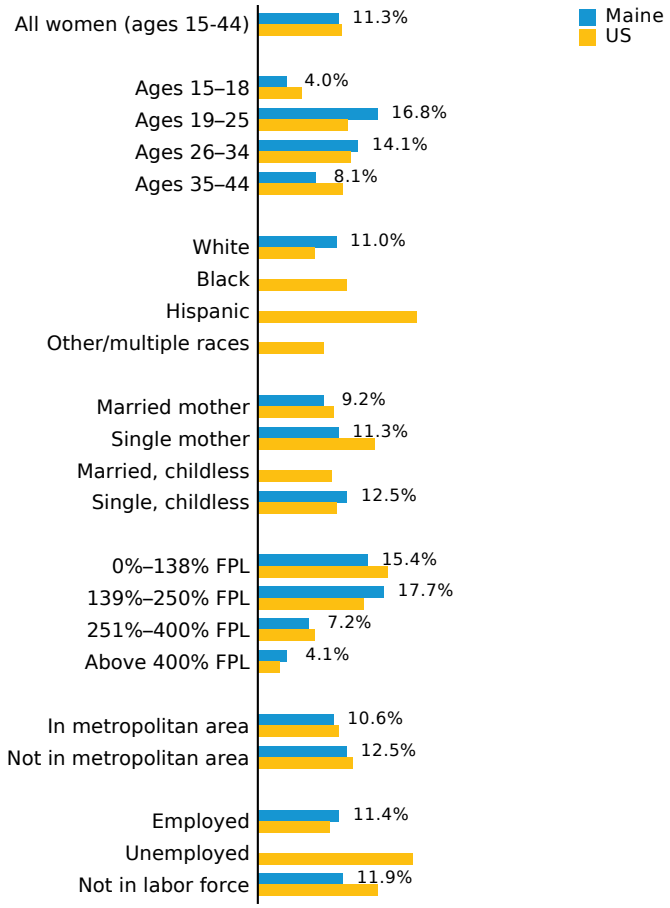
In Maine, which expanded Medicaid under the Affordable Care Act after 2017, the uninsurance rate fell from 15.3 percent in 2013 to 11.3 percent in 2017. Despite these gains, approximately 26,000 Maine women of reproductive age remained uninsured in 2017.

## Uninsurance Rate among Subgroups of Women in Maine 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 Maine had a similar uninsurance rate (11.0 percent) to similar women nationwide (11.7 percent) in 2017 (figure 1).
- Within Maine, women ages 19 to 25, women with incomes at or below 138 percent of the FPL, and women with incomes between 139 and 250 percent of the FPL had higher uninsurance rates than the state average for all women of reproductive age in 2017.

**Figure 1. Uninsurance Rate among Subgroups of Women of Reproductive Age in Maine 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 $p < 0.05$.

## Looking ahead

Reducing the uninsurance rate among women of reproductive age in Maine 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. It will also be critical to track women's ability to access the general and reproductive health services they need, including monitoring the availability and capacity of community health centers and Title X clinics.