

# Medicaid's Role for Women: The ACA and Supreme Court Decision

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# Medicaid Plays Major Role in Reproductive Health for Low-Income Women

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- Nearly two-thirds (63%) of adult women on Medicaid are in reproductive years (19 to 44)
- Funds ~40% of births nationwide; coverage extended to 60 days postpartum
- Mandatory coverage for family planning services, but states determine specific benefits
- Enhanced FMAP (90%) for family planning services
- Cost sharing prohibited for family planning services and to pregnant women
- “Freedom of choice” allows most beneficiaries to seek family planning from any participating provider

Figure 2

# Medicaid is Major Source of Public Funding for Family Planning

Sources of Public Funding for Family Planning Services, 2010:

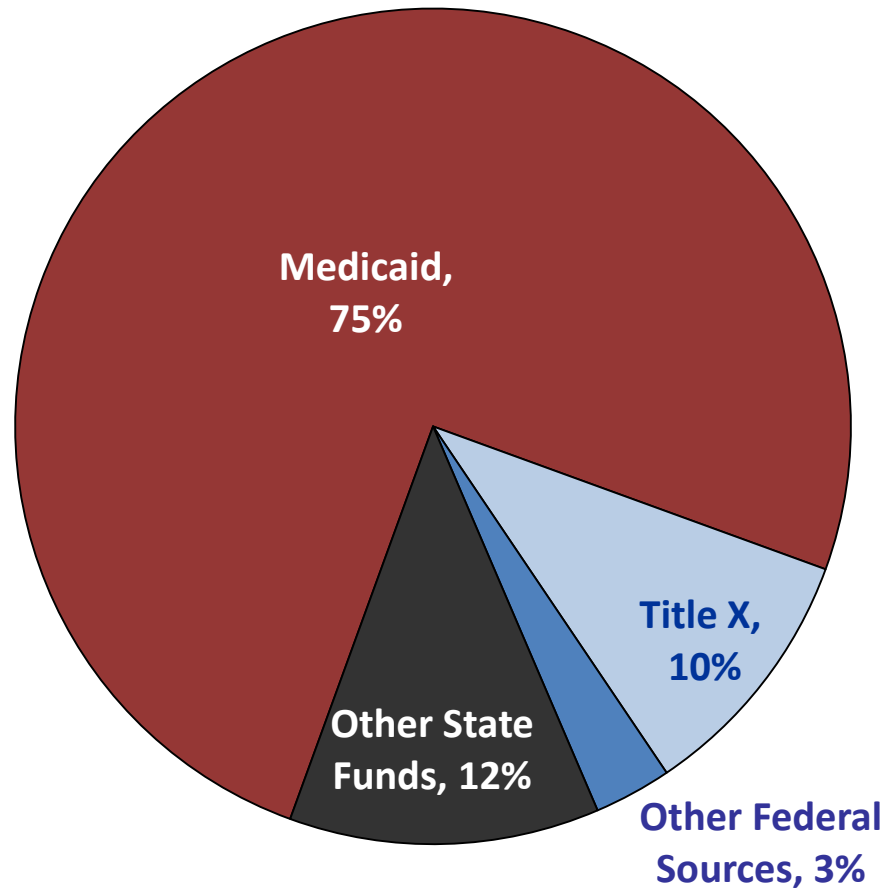
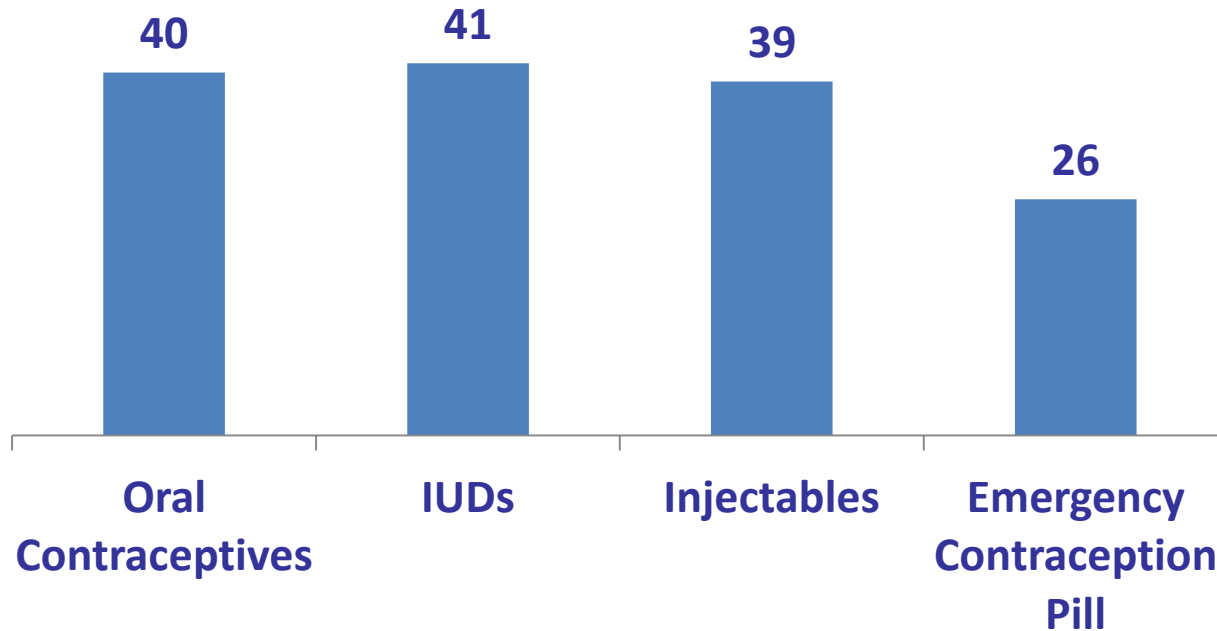


