

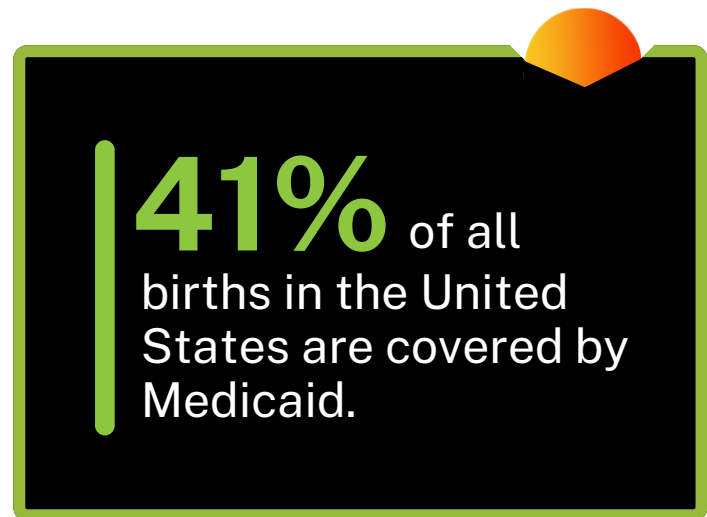
MEDICAID IS ESSENTIAL FOR SURVIVORS OF FAMILY VIOLENCE



Medicaid is health insurance.

Medicaid and the Children's Health Insurance Program (CHIP) are the cornerstone of [health insurance coverage for children, families, seniors and people with disabilities](#). Every state has a Medicaid program but it can go by many [names](#). For example, in California, the Medicaid program is called Medi-Cal and in Maine, it's called MaineCare. For millions of people, Medicaid is administered by managed care companies—such as UnitedHealth or Blue Cross—and their health insurance cards look just like the coverage they would get from an employer. But regardless of what it's called, it's still Medicaid.

More than 79 million people are [enrolled](#) in Medicaid and CHIP across all 50 states and the District of Columbia. These include many low-income and working families, for whom employer-sponsored or individual coverage may not be offered or be prohibitively expensive. Medicaid and CHIP provide coverage for most young children (from birth through the age of 5) with family incomes near the federal poverty level. Medicaid expansion has also reduced the rates of uninsured people, both helping individuals get health care and helping hospitals and clinics, particularly in rural areas, stay open.



Medicaid is an important source of health insurance for survivors of DV/IPV.

Approximately [one](#) in three women experience IPV in their lifetime. Among California residents, [35% of women and 31% of men](#) report experiencing violence from their partner at some point in their lives. IPV happens everywhere, regardless of socioeconomic status or gender, but its impacts fall disproportionately [on women](#), people [with low incomes, and people of certain racial and ethnic groups](#) who also make up a high portion of the Medicaid-eligible population.

These statistics suggest that many current Medicaid members are likely to be experiencing or are at risk for IPV. Despite its pervasiveness, however, IPV is often overlooked as a driver of health outcomes. The same risk factors that drive IPV also drive the need for Medicaid.

Medicaid protects people from unexpected health care costs and financial stress.

One unexpected illness or injury can mean extremely high medical bills for people who are uninsured. And when the out of pocket cost of seeing a health care provider or getting preventive services are too high, people delay or forgo care often leading to more intensive (and expensive) needs. Medicaid makes seeking and receiving health services affordable by [covering the cost of health care and requiring extremely “nominal” copays](#). Survivors covered by Medicaid can get the services they need, when they need them, without fear of cost or surprise bills.

Medicaid covers the benefits survivors need.

The [benefits](#) in Medicaid are specifically designed to cover the [needs of low-income people](#). It covers a range of services, including prevention, treatment, the health consequences of abuse, mental and behavioral health, substance use services and two-generational support. While the specific benefits vary from state to state, Medicaid covers screening and brief counseling for IPV, mental and behavioral health services, substance use services, prescription drugs, annual well-woman visits, and emergency room services.

Medicaid helps link survivors to other services as well, like support for housing or food insecurity.

Increasingly, [Medicaid provides](#) services and support to address the external and social factors that impact health. States have broad discretion to shape their programs to meet the unique needs of their residents. Some states, like California, have invested heavily in [community health workers](#) to provide community-led support. [Many states](#) provide support to address housing instability or food and nutrition insecurity through their Medicaid programs. North Carolina specifically provides survivors of [IPV services through their Medicaid](#) health insurance through a first-in-the-nation effort to integrate nonmedical services into Medicaid and address the upstream factors that impact health.

Want to know more? Here are some good resources:



- [Get to Know Your Medicaid Department: Questions to Ask](#)
(FUTURES)



- [Addressing Intimate Partner Violence through Medicaid Policy](#)
(Mathematica)

Medicaid helps children.

Medicaid covers more than 40 percent of all births, and nearly half of all children in the United States get health care through Medicaid. Medicaid also must provide coverage for all the services a child needs through what's called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. For children who have witnessed or experienced violence, access to the services Medicaid covers can be essential and even life-saving.

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