

# Threats to Medicaid Programs Endanger Survivors' Access to Care

**More than 66 million people are enrolled in Medicaid for their health insurance, including parents, children, people with disabilities, seniors, and other adults.**

Medicaid provides insurance for individuals and their families who are classified as low-income. The majority of adults are women.<sup>i</sup> Women of color are disproportionately likely to be Medicaid recipients, with 31% of Black women and 27% of Hispanic women aged 15–44 enrolled in Medicaid in 2015, compared with 16% of White women.<sup>ii</sup> The numbers of low-income women who are abused and assaulted are significant, and abuse can often result in economic insecurity and poverty for survivors. Many individuals receiving health insurance through Medicaid are also survivors of domestic and sexual violence and rely on services provided by Medicaid to recover from their abuse.

Medicaid allows survivors to access the comprehensive health and behavioral services they need to stay healthy and to heal from abuse. Among other services, Medicaid covers prescription drugs, family planning services, treatment for substance use disorders, and preventive care including screening and counseling for domestic violence, also known as intimate partner violence (DV/IPV). Medicaid also helps reduce barriers to care by limiting out-of-pocket spending for these health care services.

Importantly, research shows that having insurance through Medicaid results in low-income women using health care services. Women on Medicaid use primary and preventive health care services at rates comparable to women with private insurance and at higher rates than those who are uninsured. When looking at trauma care alone, Kaiser Family Foundation found that Medicaid financing has increased coverage of individuals with traumatic injuries for acute and post-acute care and protects against unexpected medical bills.<sup>iii</sup>

**Maintaining access to health insurance like Medicaid is extremely important for survivors of violence as they are more likely than others to need mental and behavioral health services, to be living with chronic pain and chronic health conditions, and to need reproductive health care, including screening for sexually transmitted infections.** Ensuring survivors can get the care they need, when they need it, can improve their health and well-being for the rest of their lives. Prevention and early intervention for these health issues may also help address the astronomical costs of IPV, and allow women to maintain their economic security, something that is often lost with poor health. The Centers for Disease Control and Prevention recently

documented this, finding that the lifetime economic cost of IPV to the U.S. population is \$3.6 trillion, \$2.1 trillion (59%) of that in medical costs.<sup>iv</sup> Survivors of domestic violence also need access to health care because good health is essential to maintaining employment and fulfilling the care-giving role that many women take on. Women are far more likely to be caring for elderly relatives, disabled partners or young children. Domestic violence survivors also report that economic insecurity is one of if not the top reason they are forced to stay in abusive relationship. We should be doing all that we can to help women acquire and maintain health care. Unfortunately, some federal and state policy makers are pursuing policies that put Medicaid coverage for survivors at risk. *Listed below are some of the policies that could result in survivors losing access to health coverage through Medicaid.*

### **Work Requirements**

The Trump Administration issued guidance this year that allows states to take away Medicaid coverage from people who are not participating in work- related activities (e.g., work; school; community service) for a specified number of hours per week. The Administration has already approved these waivers in Kentucky, Indiana, Arkansas and New Hampshire and additional states have requested to do this.<sup>v</sup>

These new policies would take Medicaid coverage away from people who have low-wage jobs with inconsistent or seasonal hours and those who are not able to work due to personal or family challenges, including those who struggle with mental health issues or chronic conditions that cause interruptions in work. Survivors who may face a range of challenges in securing and keeping a regular work schedule due to abuse, harassment, need for time off for counseling and legal proceedings, or lack reliable childcare and transportation are at risk of losing Medicaid coverage.

Some states seeking such policy changes build in exemptions for certain populations, including caregivers, but education on these exemptions is limited and paperwork requirements are a significant burden. There are no exemptions for the reality of missing work due to illness, family emergency, transportation emergencies or childcare needs.

The reality is that over half of women and the majority of mothers receiving Medicaid already work outside the home.<sup>vi</sup> Many are caring for family members. What is more, there is no evidence that taking health care away from people—or threatening to—will result in more people working. In contrast, there is substantial evidence that health coverage through Medicaid *helps* people work and improves their financial security.<sup>vii</sup>

Imposing work requirements as an eligibility-standard for Medicaid will result in millions of people nationally losing their health insurance, including many survivors. Nearly 2/3 of those at risk for losing health insurance due to work requirements are women.<sup>viii</sup> Without Medicaid, an increasing number of survivors will find themselves with few, if any, options for health insurance—forcing them to delay or forgo needed care.