Figure 3

# States Routinely Cover Most but Not All Contraceptives as a Family Planning Service

Number of States (out of 44) that  
*Always Consider Service as Family Planning*



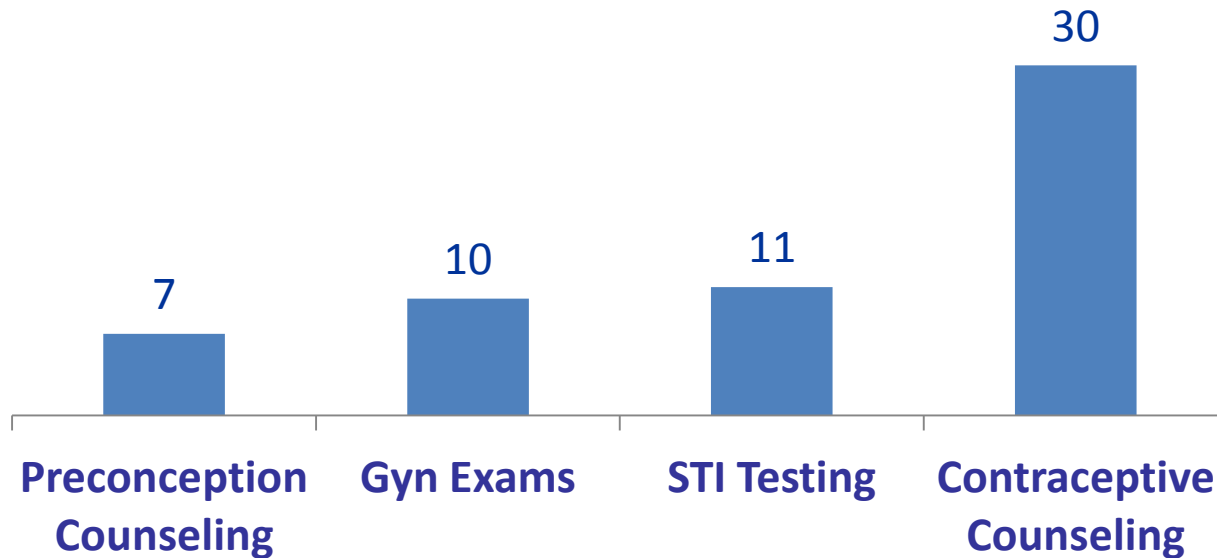
Notes: Out of 44 states that responded to survey.

Source: Kaiser Family Foundation, *State Medicaid Coverage of Perinatal Services: Summary of State Survey Findings*, 2009.

Figure 4

# Variation in States' Medicaid Coverage of Selected “Optional” Benefits

Number of States (out of 44\*) that  
*Always Cover and Consider Service as Family Planning*

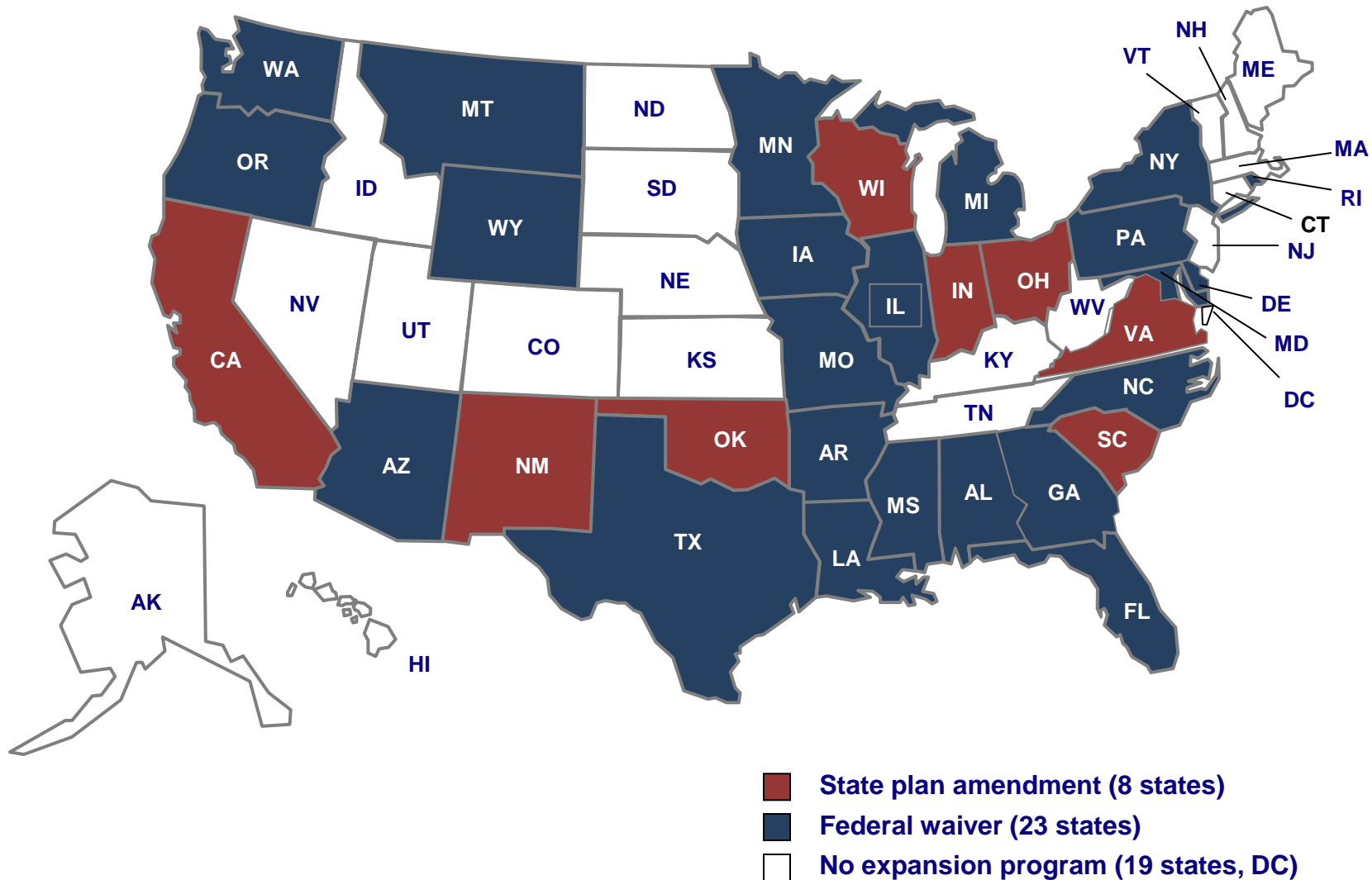


Notes: Out of 44 states that responded to survey.

Source: Kaiser Family Foundation, *State Medicaid Coverage of Perinatal Services: Summary of State Survey Findings*, 2009.

