Protect Maternal, Child, and Family Health: Resist Cuts in Medicaid and Rollback of the Affordable Care Act

The American Public Health Association and other leading public health, medical, provider and disease advocacy organizations strongly oppose legislation that would weaken or eliminate key components of the Affordable Care Act and the nation’s social investment in health coverage and care. The Maternal and Child Health (MCH) Section of APHA calls on the MCH community to reach out to members of Congress, colleagues, family, and friends to educate them about the negative impacts these proposals will have on women, children, and families across the nation. Urgent and long term action are both needed.

Recent congressional health care proposals have been framed as repeal of the Affordable Care Act. But that’s only part of the picture. Proposed changes would reshape the maternal and child health landscape in ways that go much further. Bills under consideration in Congress do not just roll us back to the status quo in 2009. They roll us to the edge of a cliff, placing virtually every woman of reproductive age, baby, school-aged child, teen, and family raising children in the United States at risk. They do this first, by undercutting Medicaid as the foundation for financing maternal and child health care in the US and second, by making specific cuts that target key elements of maternal, child and family care.

Turning Away from Five Decades of Success in Medicaid

A key concern for the MCH community is how proposed reforms would affect Medicaid, first by restructuring and then by cutting the program. Since 1984, federal and state policy makers have adopted expansions resulting in coverage of poor pregnant women and children in all states and near poor children, women of childbearing age, and men in most. Those covered by the program now include:

- Nearly 15 million reproductive age women: one in five US women;¹
- 6.9 million infants and toddlers;
- 6.5 million preschool and 17.6 million school aged children;
- 8.8 million teens and youth 15-20;²
- 5 million children and teens whose coverage is based on disability and low income.³

Medicaid is the financial backbone for funding of services critical to the health of women of childbearing age and children. Below are some examples of how Medicaid shapes the maternal and child health system:

1. Medicaid pays for 75% of publicly funded family planning in the US.⁴ This makes Medicaid critical for access to contraceptive coverage, health education, testing and treatment for sexually transmitted infections,
2. Even before implementation of the ACA and Medicaid expansion, Medicaid covered more than 45% of births in the US. The breadth of Medicaid coverage makes it the financing base for innovations in pregnancy and infant care, ranging from use of progesterone to avert preterm birth, to new models of care like Centering Pregnancy, to neonatal intensive care that saves the lives of thousands of newborns yearly.

3. Medicaid is the number one source of funding for specialty care that extends life, improves health, and reduces disability for more than 11 million US children with special health care needs, including 1 million who rely on technology for survival, mobility or other support. Medicaid enables children to live at home with their families, avoiding institutional care and costs. More complex the condition, the greater the role of Medicaid.

4. Medicaid pays for uniquely comprehensive children’s care through its Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. EPSDT starts with the American Academy of Pediatrics standard of care to help children stay healthy, and then goes on to assure follow-up for children with medical needs beyond the typical. EPSDT has been improving child health for 50 years.

Current House and Senate health care bills propose fundamental changes to the way Medicaid works. These proposals would cap federal spending, ratcheting back funding levels year by year, and make states choose between per person spending limits or block grants that would limit overall spending statewide. The results would be predictable and harsh: more women unable to afford care before, during and after pregnancy, more children and families uninsured, more gaps in coverage for those who are insured, higher health care costs for families, less funding for preventive and even lifesaving services and ultimately, a less robust system of care for all mothers, children and families.

The proposed legislation would further harm women, children, and families

- The 15 million Americans who would lose coverage next year under repeal proposals would include children and pregnant women along with the millions of adults who benefited from ACA coverage expansions. The Congressional Budget Office estimates both House and Senate proposals would result in more than 20 million Americans losing coverage by 2026.
- Up to 24% (17 million) of children under age 18, as well as millions of women of childbearing age, have what could be considered “pre-existing conditions.” Insurers could define this group to include pregnant women who have had a previous C-section, newborns with congenital conditions or even children with learning disabilities, and could exclude them or force them to pay exorbitant rates.
- Proposed changes do away with provisions requiring private insurers to cover “Essential Health Benefits” defined in the ACA. Women and children covered by private insurance will no longer be assured coverage for basic preventive services such as well child and well-woman visits, breastfeeding support, screening for cancer, and immunizations.
- Proposed “repeal” laws single out Planned Parenthood for defunding, threatening the source of reproductive care (and in some cases general primary care) for 2.5 million women. Low income and rural communities, where Planned Parenthood may be the only care available, will be hit hardest.
- The Prevention and Public Health Fund, which accounts for 12% of the budget for the Centers for Disease Control and Prevention and the nation’s bulwark against preventable diseases in children and adults, would be eliminated dramatically cutting CDC’s ability to protect public health.

Share this brief with your colleagues, your classmates, your friends and your family and urge them to contact their members of Congress to oppose these dangerous proposals. Tell the stories behind the numbers and share your own stories. Link to others in your community and raise understanding of what is really being proposed. There is no time to waste and no room for complacency. The MCH community must be a leading voice in the fight to preserve and build on Medicaid’s 52 years of progress in improving the health of women, children, and families.

This brief was developed by the Maternal and Child Health Section of the American Public Health Association, 3,000 leaders in public health at national, state, and local levels, to sound an alarm to families and policymakers nationwide. The contributions of Section members and national partners are appreciated.
References

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