

Medicaid pays for nearly half of all births in the United States

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Medicaid paid for nearly half of the 3.8 million births in the United States in 2010—an amount that has been rising over time, according to a report out today. The study, published in the September 2013 issue of the peer-reviewed journal *Women's Health Issues*, offers the most comprehensive information to date on Medicaid financing of births in each of the 50 states and nationally.

The new data will help researchers gauge the impact of health reform on maternal and child health, the authors say. Under the Affordable Care Act (ACA), some states are expanding Medicaid and the expansion may lead to improved coverage of well-woman and [maternity care](#)—and perhaps result in [better health](#) outcomes, said lead author of the study Anne Markus, JD, PhD, MHS, an associate professor of [health policy](#) at the George Washington University School of Public Health and Health Services (SPHHS).

"As states expand coverage, low-income women of childbearing age will be able to obtain more continuous coverage before and between pregnancies," said Markus. "Now, for the first time, researchers will have a comprehensive baseline that will help them determine how increased access to services might change pregnancies and ultimately [birth outcomes](#)."

Previously, data on Medicaid funding of births either did not exist in a comprehensive form or were not reliable. Markus and a team that included researchers from the March of Dimes set out to change that by

collecting all such data on Medicaid births from individual states from 2008 to 2010.

They discovered that in 2010 Medicaid paid for 48 percent of all births in the United States, up from 40 percent of Medicaid covered births in 2008. That represents a 19 percent increase in the proportion of all births financed by Medicaid and a 5 percent increase in the total number of Medicaid-financed births in just two years. The authors found that the number of Medicaid-financed births increased by 90,000 over the course of the study.

The hope is that researchers will be able to use such data to determine whether rates of Medicaid financing of births change in the coming years and whether there is a connection between Medicaid coverage and health outcomes. For example, future studies would be able to examine whether expanding Medicaid coverage before and between pregnancies leads to fewer complicated pregnancies and more healthy, full-term babies.

"About half a million babies are born prematurely in the United States every year," said March of Dimes President Dr. Jennifer L. Howse.

"Some of these preterm births could be prevented with the appropriate care provided at the right time. Babies born premature are at risk for lifelong health problems and often require care in a hospital's Neonatal Intensive Care Unit. This study gives us a critical baseline to help chart the progress of [health reform](#) as it affects maternal and child health."

Other key findings from the study:

- The percentage of births paid for by Medicaid varied substantially among states. For example, just one quarter of births in Hawaii were financed by Medicaid compared to nearly 70 percent in Louisiana.

- States in the northeastern and northwestern United States have the lowest proportion of births financed by Medicaid. For example, Massachusetts and New Hampshire reported fewer than 30 percent of births funded by Medicaid, and Washington State reported 39 percent.
- Southern states tend to have the highest Medicaid coverage: For example, Arkansas, Louisiana, Mississippi, the District of Columbia and Puerto Rico each reported more than 60 percent of all births financed by Medicaid in 2010.

Under the ACA, states have the option to expand Medicaid and provide coverage to all low-income women, including those who are not pregnant. Such women will—in many cases for the first time—be able to access health care before a pregnancy starts and between pregnancies. Previous research suggests that such services could improve the health of mothers-to-be and lead to better health outcomes for babies.

The authors also note that better [health outcomes](#) could result in savings for state Medicaid programs. If states invest in Medicaid-covered [health](#) care that occurs both before conception and between pregnancies they may be able to save money as a result of shorter hospital stays and less need for the expensive medical care required by complicated pregnancies or births, the article says.

"This study gives us a window into the vital role Medicaid plays in [maternal and child health](#)," said study co-author Cynthia Pellegrini, senior vice president for public policy and government affairs at the March of Dimes. "With these data in hand, we'll be able to accurately monitor the impact of Medicaid expansion and other factors on the births covered by state Medicaid programs. The March of Dimes is proud to have partnered with George Washington University researchers in producing this landmark study."

More information: The full text of the study, "Medicaid Covered Births, 2008 Through 2010, in the Context of the Implementation of Health Reform," is available free-of-charge by clicking [here](#).

Provided by George Washington University

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