Figure 5

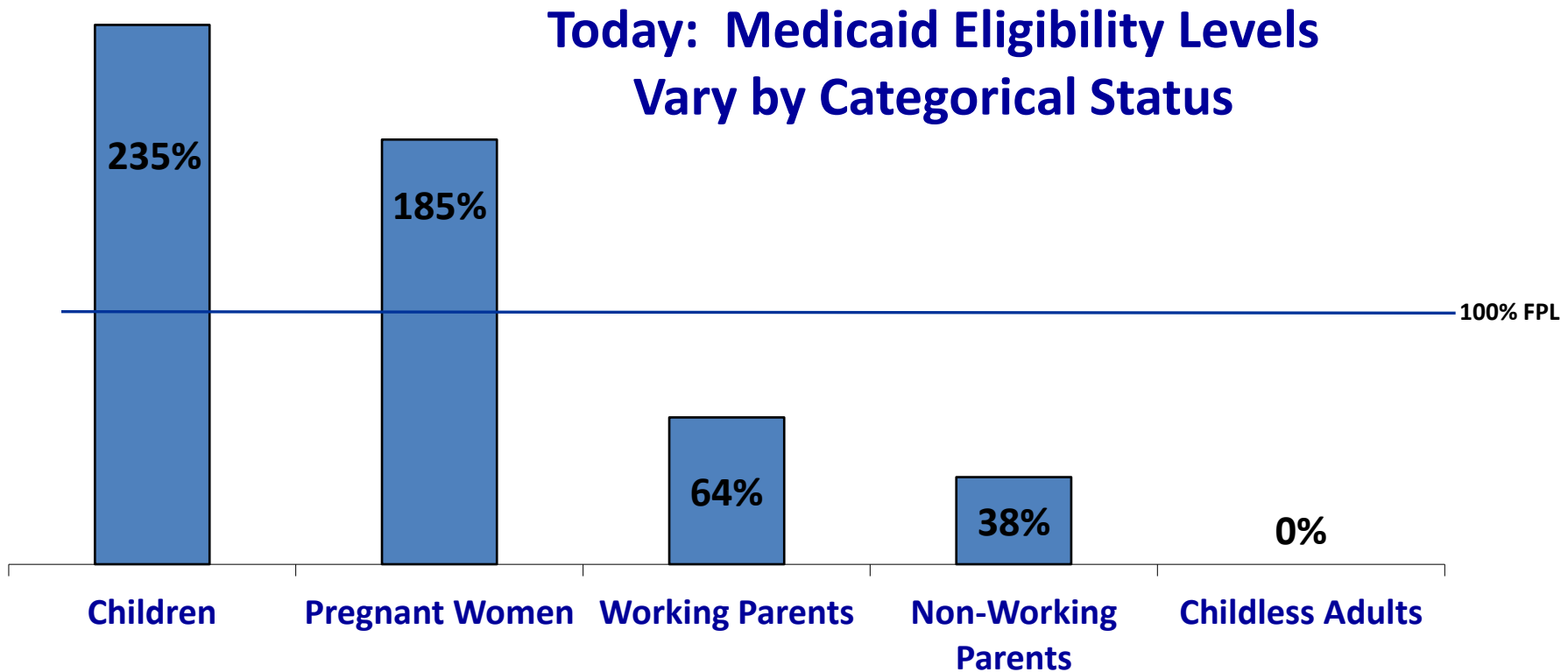
# Medicaid Family Planning Programs, 2012



Source: Guttmacher Institute, *Medicaid Family Planning Eligibility Expansions, State Policies in Brief*, July 2012.

Figure 6

## Access to Medicaid for Low-Income Women

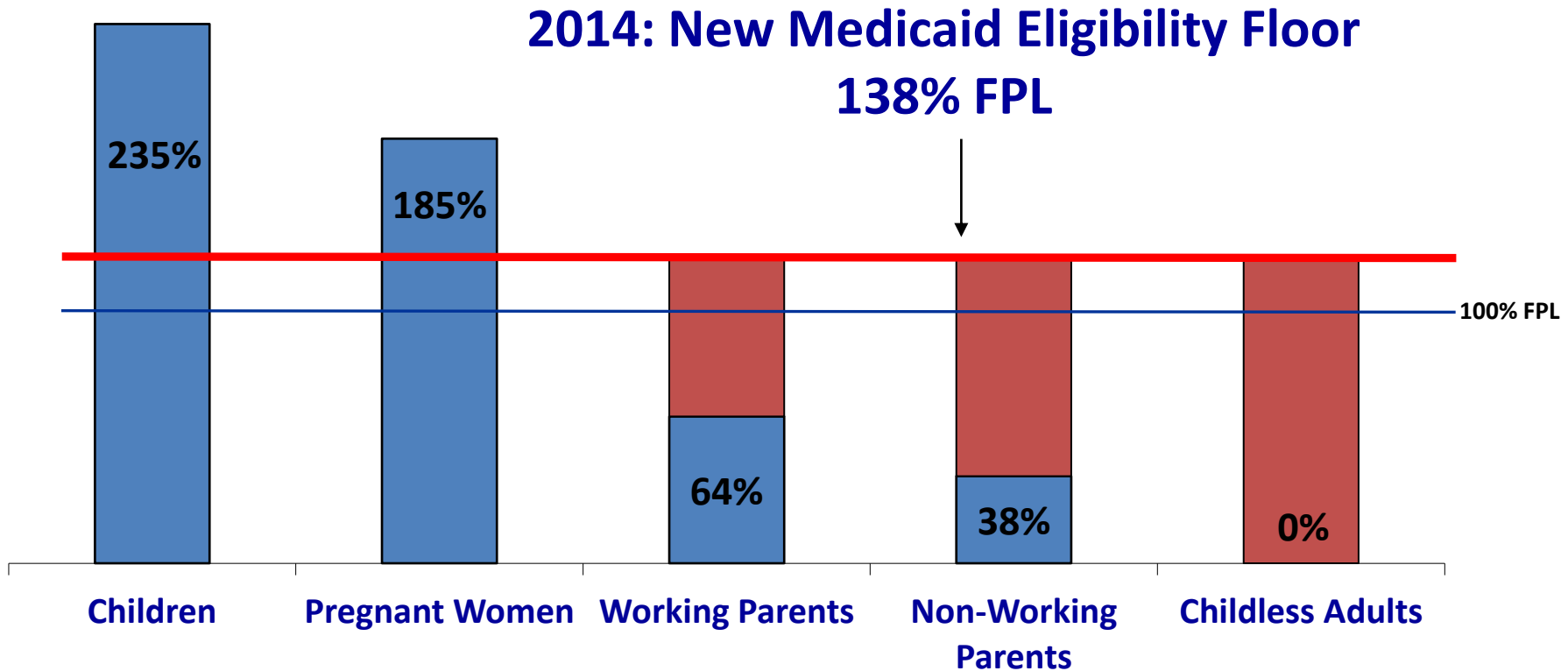


Note: Medicaid income eligibility for most elderly and individuals with disabilities is based on the income threshold of Supplemental Security Income (SSI).

