Facts Are Important
Low-Income People Need (and want) Health Care

The US Congress is considering fundamental changes to the Medicaid program. ACOG strongly opposes block grants, per capita caps, and eliminating the Medicaid expansion, proposals that would likely leave millions of low-income women without access to needed care.

Policy makers must base their decisions on facts. **It is not a fact that low-income individuals just don’t want health care.** The facts are:

- Low-income individuals need and want health care, just like everyone else. Individuals gaining access through Medicaid expansion programs increased their use of mammography and cholesterol checks by 60% and 20%, respectively.\(^i\)
- Health care coverage leads to healthier individuals.
  - Uninsured women with breast cancer are 30–50% more likely to die from the disease.\(^ii\)
  - Uninsured non-elderly women face a 60% greater risk of late-stage cervical cancer diagnosis.\(^iii\)
  - Uninsured pregnant women are more likely to experience pregnancy-related hypertension and placental abruption. Their babies are more often low birth weight and have higher rates of infant mortality.\(^iv\)
- The Medicaid expansion reduced the uninsured rate among women ages 18-64 from 19.3% to 10.8% in 5 years.\(^v\)
- Medicaid expansion programs have increased use of primary care, improved affordability of medications, reduced likelihood of emergency department visits, and increased outpatient visits, screening for diabetes, and care for chronic conditions. The number of adults reporting excellent health increased significantly.\(^vi\)
- Girls enrolled in Medicaid as children are more likely to attend college, with an estimated $656 increase in wages for each additional year of Medicaid coverage from birth to age 18.\(^vii\)
- Medicaid covers 48% of US births, and 75% of public family planning dollars, every $1 of which saves Medicaid $7.09.\(^viii,ix\) Approximately 70% of ob-gyns see Medicaid patients.\(^x\)
- Block grant or per capita cap proposals would leave as many as 20 million individuals without access to care. Another 11 million would lose coverage if the Medicaid expansion was eliminated. Medicaid’s already too-low provider reimbursement would likely be significantly reduced, further limiting access to care.\(^xi\)
- ACOG policy compels our members to fulfill their responsibilities “at the state and national levels to assure [our Nation meets] the health needs of all women. Fellows must not discriminate against patients based on race, color, national origin, disability, age, religion, marital status, sexual orientation, perceived gender, or any other basis. ... Expanding health coverage to all Americans must become a high priority.”\(^xii\)

ACOG insists that Congress, and all policy makers, stick to the facts. The fact is, the Medicaid program is vitally important to our patients’ health. We urge Congress not to turn back the clock on women’s health.

For the facts, contact ACOG at 202-863-2509, or at govtrel@acog.org.


Institute of Medicine. Ibid.


