

# **CLOSING THE MEDICAID COVERAGE GAP: Sexual and Reproductive Health Impacts By State**



ALABAMA • FLORIDA • GEORGIA • KANSAS • MISSISSIPPI  
NORTH CAROLINA • SOUTH CAROLINA • SOUTH DAKOTA  
TENNESSEE • TEXAS • WISCONSIN • WYOMING



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**WYOMING**

**SOUTH  
DAKOTA**

**WISCONSIN**

**TENNESSEE**

**NORTH  
CAROLINA**

**KANSAS**

**SOUTH  
CAROLINA**

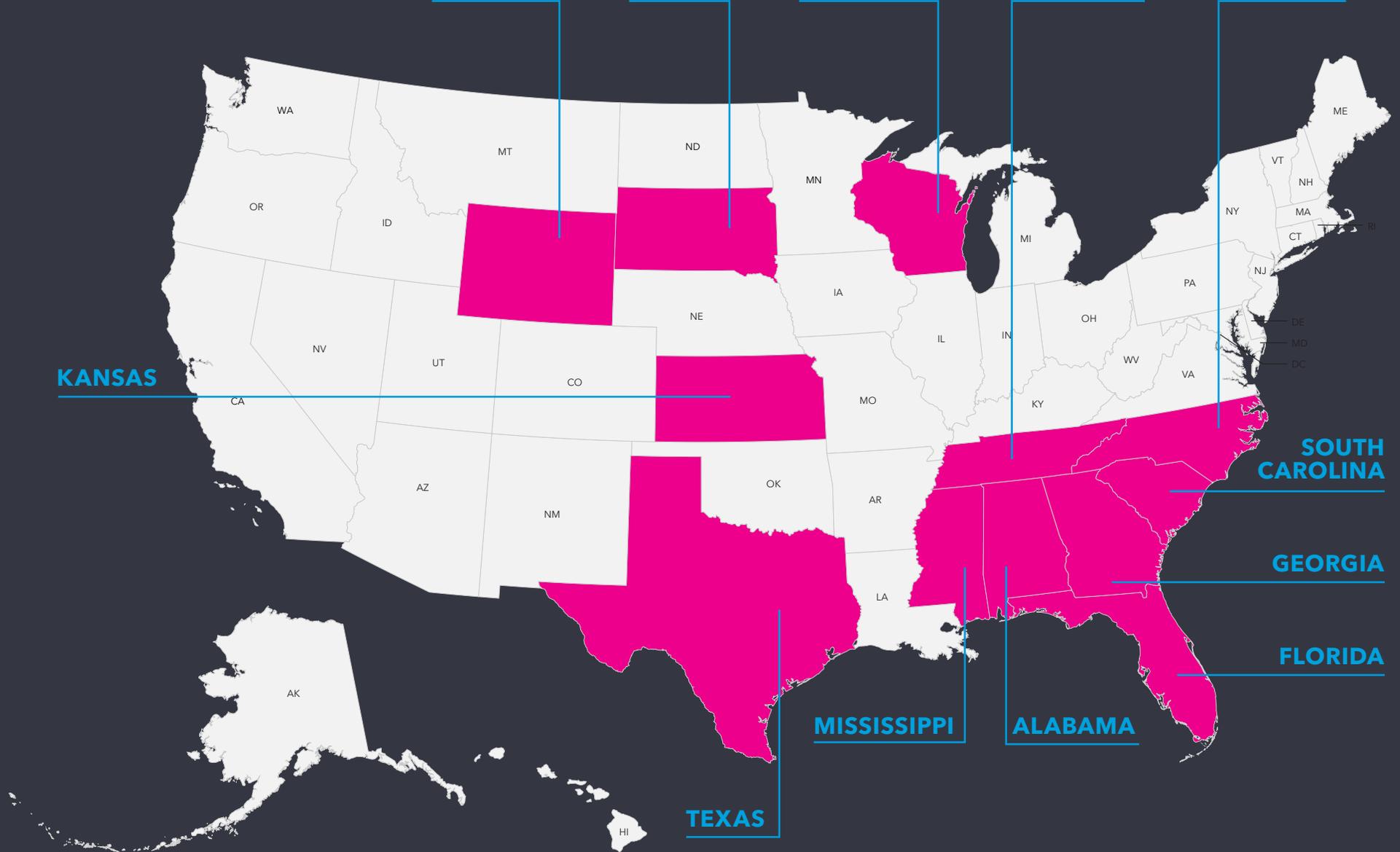
**GEORGIA**

**FLORIDA**

**MISSISSIPPI**

**ALABAMA**

**TEXAS**



Closing the Medicaid Coverage Gap in

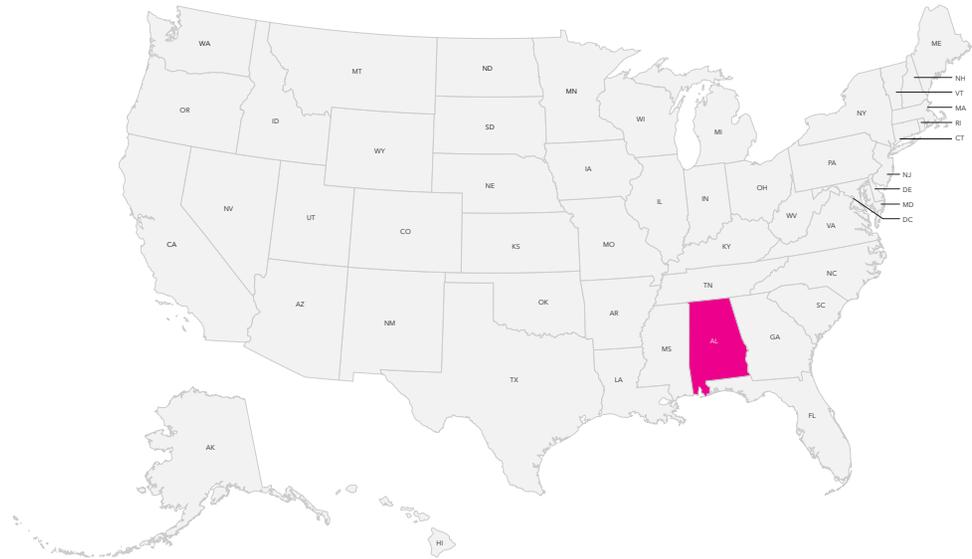
# ALABAMA

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid to Alabama**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That's because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and

Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in **[infant and maternal health](#)**.
- Medicaid expansion is associated with **[increased use](#)** of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion **[contributed](#)** to the detection of undiagnosed HIV infections and **[increased](#)** use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Alabama, have consistently **[refused](#)** to provide affordable coverage for residents by expanding Medicaid, even with generous **[financial incentives](#)** from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals **[less likely](#)** than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing **[over 60%](#)** of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also

below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for **[over 800,000](#)** women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to **[three times more likely](#)** to die from pregnancy-related complications than white women. The program pays for more than **[42%](#)** of total U.S. births and **[65% of births](#)** to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Alabamans who fall into this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Alabama<sup>1</sup>

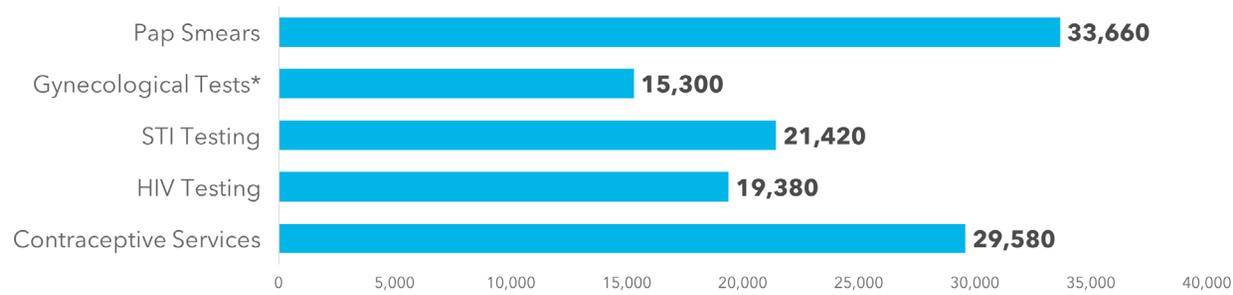
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Alabama, about **204,100** uninsured Alabamans would be eligible. In addition, more than **51,000 women of reproductive age**, including more than **20,000 Black women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Alabama. For example, Alabama has 51,000 women of reproductive age in the coverage gap. Therefore  $51,000 \times 0.58 = 29,580$  women in Alabama that would access contraceptive services if the gap was closed.

