Mothers and Medicaid
Expanded health coverage would help Ohio families
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More than 153,000 Ohio women between the ages of 19 and 44 could gain health insurance coverage if Ohio expands the Medicaid program under health reform. Expanding Medicaid to cover these women could help lower Ohio’s infant mortality rate, shockingly high in some counties and among some communities.

When women have health coverage before becoming pregnant and between pregnancies, they are healthier during pregnancy and their babies are more likely to be healthy at birth, research shows. Yet thousands of low-income women do not have health coverage in Ohio. Parents with children under 19 and earning less than 90 percent of the federal poverty level are eligible for Medicaid. But parents earning more than 90 percent of poverty – just $17,577 for a family of three – are not. Workers without children are not eligible. These groups will continue to have no access to health care if the Ohio legislature does not expand Medicaid.

Figure 1 shows that people making more than the federal poverty level will get health care with subsidies that allow them to buy health insurance on the exchange in 2014. Without Medicaid expansion, young women entering the labor market at low wages and no benefits, or older women with grown children in the same employment situation, will lack health coverage in spite of national health reform. Their wages are too low to pay for coverage but too high for Medicaid.

At present in Ohio, parents earning 90 percent of poverty are eligible for Medicaid. Annual income at 90 percent of poverty is $13,959 for a single mother with one child in 2013. That mom may be working 34 hours a week at minimum wage, or 27 hours a week – the average full time work week in retail and some service sectors – at between $9 and $10 per hour. More hours or a promotion could eliminate her health coverage. Expanded Medicaid would allow her to seek more hours and higher wages so her family can escape poverty.

Infant mortality is linked to maternal health. The infant mortality rate is calculated as the

Key findings

- Medicaid expansion could benefit 153,100 low-income women in Ohio.
- Women with health coverage before pregnancy have healthier babies.
- Ohio’s infant mortality rate of 7.9 per 1,000 live births is 11th highest in the nation.
- Among African Americans in Ohio the infant mortality rate is 15.8; it was as high as 39.5 in one county.
- Low-income women lose Medicaid eligibility when children grow up.

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1 2011 American Community Survey. "Low-income" defined as at or under 138 percent of the federal poverty line. Totals may not match sum of individual categories due to rounding.
number of live-born infants per thousand who die within their first year of life. The United States has one of the highest rates among developed nations (6.05 per 1,000 live births in 2011), and Ohio’s infant mortality rate exceeds that of the nation (7.9 per live birth), placing it 11th highest among the states. For African Americans it is 15.8 statewide, and even higher in some communities – in Ashtabula County it averaged 39.5 between 2006 and 2010. Ohio has highly prestigious health care institutions, yet in some communities, its infant mortality rates exceed those of developing nations.

Ohio has studied the issue of infant mortality for some time. The Ohio Collaborative on Infant Mortality recognizes the importance of maternal health in reducing infant mortality, as did the Ohio Infant Mortality Task Force before it. Now it’s time to do something about it. By passing Medicaid expansion, the Ohio legislature can give a Mother’s Day gift that can reduce infant mortality.

Legislators should commit to accepting $17.5 billion federal dollars between 2014 and 2022 to pay for comprehensive health care coverage for Ohio’s low-income workers. Approving a budget that expands Medicaid to those 153,000 low-income working women, and others, will help mothers and babies get healthier in Ohio. As a result, families, communities, and our economy will grow stronger.

“Infant deaths are at the heart of our inadequate health care system. Why should any infant die because their mother had no health insurance before she became pregnant, had little access to treat anemia, depression, asthma, diabetes or hypertension, or to safely space her last pregnancy? Infant deaths are preventable if we realign our priorities and financial incentives….”


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