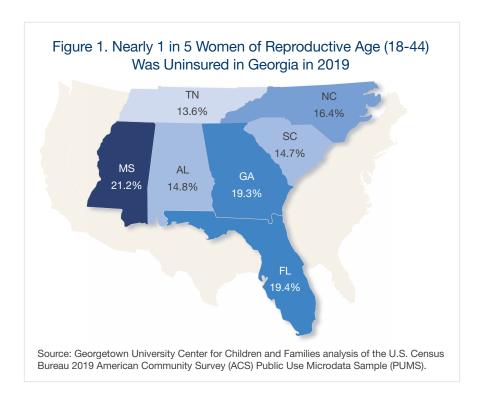
Georgia's Women of Reproductive Age Face Many Barriers to Health Care



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One in Five Women of Reproductive Age Is Uninsured in Georgia

Largely due to the state's decision not to expand Medicaid, Georgia has one of the highest rates of uninsured women of reproductive age (18-44) in the country with nearly one in five (19.3 percent) lacking health insurance. Georgia ranks 46th in the country and has the highest uninsured rate for women in this age group in the deep South apart from Mississippi (Florida has a similar rate). See Figure 1.



The Uninsured Rate Is Even Higher for Latinas and Other Groups

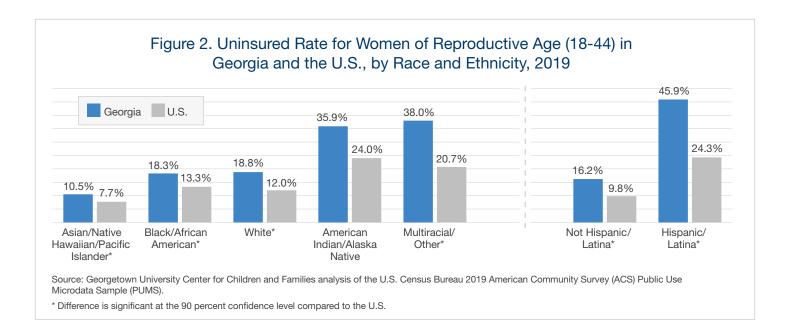
Women in this age range of all races in Georgia face high rates of uninsurance as compared to the national average (12.8 percent). White and Black women in Georgia are uninsured at similar rates; both groups are higher than the national average. Almost half (45.9 percent) of women of reproductive age who identify as Hispanic or Latina are uninsured in Georgia, and this is almost twice as high as the national average for Latinas. American Indian/ Alaska Native (35.9 percent) and Multiracial/Other (38.0 percent) women also have very high uninsured rates. See Figure 2.

Key Findings

- Almost one in five women (19.3 percent) in Georgia of reproductive age (18-44) has no health insurance. This is one of the highest rates in the country (Georgia ranks 46th) and, even more notably, one of the highest rates in the deep South—where only Mississippi has a significantly higher rate (21.2 percent) of uninsured women of reproductive age.
- Almost half (45.9 percent) of women of reproductive age who identify as Hispanic or Latina are uninsured in Georgia. American Indian/Alaska Native (35.9 percent) and Multiracial/Other (38.0 percent) women also have very high uninsured rates.
- Like the rest of the Unites States, Georgia has much higher rates of maternal and infant mortality for Black women and babies than white women and babies.
- Some of Georgia's maternity care outcomes are far below the national median. The state ranks poorly on quality measures in its Medicaid program such as access to postpartum care, timeliness of prenatal care, and the percentage of babies with low birthweight.

This factsheet was written by Joan Alker, Aubrianna Osorio, and Leo Cuello. The authors would like to thank Hannah Klukoff for her research assistance. Design and layout provided by Nancy Magill.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based at the McCourt School of Public Policy's Health Policy Institute.



Poor Health Outcomes and Disparities for Georgia Mothers and Babies

The United States has a very high rate of maternal mortality (23.8 per 100,000 live births) compared to many of its <u>peer nations</u>, and Georgia's rate (24.5) is slightly higher than the overall U.S. rate for the most recent year of data available (2020). Black women face much higher rates of maternal death (40.9) in Georgia as is the case elsewhere. Infant mortality presents similarly with Georgia babies dying at a rate of 6.1 per 1,000 live births, slightly higher than the U.S. average (5.2). Black babies die at higher rates (8.9) in Georgia than white babies (5.0) though this is lower than the national rate for Black babies (10.2).

Georgia's Medicaid program is performing poorly on some key maternal and infant health metrics as compared to other states such as the timeliness of prenatal care, access to postpartum care, and the percentage of babies who have low birthweight. Georgia is in or near the bottom quarter of all states that report each of these metrics. Sixty seven percent of Georgia babies are receiving all of their recommended well-child visits within

the first 15 months of life, just over the national median of 66 percent in Medicaid and CHIP.

Although Georgia's Medicaid program is performing poorly in most maternal and infant health metrics, these metrics look only at those women who are able to access Medicaid or CHIP as a parent or while pregnant. Many other women have no coverage at all as described above. These women are largely excluded because the state has not expanded Medicaid to adults as described above. This problem is compounded by the fact that Georgia's Medicaid eligibility limit for parents is extremely low. A mother with two children would be over the income limit if she earns just \$634 a month. In a positive development, the state has adopted the new option to increase postpartum Medicaid coverage to 12 months.*

Table 1. Georgia Reporting on Select Maternity Core Set Measures, FFY 2020

Maternity Core Set Measure	Georgia's Rate	State Ranking	Worst State Rate	Median	Best State Rate
Timeliness of prenatal care	77.6%	30 (40 states reporting)	27.4%	84.4%	95.6%
Postpartum care	63.0%	32 (39 states reporting)	20.7%	72.3%	91.6%
Percentage of low weight live births under 2,500 grams (lower rate is better)	12.1%	48 (52 states reporting)	14.3%	9.7%	7.4%
Well-child visits in the first 15 months of life	66.9%	21 (50 states reporting)	5.9%	65.6%	87.2%

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services Child Health Quality Measures Dataset, FFY 2020, available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html.

^{*} The postpartum option is not in effect yet because currently everyone who gave birth while receiving Medicaid since March of 2020 is retaining their coverage anyway due to the continuous coverage provisions associated with the COVID-19 public health emergency.