

August 2021

**DIVISION
OF HEALTH
PROMOTION**

**JACKSON
COUNTY**
HEALTH
DEPARTMENT



REPORT

MEDICAID & REPRODUCTIVE HEALTH



MEDICAID TIMELINE

January 2014 —

The federal government begins providing funds for states who opt to expand Medicaid eligibility; 25 states expand eligibility starting January 1, 2014

August 2020 —

Missouri voters adopt constitutional amendment to expand Medicaid, set to go into effect on July 1st, 2021

February 2021 —

Missouri submits Medicaid expansion State Plan Amendment to the Centers for Medicare and Medicaid Services

May 2021 —

Missouri General Assembly passes budget, leaving line item funding for the expanded Medicaid population out; Governor Parson withdraws the State Plan Amendment; Advocates file lawsuit against Missouri Department of Social Services

June 2021 —

Judge rules Missouri does not have to expand Medicaid; plaintiffs appeal

July 2021 —

Case heard before the Missouri Supreme Court; Missouri Supreme Court rules in favor of plaintiffs, Medicaid expansion is upheld

BACKGROUND

MEDICAID EXPANSION IN MISSOURI

Medicaid is a joint federal-state health insurance program that was traditionally focused on children, pregnant women, the elderly, and those with disabilities. The 2010 Patient Protection and Affordable Care Act (ACA) included a requirement for states to expand Medicaid eligibility to childless, able-bodied adults with incomes up to 138% of the Federal Poverty Level (FPL); however, a 2012 Supreme Court decision (*National Federation of Independent Business v. Sebelius*) declared mandatory Medicaid expansion unconstitutional. States were instead given the option to expand Medicaid eligibility.

Federal funding for states who opted to expand began on January 1st, 2014. Initially, 25 states opted to expand their Medicaid eligibility. As of July 1, 2021, all but 13 states-

including Missouri- had since expanded Medicaid eligibility to the income levels set by the ACA.

On August 4, 2020, Missouri voters approved a constitutional amendment to expand Medicaid, set to go into effect on July 1st, 2021. Missouri joined Oklahoma, Nebraska, Utah, Idaho, and Maine in expanding Medicaid eligibility via a ballot initiative. In February 2021, the state of Missouri Department of Social Services (DSS) submitted a State Plan Amendment for Medicaid expansion to the Centers for Medicare and Medicaid Services (CMS).

During the 2021 legislative session, the Missouri General Assembly placed funding for the expanded Medicaid population in a bill separate from the funding for the rest of the Medicaid program. The bill failed to pass either the House or

the Senate. In response, Governor Parson announced DSS was withdrawing Missouri's State Plan Amendment, effectively stopping the implementation of Medicaid expansion (Mahoney, 2021).

Advocates filed a lawsuit against DSS in Missouri's circuit county court. In June, a judge ruled in favor of DSS, stating the refusal to implement Medicaid expansion was lawful as the ballot initiative did not provide a funding source. Advocates appealed this decision and the case was heard before the Missouri Supreme Court in July. Ultimately, the Missouri Supreme Court ruled that Missouri must expand Medicaid to the population made eligible by the constitutional amendment that was passed in August 2020, overturning the ruling of the lower court (Salter & Ballentine, 2021).



MEDICAID AND REPRODUCTIVE HEALTH POLICY

In addition to leaving funding for the expansion population out of the state budget, the Missouri General Assembly was unsuccessful in passing a bill to renew a critical funding source for the pre-expansion program before the end of the 2021 legislative session. The funding source, called the Federal Reimbursement Allowance (FRA), is a program that taxes hospitals, nursing homes, pharmacies, and ambulances to help fund Missouri's Medicaid program. The current funding was set to expire in September. The program has been reauthorized at the end of its funding cycle for the last 29 years without interruption (Keller, 2021a).

