

Medicaid is Essential to Women's Health

Medicaid, the national health insurance program for low-income people, plays a critical role in providing health coverage for women. Nearly 17 million nonelderly women (ages 18-64) are covered through Medicaid, comprising three-quarters of the program's adult beneficiaries.¹ Women are more likely than men to qualify for Medicaid because they tend to be poorer and are more likely to meet the program's stringent eligibility criteria. Women are also more likely to hold low-wage or part-time jobs that do not offer employer-sponsored health benefits, so Medicaid may be their only possible source of coverage.^{2,3}

Medicaid is jointly funded by the federal and state governments and is administered by the states. The federal government establishes broad parameters by which state Medicaid programs must operate, including eligibility rules about which people states must cover and the minimum level of health care services that must be covered. States, however, have discretion to go beyond these federal requirements—for instance, by covering additional health care services or expanding coverage to an “optional” population. As a result, there is considerable state-by-state variation in who is able to get coverage through Medicaid, the income level needed to qualify, and the services that the program covers. States may also have their own unique name for the program, such as “Medi-Cal” in California, “MassHealth” in Massachusetts, and “TennCare” in Tennessee.

One in ten women in the United States receives health care coverage through Medicaid.⁴

- Medicaid is an especially critical source of coverage for low-income women. Nationally, a quarter of all low-income women are enrolled in the program.⁵
- Low-income mothers depend on the Medicaid program. Nearly two-thirds of the nonelderly women enrolled in Medicaid have dependent children.⁶

Medicaid ensures that women have access to a comprehensive set of important health care services.

- Medicaid programs are required to provide certain health services to some covered populations—including family planning services, inpatient and outpatient hospital care, and pregnancy-related care—and the program has traditionally provided beneficiaries with a comprehensive set of health benefits. The Deficit Reduction Act of 2005, however, allows states to provide more limited benefit packages (without coverage for mental health services or prescription drugs, for example) to certain enrollees.⁷
- Medicaid also covers treatment for breast and cervical cancer for certain low-income women. All 50 states and DC have chosen to implement this optional component of Medicaid, which provides full Medicaid coverage to women who are screened and/or diagnosed as part of the CDC's National Breast and Cancer Early Detection Program, and then determined to be in need of treatment. To qualify for the Early Detection

program, women must be uninsured or underinsured and have incomes at or below 250 percent of the federal poverty level.^{8,9} In 2006, nearly 40,000 women were enrolled in breast and cervical cancer treatment programs throughout the country.¹⁰

Reproductive health services are a vital component of women's Medicaid coverage.

- In 2006, Medicaid provided basic health services to a total of 7.3 million American women of reproductive age (15-44 years old).¹¹
- Medicaid is the largest public funder of family planning services in the United States. In 2006, the program contributed \$1.3 billion toward family planning nationally, accounting for 71 percent of all public spending on these essential services.¹²
- Medicaid is also an essential source of coverage for maternity care, and covers over 40 percent of all births in the United States.¹³ The program covers prenatal visits and vitamins, ultrasound and amniocentesis screenings, childbirth by vaginal or caesarean delivery, and 60 days of postpartum care.¹⁴ Pregnancy-related services account for the largest share of Medicaid's hospital charges.¹⁵

Medicaid is important for low-income women of all ages.

- For elderly women who meet income eligibility requirements, the program covers high-cost services provided in a skilled nursing facility, as well as home and community-based health care for women who are entitled to nursing facility services.¹⁶
- Nearly 40 percent of all female Medicaid beneficiaries were age 50 or older in 2007.¹⁷ These women typically rely on the program for: health care related to a physical or mental disability or chronic condition; treatment for breast or cervical cancer; long-term care services; or, cost-sharing required under Medicare.

Women and Medicaid: What Can Women's Advocates Do?

