



Postpartum Medicaid Expansion Is Wrong for Wyoming

Key Points:

- 1. Wyoming already provides generous coverage for low-income children and pregnant and postpartum women. This bill would expand postpartum coverage from 154 percent of the Federal Poverty Level for 60 days to an entire year with no income limitations.**
- 2. Postpartum Medicaid expansion does not provide coverage for any additional pregnant women or their children.**
- 3. Moms with little or no income are already eligible for Medicaid. And mothers with incomes higher than 100 percent of the federal poverty level are already eligible for highly subsidized and often free private insurance plans that offer greater access to providers on the ObamaCare exchange at no cost to the state.**

Key Questions to Ask:

- If a postpartum mother has private insurance coverage through an ObamaCare exchange plan because they have an income higher than 100 percent of the federal poverty level, what services in Wyoming is she denied to which she would gain access with Medicaid coverage?
- How many providers in Wyoming accept patients with private insurance coverage through an ObamaCare exchange plan but do not accept patients on Medicaid?
- How many individuals will newly enroll onto Medicaid through this expansion, what is the average income of those enrollees, and what will the state spend for that coverage every year?
- In the last 12 months, how many postpartum moms in Wyoming have sought hospital services and were turned away because they lacked any coverage?

What does postpartum Medicaid expansion actually do?

Currently, Wyoming already covers pregnant women with incomes at or below 154 percent of the federal poverty level and provides postpartum coverage for 60 days. Wyoming also covers all mothers with very low incomes for the first 18 years of their child's life.¹

Postpartum legislation would simply expand Wyoming's existing postpartum coverage from 60 days to 12 months, and to a much larger group of new parents who would not otherwise qualify for Medicaid *because their incomes are too high*.

The expansion of postpartum Medicaid is Medicaid expansion for a select and politically convenient group of people—women that have given birth within the last 12 months.

It does not provide new coverage to any women in the immediate days before, during, or after childbirth or very low-income mothers at any point—because they are already covered.

Who qualifies for Medicaid coverage under postpartum expansion?

Under postpartum expansion, Medicaid coverage would not be expanded to any additional pregnant women or children. Rather, it expands coverage for postpartum mothers with incomes high enough that they do not qualify for current coverage available to low-income groups.

Wyoming currently extends coverage to all postpartum mothers for 60 days, but under postpartum coverage expansion proposals, that coverage would be extended to 12 months.² Individuals who will gain new coverage are only those with incomes high enough that they are not already eligible. This new group of parents would only need to meet income eligibility requirements once—upon initial enrollment. Afterward, that coverage is in effect for a full 12 months—regardless of additional income gained during that time—since redeterminations happen infrequently.

Wyoming *already* has generous benefits for pregnant women, newborns, and new parents—it does not need a new middle-class entitlement.

Pregnant women with low incomes are already eligible for coverage in Wyoming. Indeed, women with household incomes up to 154 percent of the federal poverty line are eligible, translating into more than \$42,000 per year for a family of four.³

After pregnancy, newborns also qualify for five years of that coverage if the household's income remains under that threshold and for 18 years if it remains under 133 percent of the federal poverty level. Additionally, new parents with very low incomes (up to \$11,988 for a family of four) can already qualify for the parent/caretaker eligibility category of coverage for the duration of the child's life.⁴

Postpartum Medicaid expansion's coverage to all postpartum mothers for a full year regardless of income will create a new middle-class entitlement program and casts a wider net to trap a larger group of people in government dependency.

This is the wrong time for more welfare.

There has never been a worse time to expand Medicaid to even more able-bodied adults without strict income limits. Even without expanding Medicaid to able-bodied adults under ObamaCare, there are already more than 10,000 able-bodied adults in Wyoming enrolled in Medicaid in the parent/caretaker category.⁵

Meanwhile, nationwide labor force participation rates are at a nearly 45-year low.⁶ In Wyoming, the labor force participation rate has dropped by 10 percent since 2000.⁷

Expanding Medicaid eligibility to an entirely new group of able-bodied adults, and keeping even more Wyomingites out of the workforce, is the wrong decision, especially at a time when the state needs workers more than ever.

Medicaid does not significantly improve health outcomes.

The results showed that Medicaid coverage increased outpatient visits, hospital stays, and emergency room visits—but it did *not actually produce improved health outcomes* for those enrolled.⁸

The Oregon study showed that expanding access to Medicaid had virtually no effect on physical health outcomes for new enrollees and, specifically, failed to improve the conditions for those struggling with blood pressure and cardiovascular issues.⁹ Expanding postpartum Medicaid coverage in Wyoming is not the solution it purports to be.

THE BOTTOM LINE: Postpartum Medicaid expansion is the wrong decision for Wyoming and it could not come at a worse time.

Under this policy, Medicaid coverage will not be extended to any new pregnant women or children. Instead, it extends an already generous postpartum coverage (60 days) to 12 months, and to a new class of able-bodied adults who will have virtually no income limits.

REFERENCES

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