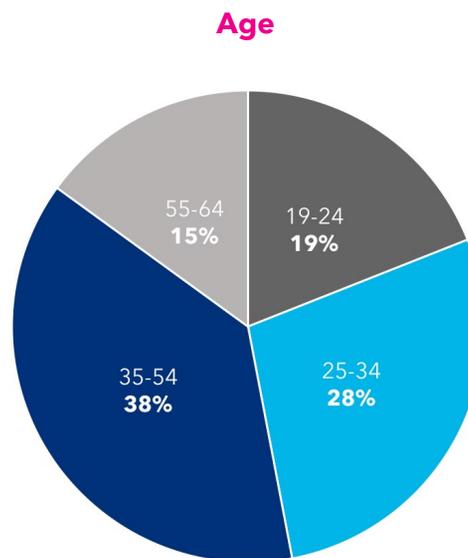
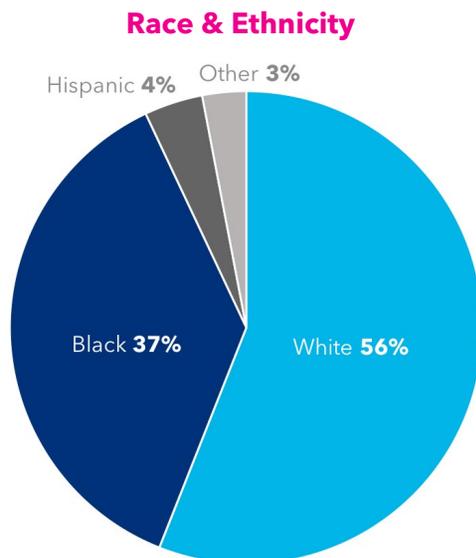
## Impacts of Closing the Coverage Gap in Alabama

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Alabamans who would qualify for Medicaid coverage if the gap was closed include:



**Gender**  
**98,200**  
Females

Closing the Medicaid Coverage Gap in

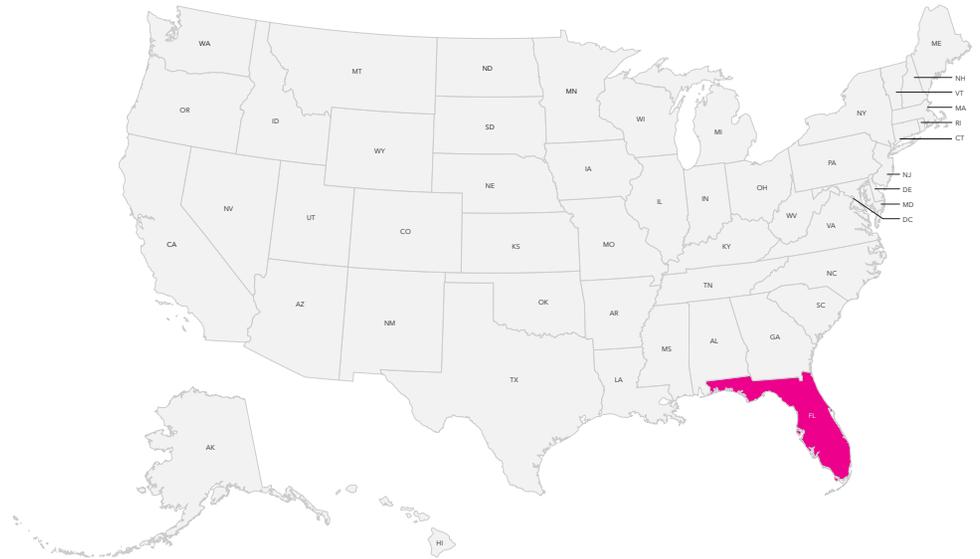
# FLORIDA

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Florida**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in [infant and maternal health](#).
- Medicaid expansion is associated with [increased use](#) of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion [contributed](#) to the detection of undiagnosed HIV infections and [increased](#) use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Florida, have consistently [refused](#) to provide affordable coverage for residents by expanding Medicaid, even with generous [financial incentives](#) from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals [less likely](#) than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing [over 60%](#) of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for [over 800,000](#) women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to [three times more likely](#) to die from pregnancy-related complications than white women. The program pays for more than [42%](#) of total U.S. births and [65% of births](#) to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Floridians who fall into this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Florida<sup>1</sup>

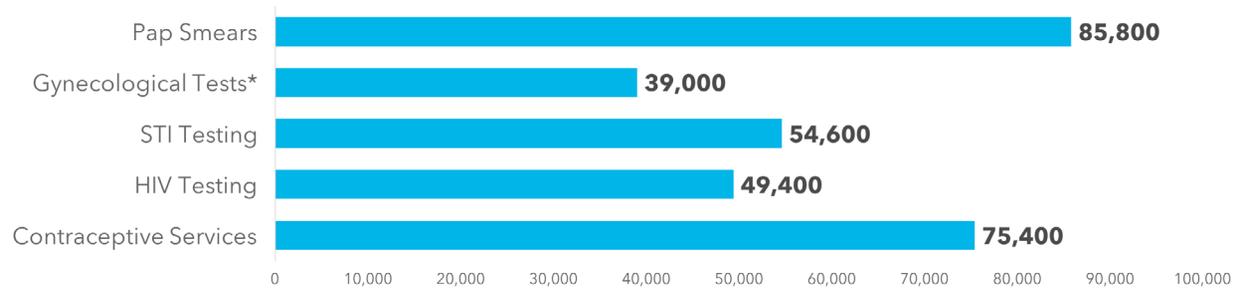
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Florida, about **789,800** uninsured Floridians would gain insurance. In addition, more than **130,000 women of reproductive age**, including more than **40,000 Black women** and **40,000 Latina women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Florida. For example, Florida has 130,000 women of reproductive age in the coverage gap. Therefore  $130,000 \times 0.58 = 75,400$  women in Florida that would access contraceptive services if the gap was closed.

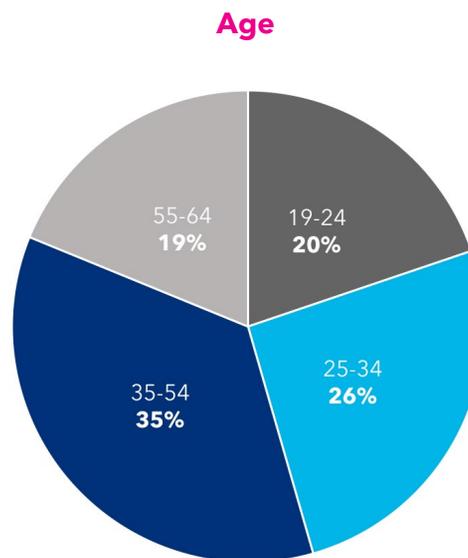
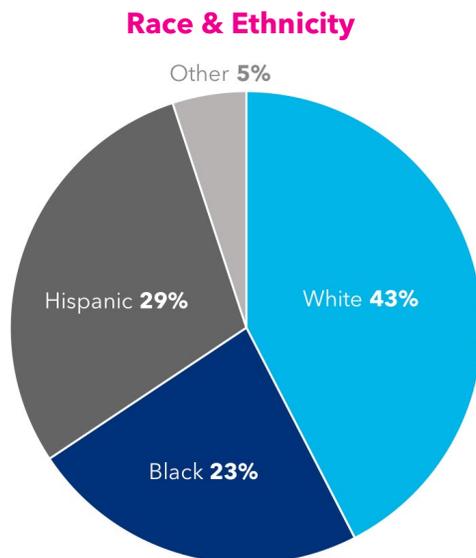
## Impacts of Closing the Coverage Gap in Florida

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Floridians who would qualify for Medicaid coverage if the gap was closed include:



**Gender**  
**380,000**  
Females

Closing the Medicaid Coverage Gap in

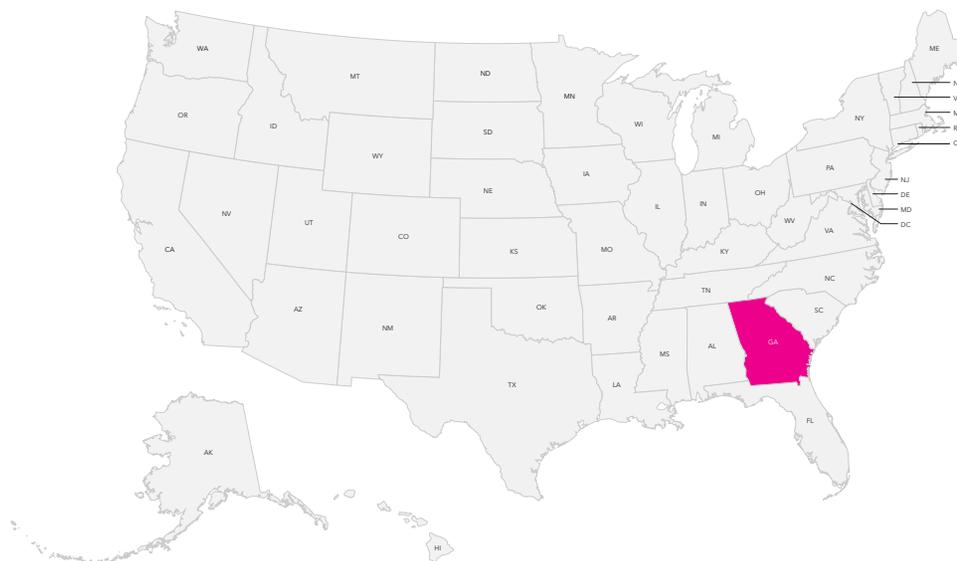
# GEORGIA

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Georgia**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in [infant and maternal health](#).
- Medicaid expansion is associated with [increased use](#) of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion [contributed](#) to the detection of undiagnosed HIV infections and [increased](#) use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Georgia, have consistently [refused](#) to provide affordable coverage for residents by expanding Medicaid, even with generous [financial incentives](#) from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals [less likely](#) than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing [over 60%](#) of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for [over 800,000](#) women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to [three times more likely](#) to die from pregnancy-related complications than white women. The program pays for more than [42%](#) of total U.S. births and [65% of births](#) to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Georgians who fall in this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Georgia<sup>1</sup>

If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Georgia, about **452,600** uninsured Georgians would be eligible. In addition, more than **100,000 women of reproductive age**, including more than **50,000 Black women** and **12,000 Latina women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Georgia. For example, Georgia has 100,000 women of reproductive age in the coverage gap. Therefore 100,000 x 0.58= 58,000 women in Georgia that would access contraceptive services if the gap was closed.