When the bill (Senate Bill No. 1) was brought up during this year's legislative session, two amendments were added to it which impeded its passage:

- a) The [first amendment](#) offered would have prevented Medicaid patients from choosing certain types of birth control (S.B. 1 SA 1 SS)
- b) The [second amendment](#) offered would have prevented Medicaid patients from choosing where they receive their health-care (S.B. 1 SA 1 SS #2)

Both of these amendments would have put Missouri's Medicaid program out of compliance with federal law. According to federal regulations from CMS, Medicaid enrollees "must be free from coercion or mental pressure and free to choose the method of family planning to be used" (Sonfield, 2016). Additionally, "Medicaid enrollees have a free choice of any qualified family planning provider, even if they are enrolled in a managed care plan that otherwise restricts enrollees' coverage to a network of providers"

(Sonfield, 2016). The Missouri Supreme Court upheld this precedent just last summer when it ruled that Planned Parenthood cannot be barred from being a Medicaid provider (Ballentine, 2020).

The reasoning lawmakers gave for adding these amendments was to prevent public funds from being used towards abortions or facilities providing abortions (Keller, 2021b). No federal or Missouri funds are given to facilities providing abortions (in Missouri there is only one facility- a Planned Parenthood location in St. Louis); instead, just like other healthcare facilities, they are reimbursed for services provided through Medicaid or other health insurance providers. No federal or state Medicaid funds are used in covering the costs of abortions in Missouri (Shorman & Kuang, 2021).

The first amendment to the FRA bill attempted to redefine several contraceptive methods as "abortion drugs or devices," which would prevent Medicaid enrollees from choosing those methods. The amendment focused specifically on intrauterine devices (IUDs) and emergency use contraception (Palmer, 2021). It is important to note that IUDs are one

of the most effective forms of birth control available, and neither IUDs, nor emergency contraception, cause abortions (CDC, 2021a; Blackmore, 2017; Rovner, 2013). Not only would these amendments have put the Missouri Medicaid program out of compliance with federal law, threatening its federal funding, the results of these amendments would impede women who are enrolled in Medicaid from having full autonomy in their reproductive healthcare.

Governor Parson called a special session in June in order to pass the FRA bill. While similar amendments were debated and voted on once again, the General Assembly eventually passed the FRA bill without these restrictive amendments.

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MEDICAID EXPANSION AND WOMEN'S HEALTH

Expanding Medicaid under the provisions of the Affordable Care Act will be beneficial to the state of Missouri and its population, especially by improving reproductive health for women. Currently, about one in five women of reproductive age nationwide are enrolled in Medicaid. This allows them to have access to a variety of essential healthcare, including family planning, birth control, prenatal and maternity care, and STD prevention, testing, and treatment (Planned Parenthood, 2021). Medicaid expansion will increase access to these services for many women who are currently not eligible for the program.

ACCESS TO HEALTHCARE

Studies have shown that expanding Medicaid increases health insurance coverage and access to health services (Guth et al., 2020). In the two years after the start of Medicaid expansion in 2014, there was a 13.2% decrease in uninsurance rates among low-income women of reproductive age in the US. Women without dependent children were also 13.3% less likely to report not having a personal doctor after Medicaid expansion compared to before expansion (Johnston et al., 2017). Expansion also led to a reduction in the number of women who previously avoided medical care due to cost (Johnston et al., 2017; Margerison et al., 2019). Medicaid expansion also helps women maintain insurance during the course of their pregnancy, ensuring that adequate care is received throughout. States that expanded Medicaid saw much lower rates of insurance discontinuity for low-income pregnant women (Daw et al., 2020).

CONTRACEPTION AND FAMILY PLANNING

Increased access to healthcare services also expands women's access to contraception. One study found there was a significant increase in the use of intrauterine devices (IUDs) or implants (also referred to as long-acting

reversible contraceptives [LARCs]), the most effective forms of birth control, for women in states that expanded Medicaid when compared to states that did not. This increase is even higher among adolescents (Darney et al., 2020). According to the Centers for Disease Control and Prevention (CDC), around 43% of pregnancies are unintended, and unintended pregnancies are highest among low-income and younger women (U.S. Department of Health and Human Services, 2021; CDC, 2021b). Most unintended pregnancies occur as a result from the lack of use or misuse of contraception (CDC, 2021b). The annual government spending on unintended pregnancies is estimated to be \$11.3 billion as of 2011, with a potential savings of \$5.6 billion that would happen by preventing all unintended pregnancies (Monea & Thomas, 2011). Improving access to contraception, especially LARCs, has also been shown to decrease the rate of abortion significantly- specifically one study of a cohort in the St. Louis region found that providing contraception at no cost reduced the rate of abortions from 13.4 per 1,000 women to 5.9 per 1,000 women (Peipert et al., 2012). Providing women with easy access to contraceptive care through Medicaid expansion will decrease the amount of future spending on unintended pregnancies and abortion services (Birgisson et al., 2015).

