# Medicaid: Ensuring Basic Health Care for Millions of Women and Children

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Medicaid provides access to critical health care for millions of lower income women and children who otherwise would be uninsured. At all ages, women and girls make up the majority Medicaid enrollees.[1] Women and families need ready access to health care, including primary and preventive care, to stay healthy. Medicaid plays an essential role in connecting millions of women and children to the care they need.

## Background

Medicaid is the safety net for children and adults with low incomes who do not have access to private health coverage. Medicaid is a federal-state partnership that was designed to provide health insurance to the financially vulnerable. The federal government and states share the cost of the program, and states design and administer their own programs within broad federal rules.

Prior to the implementation of the Affordable Care Act (ACA), to qualify for Medicaid, a person had to meet specific financial criteria and belong to a "categorically eligible" group: children, parents with dependent children, pregnant women, people with severe disabilities or low-income seniors. Through the ACA, states have the option to expand Medicaid coverage to nearly all individuals and families living at or below 138 percent of the Federal Poverty Line (FPL). In 2009, before the passage of the ACA, about half of Medicaid enrollees were children, and the other half were predominantly older adults and people with disabilities, including those dually eligible for both Medicare and Medicaid.[2] With the expansion of Medicaid in 31 states and D.C., children continue to compose most of Medicaid enrollees (41 percent), but women ages 19-64 make up the majority of adult Medicaid enrollees.[3] States that chose to expand Medicaid coverage have seen greater reductions in the rate of uninsured people than states that have not expanded Medicaid.[4]

**Medicaid provides millions of women and children with access to health care and increases their economic security.**

Medicaid provides access to care that many low-income women would otherwise not be able to afford, despite the fact that the majority of women enrolled in Medicaid are employed.[5] Medicaid covers one third of women with disabilities and nearly 25 percent of women with mental health illnesses.

Medicaid covers doctor and hospital visits, family nurse practitioner services, and access to federally qualified health centers and rural health clinic services. Medicaid also covers critically important well-woman care, including cancer screenings, birth control and other services that help women stay healthy.

## Family Planning and Prenatal and Maternity Care

Women need access to preventive health care, such as birth control, to maintain their health and choose when and whether to become a parent. Medicaid is the largest public payer for family planning services.[6] More than two thirds of women enrolled in Medicaid are of reproductive age (19-49), and half of all births are covered by the program.[7] For women who choose to become a parent or expand their families, good prenatal and maternity care are critically important for healthy pregnancies and healthy children. The program's coverage of family planning services, prenatal and maternity care plays a significant role in improving maternal health. For example, research shows that pregnant women covered by Medicaid obtain more timely and adequate prenatal care than low-income women who are uninsured.[8]

## Infants and Children

The Medicaid program plays a significant role in improving infant health. Infants of women enrolled in Medicaid have reduced rates of low birth weight and avoidable birth defects.[9] Medicaid also reduces infant mortality. For example, states that expanded Medicaid reported decreases in infant mortality over a two-year period.[10]

Medicaid and the Children's Health Insurance Program (CHIP) are important sources of coverage for children. Medicaid and CHIP provide comprehensive health coverage that includes pediatric check-ups, well-child care and acute health services.[11] Together, the programs provide coverage to more than one third of children under age 19, including millions of children of color.[12] In 2015, 21 percent of children covered by CHIP or Medicaid were African American and 37 percent were Latino.[13]

Medicaid also covers 40 percent of children with disabilities and pays for necessary services like special medical equipment, therapy, classroom assistance and case management.[14] Medicaid makes insurance for children with disabilities affordable and these services allow children to remain in their homes with their families.

## Women of Color

Medicaid plays a critical role in providing access to health care for communities of color. Due to racism and other systemic barriers that have contributed to income inequality, Medicaid disproportionately covers women and children of color. A significant portion of minority women (ages 18-64) are covered by Medicaid: 25 percent of Black women, 25 percent of Latina women, thirty percent of American Indian and Alaska Native women, 18 percent of Native Hawaiian and Pacific Islander women and 14 percent of Asian women.[15]

Following the implementation of the ACA, Black women and Latinas who are enrolled in Medicaid report fewer cost barriers to care, greater access to care and higher rates of continuous coverage.[16] Many women of color, particularly African American women, are

unable to enroll in coverage because they primarily live in the South, where most states chose not to expand Medicaid. These women often fall into the "coverage gap" because they earn too much to qualify for traditional Medicaid in those states, but not enough to purchase insurance on the Marketplace; as a result, they still lack access to health coverage.

