

Ruinous Medicaid Cuts in Ryan FY12 Budget Proposal Threatens Health Care for Women of All Ages

Medicaid, the federal and state program that provides health coverage for low-income people, plays a critical role in providing health coverage for women of all ages and needs. Women are more likely than men to qualify for Medicaid because they tend to be poorer, on average, 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 for many, Medicaid may be their only possible source of health coverage.¹²

Yet the Ryan FY12 budget proposal would devastate this vital health care safety-net for our most vulnerable women and families. By arbitrarily cutting the program by \$771 billion (a cut of more than 20%), and converting the program to a block grant that would cap funds to the states, states would face unpalatable options: increase costs for recipients, reduce covered services, cut already low reimbursement rates to providers, or cut people from the program. Ultimately, millions of older, disabled, pregnant or poor women could lose their health coverage with no alternative.

Medicaid provides critical health coverage for low-income women of *all* ages

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.³ Consider the women that would be at risk by cuts to this program:

- Over 4.5 million older, low-income women on Medicare rely on Medicaid to cover their long term care services and Medicare cost sharing.⁴
- About 20 percent of all female Medicaid beneficiaries were age 65 or older in 2008.⁵ These women typically rely on the program for health care related to a disability or chronic condition; treatment for breast or cervical cancer; long-term care services; or, cost-sharing required under Medicare.
- Half of all women with disabilities- over 4 million women - are covered by Medicaid.⁶
- Nearly 40 percent of all female Medicaid enrollees were age 50 or older in 2009.⁷
- Low-income mothers and their children depend on Medicaid. Nearly two-thirds of the nonelderly women enrolled in Medicaid have dependent children,⁸ and nearly 30 million children rely on Medicaid for comprehensive health coverage.⁹
- Nearly 17 million nonelderly women (ages 18-64) are covered through Medicaid, comprising three-quarters of the program's adult beneficiaries.¹⁰
- In 2008, Medicaid provided basic health services to a total of 13.2 million American women of reproductive age (15-44 years old)¹¹.

Medicaid covers critical health care services

- Medicaid programs are required to provide certain health services to some covered populations—including inpatient and outpatient hospital care, and pregnancy-related care—and the program has traditionally provided a comprehensive set of health benefits. States have the flexibility to cover additional services, or to provide more limited benefit

packages (without coverage for mental health services or prescription drugs, for example) to certain enrollees.¹²

- Medicaid is also an essential source of coverage for family planning services (such as contraception, STI testing, Pap smears, and pregnancy counseling) and maternity care. Medicaid 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 also covers treatment for breast and cervical cancer for certain low-income women. All 50 states and DC have chosen to offer this Medicaid option for women who are diagnosed as part of the CDC's National Breast and Cancer Early Detection Program. In 2008, over 44,000 women were enrolled in breast and cervical cancer treatment programs throughout the country.¹⁶
- Elderly women on Medicaid tend to be very poor with high health care costs and rely on Medicaid to help cover their out-of-pocket Medicare costs such as deductibles and cost sharing as well as services that aren't covered by Medicare, such as nursing home stays.¹⁷
- Women with disabilities benefit from a variety of services covered by Medicaid including rehabilitation, transportation, and therapeutic services as well as long term care services, including home health care.¹⁸

States already have significant flexibility in their Medicaid programs

Medicaid is jointly funded by the federal and state (and in some states, county) governments and is administered by the states. The federal government establishes broad parameters by which state Medicaid programs must operate, including eligibility rules and the minimum level of health care services that must be covered. States, however, have flexibility and 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, no two state Medicaid programs are alike. There is significant variation from state-to-state in who is eligible for Medicaid, the income needed to qualify, and the services that the program covers.

A Medicaid blockgrant threatens access to health care for women of all ages

The Ryan FY12 budget proposal would fundamentally alter Medicaid that could ultimately leave many women facing increased costs, decreased coverage, or losing their coverage altogether. Under a block grant, federal spending on Medicaid would be arbitrarily capped yet ignores the real reasons why Medicaid has grown over time: medical inflation which has grown faster than other sectors in our economy, demographic changes, and the recent economic crisis with families facing reduced income, unemployment and lost health coverage. With arbitrarily capped federal Medicaid expenditures as program costs continue to grow, states will be left with few options.

State and federal budget pressures will no doubt lead policymakers to continue to debate the role that Medicaid and other public coverage programs should play in the U.S. health care system. But they must understand Medicaid's significance for women and reject any efforts to restructure the program that ultimately threatens access to health care for our most vulnerable.

***Any proposal to restructure Medicaid,
including Congressman Ryan's 2012 budget proposal, must be rejected.***

With the law on your side, great things are possible.

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¹ 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>.

² 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>.

³ 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>

⁴ National Women’s Law Center calculations based on data from The Medicaid Statistical Information System (MSIS) State Summary Datamart (2009), <http://msis.cms.hhs.gov/>

⁵ National Women’s Law Center calculations based on data from The Medicaid Statistical Information System (MSIS) State Summary Datamart (2009), <http://msis.cms.hhs.gov/>

⁶ National Women’s Law Center calculations based on data from The Medicaid Statistical Information System (MSIS) State Summary Datamart (2009), <http://msis.cms.hhs.gov/>

⁷ National Women’s Law Center calculations based on health insurance data for women from the Current Population Survey’s 2009 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

⁸ 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>.

⁹ Kaiser Family Foundation, *Medicaid Enrollees and Expenditures by Enrollment Group*, (2007) <http://facts.kff.org/chart.aspx?ch=465>

¹⁰ Kaiser Family Foundation, *Women’s Health Insurance Coverage* (Oct. 2009), <http://www.kff.org/womenshealth/upload/6000-08.pdf>

¹¹ National Women’s Law Center calculations based on data from The Medicaid Statistical Information System (MSIS) State Summary Datamart (2009), <http://msis.cms.hhs.gov/>

¹² 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>.

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.hcupus.ahrq.gov/reports/statbriefs/sb13.pdf>.

¹⁶ National Women’s Law Center calculations based on data from The Medicaid Statistical Information System (MSIS) State Summary Datamart (2009), <http://msis.cms.hhs.gov/>

¹⁷ Kaiser Family Foundation, *Medicaid’s Role for Women* (Oct. 2007), http://www.kff.org/womenshealth/upload/7213_03.pdf

¹⁸ *ibid*