

Closing the Medicaid Coverage Gap in

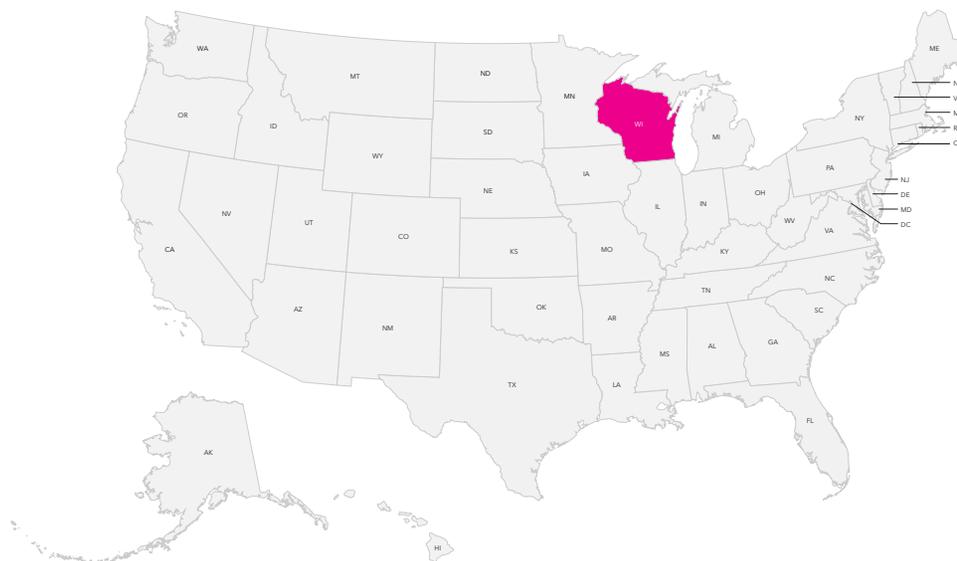
WISCONSIN

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 expansion¹:

- **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.

¹ 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 Facts²

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 deductibles³.

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.

² 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).

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