morganhealth

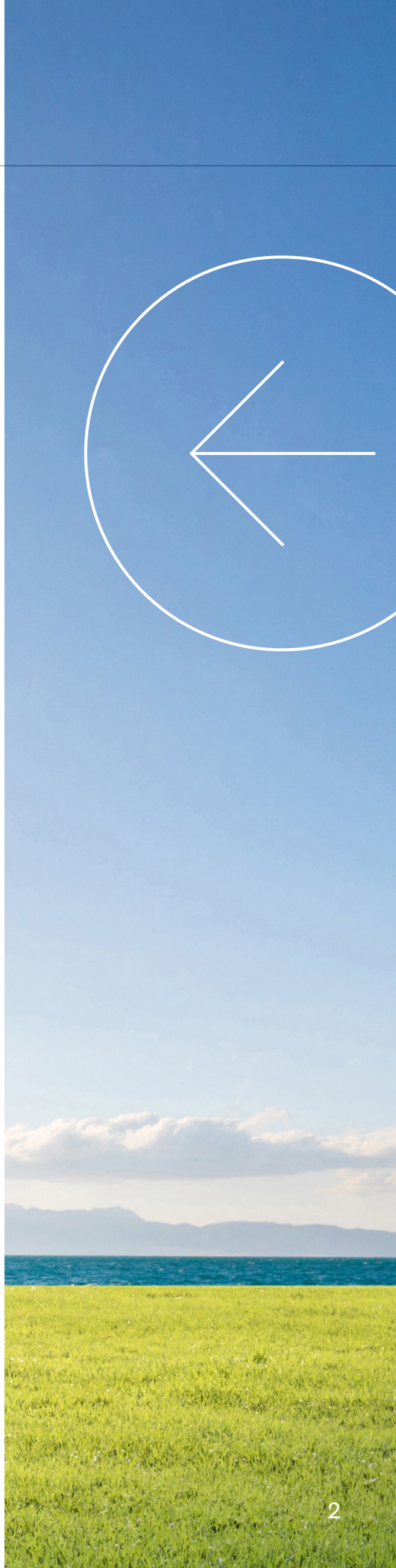
JUNE 2025

Making health coverage work for women

JPMorganChase

The five generations of women in the workforce today have a wide range of needs when it comes to their health. What they all have in common is that, far too often, they pay too much for health care but do not receive care that is high quality in return. This means that their care needs are often un- or under-addressed, resulting in harm to their health, productivity at work, and overall well-being.

This is true despite the fact that among the 97.5 million women ages 19-64 living in the U.S., most have some form of health coverage, including 60% who receive coverage from employer-sponsored insurance (ESI) plans. To improve quality and reduce costs overall, it is imperative that women not be left behind. Instead, ESI improvements – and innovations across the health care system writ large – must intentionally incorporate women's health care needs and design approaches that are targeted to help resolve the specific challenges women encounter when accessing care.



01 While women consume more health care than men, they have a harder time affording their coverage and often receive lower-quality care

Over the course of their lives, women have more interactions with health care systems and are more likely to visit a provider when compared to men. This is driven in part by women's unique needs related to reproductive and maternal health, the higher prevalence among women of certain conditions (such as autoimmune diseases or mental health issues), and the fact that women tend to live longer and thus have greater exposure to age-related health conditions. It is also a product of myriad social factors, including less stigma for women to seek care as compared to men and the health impacts of caregiving work borne by women. Women also spend as much as 20% more than men on their health care, even after excluding maternity expenses from the analysis.

Women with ESI report that they find all types of health care services – from medical to mental health care and prescription drugs – to be less affordable than men, and more than a third (37%) of women with employer-sponsored coverage report that it is difficult to meet deductibles. What's worse, women consistently get less value from their insurance than men do: analysis suggests that the actuarial value of the coverage offered to women – the percentage of average costs that a plan will cover – was less than that offered to men. Indeed, 36% of women with ESI say their plan either did not cover care they thought was covered or paid less for that care than expected. When care is too expensive or not seen as a good value, people often just decline to obtain it, and women are 35% more likely than men to say they've skipped or delayed medical care over a 12-month period. Inevitably, this leads to worse health outcomes.

