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## Medicaid Remains Crucial for Reproductive-Age Women—and Also a Target for Budget Cuts

Among the many lingering effects of the Great Recession has been stagnant levels of health insurance coverage, as Americans continue to face high levels of unemployment and businesses continue a long-term trend of paring back benefits. Women of reproductive age (15–44) accounted for 13 million, or more than one-quarter, of the 50 million U.S. residents who were uninsured in 2010, according to a Guttmacher Institute analysis of new data from the U.S. Census Bureau.<sup>1,2</sup> Put another way, more than one in five (22%) reproductive-age women are uninsured, including 41% among those who have incomes below the federal poverty level (\$18,530 for a family of three).<sup>1,3</sup>

Millions of Americans have turned to Medicaid and the Children’s Health Insurance Program (CHIP) as a backstop against the loss of private insurance coverage. Nine million reproductive-age women—15% of that population—rely on these programs, including 38% of those below poverty.<sup>1</sup> These numbers reflect the expanded role that Medicaid and CHIP have taken on over the past decade: Between 2000 and 2010, overall enrollment in these public insurance programs increased by

nearly 75%, from 28 million to 49 million.<sup>2</sup> Even that rapid expansion, however, has not been enough to completely offset losses in employment-based insurance; the ranks of the uninsured grew by 36% over the decade.

Medicaid and CHIP enrollment expansions have not occurred evenly across the country; rather, states vary widely in the eligibility criteria they have set for the programs and in their outreach and enrollment efforts. Enrollment in public—and private—insurance also reflects considerable differences in states’ levels of unemployment and poverty, as well as state fiscal difficulties. As a result of these various crosscurrents, the proportion of reproductive-age women enrolled in Medicaid or CHIP ranges from 8% in Nevada, New Hampshire, Utah and Virginia to a high of 28% in Maine, with several other states in the Northeast also surpassing 20% (see table).<sup>1</sup> The proportion of uninsured reproductive-age women varies even more widely, from 6% in Massachusetts—reflecting the success of that state’s early efforts at health care reform—to 34% in Texas.

The rising number of Americans relying on public insurance programs has

also meant escalating costs for the state and federal governments and has made Medicaid a high-priority target for budget hawks (see “Political Tug-of-War Over Medicaid Could Have Major Implications for Reproductive Health Care,” Summer 2011). The program continues to be discussed prominently as a potential source of cuts for the Joint Select Committee on Deficit Reduction, the “super committee” tasked by Congress and President Obama in August to recommend at least \$1.5 trillion in deficit reduction over 10 years. That committee has until late November to make its recommendations, which would then face a simple up-or-down vote by Congress in late December. Failure to reach an agreement would trigger \$1.2 trillion in across-the-board cuts; the president and congressional Democrats succeeded in exempting Medicaid from those triggered cuts.

At the state level, the outlook for Medicaid is similarly mixed. States’ revenues remain below prerecession levels, and a temporary federal boost to federal Medicaid reimbursement rates expired in June 2011. According to a survey of state agencies from the Kaiser Commission on Medicaid and the Uninsured, almost

## COVERAGE VARIES

States differ substantially in the extent of their public and private insurance coverage—and the proportion left uninsured.

	Women Aged 15–44, 2009–2010			
	Total	% on Medicaid or CHIP	% privately insured	% uninsured
<b>U.S. TOTAL*</b>	<b>61,488,291</b>	<b>14.7</b>	<b>60.0</b>	<b>21.7</b>
Alabama	942,477	11.7	58.7	23.5
Alaska	143,186	9.5	52.8	22.4
Arizona	1,304,486	19.2	54.5	23.2
Arkansas	560,766	14.4	53.7	28.3
California	7,669,775	16.7	56.1	24.5
Colorado	1,033,721	10.3	67.4	17.0
Connecticut	680,800	13.9	71.4	13.3
Delaware	176,008	17.8	62.5	16.2
District of Columbia	153,453	21.5	63.4	14.0
Florida	3,435,803	10.7	54.6	29.6
Georgia	2,072,955	10.6	56.6	26.1
Hawaii	244,566	16.4	61.2	10.6
Idaho	303,585	9.7	61.9	25.1
Illinois	2,638,736	16.9	62.0	18.6
Indiana	1,262,218	16.1	60.6	19.7
Iowa	574,141	12.5	68.5	16.8
Kansas	554,912	10.3	65.9	18.1
Kentucky	856,749	16.7	58.6	21.8
Louisiana	928,497	15.0	56.0	25.6
Maine	240,300	27.7	57.6	10.7
Maryland	1,170,696	10.0	71.1	16.2
Massachusetts	1,358,175	23.8	69.3	6.1
Michigan	1,929,823	17.7	62.1	18.3
Minnesota	1,035,115	15.7	70.4	12.0
Mississippi	593,014	19.0	49.8	27.4
Missouri	1,177,834	13.6	64.3	20.6
Montana	181,129	12.0	59.7	25.1
Nebraska	352,535	9.1	69.1	16.2
Nevada	520,743	7.8	60.4	27.5
New Hampshire	254,838	8.1	75.1	14.4
New Jersey	1,714,486	12.3	67.8	19.1
New Mexico	392,636	18.7	48.4	28.7
New York	3,996,392	22.7	58.5	17.4
North Carolina	1,893,632	14.4	54.9	23.9
North Dakota	126,376	9.6	70.1	16.1
Ohio	2,229,317	16.8	63.1	17.3
Oklahoma	732,716	13.0	54.0	26.0
Oregon	757,288	12.2	63.6	22.4
Pennsylvania	2,402,761	15.2	68.1	14.9
Rhode Island	210,862	20.4	62.5	15.2
South Carolina	905,864	11.6	58.6	26.3
South Dakota	153,190	10.3	67.0	18.0
Tennessee	1,264,103	19.8	55.7	18.3
Texas	5,189,460	9.9	52.9	34.1
Utah	613,127	7.9	70.6	18.1
Vermont	118,629	24.0	59.7	12.8
Virginia	1,605,548	7.7	65.3	17.8
Washington	1,343,441	12.4	62.5	18.2
West Virginia	339,460	17.9	53.8	23.5
Wisconsin	1,101,926	18.7	69.0	10.4
Wyoming	104,809	10.0	62.5	22.6

\*2010 data. Source: Reference 1

every state took steps in FY 2011, and plan to take additional steps in FY 2012, to contain Medicaid costs through such tactics as reducing provider payment rates, setting controls on prescription drug spending, restricting optional benefits or increasing patient copayments.<sup>4</sup> Yet, many states are also gearing up for 2014, when the Affordable Care Act requires them to make the most significant expansion to the Medicaid program since it was established in 1965, opening their programs' doors to all Americans with an income below 133% of poverty—far above the eligibility ceilings set by most states today (related article, page 20). The Kaiser Commission survey found that 33 states made enhancements to their eligibility standards or enrollment and renewal processes in FY 2011, and 22 states plan to do so in FY 2012.—*Adam Sonfield*

## REFERENCES

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