Source: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.

Figure 7

# Expanded Access to Medicaid for Low-Income Women



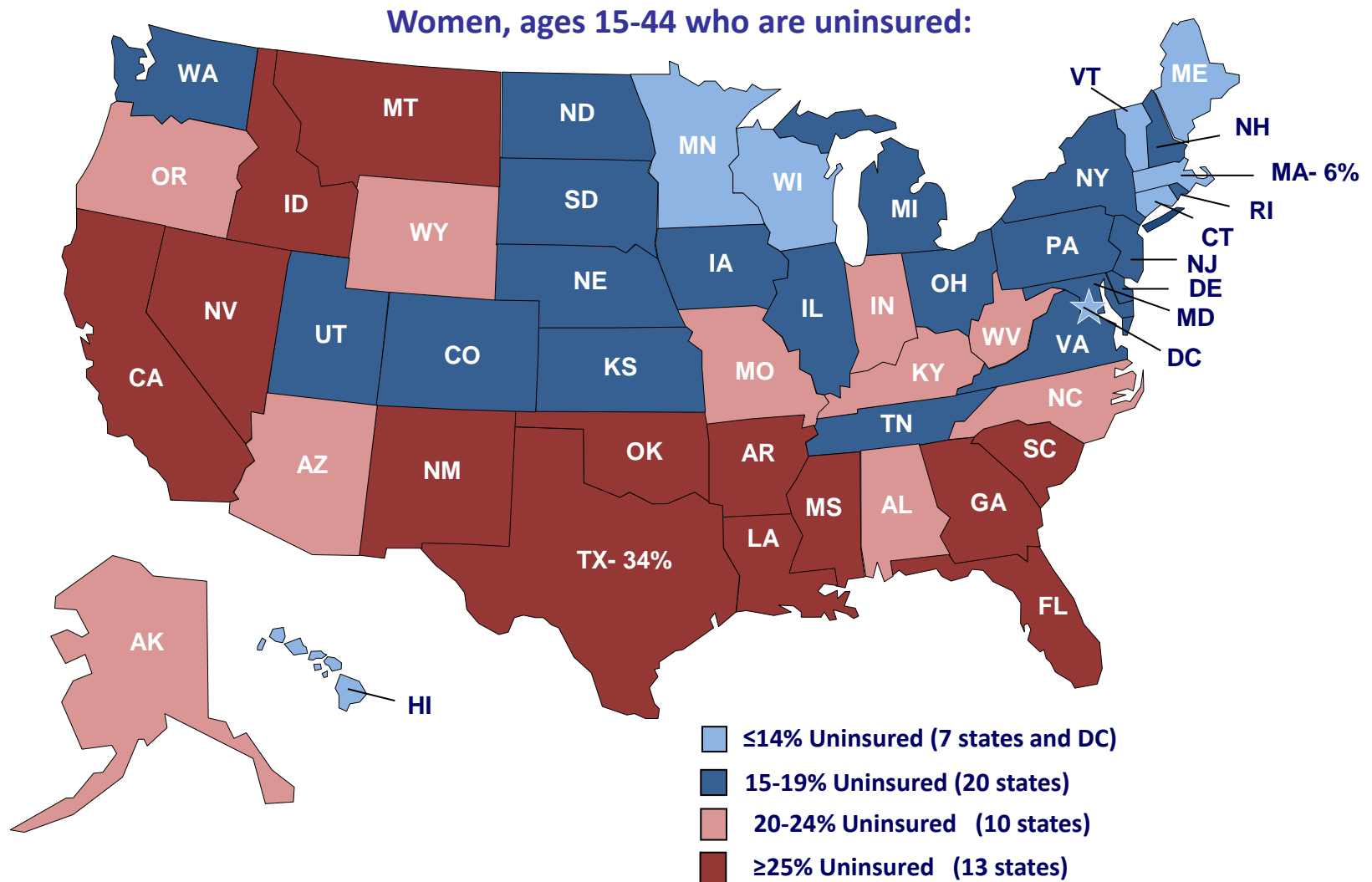
Note: Medicaid income eligibility for most elderly and individuals with disabilities is based on the income threshold of Supplemental Security Income (SSI).

Source: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2009.



## Many Reproductive Age Women Remain Uninsured

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an Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2011 Current Population Survey.