### **Other Policies That Undermine Medicaid Coverage**

In addition to work requirements, states are pursuing additional policies that could put survivors' Medicaid coverage at risk.

#### *Time Limits*

These policies establish limits on how long an individual may receive Medicaid. Individuals will lose their coverage after reaching the arbitrary time limit—without regard to their health or mental health needs.<sup>ix</sup> For survivors, the effects of trauma and injury can be long-lasting and some survivors may need supportive services for longer than the prescribed time limits.

#### *Lock Outs*

These provisions keep people from re-enrolling after losing Medicaid due to failing to work or pay premiums. For survivors, who may be in precarious economic situations, lock outs can mean the difference between accessing the care that they need and being barred from lifesaving services.

#### *Cost Sharing/Premiums*

Medicaid limits the amount that a state may charge for cost sharing and premiums to reflect the out-of-pocket spending ability of low and very-low income individuals. Some states are trying to increase the amount of cost sharing and premiums required under Medicaid, which will make it hard for people to afford.

### **Fighting Back Against Dangerous Medicaid Policies**

Advocates can play a critical role in fighting back against these policies that jeopardize the lives of survivors and their families.

#### *Learn what's happening in your state*

Keep on top of what your state is considering by getting to know local health care advocates and join a local Medicaid Coalition. Many national organizations are also tracking state policy changes and you can sign up for their action alerts. Learn more here:

<https://familiesusa.org/product/opposing-restrictive-medicaid-waivers-your-state-advocacy-toolkit>

### *Get to know your Medicaid Department*

Advocates may already have a contact in the Medicaid Department—if not, get to know someone. Consider the staff who deal with women’s health or mental health services. Help them understand how important Medicaid can be to survivors’ health and well-being. Be a resource for them as they consider policy and program changes. Learn more about [connecting with your Medicaid Director](#).

### *Participate in the comment process*

By law, state and federal Medicaid programs must provide opportunities for public comment on applications for waivers from current rules and other policy changes. This is a perfect time to engage and provide written and/or verbal comments on the critical role that Medicaid plays for survivors—and what’s at stake if survivors lose access to health and behavioral health services.

### *Keep on it!*

Even if waivers get approved, the story isn’t over. There are pending lawsuits against these policies in almost every state. What is more, waivers can get changed at any time. Documenting and sharing the impact of policy changes demonstrates the human cost of these dangerous policies.

## **References:**

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<sup>ii</sup> Martin K. Women Just Can’t Win: Medicaid Work Requirements and Inadequate Workplace Policies. February 28, 2018 <http://www.nationalpartnership.org/blog/general/women-just-cant-win-medicaid-work-requirement-and-inadequate-workplace-policies.html>

<sup>iii</sup> Medicaid’s Role in Trauma Care. Kaiser Family Foundation. August 14, 2017. <https://www.kff.org/infographic/medicaids-role-in-trauma-care/>

<sup>iv</sup> Peterson C, Kearns MC, McIntosh WL, Estefan LF, Nicolaidis C, McCollister KE, et al. Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *Am J Prev Med*, 55(4), 433-444. 2018.

<sup>v</sup> Taking Away Medicaid for Not Meeting Work Requirements Harms Women. Center on Budget and Policy Priorities. December 12, 2018 <https://www.cbpp.org/research/health/harm-to-women-from-taking-away-medicaid-for-not-meeting-work-requirements>

<sup>vi</sup> Medicaid’s Role for Women. Kaiser Family Foundation. June 22, 2017 <https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>

<sup>vii</sup> Mahan D. Work Requirements in Medicaid Waivers: These Aren’t About Work. March 2018 <https://familiesusa.org/product/work-requirements-medicaid-waivers-these-arent-about-work>

<sup>viii</sup> Martin K. Women Just Can’t Win: Medicaid Work Requirements and Inadequate Workplace Policies. February 28, 2018 <http://www.nationalpartnership.org/blog/general/women-just-cant-win-medicaid-work-requirement-and-inadequate-workplace-policies.html>

<sup>ix</sup> Gehr, J. No Justification to Time Limit Medicaid. January 29, 2018 <https://www.clasp.org/blog/no-justification-time-limit-medicaid>

