Vote "YES" on HB04: Medicaid twelve month postpartum coverage



These are facts from Wyoming, not from a national group without our local interests in mind and without our state facts readily available.

Misconception: *"There aren't income requirements."* There are. Women must be at or under 154% (159% if you include the 5% that Medicaid allows to be ignored) of income that is of the federal poverty level, which is far, far, under what is needed for economic self-sufficiency.¹

The Self-Sufficiency Calculator for Wyoming 2020, available from the Wyoming Women's Foundation (www. wywf.org), tells us that women earning less than 154% of the federal poverty level — \$28,197 for a family of two (mom and baby) — do not earn enough to meet their basic needs. \$40,044 is the estimated cost for a mom and her infant to cover just their basic needs in Natrona County.²

Misconception: *"That other health insurance is readily available for these women."* There isn't comprehensive health insurance available for these women. Women can enroll in a family caretaker Medicaid plan at around 43% of the FPL, which is earning less than \$9,000 for a mother and infant³. Women can be a part of the 'pregnant by choice' Medicaid family planning waiver program, which only covers birth control and other lab tests, not the full care needed for mothers to return to work and take care of their children⁴. Unmarried mothers make up 1/3 of all births in Wyoming, so many women cannot depend on their partner's health insurance (as suggested on the Wyoming Department of Health website).⁵

• Women can get insurance for the first time when they're pregnant using Wyoming Pregnant Women's Medicaid, even the disruption of service while they search for other 'readily available insurance' can result in prolonged health issues and financial insecurity.

Misconception: *"This is Medicaid Expansion."* HB4 is not Medicaid Expansion. It is not expanding coverage; it is disallowing Wyoming from dropping women in a vulnerable state from coverage for the first year following birth. It is covering the same demographic of people, just extending the length of time these women have access to this insurance. **Misconception:** *"The appropriation of \$1.9 million suggestion is inaccurate."* It is accurate. Yes, this covers all Medicaid-covered services, but that does not change this estimate. The Wyoming Department of Health, Stefan Johansson, backs this price tag.⁶

Misconception: *"Women don't lose insurance."* Almost one in five women are dropped from insurance completely 3 months after birth according to a Wyoming Department of Health study from 2019 (before the Public Health Emergency prohibited disenrollment from Medicaid).⁷

Misconception: *"Women on Medicaid just don't want to work for their insurance."* Women are less likely to be offered insurance from their employers and more likely to be working part-time, low-paying positions that do not offer insurance at all.⁸ This is likely because childcare is expensive, and women are often expected to balance their families and work.

Misconception: *"This bill doesn't help babies or children at all!"* A healthier mom raises healthier kids. Moms that can be healthy, attentive, and involved in their children's lives result in better outcomes for Wyoming babies.⁹

Resources:

- 1. https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
- 2. https://wywf.org/economic-self-sufficiency-standard/
- 3. https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 4. Ibid.

5. https://wycf.org/wp-content/uploads/2022/07/Final-WY-2022-Count-Kids-File.pdf

- 6. https://youtu.be/5HQ1mZiRU04?t=559
- 7. https://wyoleg.gov/InterimCommittee/2022/10-202206022-01JtLHSS-WDHOmnibusPresentation-6.2_3.22.pdf
- 8. https://wywf.org/gender-wage-gap/
- 9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6610252/



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