## Access, Utilization and Outcomes

Medicaid expansion has improved access to health care for millions of women with low incomes. Federal limits on premiums and cost sharing keep Medicaid affordable and help women and families maintain coverage without facing additional financial barriers or incurring additional debt.[17] Data show that with Medicaid, women report increased ability to pay medical bills and less delay in seeing a doctor or getting preventive screenings because of cost. Medicaid enrollees also report similar rates of access to care and satisfaction as those enrolled in private health insurance plans.[18]

Medicaid also improves health outcomes. Access to preventive care and routine screenings results in better health for children, earlier detection of chronic diseases like diabetes and hypertension, earlier diagnosis of cancer at all ages and improved chances of obtaining treatment for both acute and chronic health conditions.[19] Medicaid coverage also improves adult self-reported mental health and reduces teen mortality.[20]

## Nursing Home and Long-Term Care Services

Women live longer, and experience higher rates of chronic illness and disability, than men, and roughly two thirds of nursing home and other long-term care facilities residents are women. Women are more likely than men to need long-term care services and to lack the social supports and resources that could allow them to live independently in the community.[21] Medicaid pays for long-term care services for more than six million low-income, elderly women that are dually eligible for both Medicare and Medicaid. Indeed, women make up 60 percent of the people who are eligible for the two programs.[22] With extensive health needs and very low incomes, Medicaid provides dually eligible women with coverage for long-term care services like nursing home stays and home health care, as well as assistance with Medicare cost sharing and deductibles.

## Conclusion

Medicaid is an essential program that provides the country's most vulnerable – including millions of women and children – with access to health care and increases their economic security.[23] Without Medicaid, many women and children would lack access to basic care, be at risk for poorer health outcomes and face cost barriers that would prevent them from seeking needed care.

[1] Kaiser Family Foundation. (2017, June). *Medicaid's Role for Women.* Retrieved 13 February 2018, from http://www.kff.org/womenshealth/7213.cfm https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/

[2] United States Department of Health & Human Services, Centers for Medicare & Medicaid Services. (2012 March 16). *2011 Actuarial Report on the Financial Outlook for Medicaid.* Retrieved 13 February 2018, from http://www.cms.gov/actuarialstudies/downloads/MedicaidReport2011.pdf

[3] Ibid.; National Partnership for Women and Families. (2017, October). *Women's Health Coverage: Sources and Rates of Insurance*. Retrieved 27 February 2018, from http://www.nationalpartnership.org/research-library/health-care/womens-health-coverage-sources-and-rates-of-insurance.pdf#_ga=2.34084777.901266288.1519656246-1701651424.1508868614

[4] Kaiser Family Foundation. (2017, September). *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review*. Retrieved 13 February 2018, from https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-september-2017/

[5] See note 1.

[6] Guttmacher Institute. (2017, April). *Public Funding for Family Planning and Abortion Services, FY 1980–2015*. Retrieved 13 February 2018, from https://www.guttmacher.org/report/public-funding-family-planning-abortion-services-fy-1980-2015

[7] See note 1.

[8] Kaiser Family Foundation. (2010, April). *Medicaid Beneficiaries and Access to Care*. Retrieved 13 February 2018, from http://www.kff.org/medicaid/8000.cfm

[9] Kaiser Family Foundation. (2013, March). *Medicaid: A Primer – Key Information on the Nation's Health Coverage Program for Low-Income People*. Retrieved 13 February 2018,from  http://www.kff.org/medicaid/upload/7334-04.pdf

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[11] Georgetown University Health Policy Institute Center for Children and Families. (2017, January). *Medicaid's Role for Children*. Retrieved 13 February 2018, from https://ccf.georgetown.edu/wp-content/uploads/2016/06/Medicaid-and-Children-update-Jan-2017-rev.pdf

[12] Kaiser Family Foundation. (2017, June). *Next Steps for CHIP: What is at Stake for Children?* Retrieved 26 March 2018, from http://files.kff.org/attachment/Fact-Sheet-Next-Steps-for-CHIP-What-is-at-Stake-for-Children

[13] Georgetown University Health Policy Institute Center for Children and Families. (April, 2017). *Medicaid and CHIP Help Address Racial/Ethnic Disparities In Children's Health*. Retrieved 27 February 2018, from https://ccf.georgetown.edu/2017/04/26/medicaid-and-chip-help-address-racialethnic-disparities-in-childrens-health/

[14] Kaiser Family Foundation. (2017, January). *Medicaid and Children with Special Health Care Needs*. Retrieved 13 February 2018, from http://files.kff.org/attachment/Issue-Brief-Medicaid-and-Children-with-Special-Health-Care-Needs

[15] Data reflects analysis by the National Partnership for Women & Families using the 2017 Current Population Survey, Annual Social and Economic Supplement.

[16] The Commonwealth Fund. (2017, February*). Biennial Health Insurance Survey, 2003-2016*. Retrieved 13 February 2018, from http://www.commonwealthfund.org/interactives-and-data/surveys/biennial-health-insurance-surveys/2017/biennial-explorer

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[18] Ibid.

[19] Kaiser Family Foundation. (2017, June). *Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid*. Retrieved 13 February 2018, from https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/

20 Ibid.

[21] AARP. (2017, April). *Women and Long-Term Services and Supports*. Retrieved 13 February 2018, from https://www.aarp.org/content/dam/aarp/ppi/2017-01/women-and-long-term-services-and-supports.pdf

[22] See note 1.

[23] Georgetown University Health Policy Institute Center for Children and Families. (December, 2016). *Medicaid Coverage Improves Financial Security*. Retrieved 27 February 2018, from https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/