When compared to other similar countries, U.S. women report:

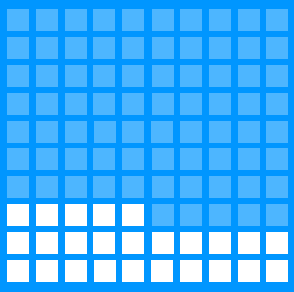
- The greatest burden of chronic illness,
- The highest rates of skipping needed health care because of cost,
- The most difficulty affording their health care, and
- The least satisfaction with their care.

Only one-quarter of U.S. women rate the quality of their care as excellent or very good, less than all Organisation for Economic Co-operation and Development (OECD) countries.

Women are health care decisionmakers

In addition to seeking care for their own needs, women are also the primary health care decisionmakers for children, spouses, aging parents and other family members. Studies show that women make 80% of the health care decisions for their families, including finding providers, scheduling appointments, researching treatments, navigating insurance, managing medical bills, and more. Employers and policymakers should consider this additional dimension when examining the challenges women face when using the health care system.

One in four



Number of women who rate the quality of their care as excellent or very good

02 These differences negatively impact women's health across their lifespan, and also at work – which in turn harms the economy overall

When women pay more, receive lower-quality care, and have their health needs dismissed or minimized, the result is significant health and financial costs at the individual, institutional and societal levels.

Nearly 1 in 5 (18%) women ages 18 and older rate their health as "fair" or "poor," and women spend 25% more of their lives in poor health relative to men. Of course, this "health gap" leads to women experiencing lower quality of life, reduced productivity at work, decreased ability to care for their families and invest in their communities, and worse physical and mental health over the long term. McKinsey estimates that the women's health gap equates to 75 million years of life lost due to poor health or early death per year. It also has an economic impact: about half of the health burden impacts women during their working years. Consequently, addressing this gap could boost the global economy by at least $1 trillion annually by 2040.

$1 trillion

annually by 2040

Boost to the global economy that could be achieved by addressing the women's health gap

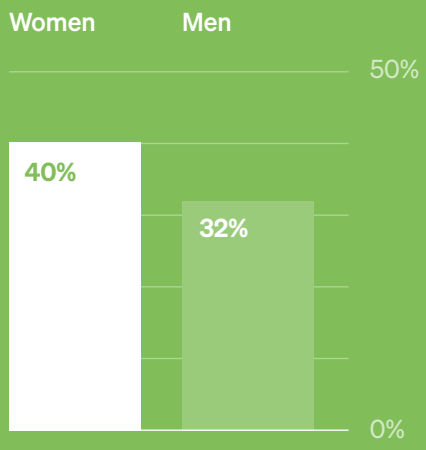
03 A more holistic and comprehensive understanding of what constitutes "women's health" is necessary to improve health care access, affordability and equity

The term "women's health" is often conflated with maternity or reproductive health care. Even reproductive health is often narrowly understood as only contraception and abortion care, instead of the full range of care women need throughout their lives. While maternity and reproductive care are commonly the most expensive and sustained encounters women have with the health care system, respectively – and receive the most attention from researchers and policymakers – women, in fact, have substantial health care needs across their lifespan in addition to these two areas of focus.

An estimated 56% of women's health burden comes from conditions that are more prevalent and/or present differently in women. These range from cancer, cognitive, autoimmune, and cardiovascular conditions, to mental and behavioral health issues (including anxiety, depression and substance use disorder), as well as social drivers of health (including caregiving responsibilities, nutrition, housing stability and more).

Many health care providers are not sufficiently educated on how these conditions may impact women differently or what treatment options may be best suited for the suite of underlying and often interconnected symptoms women may experience. Beyond these gaps in clinical care, there is a dearth of investment in women's health research and a lack of women- or equity-centered approaches to the development of medications, diagnostic tools, and medical equipment,[1] both of which are necessary to ensure that women's health conditions are properly understood and treated.