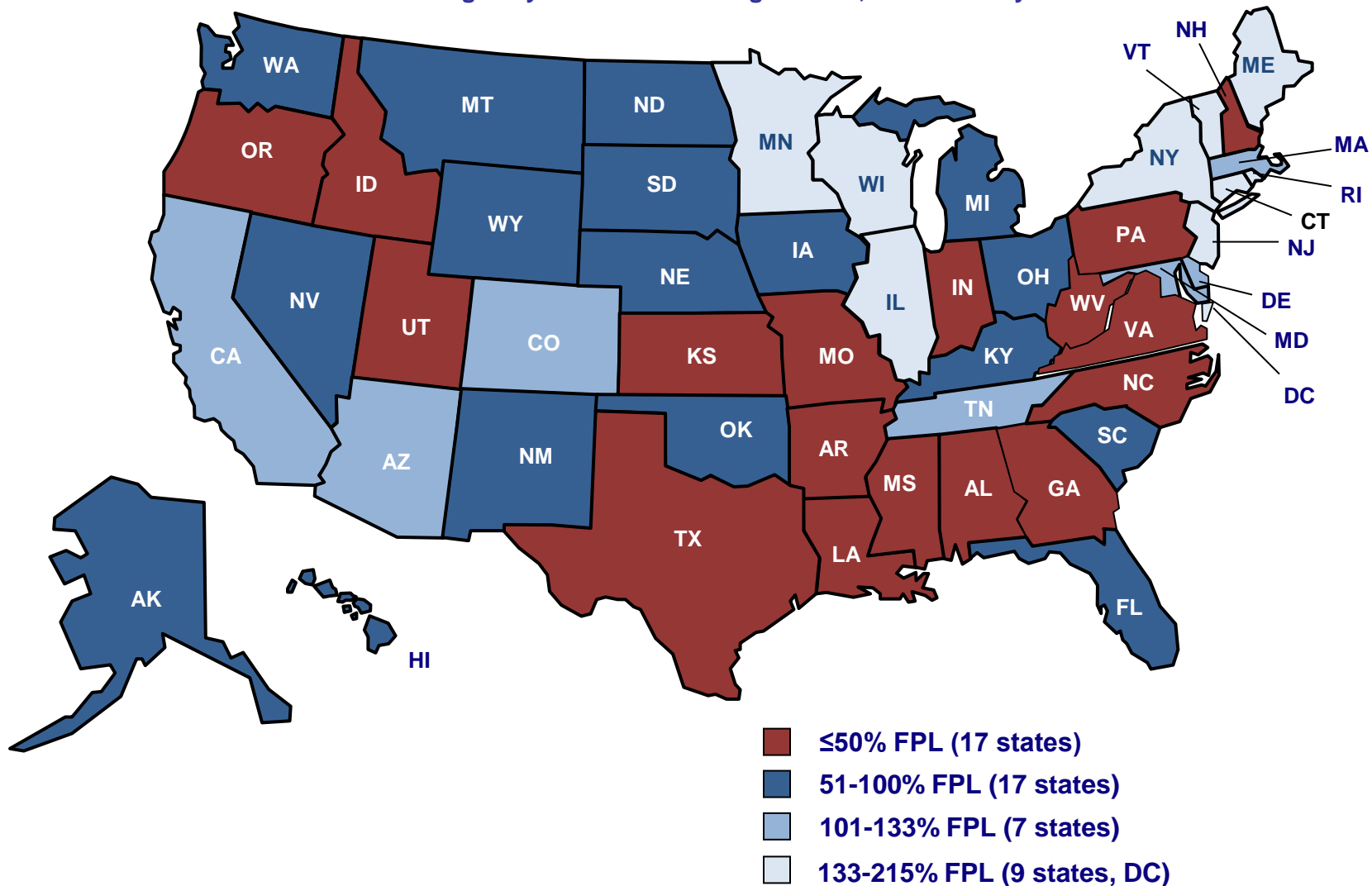
## Key Medicaid Coverage Provisions in the ACA

- State option to expand Medicaid to individuals with incomes to 138% of the federal poverty level in 2014
  - Eligibility based on Modified Adjusted Gross Income for most groups
  - Provides state option to expand Medicaid coverage to childless adults with regular match starting April 1, 2010
- Provides enhanced federal funding for newly eligible individuals
  - 100% covered by federal funds for 2014-2016, phases down to 90% by 2020
  - Phases in increased federal matching payment for states that have already extended coverage for childless adults so FMAP
- Maintains Medicaid eligibility levels for adults until 2014
- Simplifies enrollment processes and coordinate with exchanges
- Increases payment rates to primary care providers for 2013, 2014

Figure 10

# Many Low-Income Adults Do Not Qualify for Medicaid

Medicaid Eligibility Levels for Working Parents, as of January 2012:



## ACA Coverage for Preventive Services in Private Plans

New Private Plans must cover without cost-sharing:

- **U.S. Preventive Services Task Force (USPSTF) Recommendations** rated A or B
- **ACIP** recommended immunizations
- ***Bright Futures*** guidelines for preventive care and screenings
- ***“With respect to women,”* evidence-informed preventive care and screenings not otherwise addressed by USPSTF recommendations**

Figure 12

# Adult Preventive Services to be Covered by Private Plans Without Cost Sharing

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
<ul style="list-style-type: none"> <li>✓ Breast Cancer <ul style="list-style-type: none"> <li>– Mammography for women 40+*</li> <li>– Genetic (BRCA) screening and counseling</li> <li>– Preventive medication counseling</li> </ul> </li> <li>✓ Cervical Cancer <ul style="list-style-type: none"> <li>– Pap testing (women 18+,</li> <li>– <b>High-risk HPV DNA testing</b> ♀</li> </ul> </li> <li>✓ Colorectal Cancer <ul style="list-style-type: none"> <li>– One of following: fecal occult blood testing, colonoscopy, sigmoidoscopy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Cardiovascular health <ul style="list-style-type: none"> <li>– Hypertension screening</li> <li>– Lipid disorders screenings</li> <li>– Aspirin</li> </ul> </li> <li>✓ Type 2 Diabetes screening (adults w/ elevated blood pressure)</li> <li>✓ Depression screening (adults, when follow up supports available)</li> <li>✓ Osteoporosis screening (all women 65+, women 60+ at high risk)</li> <li>✓ Obesity Screening (all adults) Counseling and behavioral interventions (obese adults)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Td booster, Tdap</li> <li>✓ MMR</li> <li>✓ Meningococcal</li> <li>✓ Hepatitis A, B</li> <li>✓ Pneumococcal</li> <li>✓ Zoster</li> <li>✓ Influenza,</li> <li>✓ Varicella</li> <li>✓ HPV (women 19-26)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Alcohol misuse screening and counseling (all adults)</li> <li>✓ Intensive healthy diet counseling (adults w/high cholesterol, CVD risk factors, diet-related chronic disease)</li> <li>✓ Tobacco counseling and cessation interventions (all adults)</li> <li>✓ <b>Interpersonal and domestic violence screening and counseling (women 18-64)</b> ♀</li> <li>✓ <b>Well-woman visits (women 18-64)</b> ♀</li> </ul>	<ul style="list-style-type: none"> <li>✓ Tobacco and cessation interventions</li> <li>✓ Alcohol misuse screening/counseling</li> <li>✓ Rh incompatibility screening</li> <li>✓ <b>Gestational diabetes screenings</b> ♀</li> <li>– <b>24-28 weeks gestation</b></li> <li>– <b>First prenatal visit (women at high risk for diabetes)</b></li> <li>✓ Screenings <ul style="list-style-type: none"> <li>– Hepatitis B</li> <li>– Chlamydia (&lt;24, hi risk)</li> <li>– Gonorrhea</li> <li>– Syphilis</li> <li>– Bacteriurea</li> </ul> </li> <li>✓ Folic acid supplements (women w/repro capacity)</li> <li>✓ Iron deficiency anemia screening</li> <li>✓ <b>Breastfeeding Supports</b> <ul style="list-style-type: none"> <li>– <b>Counseling</b></li> <li>– <b>Consultations with trained provider</b> ♀</li> <li>– <b>Equipment rental</b> ♀</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ STI and HIV counseling (adults at high risk; <b>all sexually-active women</b> ♀)</li> <li>✓ Screenings: <ul style="list-style-type: none"> <li>– Chlamydia (sexually active women ≤24y/o, older women at high risk)</li> <li>– Gonorrhea (sexually active women at high risk)</li> <li>– Syphilis (adults at high risk)</li> <li>– <b>HIV (adults at high risk; all sexually active women</b> ♀)</li> </ul> </li> <li>✓ <b>Contraception (women w/repro capacity)</b> ♀</li> <li>– <b>All FDA approved methods as prescribed,</b></li> <li>– <b>Sterilization procedures</b></li> <li>– <b>Patient education and counseling</b></li> </ul>