Women's advocates can work to strengthen and improve their state's Medicaid program while protecting against cuts in services and/or eligibility. Policymakers will continue to debate the role that Medicaid and other public coverage programs should play in the U.S. health care system. Budget pressures at the state and federal level will continue to pose threats to this essential health insurance program. Advocates should understand Medicaid's significance for women and support legislation that will strengthen Medicaid, ensure that the program is adequately funded, and improve program enrollees' access to care.

¹ Kaiser Family Foundation, *Women's Health Insurance Coverage* (Oct. 2009), <http://www.kff.org/womenshealth/upload/6000-08.pdf>

² Elizabeth M. Patchias and Judy Waxman, National Women's Law Center and The Commonwealth Fund, *Women and Health Coverage: The Affordability Gap* (Apr. 2007), <http://www.nwlc.org/pdf/NWLCCCommonwealthHealthInsuranceIssueBrief2007.pdf>.

³ Economic Research Service of the USDA, *Rural Labor and Education: Nonmetro Earnings and Low-Wage Workers* (Jan. 2007), <http://www.ers.usda.gov/Briefing/LaborAndEducation/earnings.htm#top>.

⁴ *Women's Health Insurance Coverage*, supra note 1.

⁵ Low-income” is defined as having annual family income at or below 200% of the federal poverty level. Kaiser Family Foundation, *Health Insurance Coverage of Women Ages 18 to 64, by State, 2007-2008* (Oct. 2009), <http://www.kff.org/womenshealth/upload/1613-09.pdf>

⁶ Alina Salganicoff et al., Kaiser Family Foundation, *Women and Health Care: A National Profile* (July 2005), <http://www.kff.org/womenshealth/upload/Women-and-Health-Care-A-National-Profile-Key-Findings-from-the-Kaiser-Women-s-Health-Survey.pdf>.

⁷ Families USA, *Medicaid Alert: Medicaid Benefit Package Changes, Coming to a State Near You?* (Mar. 2006), <http://www.familiesusa.org/assets/pdfs/DRA-Benefit-Package.pdf>.

⁸ For 2010, 250% of the FPL is \$27,075 annually for an individual or \$45,775 for a family of three.

⁹ The CDC program prioritizes screening of women aged 50 to 64 for breast cancer and women aged 40 to 64 who have not been screened in the past 5 years for cervical cancer. See: U.S. Government Accountability Office, *Medicaid: Source of Screening Affects Women’s Eligibility for Coverage of Breast and Cervical Cancer Treatment in Some States* (May 2009), <http://www.gao.gov/products/GAO-09-384>

¹⁰ *Id.* Includes enrollment data from 39 states; information not available for 11 states and DC.

¹¹ Kaiser Family Foundation and the Guttmacher Institute, *Medicaid’s Role in Family Planning* (Oct. 2007), http://www.kff.org/womenshealth/upload/7064_03.pdf.

¹² Adam Sonfield et al., Guttmacher Institute, *Public Funding for Contraceptive, Sterilization and Abortion Services, FY 1980-2006* (Jan. 2008), <http://guttmacher.org/pubs/2008/01/28/or38.pdf>.

¹³ Kaiser Family Foundation, *State Health Facts*, “Births Financed by Medicaid as a Percent of Total Births, 2003,” available at: www.statehealthfactsonline.org (Date Accessed July 24, 2009)

¹⁴ Kaiser Family Foundation, *Medicaid’s Role for Women* (Oct. 2007), http://www.kff.org/womenshealth/upload/7213_03.pdf.

¹⁵ C. Allison Russo and Roxanne M. Andrews, Agency for Healthcare Research and Quality, Healthcare Utilization Project, *The National Hospital Bill: The Most Expensive Conditions, by Payer, 2004* (Sept. 2006), <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb13.pdf>.

¹⁶ Ellen O’Brian, Georgetown University Long-Term Care Financing Project, *Medicaid’s coverage of nursing home costs: Asset shelter for the wealthy or essential safety net?*, *Issue Brief* (May 2005), <http://ltc.georgetown.edu/pdfs/nursinghomecosts.pdf>

¹⁷ National Women’s Law Center calculations based on health insurance data for women from the Current Population Survey’s 2008 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html