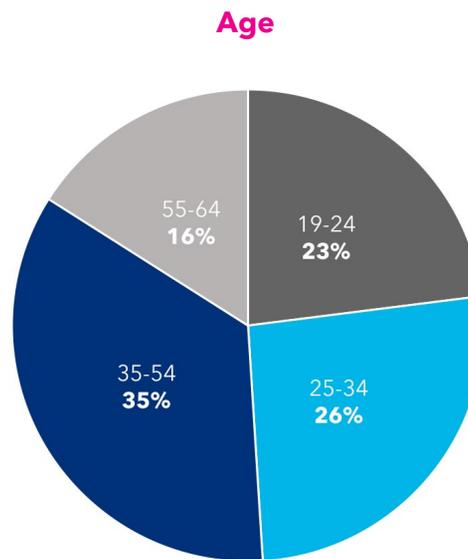
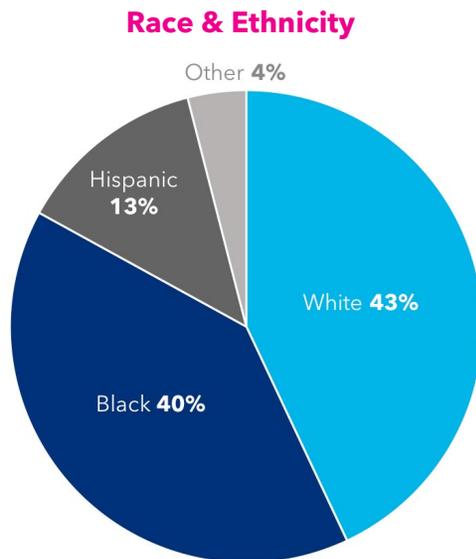
## Impacts of Closing the Coverage Gap in Georgia

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Georgians who would qualify for Medicaid coverage if the gap was closed include:



**Gender**  
**229,600**  
Females

Closing the Medicaid Coverage Gap in

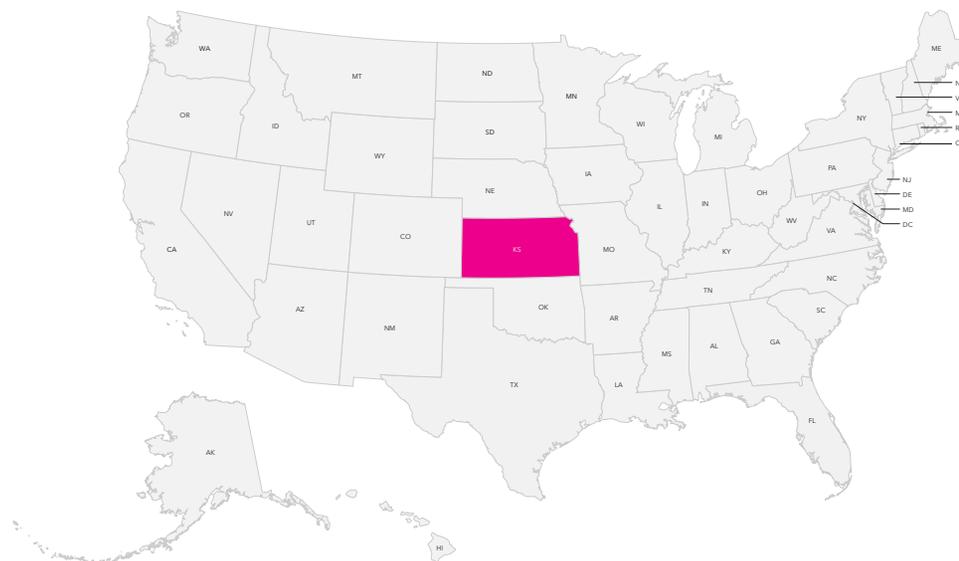
# KANSAS

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Kansas**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That's because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between

white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in **infant and maternal health**.
- Medicaid expansion is associated with **increased use** of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion **contributed** to the detection of undiagnosed HIV infections and **increased** use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Kansas, have consistently **refused** to provide affordable coverage for residents by expanding Medicaid, even with generous **financial incentives** from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals **less likely** than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing **over 60%** of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to

afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for **over 800,000** women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to **three times more likely** to die from pregnancy-related complications than white women. The program pays for more than **42%** of total U.S. births and **65% of births** to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Kansans who fall in this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Kansas<sup>1</sup>

If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Kansas, about **82,700** uninsured Kansans would be eligible. In addition, more than **32,000 women of reproductive age** would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Kansas. For example, Kansas has 32,000 women of reproductive age in the coverage gap. Therefore  $32,000 \times 0.58 = 18,560$  women in Kansas that would access contraceptive services if the gap was closed.

## Impacts of Closing the Coverage Gap in Kansas

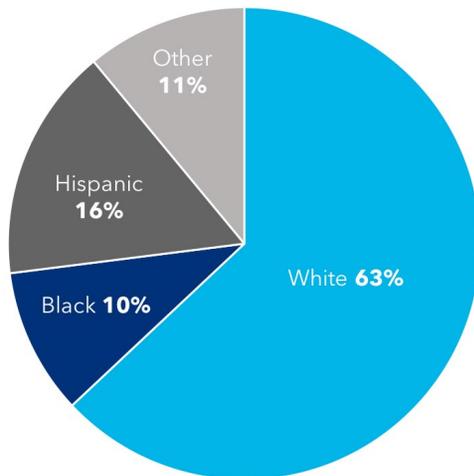
Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



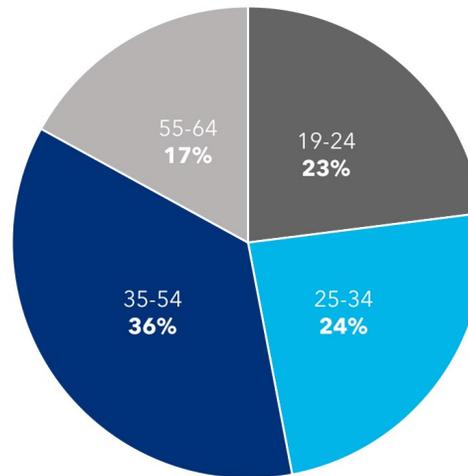
\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Kansas who would qualify for Medicaid coverage if the gap was closed include:

### Race & Ethnicity



### Age



### Gender

**44,900**  
Females

Closing the Medicaid Coverage Gap in

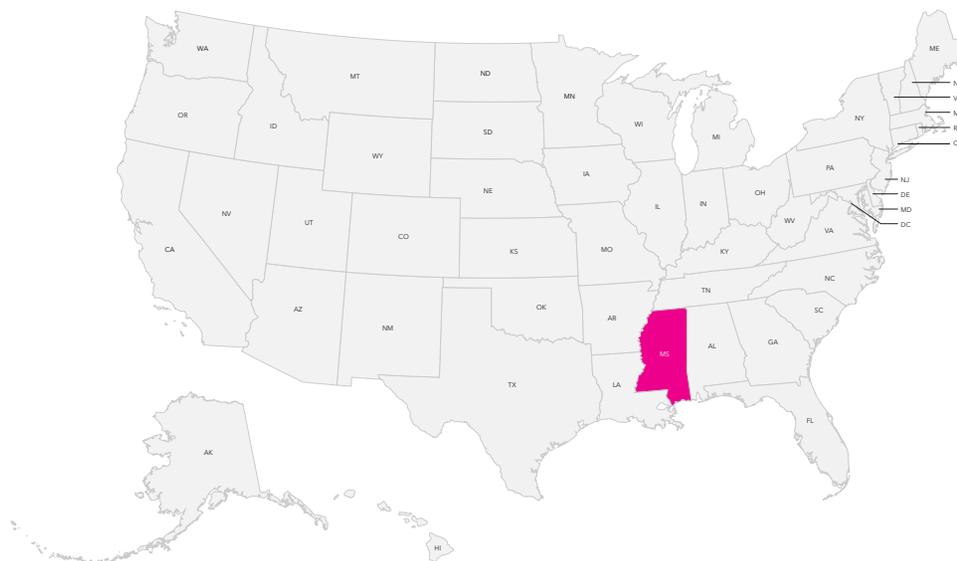
# MISSISSIPPI

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Mississippi**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between

white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in **infant and maternal health**.
- Medicaid expansion is associated with **increased use** of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion **contributed** to the detection of undiagnosed HIV infections and **increased** use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Mississippi, have consistently **refused** to provide affordable coverage for residents by expanding Medicaid, even with generous **financial incentives** from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals **less likely** than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing **over 60%** of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to

afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for **over 800,000** women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to **three times more likely** to die from pregnancy-related complications than white women. The program pays for more than **42%** of total U.S. births and **65% of births** to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Mississippians who fall in this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Mississippi<sup>1</sup>

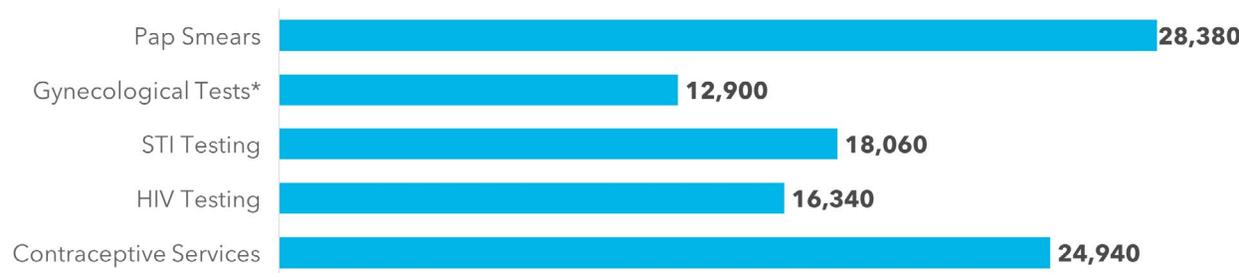
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Mississippi, about **166,600** uninsured Mississippians would gain insurance. In addition, more than **43,000 women of reproductive age**, including more than **25,000 Black women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Mississippi. For example, Mississippi has 43,000 women of reproductive age in the coverage gap. Therefore  $43,000 \times 0.58 = 24,940$  women in Mississippi that would access contraceptive services if the gap was closed.

