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Summary of the Rigorous Research on Medicaid Expansion

Medicaid expansion through the Affordable Care Act (ACA) is the most rigorously studied state policy choice to increase health insurance coverage for individuals with low incomes. Access to health insurance can help people prepare to become pregnant, acquire prenatal care soon after pregnancy occurs, and maintain coverage in the postpartum period. Each of these periods is important for the health and wellbeing of the pregnant person and newborn.



EMERGING EVIDENCE FOR IMPACTS ON CHILD AND FAMILY WELLBEING

States can opt to expand Medicaid income eligibility for most adults with incomes at or below 138 percent of the federal poverty level (FPL). In states that do not expand Medicaid, individuals who have incomes above that state's eligibility level but lower than 100 percent of the FPL do not qualify for Medicaid coverage or for tax credits in the ACA Marketplace. In expansion states, most nonelderly childless adults (including childless women of reproductive age) and parents qualify for Medicaid if their incomes are at or below 138 percent of the FPL. The Medicaid income eligibility threshold for people who are pregnant is higher than 138 percent of the FPL in nearly all states.

EVIDENCE-BASED POLICYMAKING

The Prenatal-to-3 Policy Impact Center at Vanderbilt University analyzes rigorous evidence to determine which policies are proven to produce positive outcomes for young children, their families, and society. A comprehensive review of the evidence reveals that Medicaid expansion, expanding income eligibility at or below 138 percent of the federal poverty level for health insurance, is an effective policy to improve child and parent health and developmental outcomes.

RIGOROUS STUDIES FIND THE FOLLOWING IMPACTS

Medicaid expansion increases rates of Medicaid coverage and access to prenatal care.

- Increased preconception Medicaid coverage by 8.6 percentage points.
- Increased Medicaid coverage postpartum by 0.9 months.
- Increased use of adequate prenatal care by 3.6 percentage points for Hispanic women and 2.6 percentage points for non-Hispanic women.

Medicaid expansion improves financial resources.

- Decreased the likelihood of experiencing a catastrophic financial burden by 4.7 percentage points.
- Decreased financial difficulty and health care avoidance because of cost.
- Reduced the poverty rate (Supplemental Poverty Measure) up to 1.4 percentage points, corresponding to lifting more than 690,000 people out of poverty.

Medicaid expansion enhances healthy and equitable birth outcomes.

- 0.53 fewer infant deaths per 1,000 live births among Hispanic infants.
- 16.3 fewer Black maternal deaths per 100,000 live births (7.1 per 100,000 live births in the overall population).

Medicaid expansion decreases the occurrence of child neglect.

- 422 fewer cases of neglect per 100,000 children under age 6.
- Reduced first-time neglect reports for children under age 5 by 17.3%.

For more information on Medicaid expansion:

- Refer to our comprehensive evidence review for additional detail on and citations for the above-referenced studies: <https://pn3policy.org/policy-clearinghouse/expanded-income-eligibility-for-health-insurance/>.
- Refer to our Prenatal-to-3 State Policy Roadmap for state progress and variation: <https://pn3policy.org/pn-3-state-policy-roadmap-2023/us/health-insurance/>.
- Refer to our state policy lever checklist for necessary considerations to maximize the effectiveness of access to perinatal health insurance: <https://pn3policy.org/state-policy-lever-checklist-perinatal/>.