



What Women Need to Know about Health Reform: Medicaid

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Medicaid, the joint federal-state health insurance program for low-income people, is already a critical source of 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 The health reform law signed by President Obama in March has many implications for this important health insurance program. Women already enrolled in Medicaid will benefit from various provisions that strengthen and improve the program, and due to an unprecedented expansion under health reform, millions of women who are currently uninsured will become newly eligible for Medicaid.

Health Reform Expands Medicaid to Millions of Women

- By 2014, Medicaid will begin covering everyone age 65 and under who are at or below 133% of the poverty line. (\$14,000 a year for an individual/\$29,000 for a family of four). States have the option of expanding coverage sooner.
- Up to 4.5 million women across the country will become newly eligible for Medicaid.²
- States will not be able to reduce eligibility during this transition period. Current eligibility levels must be maintained through 2013 for adults and 2019 for children enrolled in CHIP or Medicaid.

Health Reform Expands Medicaid to Cover More of the Services Women Need

- Coverage of smoking cessation for pregnant women was previously an optional benefit, but starting October 2010 state Medicaid programs will be required to cover comprehensive smoking cessation treatment (i.e., counseling as well as prescription and non prescription remedies) without cost sharing for this population.
- Medicaid is also required to cover services provided by free-standing birth centers (effective immediately).

Health Reform Provides Incentives for Medicaid Programs to Cover Preventive Care Services

- Currently, states are required to provide preventive care services to children and pregnant women, but are generally not required to cover these services for other adult beneficiaries.³
- The new law encourages states to improve access to recommended preventive care for Medicaid enrollees. Beginning in 2013, states that cover the services recommended by the United States Preventive Services Task Force—with no cost sharing—will receive extra federal funding. Current USPSTF recommendations includes services such as screening for breast and cervical cancer, screening for colorectal cancer, testing for high cholesterol, obesity screening, and smoking cessation.⁴

Health Reform Also Makes It Easier for States to Expand and Maintain Medicaid Coverage for Family Planning

- Twenty-seven states have taken an important step towards improving women's health by obtaining a federal waiver to expand access to family planning services under the

state's Medicaid program.⁵ Unfortunately, this waiver process has often posed significant bureaucratic hurdles.

- Health reform includes a provision known as “the Medicaid Family Planning State Option” which is effectively immediately. It gives states the flexibility they need to adopt a Medicaid family planning expansion or improve their current program, without first having to obtain a federal waiver to do so.

Health Reform Increases the Amount Primary Care Providers are Paid Under Medicaid

- In order to encourage primary care providers to participate in Medicaid, in 2013 and 2014 states are required to make their program's reimbursement rates for primary care services equal to or higher than Medicare rates. This will be a major improvement as current Medicaid reimbursements rates for primary care physicians are, on average, only 66% that of Medicare.⁶

Health Reform Strengthens Long Term Care Services and Supports Covered by Medicaid

- Long-term care is especially important to women. Two-thirds of the population receiving long term care is female, and women are much more likely than men to provide long term care as both professional and family (unpaid) caregivers.⁷
- Most people who need long-term care would prefer to receive the care they need at home or in the community.⁸ Health Reform improves the options available under Medicaid's Home and Community-Based Service (HCBS) state plan benefit,⁹ and gives states new opportunities to provide personal attendant services to Medicaid beneficiaries—states get extra federal matching funds to cover these services.
- Health reform also extends protections against spousal impoverishment to beneficiaries of community-based Medicaid services. Spousal Impoverishment protections allow the spouse of a Medicaid-enrolled nursing facility resident to keep a minimum share of the couple's combined income and assets. For 5 years beginning in January 2014, states must extend the same financial protections to the spouses of recipients who receive Medicaid long-term care services at home or in the community.

For more information on women and the health reform law, visit the National Women's Law Center website: www.nwlc.org/reformmatters

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

² National Women's Law Center calculations based on health insurance data for women ages 18-64 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

³ United States Government Accountability Office, *Medicaid Preventive Services: Concerted Efforts Needed to Ensure Beneficiaries Receive Services* (August 2009), <http://www.gao.gov/new.items/d09578.pdf>

⁴ United States Preventive Services Task Force, *USPSTF A and B Recommendation* (July 2010), <http://www.ahrq.gov/clinic/uspstf/uspstabrecs.htm>

⁵ These states are AL, AZ, AR, CA, DE, FL, IA, IL, LA, MD, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, RI, SC, TX, VA, WA, WI, WY. The Guttmacher Institute, *State Policies in Brief: State Medicaid Family Planning Eligibility Expansions* (Aug2010), http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf.

⁶ The Kaiser Family Foundation, *Medicaid to Medicare Fee Index, 2008*, <http://www.statehealthfacts.org/comparetable.jsp?typ=1&ind=196&cat=4&sub=51&sortc=2&o=a>

⁷ Health Care for Health Care Workers (PHI), *Women Caring for Women: Coverage is Critical to Care* (April 2008), <http://hchcw.org/wpcontent/uploads/2008/04/hchcw-women-fact-sheet.pdf>

⁸ Alliance for Home Health Quality and Innovation, *Home Health Care: An Essential Solution to America's Health Care Challenges* (undated), http://www.ahhqj.org/download/File/AHHQI_HomeCareDataBookv4.pdf, Last accessed on May 5, 2010.

⁹ For instance, states can offer more types of services without obtaining special federal permission and will no longer be allowed to limit HCBS to certain geographical areas or to establish enrollment caps for HCBS programs.