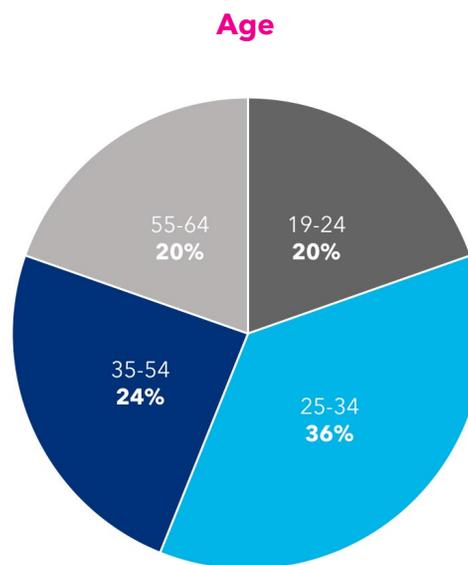
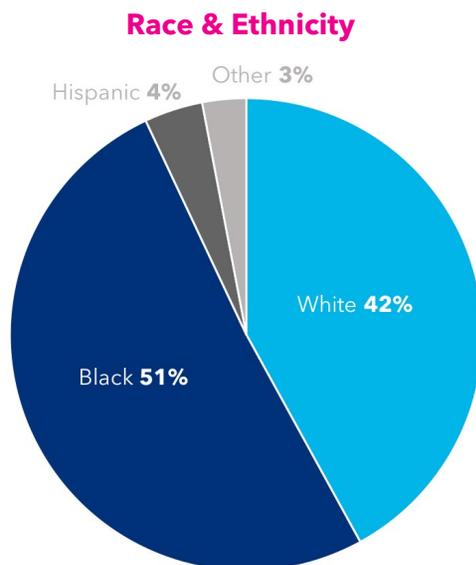
## Impacts of Closing the Coverage Gap in Mississippi

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Mississippians who would qualify for Medicaid coverage if the gap was closed include:



**Gender**  
**82,400**  
Females

Closing the Medicaid Coverage Gap in

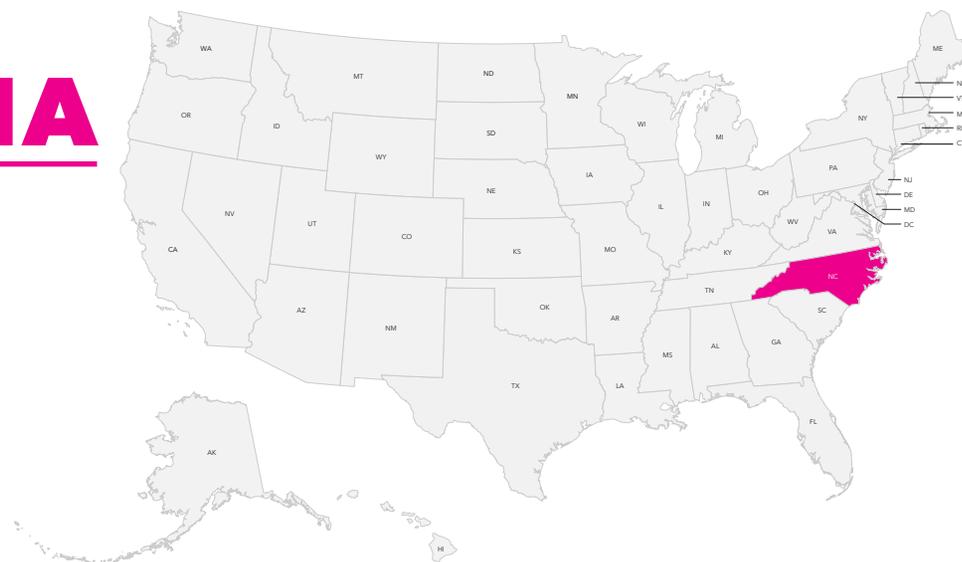
# NORTH CAROLINA

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in North Carolina**

Medicaid is a joint federal and state program that provides health coverage to [nearly 75 million individuals](#) – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the [largest payer](#) of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has [increased health care coverage](#), with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by [51%](#) and the gap between white and Hispanic adults decreased by [45%](#).

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in [infant and maternal health](#).
- Medicaid expansion is associated with [increased use](#) of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion [contributed](#) to the detection of undiagnosed HIV infections and [increased](#) use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including North Carolina, have consistently [refused](#) to provide affordable coverage for residents by expanding Medicaid, even with generous [financial incentives](#) from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals [less likely](#) than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing [over 60%](#) of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for [over 800,000](#) women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to [three times more likely](#) to die from pregnancy-related complications than white women. The program pays for more than [42%](#) of total U.S. births and [65% of births](#) to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that North Carolinians who fall in this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in North Carolina<sup>1</sup>

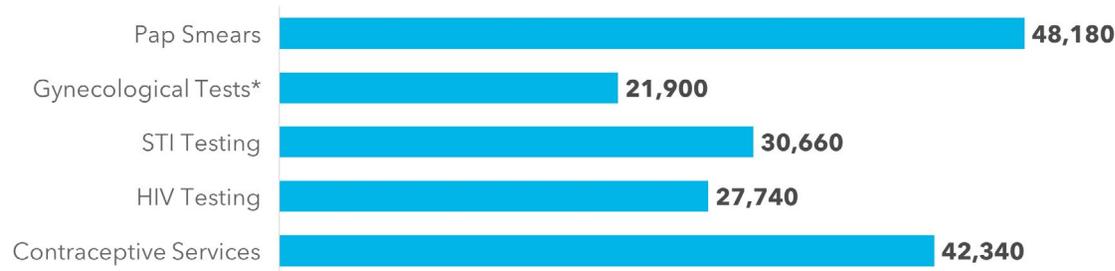
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in North Carolina, about **372,400** uninsured North Carolinians would gain insurance. In addition, more than **73,000 women of reproductive age**, including more than **24,000 Black women** and **8,000 Latina women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in North Carolina. For example, North Carolina has 73,000 women of reproductive age in the coverage gap. Therefore 73,000 x 0.58= 42,340 women in North Carolina that would access contraceptive services if the gap was closed.

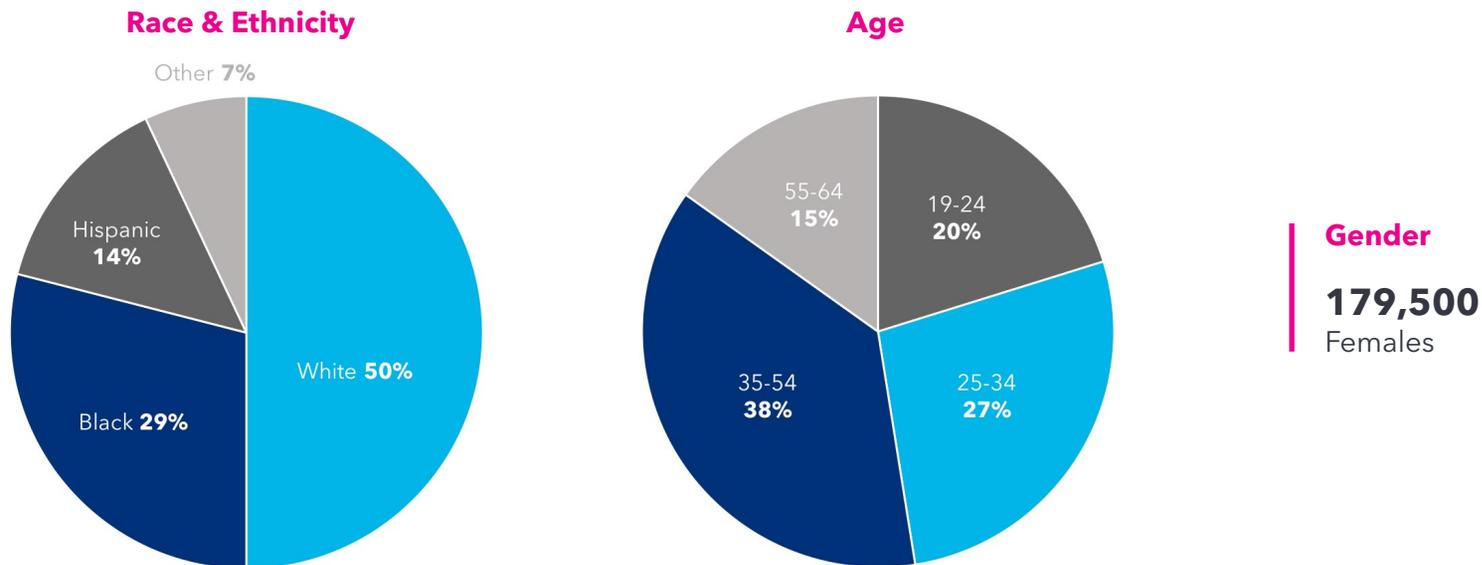
## Impacts of Closing the Coverage Gap in North Carolina

