NHeLP
NATIONAL HEALTH LAW PROGRAM

10 Reasons the Medicaid Expansion is Good for Women

Prepared by: Erin Armstrong
August 13, 2012

1. **Millions of women stand to benefit from the Medicaid Expansion.** The Expansion will produce a significant reduction in the number of uninsured women aged 16-64 in each of the 50 states.[1] In 2010, 55 percent of the 19 million currently uninsured women in the U.S. had incomes low enough to qualify for coverage under the Medicaid Expansion.[2] Additionally, women are high utilizers of health care due to their reproductive and gender-specific health needs, chronic disease burden, and longer average life spans, making the Medicaid Expansion particularly important for women.

2. **The Medicaid Expansion is important for women without children.** Medicaid currently covers women only if they meet both categorical (e.g. parent, pregnancy) and income criteria. Under the Expansion, low-income individuals will qualify for coverage based solely on their income.[3] For the first time, many women with incomes below roughly 133% FPL who are not currently pregnant or parenting will be eligible. This access to coverage will allow childless adult women to obtain comprehensive health care, including pre-conception care, which leads to healthier pregnancies and birth outcomes for those who later become pregnant.

3. **The Medicaid Expansion will help low-income mothers coordinate family health care.** While states have long been required to cover some low-income parents with dependent children, only 10 state Medicaid programs currently extend that coverage to parents with incomes up to (or above) 133% FPL.[4] The Medicaid Expansion will ensure that low-income mothers with incomes up to roughly 133% FPL receive comprehensive coverage through the same system that covers many of their children. This will facilitate coordination of family health care, as 80% of mothers take primary responsibility for choosing their children's doctor, taking them to doctor's appointments, and managing follow-up care.[5]

4. **The Medicaid Expansion will increase access to family planning services and supplies.** Currently, Medicaid enrollees receive coverage of family planning services and supplies. However, only 26 states extend coverage of family planning benefits to individuals with limited income who do not meet the categorical eligibility criteria.[6] Three out of every 10 women in need of publicly subsidized family planning live in a state that does not currently provide expanded family planning coverage.[7] If implemented, the Medicaid Expansion will change that by providing all newly eligible individuals with a benefit package that must include family planning services and supplies. [8]

5. **The Medicaid Expansion will offer a strong comprehensive benefit package for women.** In addition to family planning services, Medicaid benchmark plans (the type of health plans that will enroll the majority of those eligible under the Expansion) are required to include *at least* all of the categories of benefits offered in the state insurance exchanges, including maternity and preventive services.[9]

6. **Women in the Medicaid Expansion will benefit from overall cost-sharing protections.** Medicaid includes numerous protections to limit the premiums, deductibles, copays, and cost-sharing that otherwise make insurance too expensive for low-income people.[10] Low-income women in the Expansion will benefit from these and additional Medicaid rules that guard against cost-sharing for family planning services and supplies and pregnancy care.[11] This is particularly important for women, who are significantly more likely than men to forgo or postpone obtaining health care or treatment for themselves because of cost.[12]

7. **Women in the Medicaid Expansion will have freedom to choose their reproductive health providers.** Due to the sensitive nature of reproductive health services and the prolonged period of time that women require them, it is important that each woman has access to providers with whom she is comfortable and who are familiar with her health history. Medicaid law grants special "freedom of choice" protections for family planning care that will apply to women in the Expansion.[13]

8. **The Medicaid Expansion will help reduce gender-based health disparities.** Nearly 40%of women have a chronic condition that requires ongoing medical attention, compared to 30% of men.[14] Women experience higher rates of arthritis, asthma, and obesity, and are affected by anxiety and depression at twice the rate for men.[15] The Expansion will help reduce these disparities by allowing low-income uninsured women to access critical preventive and mental health services, early diagnosis tools, and treatment for chronic health conditions.

9. **Women in the Medicaid Expansion will have increased access to transportation.** Federal law requires states to cover transportation to and from medical providers for individuals in Medicaid, including those enrolled through the Expansion.[16] In areas with limited public transportation or where specialists are scarce, women often forgo health care because they lack transportation.[17] Lack of geographical access is of particular concern in areas where there are limited reproductive health providers.

10. **Women in the Medicaid Expansion will benefit from important "due process" protections.** Women will benefit from heightened protections that apply when Medicaid Expansion benefits are denied, reduced or terminated. For example, when an individual's Medicaid benefits are going to be terminated, the individual must receive a prior written notice explaining the basis for the decision and the opportunity for an impartial review before the decision goes into effect.[18] This may be particularly important for women, for example those whose work income fluctuates and whose chronic conditions create ongoing health care needs.

---

[1] Ruth Robertson et al., Commonwealth Fund, *Oceans Apart: The Higher Health Cost Compared to Other Nations, and How Reform Is Helping* at Ex. 2 (July 2012).
[2] Kaiser Family Found., *Impact of Health Reform on Women's Access to Coverage and Care* 1 (Apr. 2012), http://www.kff.org/womenshealth/upload/7987-02.pdf.
[3] Medicaid beneficiaries must also meet citizenship and residency requirements.
[4] Kaiser Family Found., *Income Eligibility Limits for Working Adults at Application as a Percent of the Federal Poverty Level by Scope of Benefit Package* (Jan. 2012), http://www.statehealthfacts.org/comparereport.jsp?rep=54&cat=4.
[5] Kaiser Family Found., *Women and Health Care: A National Profile* 40 (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.
[6] Guttmacher Inst., *State Policies in Brief: Medicaid Family Planning Eligibility* (Aug. 2012), http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf.
[7] Rachel Benson Gold, Guttmacher Inst., *Stronger Together: Medicaid, Title X Bring Different Strengths to Family Planning Effort* (2007), http://www.guttmacher.org/pubs/gpr/10/2/gpr100213.html.
[8] 42 U.S.C. §§ 1396d(a)(4), 1396u-7(b)(7) (applying family planning requirement to Medicaid benchmark coverage).
[9] 42 U.S.C. § 1396u-7(b)(5) (Medicaid Benchmark plans must include a minimum of the Essential Health Benefits); *see also* § 1396u-7(a)(2)(B) (requiring certain vulnerable populations to be provided full Medicaid benefits).
[10] For example, default Medicaid rules limit the total cost sharing that low income families can pay and prohibit premiums in most categories of Medicaid (with some exceptions). 42 U.S.C. §§ 1396o(a) and (e).
[11] 42 U.S.C. §§ 1396o(a)-(c); 13960-1. *See also* CMS, Dear State Medicaid Director (June 16, 2006).
[12] Sheila D. Rustgi, et al., The Commonwealth Fund, *Women at Risk: Why Many Women are Forgoing Needed Health Care* 3-4 (2009).
[13] 42 U.S.C. § 1396a(a)(23)(B); 42 C.F.R. § 431.51(a)(3).
[14] Kaiser Family Found., *supra* note 5, at 8.
[15] *Id.* at 8, 12.
[16] 42 U.S.C. § 1396a(a)(4)(A); 42 C.F.R. § 431.53; 42 C.F.R. § 440.390 (applying the transportation requirements of 42 C.F.R. § 431.53 to Medicaid benchmark and benchmark-equivalent plans).
[17] Kaiser Family Found., *supra* note 5, at 24.
[18] *See* U.S. Const. amend. XIV, § 1; *Goldberg v. Kelly*, 397 U.S. 254, 266 (1970); 42 U.S.C. § 1396a(a)(3).