Medicaid Expansion

The Patient Protection and Affordable Care Act (ACA) required states to expand Medicaid to a newly eligible adult population—those who are younger than 65 years old, not pregnant, not eligible for Medicare, and who have family incomes up to 133% of the federal poverty level (FPL, 138% with 5% income disregard). However, the 2012 US Supreme Court decision on the constitutionality of the ACA made this expansion optional for states. The federal government financed the Medicaid expansion at 100% for the first 3 years (2014-2016) and began to taper each year after through 2020, when federal financing will be fixed at 90%.

Because the Medicaid expansion is a state option, some are expanding and others are not. Still others have proposed a “private option” using federal Medicaid funds to subsidize the state’s expansion population’s insurance premiums on plans purchased through an insurance marketplace. A number of Medicaid expansion proposals have been introduced via Medicaid Section 1115 waivers, which include harmful provisions like work requirements. Some states are also using ballot initiatives to allow voters to decide if Medicaid programs should be expanded.

AAP POSITION

- The AAP supports state chapter advocacy for ACA Medicaid expansions to the newly eligible adult population.
- The AAP has concerns about some “private option” proposals that include the elimination of EPSDT coverage for 19-20 years olds and cost sharing for individuals earning more than 100% FPL.
- The AAP supports outreach efforts to former foster care children who have graduated from the foster care program and are eligible for Medicaid to age 26.
- States should replicate effective strategies—similar to those that have been effective in the Children’s Health Insurance Program (CHIP)—for enrolling children in Medicaid.
• In states that may not expand Medicaid, as many as 6.4 million individuals would remain uninsured, as individuals with incomes below 100% FPL are not eligible for premium tax subsidies for plans purchased in a marketplace.

• Families with low incomes and uninsured parents are 3 times more likely to include eligible but uninsured children when compared to families with parents covered by private insurance or Medicaid.

• Children whose parents have health insurance coverage are less likely to have breaks in their own coverage and more likely to remain insured.

• Medicaid and Medicaid expansion have positive affects on access to care, utilization of services, affordability, and financial security of low-income individuals and families.

• 32 states and DC– currently participating in Medicaid expansion
• 14 states– currently not participating in Medicaid expansion
• 4 states - Medicaid expansion passed via ballot initiative

*Maine passed Medicaid expansion by ballot initiative in 2017. To date, state has not yet implemented the program.

• Center on Budget and Policy Priorities–Medicaid Expansion Tool Kit for Advocates – www.cbpp.org/cms/index.cfm?fa=view&id=3819