



American Medical Women's Association

The Vision and Voice of Women in Medicine since 1915

American Medical Women's Association  
Position Paper on Principals of Medicaid Program Reform

The American Medical Women's Association (AMWA) was founded in 1915 to support women in medicine and promote women's health. AMWA members practice in all medical specialties and settings. As the national debate on reform of the Medicaid system moves forward, AMWA is committed to ensuring that the health and medical care needs are met for women patients and their children who are insured under the Medicaid program.

Populations that are predominantly female are targeted by the Medicaid program. Women are more likely to be poor, to have no health insurance, and they make up the bulk of the elderly population. Special efforts had been made in the past to cover low-income pregnant women and poor single-parent families who received Aid to Families with Dependent Children (AFDC).

Thus, Medicaid funding is a crucial issue for the health of women and their dependent children. Where women are uninsured, children may also be uninsured. Expanded eligibility for children during the 1980s addressed this gap in coverage and explicitly sought to extend coverage to children through the age of 18 and to pregnant women up to 200% of the poverty line in some states. Currently, one out of four children receives health insurance from Medicaid.

Medicaid has succeeded in several arenas. Compared to children and women who are uninsured, Medicaid beneficiaries are more likely to receive preventive medical services at professionally recommended intervals. Rates for children on Medicaid are close to rates for non-poor, insured children. Women on Medicaid were more likely to receive early prenatal care and screening services, such as PAP smears, than uninsured women. Thus, Medicaid has played a key role in improving access to valuable medical care.

While 73% of Medicaid beneficiaries in 1993 were families and children, only 27% of Medicaid expenditures came from this group. Thus, attempts to control the overall costs of the Medicaid program that focus solely on this portion of the Medicaid population cannot be expected to result in significant cost savings without harming the majority of Medicaid recipients. AMWA supports efforts to control growth of Medicaid expenditures when the goal focuses on efficiency and appropriately managed care that assures access to preventive, diagnostic, and treatment services that may avoid higher cost hospitalizations or delayed therapy. However, capping federal Medicaid contributions and block granting these contributions back to states with no restrictions on use could seriously jeopardize the health of women and children by impeding access to medical care. The effect of such a cap would be particularly pronounced during times of economic downturns. It seems critical, therefore, that Federal and State regulation of Medicaid include protection for certain benefits that have been proven cost-effective

At a minimum, AMWA supports legislation that mandates benefits for vulnerable groups such as disabled persons, low-income pregnant, post-partum, and lactating women, and children up to the age of 18. Specific language should provide for inclusion, at a minimum, of children living at or below the federal poverty line. Eligible recipients should be guaranteed a minimum package of benefits that emphasizes prevention, early diagnosis, and treatment in order to decrease the likelihood of more costly problems that result when treatment is delayed

In addition, states should be encouraged to design programs that decrease barriers to access. There should be no a priori assumptions about models for improving access to health services. Low-income persons face

multiple barriers to access that are separate from availability and financing of care. These barriers include transportation, child care needs, language and cultural barriers, and a sense of disenfranchisement from the medical system that may contribute to poorly coordinated care and poor compliance with recommendations from providers. Demonstration projects targeted at specific barriers should be encouraged as states examine managed care and other models for Medicaid.

Finally, AMWA remains committed to the concept of universal coverage. All Americans need and deserve the security of universal access to preventive, primary, emergency, and long-term services which will ensure their well-being throughout their lives, without that benefit being tied to employment or income level. While the Medicaid program, as it currently exists, helps in extending coverage to low-income persons who most likely would be uninsured without the program, it is ultimately only one fragment of the US health system. Comprehensive reform and financing strategies must be pursued in tandem with Medicaid reform.