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured North Carolinians who would qualify for Medicaid coverage if the gap was closed include:



Closing the Medicaid Coverage Gap in

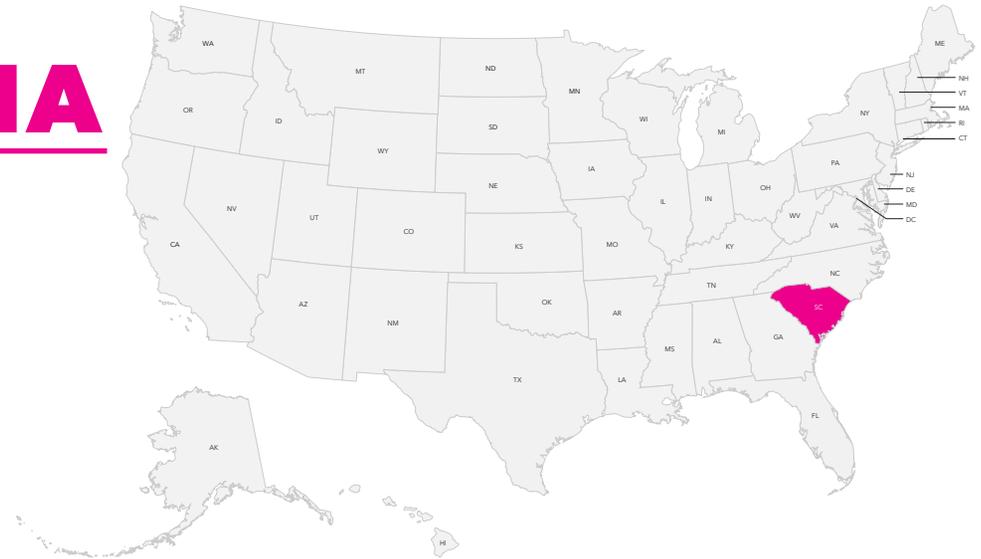
# SOUTH CAROLINA

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in South Carolina**

Medicaid is a joint federal and state program that provides health coverage to [nearly 75 million individuals](#) – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the [largest payer](#) of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has [increased health care coverage](#), with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by [51%](#) and the gap between white and Hispanic adults decreased by [45%](#).

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in [infant and maternal health](#).
- Medicaid expansion is associated with [increased use](#) of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion [contributed](#) to the detection of undiagnosed HIV infections and [increased](#) use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including South Carolina, have consistently [refused](#) to provide affordable coverage for residents by expanding Medicaid, even with generous [financial incentives](#) from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals [less likely](#) than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing [over 60%](#) of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for [over 800,000](#) women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to [three times more likely](#) to die from pregnancy-related complications than white women. The program pays for more than [42%](#) of total U.S. births and [65% of births](#) to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that South Carolinians who fall in this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in South Carolina<sup>1</sup>

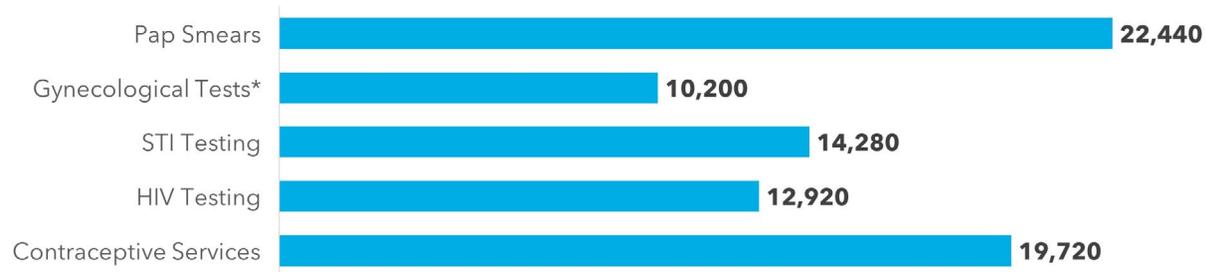
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in South Carolina, about **188,000** uninsured South Carolinians would gain insurance. In addition, more than **34,000 women** of reproductive age, including more than **14,000 Black women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in South Carolina. For example, South Carolina has 34,000 women of reproductive age in the coverage gap. Therefore 34,000 x 0.58= 19,720 women in South Carolina that would access contraceptive services if the gap was closed.

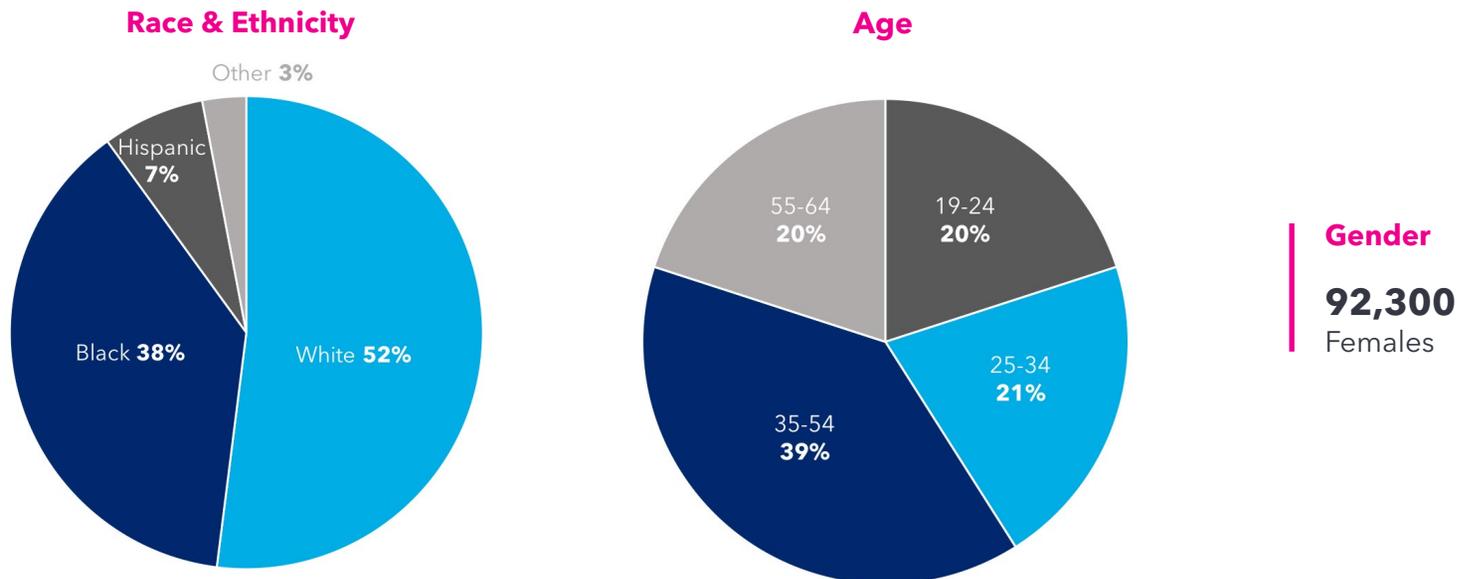
## Impacts of Closing the Coverage Gap in South Carolina

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured South Carolinians who would qualify for Medicaid coverage if the gap was closed include:



Closing the Medicaid Coverage Gap in

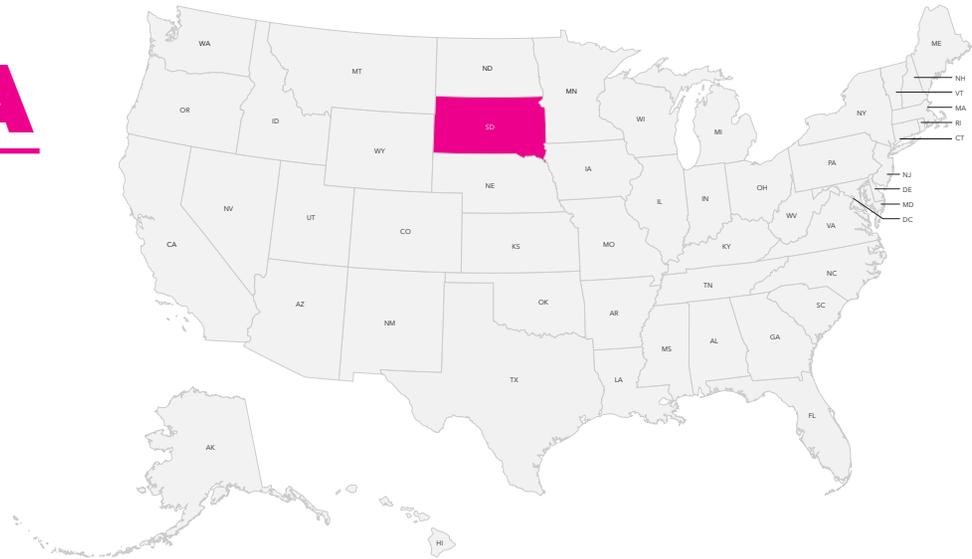
# SOUTH DAKOTA

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in South Dakota**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and

Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in **infant and maternal health**.
- Medicaid expansion is associated with **increased use** of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion **contributed** to the detection of undiagnosed HIV infections and **increased** use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including South Dakota, have consistently **refused** to provide affordable coverage for residents by expanding Medicaid, even with generous **financial incentives** from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals **less likely** than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing **over 60%** of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax

credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for **over 800,000** women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to **three times more likely** to die from pregnancy-related complications than white women. The program pays for more than **42%** of total U.S. births and **65% of births** to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Nationwide, closing the Medicaid coverage gap would mean women of reproductive age could gain affordable health insurance and access to comprehensive sexual and reproductive health services. In the first few years of this expansion<sup>1</sup>:

- **58%** women of reproductive age would receive coverage for contraceptive services;
- **42%** would receive coverage for STI tests, with **38%** receiving coverage for tests for HIV;
- **30%** would receive coverage for gynecological tests (includes cervical and breast cancer screening, education, and counseling) within the first 3 years; and
- **66%** would receive coverage for pap smears.

Congress must close the Medicaid coverage gap to ensure that South Dakotans who fall in this gap are able to gain the health care coverage they need.

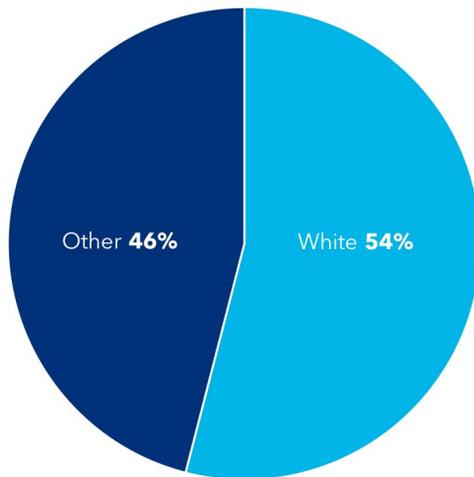
<sup>1</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#).

## South Dakota Medicaid Expansion Facts<sup>2</sup>

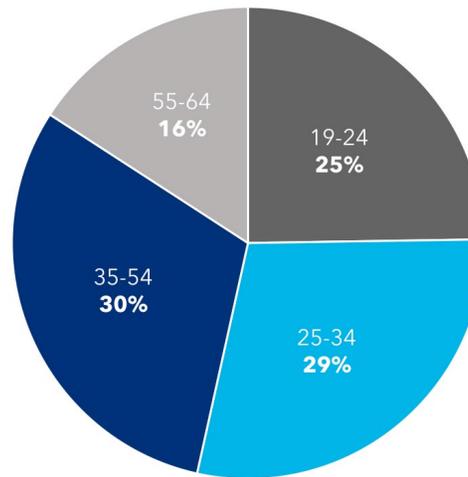
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in South Dakota, about **27,800** uninsured South Dakotans would gain insurance.

A large proportion would be women of reproductive age. The current demographic of the total uninsured South Dakotans who would qualify for Medicaid coverage if the gap was closed include:

**Race & Ethnicity**



**Age**



**Gender**

**11,100**  
Females

<sup>2</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation's](#) state by state fact sheets.

Closing the Medicaid Coverage Gap in

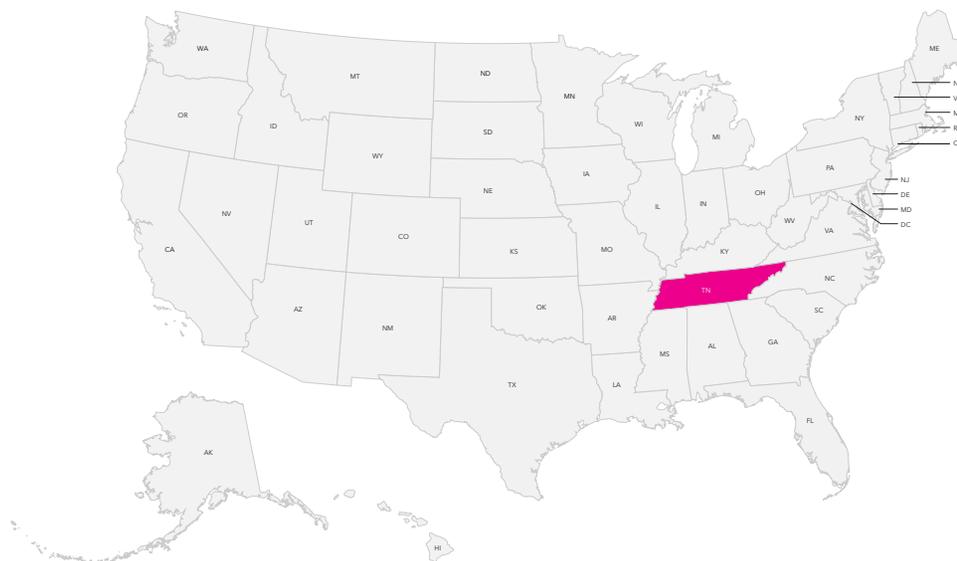
# TENNESSEE

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Tennessee**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in [infant and maternal health](#).
- Medicaid expansion is associated with [increased use](#) of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion [contributed](#) to the detection of undiagnosed HIV infections and [increased](#) use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Tennessee, have consistently [refused](#) to provide affordable coverage for residents by expanding Medicaid, even with generous [financial incentives](#) from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals [less likely](#) than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing [over 60%](#) of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for [over 800,000](#) women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to [three times more likely](#) to die from pregnancy-related complications than white women. The program pays for more than [42%](#) of total U.S. births and [65% of births](#) to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Tennesseans who fall into this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Tennessee<sup>1</sup>

If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Tennessee, about **226,200** uninsured Tennesseans would gain insurance. In addition, more than **31,000 women of reproductive age**, including more than **8,000 Black women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Tennessee. For example, Tennessee has 31,000 women of reproductive age in the coverage gap. Therefore  $31,000 \times 0.58 = 17,980$  women in Tennessee that would access contraceptive services if the gap was closed.

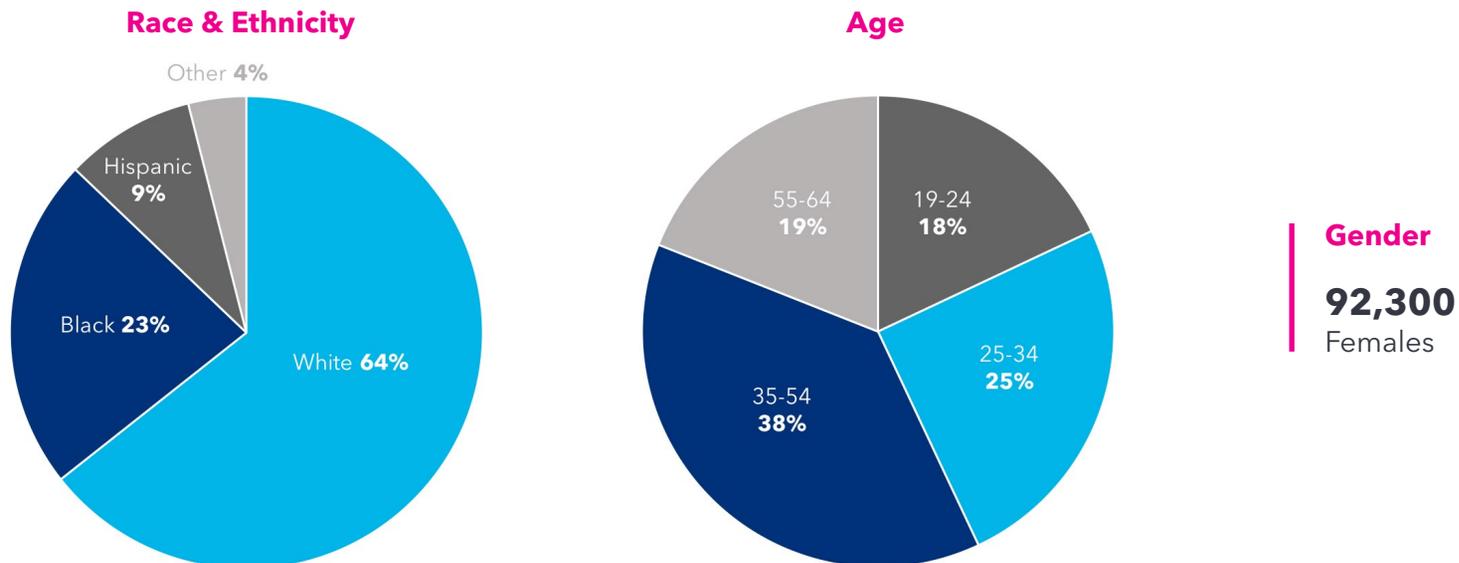
## Impacts of Closing the Coverage Gap in Tennessee

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Tennesseans who would qualify for Medicaid coverage if the gap was closed include:



Closing the Medicaid Coverage Gap in

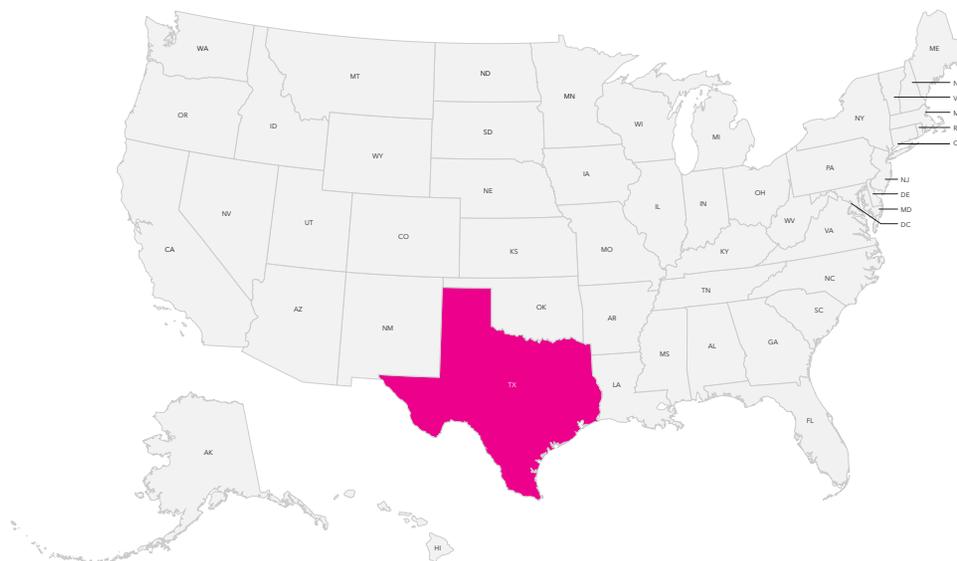
# TEXAS

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Texas**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in [infant and maternal health](#).
- Medicaid expansion is associated with [increased use](#) of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion [contributed](#) to the detection of undiagnosed HIV infections and [increased](#) use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Texas, have consistently [refused](#) to provide affordable coverage for residents by expanding Medicaid, even with generous [financial incentives](#) from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals [less likely](#) than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing [over 60%](#) of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for [over 800,000](#) women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to [three times more likely](#) to die from pregnancy-related complications than white women. The program pays for more than [42%](#) of total U.S. births and [65% of births](#) to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Congress must close the Medicaid coverage gap to ensure that Texans who fall in this gap are able to gain the health care coverage they need.

## Impacts of Closing the Coverage Gap in Texas<sup>1</sup>

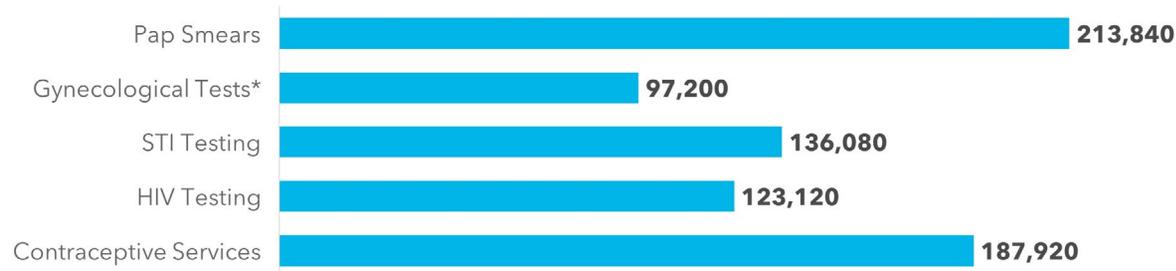
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Texas, about **1,432,900** uninsured Texans would gain insurance. In addition, more than **324,000 women of reproductive age**, including more than **48,000 Black women** and **193,000 Latina women**, would gain affordable health insurance and access to a full range of sexual and reproductive health services. In the first few years of this expansion, this health care access would provide care to a significant portion of these women<sup>2</sup>:

<sup>1</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#)’s state by state fact sheets.

<sup>2</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#). According to a KFF study, 58% of women nationwide that are enrolled in Medicaid are receiving contraceptive services. We are using that percentage to estimate the number of women of reproductive age (provided by CBPP), who would gain access to Medicaid in Texas. For example, Texas has 324,000 women of reproductive age in the coverage gap. Therefore  $324,000 \times 0.58 = 187,920$  women in Texas that would access contraceptive services if the gap was closed.

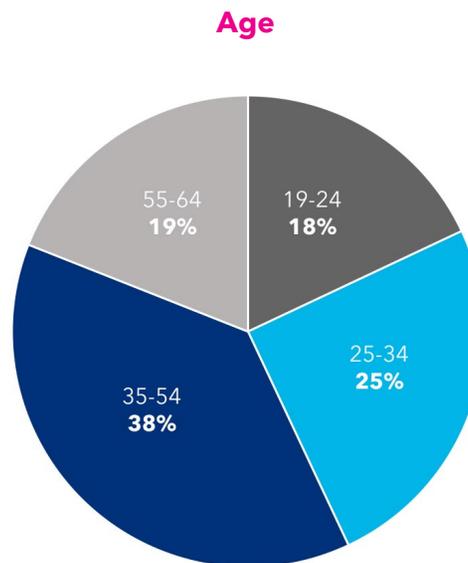
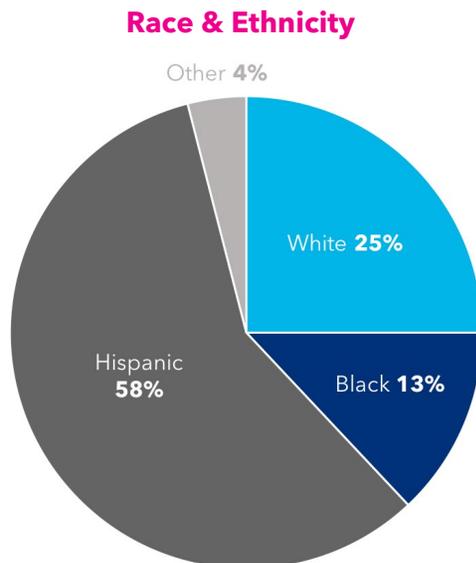
## Impacts of Closing the Coverage Gap in Texas

Number of Women Estimated to Receive Coverage for SRH Services Under Medicaid Expansion



\*Gynecological tests include cervical and breast cancer screening, education, and counseling within the first 3 years.

In addition, the current demographic of the total uninsured Texans who would qualify for Medicaid coverage if the gap was closed include:



**Gender**  
**761,300**  
Females

Closing the Medicaid Coverage Gap in

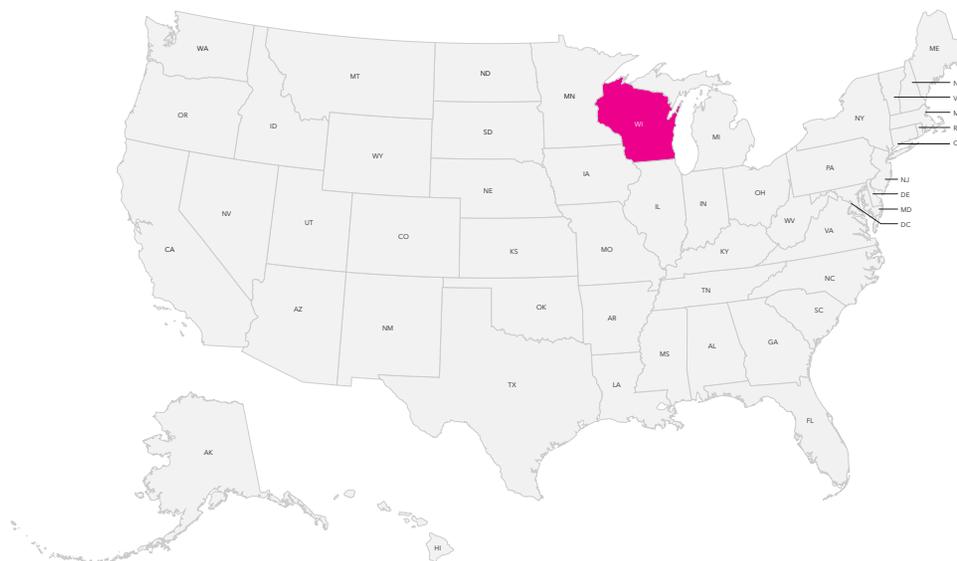
# WISCONSIN

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Wisconsin**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and

Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in **infant and maternal health**.
- Medicaid expansion is associated with **increased use** of the most effective methods of contraception (long-acting reversible contraception, LARC) for those, particularly young people, who access care at community health centers.
- Medicaid expansion **contributed** to the detection of undiagnosed HIV infections and **increased** use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Wisconsin, have consistently **refused** to provide affordable coverage for residents by expanding Medicaid, even with generous **financial incentives** from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals **less likely** than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing **over 60%** of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax

credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace.