MATERNAL HEALTH

Medicaid expansion has also been shown to improve maternal health before, during, and after pregnancy. Among low-income women, Medicaid expansion is associated with an increase in women having preconception health discussions with their provider, an increase in women taking folic acid daily, and an increase in postpartum contraception (Myerson et al., 2020). Preconception health counseling allows women to identify risks and behavioral changes needed for healthy pregnancy. Daily folic acid intake reduces the risk of birth defects in newborns. Postpartum contraception decreases the likelihood of unplanned pregnancies in the future, as well as prevents against a short interpregnancy intervals (Myerson et al., 2020). All three of these actions are important for maternal health and ensuring that women have successful pregnancies. In addition, states that expanded Medicaid saw a 50% greater reduction in infant mortality than states that did not expand Medicaid from 2010 to 2016 (Bhatt & Beck-Sagué, 2018). A study in the state of Oregon determined that expansion of Medicaid was associated with decreases in infants with a low birthweight and preterm births (Harvey et al., 2020). Expanding Medicaid in Missouri could similarly improve health outcomes for both mothers and newborns.

MEDICAID EXPANSION & MISSOURI



With the expansion of Medicaid eligibility in Missouri, it's estimated that about 275,000 Missourians will gain healthcare coverage (Rosenbaum & Lippmann, 2021). Additionally, Medicaid is the single largest payer of pregnancy and family planning services in the United States, providing a critical source of care to women with low-incomes (American College of Obstetricians and Gynecologists, 2021).

When comparing Missouri to Indiana, a state demographically similar to Missouri but which expanded Medicaid back in 2015, Indiana women of reproductive age are more likely to be insured, and more likely to have a dedicated healthcare provider (US Census Bureau, 2021). Having a dedicated healthcare

Women 18-44 with a Dedicated Healthcare Provider

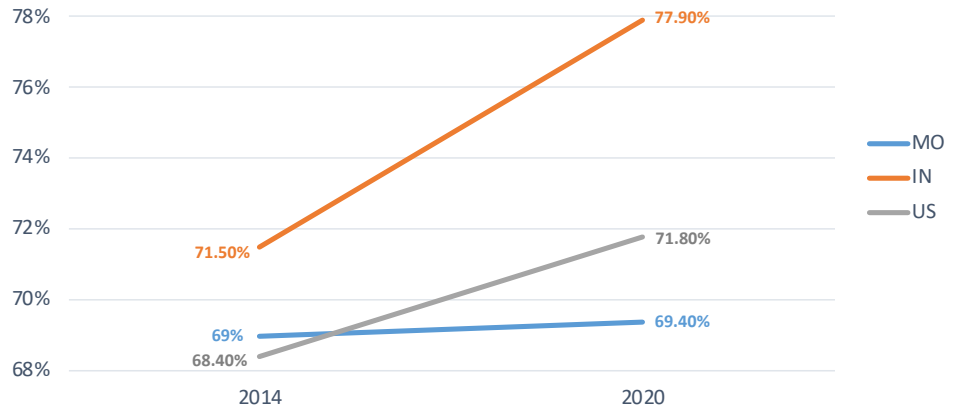


Figure 1. Graph showing the percentage of women aged 18-44 who said they have a dedicated healthcare provider. Source: CDC, Behavioral Risk Factor Surveillance System.