Sources: U.S. DHHS, "Recommended Preventive Services." Available at <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.

More information about each of the services in this table, including details on periodicity, risk factors, and specific test and procedures are available at the following websites:

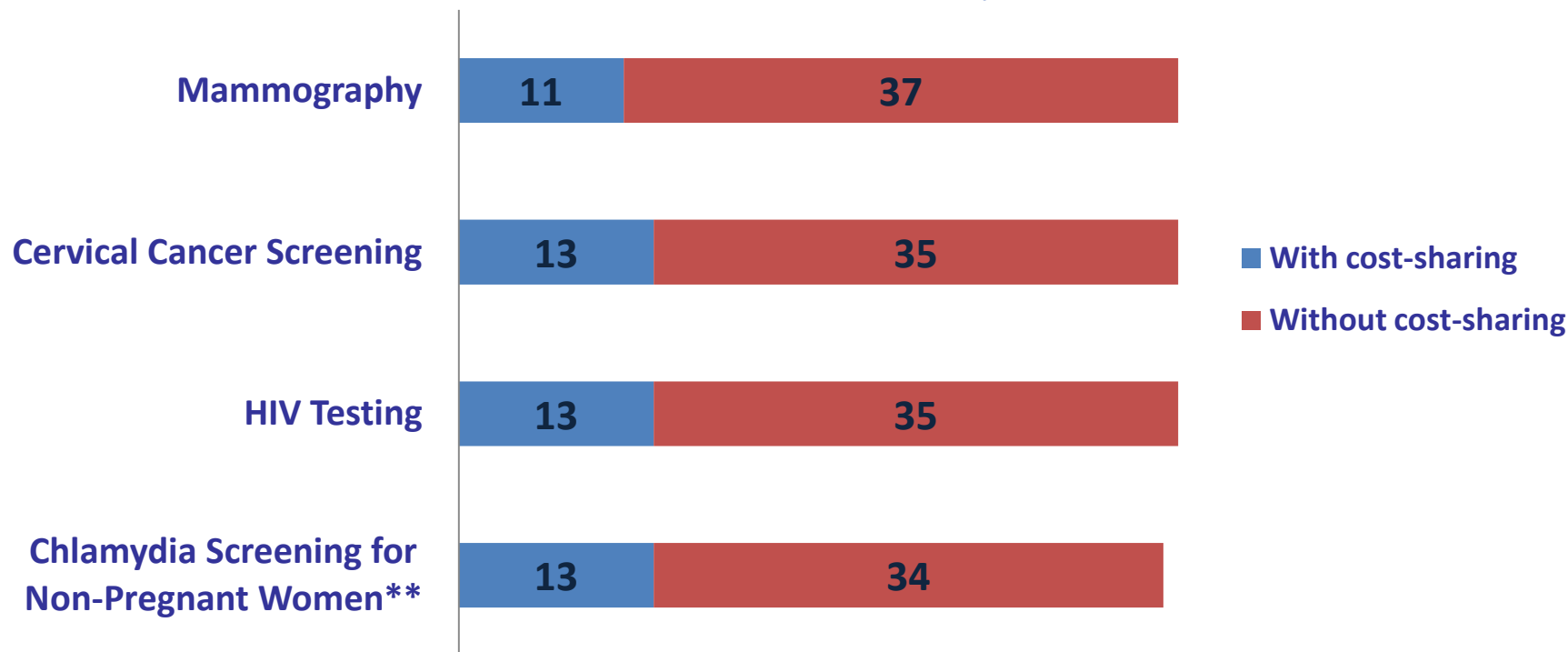
USPSTF: <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

ACIP: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#comp> HRSA Women's Preventive Services: <http://www.hrsa.gov/womensguidelines/>

Figure 13

# Many State Medicaid Programs Already Covering Preventive Services

## Selected Services Covered by State Medicaid Programs, 2010 (out of 48 states surveyed):



Notes: Out of 48 states that responded to the survey. States already prohibited from charging cost-sharing for pregnant women. States must cover recommended preventive services without cost sharing as of January 2013 to receive 1% increase in FMAP

**Source:** Kaiser Family Foundation, *State Coverage of Preventive Services for Women Under Medicaid: Findings from a State-Level Survey*, 2012.

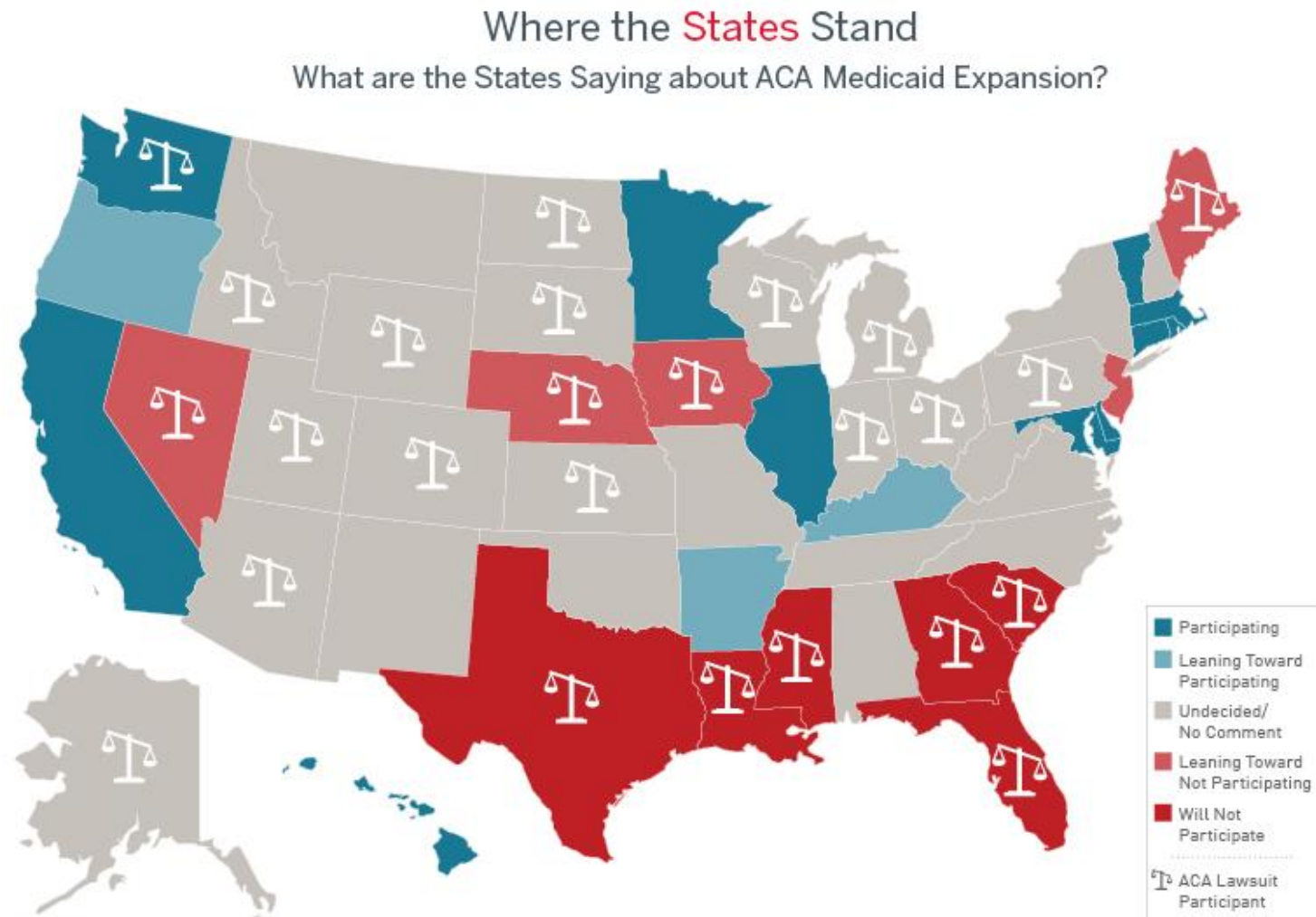
## After the Supreme Court...Areas to Watch

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- No subsidies for those <100% FPL
- Subsidies available to uninsured with incomes 100%-138%, but coverage may still be unaffordable
- MOE requirements lifted in 2014
- Continuous coverage post partum no longer guaranteed
- No enhanced federal funding for preventive services for states that do not expand Medicaid coverage
- Other Medicaid provisions remain in effect

Figure 15

## Where the States Stand...



Note: Based on literature review as of 8/28/12. All policies possible to change without notice.

Source: American Health Line, <http://ahalerts.com/2012/07/03/medicaid-where-each-state-stands-on-the-medicaid-expansion/>, accessed 8/28/12.



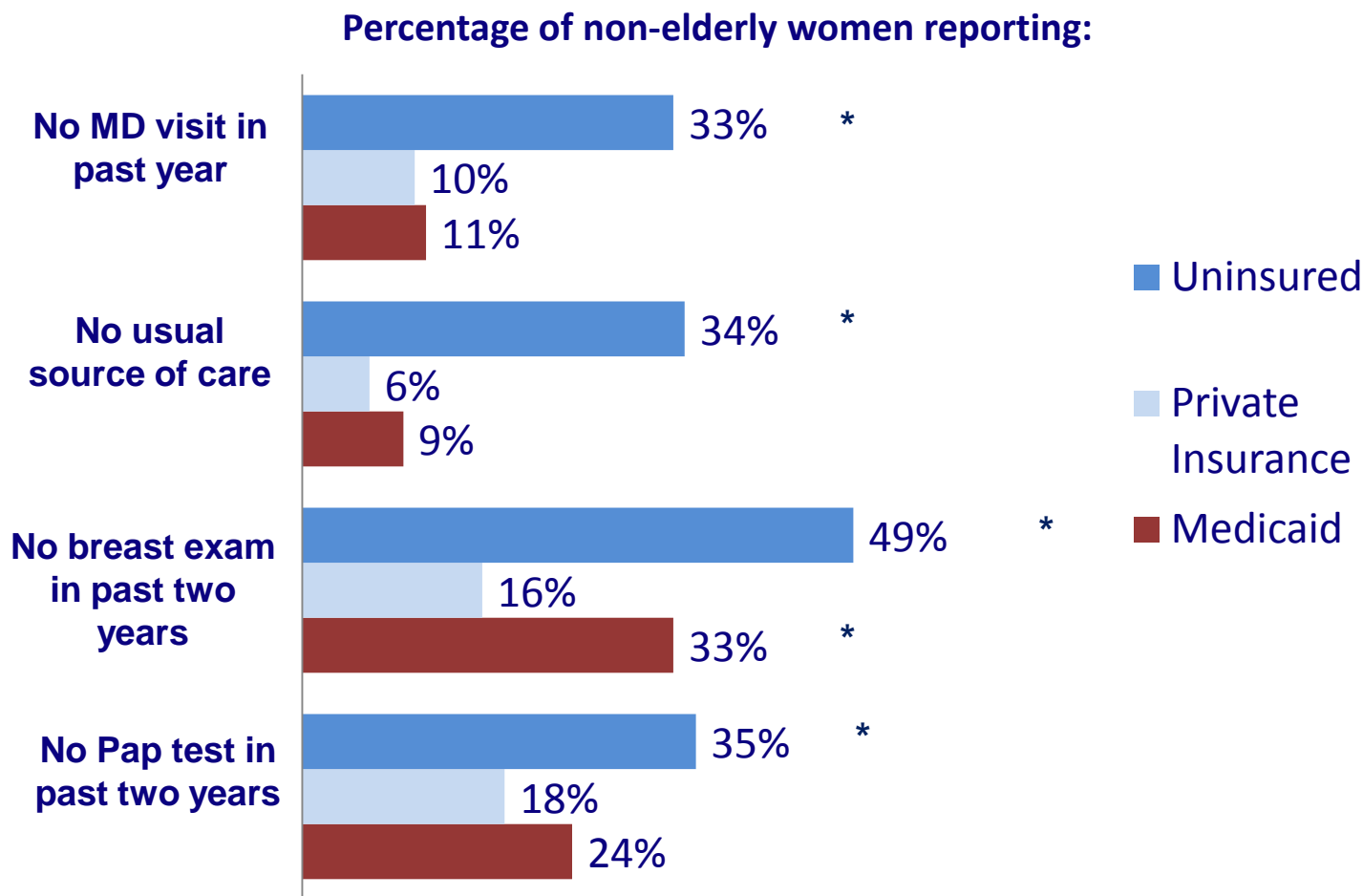
# Other Opportunities to Promote Reproductive Health Under ACA and Medicaid

