

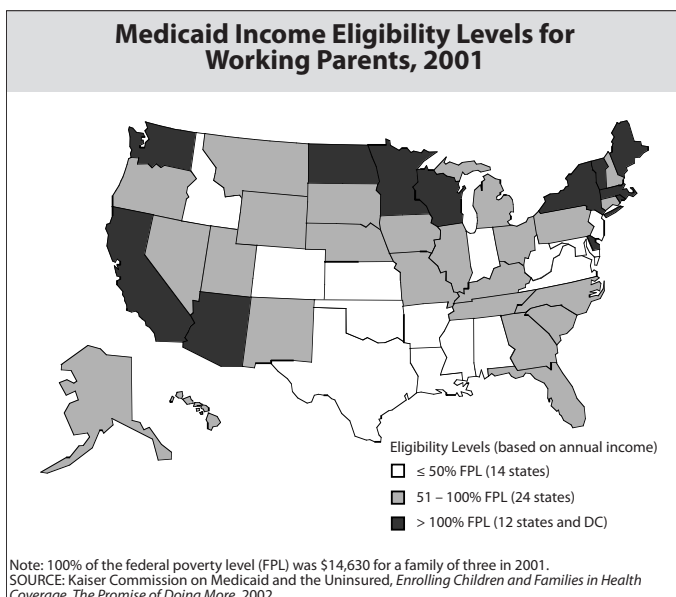
Medicaid, the state-federal program for low-income people, is a critical source of health coverage for millions of low-income women. Nearly one in 11 women are covered by Medicaid and women account for nearly 70% of adults on Medicaid. Within broad federal guidelines, states set criteria for eligibility and scope of coverage. As a result, there is considerable state-level variation in Medicaid policies affecting women.

### Eligibility

For women, Medicaid eligibility is generally limited to those who are very low-income and have children, or are pregnant, or are seniors, or have disabilities. Because women are poorer, more likely to have children in the household, and live longer, they are more likely than men to qualify for Medicaid. The federal government sets minimum standards for eligibility but states can go beyond the federal minimum levels to assist more low-income women, and many do.

### Non-Elderly Adults

- 39 states and DC extend eligibility to pregnant women beyond the federal minimum of 133% of the federal poverty level (FPL), \$11,940 for a family of two in 2002.
- 12 states and DC expand coverage to working parents with family incomes above 100% FPL, going beyond federally-required welfare thresholds. The national median for eligibility for working parents is 81% FPL.
- 11 states extend eligibility to adults without children, a group that has not historically qualified for Medicaid, but that can be covered through waivers.
- Women who are low-income and qualify as disabled, regardless of family situation, are covered in all states.



### Seniors and Medicare Beneficiaries

For women who qualify, Medicaid pays for services that are not covered by Medicare such as prescription drugs and long-term care services, and helps with Medicare cost-sharing. States must provide the full scope of Medicaid benefits to recipients of SSI cash assistance, and must provide assistance with Medicare cost-sharing to Medicare beneficiaries with incomes up to 100% FPL. States can also go beyond these minimum federal requirements:

- Medicaid must pay for Medicare premiums, deductibles, and copayments for Medicare beneficiaries with incomes up to 100% FPL. However, 16 states and DC go beyond this requirement, offering full Medicaid benefits including prescription drugs and long-term care to this population.
- 28 states go beyond federal minimum levels to offer additional financial protections to community spouses of nursing home residents, largely women. These states allow community spouses to retain a greater portion of their incomes and assets when determining Medicaid eligibility.

### Benefits

Medicaid covers a broad range of services of importance to women throughout their life spans-- from family planning and prenatal care to nursing home care. Many states have broadened their Medicaid programs to provide additional benefits of importance to women, while others place greater limits on scope of coverage.

- 16 states have special Medicaid-funded family planning programs for women who otherwise would not qualify for Medicaid.
- All states participate in the federal Breast and Cervical Cancer Prevention and Treatment Act, which allows states to extend Medicaid to uninsured women diagnosed with breast or cervical cancer.
- 19 states use their own funds to cover all "medically necessary" abortions. The remaining states are more restrictive and only use Medicaid funds to pay for abortions in limited circumstances or as specified by the federal Hyde Amendment.
- All state Medicaid programs cover prescription drugs, but 31 states charge copayments and 15 states limit the number of prescriptions covered.