At the individual level, this means that women's experiences in accessing care can be fragmented, and may feel like being given the "run around" – involving multiple doctor's visits, identification of and communicating between specialists, long wait times for providers and repeated diagnostic appointments or tests. At worst, women are misdiagnosed, given inadequate treatment, told their pain or symptoms are exaggerated, or actively discriminated against. Nearly 40% of women ages 18-64 report having negative interactions with a health care provider in the previous two years (compared to 32% of men); including discrimination, having their concerns dismissed, or being told their behavior or environment is responsible for their health problems. This is especially prevalent among women of color, and Black women in particular.



People ages 18–64 who report having had negative interactions with a health care provider in the previous two years

1. Budget and staffing cuts to federal research institutions like the Centers for Disease Control and National Institutes for Health risk undermining progress on women's health and health equity.

04 Employers play a critical role in driving adoption of innovative models of care that can work for women

Women's health is both primary care and specialty care – and this understanding should drive health care innovation.

Value-based care and alternative payment models have the potential for transformative change in terms of both health outcomes and lowering costs. For example, maternity care episode payments show promise in ensuring that women receive high-quality care across their entire experience from pregnancy to postpartum, and can provide better access to proven models like midwives, doulas, birth centers, and community-based perinatal health workers. As another example, innovative behavioral health models that support care integration and care management services and that use a performance-based payment approach have significant potential to improve the quality of mental health care for women.

Advanced primary care models that focus on women's health are also highly promising. In these models, providers do not just work under the same roof (including offering virtual care delivery through the same practice), they collaborate to address whole-person health. This streamlines the experience that women commonly have to navigate, and fosters integrated approaches to diagnosis and treatment – from reproductive and gynecological health to heart health, behavioral health, nutrition and more.

In order to deliver on the promise of these models, the health care workforce must be strengthened and diversified. Providers – including nurses, midwives, advanced practice clinicians, behavioral health care providers and nutritionists – must be accessible to patients, adequately reimbursed and empowered to practice at the top of their license. Additionally, support personnel like doulas and community health workers play a valuable role in helping women navigate complex care systems, identifying and addressing barriers to care (including SDOH), providing patient education and working with providers to coordinate care. These essential professionals must also be accessible, adequately reimbursed and fully integrated into health systems or care teams. Together, these kinds of robust care teams not only improve health outcomes and ultimately help reduce costs, but they also are associated with higher patient satisfaction, including less discriminatory and more equitable experiences of care.

Women's health data and privacy considerations

Innovative and holistic approaches to women's health will require better data than commonly available today. For example, in value-based care models, patient experience measures are one of the primary criteria for determining quality. Data collection efforts must understand women's preferences as patients – and as health care decisionmakers for their families – and incorporate those metrics. Better data, including on social drivers of health (SDOH), will also help providers, plans and employers evaluate care quality and costs. Additionally, integrated approaches to women's health care depend on seamless data exchange and interoperability to facilitate care coordination.

At the same time, because many areas of women's health are highly sensitive, stigmatized, or politicized, there must be a high level of confidentiality and privacy protections for women's health data. This includes requiring that HIPAA-regulated entities comply with data protections and only share data for legitimate treatment and business purposes, and that other companies that hold health or health-adjacent data (such as "fem-tech" companies or employers) develop robust privacy and data minimization policies. Additionally, health care providers, companies and employers should safeguard women's health data so that it is not used to discriminate against them.

Employers have a critical opportunity to help implement and scale these innovative approaches to women's health care.

Opportunities for Employers

- **Understand and respond to employees' needs** using a broader definition of women's health, and informed by employee surveys and other tools to assess which health-related services and supports employees need and value. These assessments should also investigate whether benefits and other employer offerings are driving toward high-quality outcomes across the full range of women's health needs.
- **Design benefits to improve access to care that is responsive to the full and diverse set of health needs,** including SDOH, that women have across their lifespans. This includes leveraging negotiations with insurance plans to provide coverage for high-value care models (such as advanced primary care) and providers and other health care workers (such as doulas and community health workers) to address network gaps in care. Employers should also be accountable for measuring and paying for value.
- **Address the unique barriers that women encounter when trying to access care,** including those related to SDOH, and offer the supports needed to help their employees navigate those challenges. This includes putting accountability measures in place for vendors and point solutions so that women are able to successfully navigate the health care system and access high-quality care and related supports. Employers should also drive better awareness of and engagement with available solutions among their employees.