

Protect Medi-Cal Funding Series
Women's Health in California
Issue Brief #2 in a 12-Part Series

Medi-Cal provides a long-term investment in health that helps Californians succeed. It increases the diagnosis and early treatment of chronic conditions, enhances educational achievement and future earnings for covered children, and reduces health care disparities.¹ Medi-Cal coverage is tailored to the unique needs of low-income Californians and families, but still costs less per enrollee than employer-based insurance.² Despite Medi-Cal's proven success and efficient use of funds, the American Health Care Act, passed by the House of Representatives on May 4, proposes to cut Medicaid by converting the program into a per capita cap or a block grant. These proposals seriously jeopardize the health and financial security of the 13 million Californians—one third of our state residents—who benefit from Medi-Cal each year.³ Medi-Cal's core consumer protections make the program work for enrolled populations, including children, parents, pregnant women, low-income workers, older adults, and people with disabilities. This issue brief explains why Medi-Cal is critical for women and how they will be harmed by Medicaid funding caps.

Why Medi-Cal is important for women's health:

- **Medi-Cal provides coverage to 2.9 million non-elderly adult women.⁴** Women are significantly more likely to live in poverty than men, and therefore Medi-Cal is a vital source of health coverage for this population. Females make up 54 percent of the 13.4 million Californians enrolled in Medi-Cal and 49 percent of the 3.7 million Californians receiving Medi-Cal expansion coverage.⁵ Medi-Cal is an important provider of reproductive health services to women in California, financing half of all births in the state.⁶ Meanwhile, California's Breast and Cervical Cancer Treatment Program provides critical Medi-Cal services for over 14,000 low-income women (and men) diagnosed with breast or cervical cancer and in need of treatment.⁷
- **Medi-Cal provides critical reproductive health coverage and access for women.** Under federal Medicaid law, all states must cover family planning services and supplies (FPSS) without cost sharing for individuals who want to prevent pregnancy.⁸ Medicaid requires states to give women "freedom of choice" to visit any Medicaid provider to obtain FPSS (including providers outside an enrollee's managed care plan), and provides states with 90 percent federal funding for FPSS, giving states a strong incentive to provide these services.⁹ Accordingly, California has expanded eligibility for family planning services and

supplies for individuals with incomes up to 200% of the federal poverty level.¹⁰ Medi-Cal finances 83 percent of all publicly funded family planning services in California.¹¹ Publicly funded family planning is proven to be cost effective, saving more than \$7.00 for every dollar spent.¹² Moreover, California's Contraceptive Coverage Equity Act, which went into effect in January 2016, expands on the Affordable Care Act's federal contraceptive coverage requirement by limiting both cost-sharing and medical management techniques on the part of all health plans, including Medi-Cal managed care plans.¹³

How funding cuts harm women:

- **Funding cuts threaten the coverage of millions of women.** The per capita cap proposal in the American Health Care Act would reduce the amount of federal funding available to California to help provide essential health care services to low-income women. With less funding, the state may seek to scale back Medi-Cal eligibility limits for specific populations, such as certain categories of pregnant women. Additionally, women make up 49 percent of the 3.7 Californians currently on Medi-Cal expansion coverage. The American Health Care Act would effectively repeal the Medicaid expansion on January 1, 2020 by eliminating the enhanced federal funding for states to newly enroll expansion adults.¹⁴ Repeal of Medicaid expansion would leave low-income childless adult women without life-saving Medi-Cal coverage.
- **Funding cuts could lead California to reduce critical services for women.** Faced with an underfunded Medi-Cal budget, California could seek to reduce the Medi-Cal services available to those women who remain eligible. Optional benefits such as mental health services or the Breast and Cervical Cancer Treatment Program could be eliminated or sharply curtailed. California could also seek to impose limits that would harm women with special health care needs. For example, to save costs the state might try to limit the physical or rehabilitative therapies available to a woman with a physical injury. Lack of necessary health care services could turn those injuries into permanent disabilities.
- **Funding cuts could have a particularly devastating impact on already vulnerable populations of women.** Cuts in Medi-Cal coverage and services could have a devastating impact on already vulnerable populations of women, such as older women. Medi-Cal provides older adults with many services to help maintain their independence, such as home health care and long-term services and supports. Medi-Cal is the primary source of coverage for 62 percent of nursing facilities across the state.¹⁵ Any potential reductions in Medi-Cal coverage, access, or services for older adults would have a disproportionate impact on older women, since on average older women live longer and have fewer resources and lower incomes than older men.

