

5 Reasons Expanding Medicaid Coverage Matters to Women and Families

The Medicaid expansion included in the Affordable Care Act is an historic opportunity to extend much needed health care coverage to millions of lower income Americans. Traditionally, Medicaid coverage has been limited to only to certain segments of the low-income adult population – parents whose dependent children live with them, disabled individuals, and pregnant women (but only for the duration of their pregnancy and 60 days afterward). While a few states have secured federal waivers to offer limited Medicaid coverage to adults who do not have children, in the vast majority of states a non-disabled childless adult under age 65 cannot enroll in the program and even many adults with minor children are not eligible.

The Affordable Care Act (ACA) has the potential to change this picture. Beginning in 2014, the ACA offers incentives to states that provide comprehensive Medicaid coverage to all adults whose incomes are below 133 percent of the federal poverty level (FPL), regardless of whether they have children. States that expand coverage will receive 100 percent federal funding for most of the costs in 2014 through 2016; the federal support gradually decreases to 90 percent in 2020 and beyond.

Under the ACA, a state that failed to expand its Medicaid program would have been at risk of losing all federal matching funds – the new money *and* funding for its *existing* program. But in June 2012 the U.S. Supreme Court undermined that requirement. The Court ruled that Congress cannot require states to expand their Medicaid programs and the federal government cannot take away existing Medicaid funding in states that do not to expand Medicaid eligibility. As states now consider whether or not to expand their existing Medicaid programs, it is important to understand why the expansion is so important to women and families.

1. Health Care for Seven Million More Low Income Women

Expanding Medicaid guarantees access to comprehensive health care benefits for the most vulnerable Americans (all adults ages 19 through 64 whose incomes fall below 133 percent of the FPL). The Urban Institute estimates 15.1 million uninsured individuals nationwide would gain Medicaid coverage under this provision.¹ **Seven million of them would be women.** The Medicaid program provides a broad package of benefits, including preventive, acute and long term care. Many of these services are critical to meeting a woman's health care needs but not readily accessible without health insurance.

¹ G. Kenney et al, *Opting in to the Medicaid Expansion under the ACA: Who are the Uninsured Adults Who Could Gain Health Insurance Coverage?*, Washington, D.C., August 2012.

2. Healthier Moms and Babies

Current federal law requires states to provide Medicaid coverage to a woman if she is pregnant and her income is below 100 percent of the FPL. That coverage ends, however, 60 days after delivery. In some states women with higher incomes can qualify, and a few states also offer very limited postpartum coverage (generally only family planning services) after the 60-day period. Under the expansion, all eligible women would have access to care before and between pregnancies, and to postpartum treatment for continuing problems such as depression and tobacco use, thereby enhancing the likelihood of healthier pregnancies, better birth outcomes and more successful parenting.

3. Health Care Coverage for More Working Parents

One in seven full-time workers was uninsured in 2011; for part-time workers, that figure rose to one in four.² Many of these uninsured workers have children. The Urban Institute estimates that 2.7 million working parents could qualify for Medicaid coverage under the expansion. More than half of them – 1.5 million – have incomes lower than 100 percent of the FPL. As of July 2012, in 17 states, *working* parents with incomes above 50 percent of the FPL are ineligible for Medicaid coverage, and in another 16 states, working parents' incomes cannot exceed 100 percent of the FPL if they are to qualify for Medicaid.³ For a family of three, 50 percent of the FPL is just \$9,545/year.

4. Better Access to Care for Women with Chronic Conditions

One out of every two women in the U.S. between the ages of 45 and 64 has at least one chronic health condition that requires ongoing treatment. The incidence is even higher among lower income women, with arthritis, hypertension and elevated cholesterol the three most commonly reported conditions.⁴ With proper treatment, many of these women can control these conditions and avoid disability. Under the expansion, 2.5 million in this age group could obtain Medicaid coverage.

5. Fewer Disparities in Health Care Access and Quality

Since 2003 the Agency for Healthcare Research and Quality has reported annually on progress in improving health care quality and reducing health care disparities. In its 2011 report, the Agency notes that overall quality – i.e., the percentage of patients receiving the right care at the right time in the right amount – is improving, slowly, for all groups, but disparities persist in quality and access to care.⁵ For example, although the death rates from breast cancer declined for all women between 2000 and 2007, the gap between the rates for black versus white women *increased* over the same period.⁶ Expanding Medicaid will help reverse these dismal statistics.

² *Overview of the Uninsured in the U.S.: A Summary of the 2011 Current Population Survey*, ASPE, DHHS, September 2011, <http://aspe.hhs.gov>.

³ Medicaid Income Eligibility Limits for Adults as a Percent of Federal Poverty Level, July 2012, Kaiser Family Foundation, www.statehealthfacts.org.

⁴ Women's Health Care Chartbook, Kaiser Family Foundation, May 2011, p. 6.

⁵ *Highlights from the 2011 National Healthcare Quality and Disparities Reports*, www.ahrq.gov/qual/nhdr11/key.htm.

⁶ National Health Disparities Report 2011, AHRQ, Figure 2.5.