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# Selected State Policies: Medicaid and Women's Access to Care

State	Eligibility Expansions			Key Health Services		
	Eligibility for Pregnant Women >133% FPL	Full Medicaid to Medicare Beneficiaries ≤100% FPL	Spousal Impoverishment Protections	Family Planning Waiver Program	State Funding for All "Medically Necessary" Abortions	Limit on Number of Prescriptions
<b>Total States</b>	<b>39 + DC</b>	<b>16 + DC</b>	<b>28 + DC*</b>	<b>16</b>	<b>19</b>	<b>15</b>
Alabama			•	•		
Alaska	•		•		•	
Arizona	•			•	•	
Arkansas	•			•		•
California	•	•+	•	•	•	•
Colorado			•			
Connecticut	•				•	
Delaware	•		•	•		
District of Columbia	•	•	•			
Florida	•		•	•		•
Georgia	•		•			•
Hawaii	•		•		•	
Idaho						
Illinois	•	•	•		•	•
Indiana	•				•	
Iowa	•		•			
Kansas	•					
Kentucky	•		•			
Louisiana			•			•
Maine	•	•	•			
Maryland	•			•	•	
Massachusetts	•	•	•		•	
Michigan	•	•				
Minnesota	•		•		•	
Mississippi	•	•+	•			•
Missouri	•			•		
Montana					•	
Nebraska	•	•				
Nevada						•
New Hampshire	•					
New Jersey	•	•			•	
New Mexico	•		•	•	•	
New York	•		•	•	•	•
North Carolina	•	•				•
North Dakota		•	•			
Ohio	•					
Oklahoma	•	•	•			•
Oregon	•			•	•	
Pennsylvania	•	•				
Rhode Island	•	•		•		
South Carolina	•	•	•	•		•
South Dakota		•	•			
Tennessee	•					•
Texas	•				•**	•
Utah		•				
Vermont	•		•		•	
Virginia				•		
Washington	•		•	•	•	
West Virginia	•				•	•
Wisconsin	•		•	•		
Wyoming			•			

- Notes:**
- State has policy
  - \* Number of states whose allowance exceeds federal min. monthly maintenance allowance of \$1,451 or \$17,400 for resource allowance.
  - \*\* Funding restriction ruled unconstitutional; restriction remains in effect pending appeal.
  - + Extend full Medicaid benefits to eligible Medicare beneficiaries beyond 100% FPL. 100% of the federal poverty level was \$11,940 for a family of two in 2002.

**Sources:** **Coverage of Pregnant Women**, E Cornell, "MCH Update 2002: State Health Coverage for Low-Income Pregnant Women, Children, and Parents" NGA Report, (Washington, D.C.: NGA, June 9, 2003), pp. 8, 20. **Data current as of October 2002**

**Coverage Beyond SSI Levels**, Families USA, *Could Your State Do More to Expand Medicaid to Seniors and Adults with Disabilities* (Washington, D.C.: Families USA, 2001). **Data current as of April 2001**

**Spousal Impoverishment Protections**, E Carlson, "State-Specific Chart of Resource and Income Allowance, and Average Monthly Private Pay Rates." (LA: Lexis Publishing, 2001), 7-133 to 135. **Data current as of December 2001**

**Family Planning Waivers**, Alan Guttmacher Institute, *State Policies in Brief* (Washington, DC: AGI, Feb. 2003); Kaiser Family Foundation, *Section 1115 Medicaid Family Planning Waivers* (Menlo Park: Kaiser Family Foundation, October 2001). **Data current as of February 2003**

**State Funding for Abortions**, NCSL Health Policy Tracking Service unpublished data collected for this report (December 21, 2001); Alan Guttmacher Institute, *State Policies in Brief* (Washington, D.C.: Alan Guttmacher Institute, Feb. 2003). **Data current as of February 2003**

**Drug Coverage Limits**, R Schwalberg et al. and others, *Medicaid Outpatient Prescription Drug Benefits: Findings from a National Survey and Selected Case Study Highlights* (Washington, D.C.: Kaiser Family Foundation, 2001), Tables 1, 5, 7. **Data current as of 2000**