The continued refusal to expand Medicaid puts health care out of reach for **over 800,000** women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to **three times more likely** to die from pregnancy-related complications than white women. The program pays for more than **42%** of total U.S. births and **65% of births** to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

Nationwide, closing the Medicaid coverage gap would mean women of reproductive age could gain affordable health insurance and access to comprehensive sexual and reproductive health services. In the first few years of this expansion<sup>1</sup>:

- **58%** women of reproductive age would receive coverage for contraceptive services;
- **42%** would receive coverage for STI tests, with **38%** receiving coverage for tests for HIV;
- **30%** would receive coverage for gynecological tests (includes cervical and breast cancer screening, education, and counseling) within the first 3 years; and
- **66%** would receive coverage for pap smears.

Congress must close the Medicaid coverage gap to ensure that Wisconsinites who fall in this gap are able to gain the health care coverage they need.

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<sup>1</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#).

## Wisconsin Medicaid Expansion Facts<sup>2</sup>

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If Wisconsin fully expanded Medicaid to all eligible individuals up to 138% of the FPL, about **176,000** uninsured Wisconsinites would gain insurance and the state's uninsured rate would decrease by **16%**. By not expanding, Wisconsin families are overpaying for health care – some in excess of **\$24,000** more in annual premiums and deductibles. According to previous state proposals to close the Medicaid coverage gap, under a full Medicaid expansion, Wisconsinites who buy this insurance would pay an average of **32.5%** less on premiums and deductibles<sup>3</sup>.

Since Wisconsin has already partially expanded Medicaid for eligible individuals up to 100% FPL and is currently only receiving the regular federal matching rate for this limited expansion (and not the enhanced ACA 90% matching rate), it would be the only state that would likely experience a direct drop in existing state spending on Medicaid expansion, as a result of any federal solution to close the Medicaid coverage gap. If Congress enacted a federal solution in which the federal government paid for 100% of the cost of Medicaid expansion, it would likely cover the entire expansion group, including those that are already covered under Wisconsin's limited expansion.

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<sup>2</sup> Unless otherwise linked or noted, all data in this document can be found on [HealthInsurance.org](https://www.healthinsurance.org) and [Citizen Action of Wisconsin](https://www.citizenaction.org).

<sup>3</sup> Estimates pulled from Wisconsin's public option bills: [A.B. 449](#) / [S.B. 363](#).

Closing the Medicaid Coverage Gap in

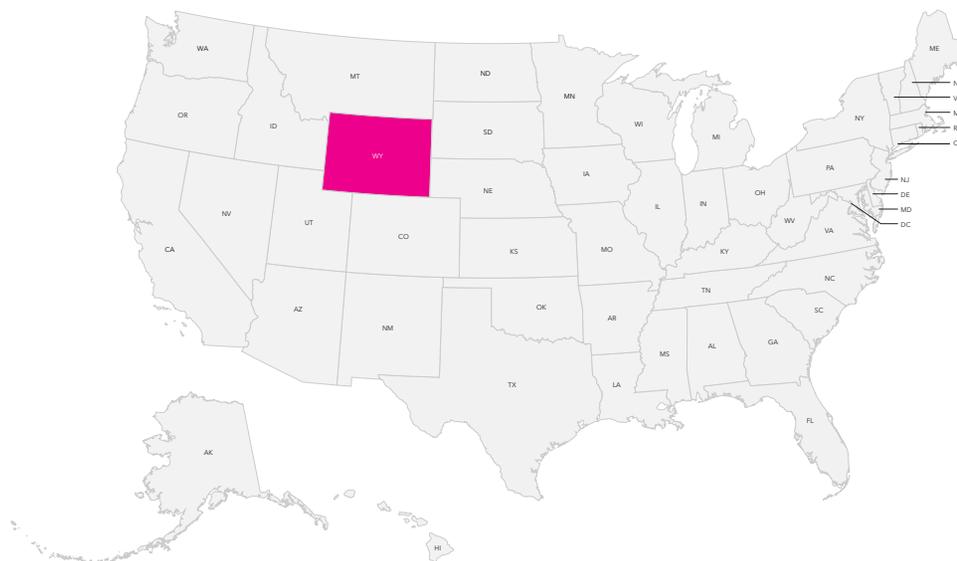
# WYOMING

Would Increase Access to Necessary Sexual and Reproductive Health Care

**Medicaid Plays a Vital Role in Increasing Access to Sexual and Reproductive Health Care and Reducing Health Disparities for Communities of Black, Indigenous, and People of Color (BIPOC); Congress Must Close the Coverage Gap to Expand Medicaid in Wyoming**

Medicaid is a joint federal and state program that provides health coverage to **nearly 75 million individuals** – including adults, pregnant individuals, older adults, individuals with disabilities, and children. Medicaid is the single largest source of health coverage in the United States.

Notably, Medicaid is a vital safety-net for individuals with low incomes, due to centuries of systemic racism and discrimination that have caused health and income disparities for Black, Indigenous, and people of color, women, and the LGBTQ+ community. Without Medicaid, many people in these communities would not have access to affordable, essential preventive and primary reproductive care – including birth control, sexually transmitted infection (STI) testing and treatment, and pre- and post-natal care. In fact, Medicaid is the **largest payer** of reproductive health care in the country.



Medicaid expansion is one of the most important achievements of the Affordable Care Act (ACA). The provision allows states to extend Medicaid coverage to all eligible adults up to age 64 with incomes up to 138% of the federal poverty level (FPL). Medicaid expansion has been shown to narrow race and economic-based disparities in both health care access and outcomes. That’s because people who benefit most from Medicaid expansion – young adults without children – are the same people who need affordable preventive sexual and reproductive health care most:

- Medicaid expansion has **increased health care coverage**, with the expansion group comprising 20% of all people with Medicaid pre-pandemic. In particular, Medicaid expansion has increased coverage among Black and Hispanic individuals – from 2013-2018 in expansion states, the gap in uninsured rates between white and

Black adults decreased by **51%** and the gap between white and Hispanic adults decreased by **45%**.

- Medicaid expansion has narrowed disparities and improved health outcomes for communities of color, including in **infant and maternal health**.
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- Medicaid expansion **contributed** to the detection of undiagnosed HIV infections and **increased** use of HIV prevention services, such as preexposure prophylaxis medication (PrEP).

Despite these benefits, 12 states, including Wyoming, have consistently **refused** to provide affordable coverage for residents by expanding Medicaid, even with generous **financial incentives** from the American Rescue Plan Act (ARPA).

It is vital to acknowledge that systemic racism and discriminatory policies have led to a lack of economic opportunities that make Black and Hispanic individuals **less likely** than most other racial and ethnic groups to have access to jobs that provide health insurance for their employees. This issue has led to people of color representing **over 60%** of those in the coverage gap. The coverage gap consists of adults who are uninsured because their incomes are “too high” to receive coverage through their state’s Medicaid program. But their incomes are also below the lower limit for ACA Marketplace premium tax

credits and, as a result, these individuals may be unable to afford health insurance plans through the Marketplace. The continued refusal to expand Medicaid puts health care out of reach for **over 800,000** women of reproductive age. Medicaid is key to addressing the United States’ maternal mortality crisis, which disproportionately affects Black women, who are up to **three times more likely** to die from pregnancy-related complications than white women. The program pays for more than **42%** of total U.S. births and **65% of births** to Black mothers. Continuing to deny Medicaid coverage to eligible women of reproductive age places their lives at risk.

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Congress must close the Medicaid coverage gap to ensure that Wyomingites who fall in this gap are able to gain the health care coverage they need.

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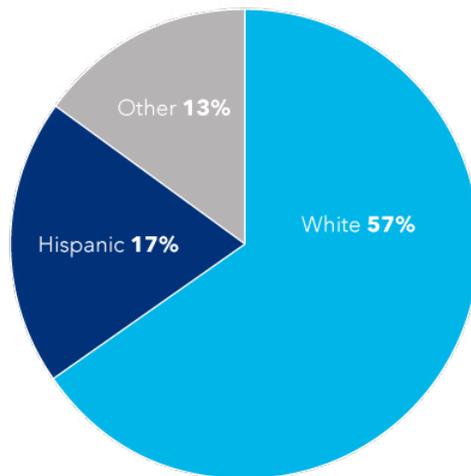
<sup>1</sup> These numbers are rough estimates that we calculated based on the findings of two sources: [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation](#).

## Wyoming Medicaid Expansion Facts<sup>2</sup>

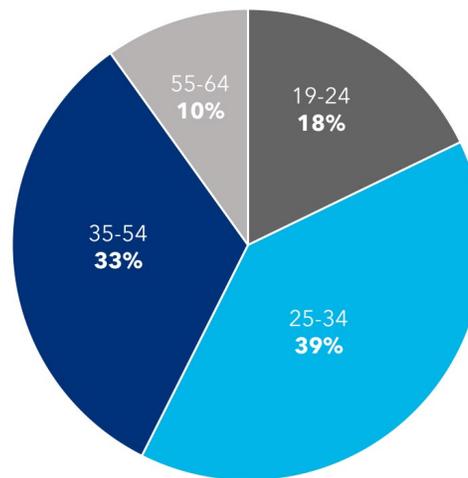
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Wyoming, about **15,200** uninsured Wyomingites would gain insurance.

A large proportion would be women of reproductive age. The current demographic of the total uninsured Wyomingites who would qualify for Medicaid coverage if the gap was closed include:

**Race & Ethnicity**



**Age**



**Gender**

**6,800**  
Females

<sup>2</sup> Unless otherwise linked or noted, all data in this document can be found on [Center on Budget and Policy Priorities](#) and [Kaiser Family Foundation's](#) state by state fact sheets.