



Medicaid Caps Would Harm Children and Pregnant Women

For more than 50 years, Medicaid has been a critical source of health coverage for children in America. Nearly half of all Medicaid enrollees are children and Medicaid covers half of all births in the United States. Medicaid is essential to the health of over 37 million of American children and pregnant women.

Converting Medicaid into a per capita cap funding structure would dismantle critical protections and access to care for all enrollees. Over time, capping Medicaid would likely force states to ration care, reduce eligibility levels, reduce benefits for children, or reduce provider reimbursement rates even further—all of which will result in diminished access to care for children and pregnant women.

Per capita caps would also not be responsive to economic recession, the availability of new life-saving treatments, public health crises or other unexpected challenges, such as a spike in the number of preterm births or parents and adolescents needing opioid addiction treatment. In addition to limiting routine care for children and pregnant women, it is expected that a capped Medicaid program would, over time:

- **Fail** to protect coverage for the 37 million children who rely on Medicaid to cover routine well-child exams, including developmental screenings and necessary referrals;
- **Fail** to fully finance care for children diagnosed with cancer or other serious diseases;
- **Fail** to provide enough funds to address infectious disease outbreaks, such as the life-altering birth defects caused by the Zika virus;
- **Fail** to enable states to provide adequate comprehensive services like dental and mental health care for children and adolescents;
- **Fail** to enable states to provide a full range of services to women with high-risk pregnancies and life-threatening conditions like pre-eclampsia;
- **Fail** to provide adequate funding to states where hundreds of infants are born exposed to opioids and need NICU care; and
- **Fail** to provide adequate services for children with medical complexity.

In these and many other situations, state budgets would be seriously underfunded and states would be forced to choose between continuing to provide routine and preventive care to children and pregnant women, or to provide lifesaving care to those who require it.

Our nation's children and pregnant women deserve better. Congress should reject all proposals to impose per capita caps or block grants in Medicaid.