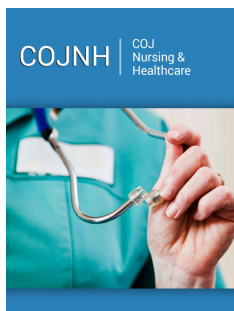



The Effects of Lack of Expansion of Medicaid Under the Affordable Care Act (ACA) and the Associative Implications Among Black Pregnant Women in the US

ISSN: 2577-2007



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Submission:  April 01, 2024
Published:  May 08, 2024

Volume 8 - Issue 5

How to cite this article: Catherine Kisavi-Atatah*. The Effects of Lack of Expansion of Medicaid Under the Affordable Care Act (ACA) and the Associative Implications Among Black Pregnant Women in the US. COJ Nurse Healthcare. 8(5). COJNH. 000699. 2024. DOI: [10.31031/COJNH.2024.08.000699](https://doi.org/10.31031/COJNH.2024.08.000699)

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Opinion

The expansion of Medicaid under the Affordable Care Act (ACA) also known as Obama Care has proven to be of benefit to many black women. However, some states have refused to expand Medicaid under the ACA. Studies have shown that black women are more likely to die while giving birth due to complications compared to their counterparts. Also, during pregnancy, black women are more likely to suffer medical complications. These complications could be attributed to several factors which include but are not limited to lack of accessibility to healthcare services, socioeconomic factors, or complete dismissal of healthcare treatments' services due to lack of affordable insurance coverages, and systemic racism. For example, before the ACA millions of Americans did not have any form of health insurance, they failed and refused to receive any type of healthcare treatment services due to the high healthcare costs and lack of affordability. Black women especially, had poor health outcomes because of a lack of resources to purchase their private healthcare insurance coverage. However, studies upon studies have shown that states that expanded into Medicaid (MCD) under the ACA have better healthcare outcomes as compared to states that failed to expand into MCD under the ACA. While advocates in these states work hard to bridge this gap, the reversal of Roe vs Wade has thrown a new wrench in this ongoing concern, especially for states that have failed to expand into MCD. Before this law, the health and safety of women was highly compromised.

However, this law protected women as they had options to seek treatment and the right to advocate for their health without government interference. This is concerning to me, as I fear that the health risk of many women, especially black women has significantly increased. Women are now faced with additional obstacles, making it difficult to freely access health care services. Moreover, agencies that were widely available to assist women at high risk have now been targeted by opponents who oppose abortions in all forms. As such, black women in states that refused to expand MCD under ACA are already struggling to get access to healthcare can now be targeted by these groups who fail to adequately understand the medical dilemmas these women face. My experience in the healthcare field has taught me that pregnancy is complicated and simple policies cannot address the complications associated with pregnancies in women by policies written by men. In the past few years, policies have been implemented that have significantly affected women and their private doctors. Before the reversal of Roe vs Wade women were already faced with draconian laws that negatively impacted women's health safety issues. These concerns have now increased with this

unpopular US Supreme Court reversal of Roe vs Wade. Women are now concerned about the affordability of healthcare, healthy pregnancies, health complications, and policies set by their states concerning their pregnancies and overall issues. This is indeed an additional burden added to pregnant women in states that failed to expand into ACA. Other studies have shown that black women have higher rates of diabetes, hypertension, and obesity which can lead to overwhelming healthcare complications during pregnancies and childbirths.

According to McLemore & Monica [1], Black and Hispanic women are at a higher risk of dying during childbirth as compared to their counterparts. The study found that as compared to other advanced countries significant social and medical challenges as well as lack of healthcare accessibility contribute to the rise in infant mortality rate. Additionally, other studies have shown that racism also affects the types of healthcare Black patients receive due to the lack of states' expansion of Medicaid under ACA [2,3]. The expansion of Medicaid under ACA has also shown that reduced racial as well as ethnic disparities rates improved in postpartum visits, low birth weights, and preterm births (Bellerose et al. [3]; Kisavi-Atatah et al. [4] for more information).

For us to ensure that we are working on addressing the gaps in healthcare delivery services for Black women in the US and other minority women, policymakers must review the data statistics take a hard look at current policies and propose policies that will improve the healthcare outcomes of all women, especially Black women in the US. Addressing this problem requires a multifaceted approach to be successful across the board. I strongly believe that this can begin by expanding Medicaid under ACA in all states. Also, the decision to repeal Roe Vs Wade should not be used to unclearly remove all barriers that can protect women during pregnancies. A clear policy review should include all stakeholders, women, community members, and practitioners to be successful. Political parties should not make life-and-death decisions for women for their political expediencies. I also believe that most of the population in the US is not adequately educated about the benefits of ACA as well as the implications of the reversal of Roe vs Wade can unknowingly impose on them presently and in the future.

Policymakers should focus on implementing policies that would make it easier for all women to have successful pregnancies and delivery times, without added pressures or burdens. The expansion of Medicaid in all states will increase easy accessibility to overall healthcare services and decrease the infant mortality rates for all women, especially Black women who are already classified as high-risk women. Also, revisiting the overturning of Roe vs Wade and finding a middle ground that can benefit all parties is essential in saving the lives of women. More importantly, I will argue that policymakers should pass policies that benefit women by making it

affordable for women to bear children and afford daycare services. In-addition, pregnant women should have easy access to health educators when faced with challenges during pregnancy. These challenges should include but not be limited to rape, incest, high-risk pregnancy, poverty, just to mention a few. Instead of punishing women for making the best choice for themselves when faced with difficult situations, society should work harder to create wrap-around services for pregnant women across the board in the US. These services should include but not be limited to mental health support, prenatal care, nutrition, financial support, educational programs, counseling, transportation, postpartum care, housing, and legal services if needed. Trying to solve an already difficult problem using simple solutions is not sustainable for women in general in the US, especially for Black women who have been marginalized in the US for hundreds of years.

Even more disturbing, an abortion drug (Mifepristone) that was recently approved by the US Food and Drug Administration (FDA) as a possible over-the-counter drug under the supervision of US pharmacists with insignificant effects on pregnant women now made it to our conservative US Supreme court for a hearing this week. This same drug has been used successfully by millions of Europeans and other Western countries for years with insignificant side effects on pregnant women, yet the US conservative Supreme Court now has a saying to determine its future for all pregnant women in the US. That is America's 21st century for you to proficiently analyze today. Based on the above new women's rights developments, the only people who will suffer are women and children and the burden will eventually catch up with the entire US systems. In summary, it is sad to live in the most advanced and most successful country in the world, which refuses to give pregnant women their natural right to birth or not, refuses to give them pregnancy care, refusals to implement Medicaid under ACA, threatens their women for even thinking of addressing the associative pregnancies' complications, threatened their healthcare providers, only to fail to implement policies that adequately support children after birth.

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