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- **Mandatory Medicaid coverage for smoking cessation programs**
- **Federal grants to states for maternal, infant, and early childhood home visiting**
- **New grants for establishment, operation, and coordination of systems for care to individuals with/at risk for postpartum depression and their families**
- **New messaging and strategies to reach newly eligible individuals - outreach will need to convey that rules changed and they are now eligible**

Figure 17

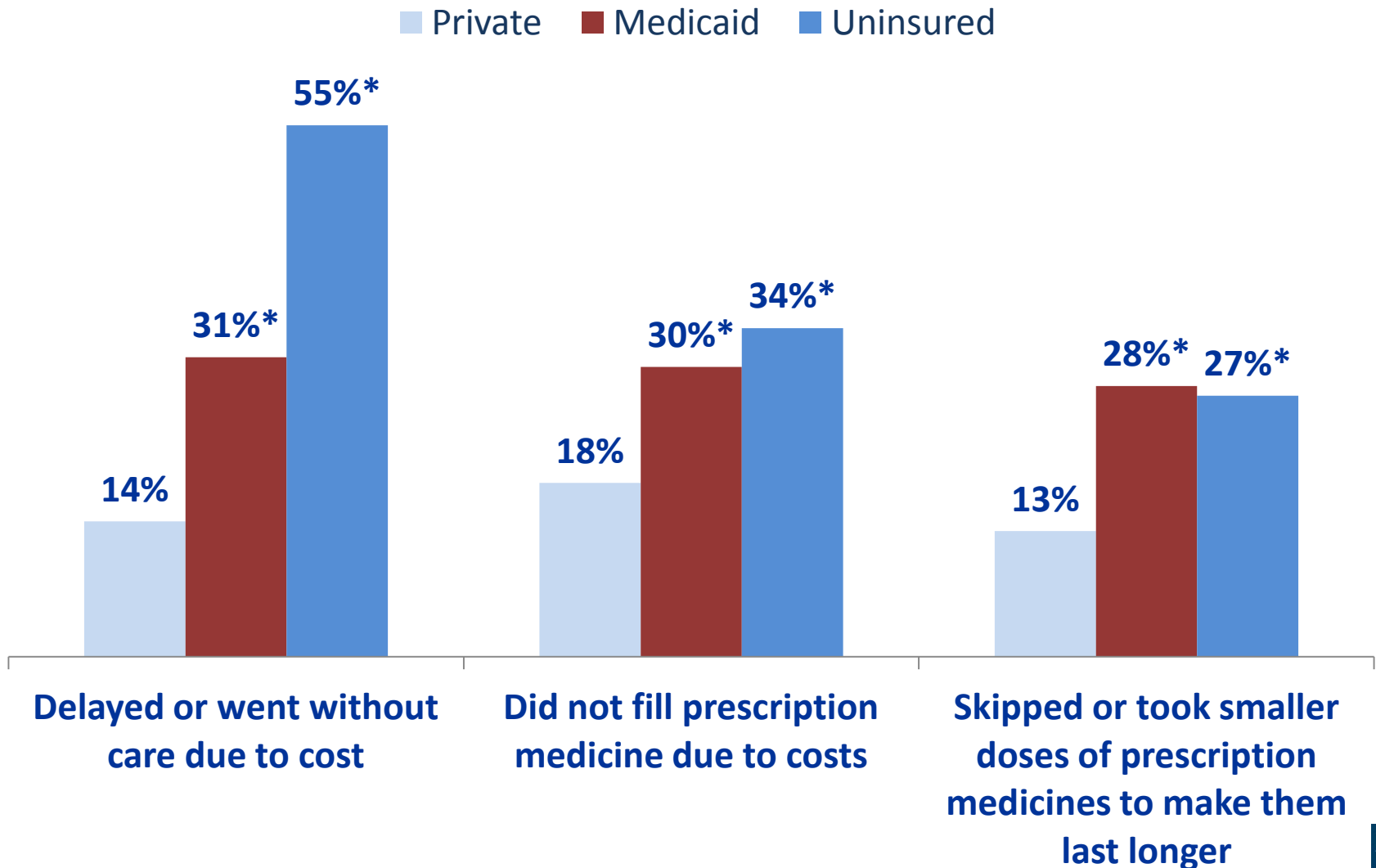
# Medicaid Improves Women's Access to Care



Note: Data from 2008. Includes women 18 to 64. \*Significantly different from Private Insurance,  $p < .05$ .  
Source: Kaiser Family Foundation, 2008 Kaiser Women's Health Survey.

Figure 18

# Costs are a Barrier For Many Women Regardless of Insurance



Source: Ranji and Salganicoff, *Kaiser Women's Health Survey*, 2008. \*Significantly different from Private,  $p < .05$ .

# How Can We Make the Most of Medicaid to Improve Access to Reproductive Health Care?

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- Will states take advantage of the Medicaid expansion option and associated federal funds provided by the ACA?
  - Expand coverage to more low-income families?
  - Extend family planning coverage through SPA?
  - Cover preventive services without cost sharing?
  - Upgrade eligibility systems?
- Will state Medicaid programs pay for full range of family planning services, including pre-pregnancy visits, counseling, and genetic screenings? Maximize enhanced match for family planning services?
- Will state exchanges ensure that provider networks include a range of providers with experience in women's health, such as family planning clinics?