

## **Medicaid for 19- and 20- year olds in Michigan should not be cut**

- Michigan cannot afford more thousands more uninsured individuals, which drives up the cost of private insurance, causing more businesses to stop offering insurance to their employees
- Many 19- and 20-year olds apply for Medicaid because they have chronic health problems (such as asthma, cerebral palsy, diabetes) that require medication or other ongoing treatment but are not so severely disabling that the individuals could qualify for disability-based Medicaid
- A little more than half of the 19- and 20-year olds who receive Medicaid are young women who are not pregnant and do not have children, but whose health care needs should be a high priority. Withholding health care from these young women until they are already pregnant or parenting is unwise. The ‘pre-conception’ health of young mothers is critical to the health of the children they bear -- and will save Medicaid dollars in the long run.
- Most of these individuals cannot access other insurance for a variety of reasons, including
  - Their parents are disabled , unemployed, or employed at jobs that do not offer dependent coverage
  - They are not qualified for the higher-skilled, higher-paying jobs that typically offer health insurance benefits
  - They do not earn enough to purchase private health coverage, or to pay deductibles or cost sharing amounts
  - They have pre-existing medical conditions that would not be covered even if they could afford private insurance
  - They are only working part time because they are trying to pursue vocational training or higher education that will give them the credentials for employment that offers health benefits.
  - Enrollment in the Adult Benefits Waiver program has been frozen for many months – no new applicants are being approved. Even if enrollment were opened, the program is capped, making it unavailable to many of the uninsured adults with income below 35% of the federal poverty level.
  - County Health Plan B programs are unavailable in many parts of the state. Where programs exist, enrollment is limited and many county plans are not enrolling new members because they have reached their enrollment caps while trying to meet the needs of both the indigent individuals who have been ‘frozen out’ of the ABW program and individuals with slightly higher income levels who have no access to private insurance