THE PARTNERSHIP FOR MEDICAID

Medicaid Expansion

To date, 40 states have expanded Medicaid to cover adults with incomes up to 138% of the federal poverty level (FPL). Twelve of those states¹ have laws that will end their expansion if the federal match changes. The expansion of Medicaid has dramatically increased rates of coverage, which has consistently been shown to improve health outcomes, life expectancy, and financial security.

Expansion improves pregnancy outcomes. Medicaid covers 41% of all births.² States must provide pregnancy-related Medicaid coverage through 60 days postpartum, but women may lose coverage after that in non-expansion states. Coverage for women before they become pregnant and after they give birth provides more seamless access to care and improves outcomes for women and newborns.

Expansion covers parents. States that have not expanded have eligibility for parents set as low as 15% FPL.³ For context, that is less than \$4,000 for a family of three or about \$333 a month. By adopting expansion, states cover low-income parents who wouldn't otherwise be eligible.

Expansion keeps rural and safety net providers open. Expansion improves the financial position of rural and safety net providers and keeps their doors open. Rural hospital closures are more likely in states that have not expanded Medicaid.⁴

Expansion improves mental and behavioral health care access. Expansion increases access to behavioral health care, including mental health and substance use treatment services, addressing a critical public health issue facing our nation.⁵

Expansion covers adults with disabilities. Strict eligibility requirements and claims backlogs for federal and state disability programs mean that many adults with disabilities are often not enrolled through those pathways. Instead, they rely on Medicaid expansion.⁶

Expansion covers people experiencing homelessness. Poor health is a leading cause of homelessness, and the experience of living on the streets often causes new health conditions to develop (or it exacerbates existing ones). Expansion is vital to connecting unhoused people into care, improving their health and stability, and increasing the likelihood they can regain housing.⁷

Expansion improves health outcomes. States that have expanded Medicaid have better health outcomes, including lower mortality rates, including from certain types of cancer, heart disease, and liver disease.⁸

2025 Expansion Earnings Limits Single adult: \$21,597 Family of 2: \$29,187 Family of 3: \$39,777 Family of 4: \$44,367

¹ The 12 states are: AZ, AR, IA, ID, IL, IN, MT, NC, NH, NM, UT, and VA.

² Centers for Medicare & Medicaid Services: <u>https://www.medicaid.gov/medicaid/benefits/downloads/2024-maternal-health-at-a-glance.pdf</u>

 $^{^{\}rm 3}$ Texas has the lowest level at 15%, Tennessee has the highest at 105%.

⁴ National Rural Health Association: <u>https://www.ruralhealth.us/nationalruralhealth/media/documents/advocacy/medicaid-cuts-one-pager-(1).pdf</u> ⁵ Georgetown University McCourt School of Public Policy Center for Children and Families: <u>https://ccf.georgetown.edu/2025/02/19/medicaids-role-in-child-youth-and-adult-mental-health/</u>

⁶ Kaiser Family Foundation: <u>https://www.kff.org/medicaid/issue-brief/5-key-facts-about-medicaid-coverage-for-people-with-disabilities/</u>

⁷ National Health Care for the Homeless Council: <u>https://nhchc.org/resource/fact-sheet-health-insurance-at-hch-programs-2023/</u>

⁸ Kaiser Family Foundation: <u>https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/</u>