

Closing the Medicaid Coverage Gap in

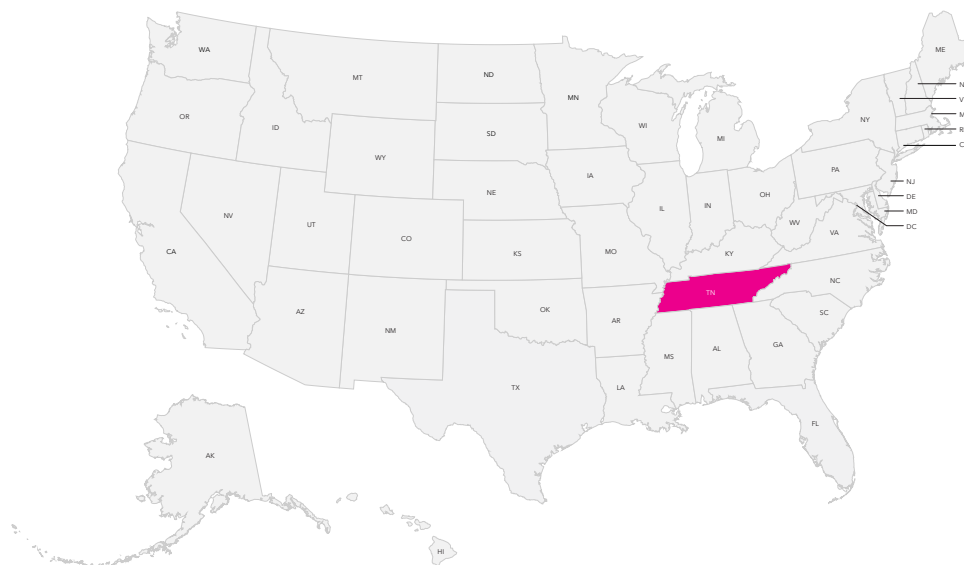
TENNESSEE

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 Tennessee¹

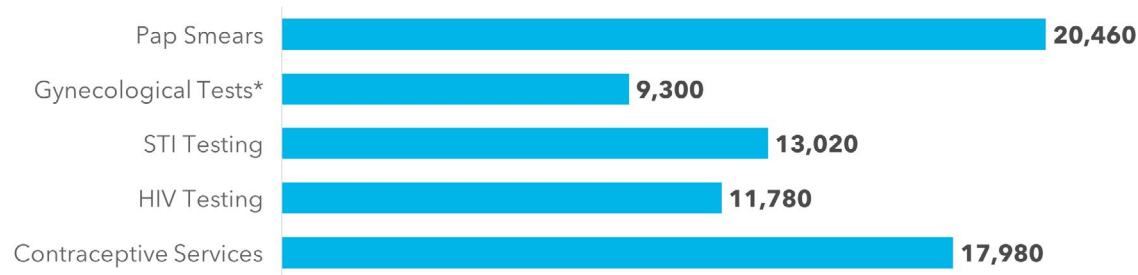
If Congress were to close the Medicaid coverage gap and expand Medicaid coverage to all eligible individuals up to 138% of the federal poverty level (FPL) in Tennessee, about **226,200** uninsured Tennesseans would gain insurance. In addition, more than **31,000 women of reproductive age**, including 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 women²:

¹ 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.

² 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:

