



## EXPANDING HEALTHCARE

### ACCESS IN MISSISSIPPI



## Everyone in Mississippi Deserves Access to Affordable Healthcare Coverage

Access to affordable healthcare is a key tool for improving children's health, increasing family economic security, and strengthening Mississippi's workforce and economy.

According to The Commonwealth Fund, Mississippi's healthcare system ranks last in the nation across 49 measures of access to health care, quality of care, health outcomes, and income-based health care disparities.<sup>1</sup> Despite ranking at or near the bottom in any number of indicators of health, Mississippi has declined the option to expand Medicaid eligibility to most adults with incomes under 138 percent of the federal poverty level (FPL; approximately \$30,300 in annual earnings for a family of three).<sup>2</sup>

5<sup>th</sup>

Mississippi has the 5<sup>th</sup> highest uninsured rate in the country.



### Who is Currently Uninsured in Mississippi?

According to a recent report from Manatt Health, approximately 370,000 Mississippians were uninsured in 2019. That's enough people to fill the football stadiums at Jackson State, Mississippi State, Ole Miss, and USM nearly one and a half times.

### Why Expand Affordable Healthcare Access in Mississippi?

Right now, thousands of Mississippians are stuck in a "coverage gap," meaning they often must choose between getting healthcare and paying their bills.

By expanding affordable healthcare access, nearly 200,000 uninsured non-elderly people would be eligible for health coverage, reaching those currently in the coverage gap and others.

20.4%

of Mississippi women reported **not receiving health care** at some point in the last year due to cost.



# The Facts About Affordable Healthcare Coverage in Mississippi



Numerous studies show extending health coverage to adults results in increased health coverage for children. Of those Mississippians who are uninsured, nearly **45,000 women—including over 20,000 Black women**—fall in the state's healthcare coverage gap.<sup>3</sup>

Mississippians who fall in the coverage gap don't qualify for traditional Medicaid and do not make enough money to qualify for premium tax credits, which help people with low and moderate incomes purchase health insurance through the Affordable Care Act. The majority of Mississippians who fall in this coverage gap work in low-wage occupations<sup>4</sup> that often don't offer benefits or don't pay enough to afford insurance coverage.



## Health insurance makes people healthier.

Studies suggest people with health insurance are less likely to have medical debt or postpone care because of cost.<sup>5</sup> People with health insurance are also more likely to regularly see a doctor and access preventive health services. In one study researchers found people in states that expanded Medicaid were healthier than in states that did not expand.

## Medicaid coverage makes children healthier and has been shown to reduce infant mortality.

Mississippi has the nation's highest infant mortality rate, with an overall rate of 8.9 deaths per 1,000 live births and a rate of 11.3 deaths per 1,000 live births for Black infants<sup>6</sup>—Medicaid expansion could help reduce this rate. A study comparing non-Medicaid expansion states with Medicaid expansion states found infant mortality rates increased in states without Medicaid expansion, while states that expanded Medicaid reduced their infant mortality rates.<sup>7</sup> States with Medicaid expansion saw even greater declines in infant mortality rates among African American infants.<sup>8</sup>



## Expanding affordable healthcare access creates jobs.

Research conducted by The Commonwealth Fund suggests expansion would increase total economic output in Mississippi by approximately **\$13.8 billion** through 2025, which would contribute to significant increases in State tax revenues and an additional **22,000 jobs**.<sup>9</sup>

## Expanding access in Mississippi can provide health security for many Mississippians—at little to no extra cost to taxpayers.

During the first five years, costs of expansion to the state would be completely offset by upwards of **\$1.2 billion** in cost reduction.<sup>10</sup>



1. Ku, Leighton and Erin Brantley. "The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan." The Commonwealth Fund, 20 May 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/may/economic-employment-effects-medicaid-expansion-under-arp>.
2. "Distribution of Total Population by Federal Poverty Level." KFF, 23 Oct. 2020, <https://www.kff.org/other/state-indicator/distribution-by-fpl/?currentTimeframe=0&sortModel=%7B%22collid%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>.
3. "Health Insurance Coverage of the Total Population." KFF, 23 Oct. 2020, <https://www.kff.org/other/state-indicator/total-population/>.
4. Radley, David C., et al. "2020 Scorecard on State Health System Performance." The Commonwealth Fund, Sept. 2020, [https://www.commonwealthfund.org/sites/default/files/2020-09/Radley\\_State\\_Scorecard\\_2020.pdf](https://www.commonwealthfund.org/sites/default/files/2020-09/Radley_State_Scorecard_2020.pdf)
5. Centers for Disease Control and Prevention, Nat'l Ctr. for Chronic Disease Prevention and Health Promotion, Div. of Population Health, BRFSS Prevalence & Trends Data, CDC (last reviewed June 20, 2019), <https://www.cdc.gov/brfss/brfssprevalence/>.
6. Mississippi, like many other states, provides limited-benefit coverage to certain populations. For example, it has a family planning services waiver for people with incomes up to 194 percent of FPL who do not qualify for full-benefit coverage.
7. Centers for Disease Control and Prevention, Nat'l Ctr. for Chronic Disease Prevention and Health Promotion, Div. of Population Health, BRFSS Prevalence & Trends Data, CDC (last reviewed June 20, 2019), <https://www.cdc.gov/brfss/brfssprevalence/>.
8. "EXHIBIT 21. Medicaid Spending by State, Eligibility Group, and Dually Eligible Status, FY 2018 (millions)." Medicaid and CHIP
9. "Expenditure Reports From MBES/CBES." Centers for Medicare and Medicaid Services, <https://www.medicare.gov/medicaid/financial-management/state-expenditure-reporting-for-medicare-chip/expenditure-reports-mbescbes/index.html>. Accessed
10. Bachrach, Deborah, et al. "States Expanding Medicaid See Significant Budget Savings and Revenue Gains." RWJF, 1 Mar. 2016, <https://www.rwjf.org/en/library/research/2015/04/states-expanding-medicaid-see-significant-budget-savings-and-rev.html>.