- **Cutting off Planned Parenthood as a Medi-Cal provider.** In addition to proposed funding cuts to Medicaid, the American Health Care Act also has a specific provision that prevents Planned Parenthood from participating in the Medicaid program for one year. Without additional state funds, this provision could prevent Medi-Cal enrollees from seeing their provider of choice for essential preventive care such as family planning services, contraception, tests and treatment for sexually transmitted infections, and breast and cervical cancer screenings. Planned Parenthood serves an estimated 850,000 men and women each year at 110 health clinics throughout the state.¹⁶

ENDNOTES

¹ Harvey W. Kaufman et al., *Surge in Newly Identified Diabetes Among Medicaid Patients in 2015 Within Medicaid Expansion States Under the Affordable Care Act*, 38 DIABETES CARE 833 (2015) (Medicaid coverage improves diabetes screening and treatment initiation in expansion states, including California) <http://care.diabetesjournals.org/content/38/5/833> ; DAVID W. BROWN ET AL., NAT'L BUREAU OF ECON. RESEARCH, MEDICAID AS AN INVESTMENT IN CHILDREN: WHAT IS THE LONG-TERM IMPACT ON TAX RECEIPTS? 20 (2015), <http://www.nber.org/papers/w20835> (National study finding that Medicaid improves long-term outcomes for children); MICAH WEINBERG & PATRICK KALLERMAN, BAY AREA COUNCIL ECON. INST., MAINSTREAMING MEDI-CAL 5-6 (2016) (Medi-Cal enrollment associated with increased participation in the workforce), <http://www.bayareaeconomy.org/files/pdf/MainstreamingMedi-Cal.pdf>; CAL. DEP'T HEALTH CARE SERVS., MEDI-CAL MONTHLY ENROLLMENT FAST FACTS 8 (2017) (At least 64% of Medi-Cal Expansion enrollees were people of color as of December, 2016), http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_December_2016.pdf; Thomas C. Buchmeuller et al., *Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage*, 106 AM. J. PUB. HEALTH 1416, 1420 (2016) (Medicaid reduced health care disparities in expansion states, including California) <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2016.303155>.

² See TERESA COUGHLIN ET AL., KAISER COMM'N ON MEDICAID & THE UNINSURED, WHAT DIFFERENCE DOES MEDICAID MAKE? 4, 7 (2013), <http://kaiserfamilyfoundation.files.wordpress.com/2013/05/8440-what-difference-does-medicaid-make2.pdf> (Nationally, employer-based coverage would cost 28% more than covering the same individual with Medicaid).

³ CAL. DEP'T HEALTH CARE SERVS., *supra* note 1 at 1 (enrollment as of December, 2016 at 13.5 Million).

⁴ The non-elderly adult figure includes women ages 19 to 64. KAISER FAMILY FOUNDATION, WOMEN'S HEALTH INSURANCE COVERAGE (Oct. 2016), <http://files.kff.org/attachment/fact-sheet-womens-health-insurance-coverage>.

⁵ CAL. DEP'T HEALTH CARE SERVS., *supra* note 1 at 2, 8.

⁶ KAISER FAMILY FOUNDATION, BIRTHS FINANCED BY MEDICAID (2013), <http://kff.org/medicaid/state-indicator/births-financed-by-medicaid>.

⁷ CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES, BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP), <http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx>; CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES, MEDI-CAL BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP) ENROLLMENT TOTALS FOR JANUARY 2013 (Jun. 2014), http://www.dhcs.ca.gov/dataandstats/statistics/Documents/16_4_1_3_BCCTP_Annual_Historic_Trend_2003-2013.pdf.

⁸ 42 U.S.C. § 1396d(a)(4)(C); 42 C.F.R. § 441.20.

⁹ 42 U.S.C. § 1396a(a)(23)(B); 42 C.F.R. § 431.51(a)(3).

¹⁰ Guttmacher Institute, *Medicaid Family Planning Eligibility Expansions* (Feb. 1, 2017), <https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>.

¹¹ ADAM SONFIELD ET AL., GUTTMACHER INSTITUTE, PUBLIC FUNDING FOR FAMILY PLANNING, STERILIZATION AND ABORTION SERVICES, FY 1980-2006 (Jan. 2008),

<https://www.guttmacher.org/sites/default/files/pdfs/pubs/2008/01/28/or38.pdf>.

¹² GUTTMACHER INSTITUTE, IN BRIEF: FACT SHEET, PUBLICLY FUNDED FAMILY PLANNING SERVICES IN THE UNITED STATES (Sep. 2016),

<https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states>.

¹³ CAL. HEALTH & SAF. CODE, § 1367.25 et seq.

¹⁴ States could continue to enroll new individuals into their expansion programs after January 1, 2020, but only at regular federal contribution rates. For a more detailed analysis, please see NATIONAL HEALTH LAW PROGRAM, MEDICAID EXPANSION AND THE REPUBLICANS' ACA REPEAL BILL (Mar. 2017), <http://www.healthlaw.org/publications/browse-all-publications/medicaid-expansion-and-republicans-aca-repeal-bill>.

¹⁵ JUSTICE IN AGING, THE AMERICAN HEALTH CARE ACT WOULD LEAVE MANY OLDER CALIFORNIANS WITHOUT HEALTH CARE (Apr. 2017), <http://www.justiceinaging.org/wp-content/uploads/2017/04/Impact-of-ACHA-on-Older-Americans-California.pdf>.

¹⁶ PLANNED PARENTHOOD, PLANNED PARENTHOOD STATEMENT ON GOV. BROWN'S NAMING OF REP. BECERRA TO AG POST (Dec. 2, 2016), <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-statement-on-gov-browns-naming-of-rep-becerra-to-ag-post>; PLANNED PARENTHOOD, HEALTH CENTERS IN CALIFORNIA, <https://www.plannedparenthood.org/health-center/CA>.