Women of Reproductive Age who are Uninsured

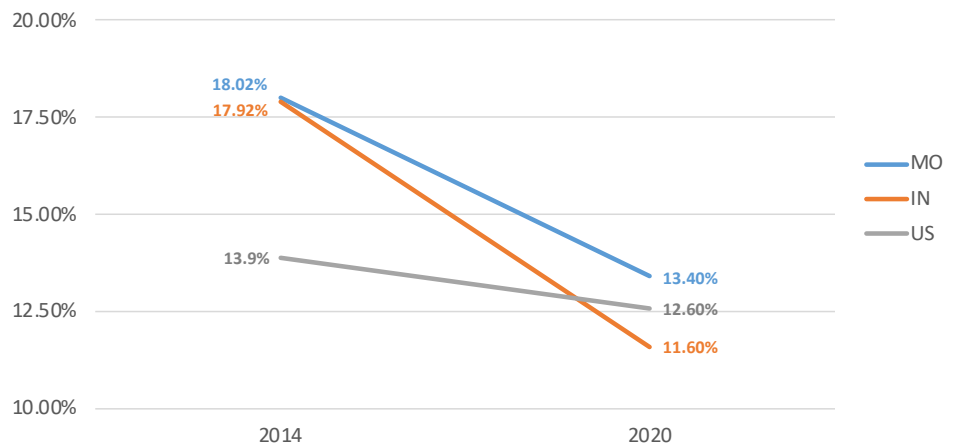


Figure 2. Graph showing the percentage of women of reproductive age who have no health insurance. Note- for Missouri and Indiana, the age range reported was women 18-44; for the US, the age range reported was 15-44. Source: Census Bureau ACS 1-Year Estimates

provider is a key indicator of quality of care, and is associated with lower healthcare costs, greater use of preventative services, and increased patient satisfaction (Starfield et al., 2005; Blewett et al., 2008; Mainous et al., 2001).

While it is impossible to attribute these data points directly to the expansion of Medicaid in Indiana, it is important to note that the number of women with a dedicated health care provider increased in Indiana following the expansion of Medicaid, while remaining stagnant in Missouri over the same time period (see Figure 1). Similarly, both Missouri and Indiana (and the US as a whole) have seen a decrease in women who are uninsured, but the drop was greater in Indiana compared to Missouri (see Figure 2).

Additionally, Jackson County, and the

state of Missouri are seeing a rise in adverse birth outcomes. In Missouri, both the rate of low birthweight, and very low birth weight babies have increased from 2014-2019 (see Table 1). The number of births with mothers reporting either no prenatal care or inadequate prenatal care is increasing as well. The rate of preterm births has also risen. In Jackson County, there has been an increase in preterm births and births with no prenatal care between 2014 and 2019 (see Table 2). These adverse birth outcomes can be reduced by improving access to prenatal care.

Finally, Missouri is seeing a rise in all three of the most common sexually transmitted diseases (chlamydia, gonorrhea, and syphilis). The number of cases reported has risen each year since 2014 (see Figure 3). Cases are rising in Jackson County as well, in-

cluding a sharp increase in chlamydia cases from 2017-2018 (see Figure 4). STD cases are easily preventable with readily accessible education, testing, and treatment services.

Medicaid expansion will provide women in Missouri with essential access to STD testing and treatment, prenatal care, well-woman visits, breast and cervical cancer screenings, and other preventative care. Given the data from other Medicaid expansion states, Missouri can also expect to see a reduction in spending on unintended pregnancies, as well as a reduction in infant mortality and adverse birth outcomes. Additionally, Medicaid expansion without barriers to the types of services or providers accessible will ensure eligible women in Missouri receive the care they need with dignity.

MISSOURI	2014	2019
Low Birthweight	8.21	8.85
Very Low Birthweight	1.39	1.44
Preterm Births	9.76	10.89
Inadequate Prenatal Care	20.16	21.09
No Prenatal Care	1.27	2.39

Table 1. Rate per 100 live births in Missouri. Source: Missouri Public Health Information System.

EASTERN JACKSON COUNTY	2014	2019
Low Birthweight	8.09	7.53
Very Low Birthweight	1.67	0.93
Preterm Births	9.41	10.13
Inadequate Prenatal Care	18.45	15.76
No Prenatal Care	0.88	1.38

Table 2. Rate per 100 live births in Eastern Jackson County. Source: Missouri Public Health Information System.





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