

Women and Medicaid in Tennessee (As of February 2010)

Medicaid, the national health insurance program for low-income people, plays a critical role in providing health coverage for women. Nationally, nearly 17 million nonelderly women—including 14 percent of those living in Tennessee—are covered through Medicaid.^{1,2} In fact, women comprise the majority (66 percent) of Tennessee's adult Medicaid beneficiaries.³ 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.^{4,5}

Medicaid is jointly funded by the federal and state governments and is administered by the states. Though states must comply with a host of federal Medicaid requirements, they can exercise flexibility with regards to certain program elements. There is considerable state variation, for instance, in who is able to get coverage through Medicaid, the income level needed to qualify, and the services that the program covers.

More than one in ten women in Tennessee receive health care coverage through Medicaid.⁶

- Medicaid is the most important source of coverage for low-income women. In 2006-07, 31 percent of all low-income women in Tennessee were enrolled in the program.⁷

Medicaid ensures that women in Tennessee 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.⁸

Medicaid Eligibility Limits for Women in Tennessee, 2010¹

- ⊙ Women with dependent children: 129% of the Federal Poverty Level (FPL)²; a premium assistance program may be available to certain working or recently unemployed adults with incomes up to \$55,000 per year
- ⊙ Women without dependent children: A premium assistance program may be available to certain working or recently unemployed adults with incomes of up to \$55,000 per year
- ⊙ Pregnant women: 250% of the FPL
- ⊙ Disabled and aged women: 74% of the FPL
- ⊙ Women who have breast and cervical cancer: 250% of the FPL

Notes: 1. May include eligibility limits for the Children's Health Insurance Program (CHIP) or state-funded public health insurance programs. 2. The FPL in 2010 is \$10,830 annually for an individual or \$18,310 for a family of three.

Source: Kaiser Family Foundation, State Health Facts, www.statehealthfactsonline.org (Accessed February 2010).

- Tennessee's Medicaid program also covers treatment for breast and cervical cancer for low-income women, though to be eligible for this treatment women must be screened and diagnosed as part of the CDC's National Breast and Cancer Early Detection Program. The federal guidelines for the CDC program establish an eligibility baseline to target services to uninsured and underinsured women at or below 250 percent of the FPL.⁹ In 2006, 2,903 women were enrolled in Tennessee's breast and cervical cancer treatment program.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 46 percent of all births in Tennessee.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 Nationally, pregnancy-related services account for the largest share of Medicaid's hospital charges.¹⁵

Tennessee's Medicaid program 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
- 42 percent of all female Medicaid beneficiaries in Tennessee 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.¹⁸

Women and Medicaid in Tennessee: 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 Kaiser Family Foundation, *Health Insurance Coverage of Women Ages 18-64, by State, 2007-2008* (Oct. 2009), <http://www.kff.org/womenshealth/upload/1613-09.pdf>

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- ³ National Women’s Law Center calculations based on health insurance data for women and men 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
- ⁴ 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>.
- ⁵ 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>.
- ⁶ *Health Insurance Coverage of Women*, *supra* note 2.
- ⁷ *Id.* Low-income is defined as incomes less than 200% of the poverty threshold.
- ⁸ 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>.
- 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. Any woman screened by a provider in the CDC screening network, by a non-CDC network provider who receives some CDC funds to support screening services, or by a provider the state decides to consider part of the CDC screening network is eligible for treatment. Kaiser Family Foundation, *State Health Facts* “Medicaid Breast and Cervical Cancer Treatment Coverage Expansions, 2002”, available at: www.statehealthfacts.org (Accessed August 17, 2009).
- ¹⁰ 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>
- 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.statehealthfacts.org (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://lrc.georgetown.edu/pdfs/nursinghomecosts.pdf>
- ¹⁷ National Women’s Law Center calculations based on health insurance data for women and men 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
- ¹⁸ *Medicaid’s Role*, *supra* note 14.