

2025 POLICY PRIORITIES

PROTECTING MEDICAID AS A REPRODUCTIVE JUSTICE ISSUE

Medicaid—our nation's only program providing comprehensive health care and long-term care coverage for low-income people—is a lifeline for Black women, girls, and gender-expansive people. Approximately 24 million of the program's 83 million enrollees are women, of whom more than half are women of reproductive age; more than half are women of color; and about 4.4 million identify as Black.¹

Medicaid is by far the largest payer for health care services, such as family-planning services, prenatal services, and childbirth services. It also ensures our nation's most underserved communities can access other preventive health services like breast cancer screenings. States that have taken advantage of the opportunity to expand Medicaid coverage for postpartum care from 60 days to 1 year have demonstrably reduced postpartum hospitalizations, a key issue in the Black maternal health crisis.

Nearly half of the Medicaid budget is funded by the federal government and financed based on the number of enrollees and health care costs. Medicaid requires states to provide an array of mandatory benefits for enrollees, such as inpatient and outpatient hospital services, physician services, and rural clinic services. Yet, the program's federal-state partnership model means that states have the ability to either expand or severely restrict non-mandatory benefits. The resulting state-by-state disparities in coverage disproportionately impact the large populations of Black women, girls, and gender-expansive people living in states that do not support Medicaid or other government programs that ensure access to high-quality health care. Without insurance coverage, even the cost of contraceptive services is out of reach for many.

Medicaid saves the lives of Black women, girls, and gender-expansive people in the United States (U.S.) every day. Attacks on Medicaid will impact many Americans' lives—attempts to cut Medicaid's funding, restrict access to Medicaid, or eliminate Medicaid services will strip essential health care away from millions and is a direct attack on Reproductive Justice.

Protecting Medicaid services and eligibility is central to the Reproductive Justice's intersectional framework. We urge you to fight to protect, restore, and expand Medicaid's vital reach.

Maternal Health Care

Medicaid is far and away the largest payer for maternal health care in the United States. More than half (56 percent) of the women enrolled in Medicaid are of reproductive age.² Medicaid covers the costs for almost half of all U.S. births and for approximately two-thirds of births to Black women, girls, and gender-expansive people, and ensures access to care during the prenatal period and in the postpartum period.^{3,4}

The length of coverage for postpartum services can vary from 60 days to a full year, depending on state policies and whether the state accepted the ACA's Medicaid expansion. In one of the most significant federal policies supporting Reproductive Justice, the Biden-Harris Administration incentivized all states to implement 12-month postpartum coverage expansion in 2021. The full 12 months of postpartum coverage and continuous coverage for newborn children via Medicaid or the Children's Health Insurance Program (CHIP) is critical to support maternal and infant health; to prevent pregnancy-related complications, which drive Black maternal morbidity and mortality; and to expand services that address chronic conditions, family planning, and mental health needs.⁵

Contraception

People who are economically disenfranchised and rely on public insurance often have trouble accessing critical health care, including contraceptive services.⁶ Without insurance coverage, contraception is out-of-reach for many individuals. Our most recent national poll revealed that 64 percent of Black women aged 18 to 44 surveyed said they could not afford to pay \$45 or more for a three-month supply of contraception.

Approximately 21 million people rely on publicly funded family planning services, 3.7 million of whom are Black.⁷ Medicaid provides 75 percent of public funding for

family planning; the remainder is split between states and the Title X Family Planning Program (which is chronically underfunded and consistently targeted for elimination).

Medicaid does not currently require providers to offer or fund counseling for contraception, nor does the program provide reimbursement for these services. Because Medicaid is jointly funded and regulated by the states in partnership with the federal government, many decisions about contraceptive coverage are left up to state governments.

Abortion Care

Over half of women of reproductive age who are enrolled in Medicaid live in states that restrict insurance coverage for abortion except in limited circumstances.⁸ Research suggests that bans on Medicaid coverage for abortion services result in one in four low-income women carrying an unwanted pregnancy to term. Denying a pregnant person abortion care and forcing them to give birth can push an individual into, or even deeper into, poverty.^{9,10}

Preventive Care and Long-Term Care

Medicaid provides life-saving preventive health care, long-term services and support to Black women, girls, and gender-expansive people of all ages. For example, in 2023, Medicaid's Breast and Cervical Cancer Treatment Program screened almost 130,000 women and detected close to 2,000 invasive breast cancers, almost 700 premalignant breast lesions, 90 cases of invasive cervical cancer, and 6,200 premalignant cervical lesions. Women, who live longer than men on average, also rely on Medicaid for long-term care—as almost half of our nation's long-term services and support are paid for by Medicaid.¹¹

Conclusion

In Our Own Voice urges policymakers to champion Reproductive Justice not only by protecting Medicaid, but also by restoring and expanding it. Congress should strive to eliminate the significant state-by-state inconsistencies in care to ensure that there is racial, gender, and socioeconomic equity for all Medicaid beneficiaries. Access to high-quality and comprehensive health care should be accessible to all.

2025 Policy Recommendations

- Require states to provide comprehensive, holistic maternity care through Medicaid for a minimum of one year postpartum and to provide 12-month continuous coverage for newborns via Medicaid or CHIP
- Expand Medicaid's reimbursement for counseling about contraception
- Pass the *Equal Access to Abortion Coverage in Health Insurance (EACH) Act*
- Pass the *Health Equity and Access under the Law (HEAL) for Immigrant Women and Families Act*

Endnotes

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