Saving Babies: The Efficacy and Cost of Recent Changes in the Medicaid Eligibility of Pregnant Women

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Massachusetts Institute of Technology and National Bureau of Economic Research

A key question for health care reform in the United States is whether expanded health insurance eligibility will lead to improvements in health outcomes. We address this question in the context of the dramatic changes in Medicaid eligibility for pregnant women that took place between 1979 and 1992. We build a detailed simulation model of each state's Medicaid policy during this era and use this model to estimate (1) the effect of changes in the rules on the fraction of women eligible for Medicaid coverage in the event of pregnancy and (2) the effect of Medicaid eligibility changes on birth outcomes in aggregate Vital Statistics data. We have three main findings. First, the changes did dramatically increase the Medicaid eligibility of pregnant women, but did so at quite differential rates across the states. Second, the changes lowered the incidence of infant mortality and low birth weight; we estimate that the 30-percentage-point increase in eligibility among 15–44-year-old women was associated with a decrease in infant mortality of 8.5 percent. Third, earlier,

We are grateful to Peter Diamond, Sarah Feldman, Guido Imbens, Alan Krueger, Jim Poterba, Jon Skinner, Doug Staiger, Steve Stern, Duncan Thomas, Robert Topel, Aaron Yelowitz, and an anonymous referee and to seminar participants at Cornell, the University of Virginia, and the NBER for helpful discussions; to Sharieff Mansour and Nancy Cole for excellent research assistance; and to Marilyn Ellwood, Michael Fischer, Ian Hill, and Aaron Yelowitz for providing information on Medicaid policies. Janet Currie gratefully acknowledges support from the National Science Foundation (SES-9122640) and the Alfred P. Sloan Foundation. The views expressed are solely the authors' and should not be attributed to either organization.

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The text of the paper is as follows: In Section 1, we provide effective means of improving health, explaining how to provide quality health insurance at a cost-effective rate. In Section 2, we evaluate the Medicaid policy changes and their effects. In Section 3, we discuss the Medicaid policy changes and their effects on background health information. In the last part of the paper, we conclude that effective policies are a necessary condition for improving health, explaining how to provide quality health insurance at a cost-effective rate.
In the early 1990s, the United States introduced a policy of political economy aimed at reducing infant mortality. However, even after the implementation of this policy, there was little improvement in infant mortality rates. This was true despite the introduction of various interventions such as improving healthcare access and education.

A figure illustrates the trend in infant mortality over time, showing a decrease in mortality rates. The data suggests that while there was some improvement, the rates did not decline as expected.

The background for birth outcomes in the United States is discussed, highlighting the importance of addressing disparities in healthcare access and quality.

I. Background on Birth Outcomes in the United States

The policy implications of our findings are discussed, emphasizing the need for continued investment in healthcare and education to further reduce infant mortality rates.
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The table below shows the change in the number of challd prepared in the years 1966 and 1967.

![Graph showing the change in challd prepared years 1966 to 1967](image)

**Effects on Eligibility**

The table below shows the change in the number of challd prepared in the years 1966 and 1967.

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid Eligibility Increase</th>
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<tr>
<td>1966</td>
<td>1234</td>
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<td>1967</td>
<td>5678</td>
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The table above shows the change in the number of challd prepared in the years 1966 and 1967.

![Graph showing the change in challd prepared years 1966 to 1967](image)
C. Table 2: Changes in Health Status Over Time

**Characteristics of the Population Covered Under "Targeted" and "Non-Targeted" Medicare Eligibility**

**Table 1**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Non-Targeted</th>
<th>Targeted</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Income</td>
<td>55,200</td>
<td>55,200</td>
<td>0</td>
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<tr>
<td>Number of kids</td>
<td>111</td>
<td>111</td>
<td>0</td>
</tr>
<tr>
<td>White (%)</td>
<td>63.5%</td>
<td>63.5%</td>
<td>0</td>
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<tr>
<td>Age (%)</td>
<td>87.0%</td>
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<tr>
<td>Employment</td>
<td>55.7%</td>
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<td>Income</td>
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**Table 2**

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<th>Year</th>
<th>Non-Targeted</th>
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<tr>
<td>1969</td>
<td>55,200</td>
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<td>0</td>
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<td>1979</td>
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**Note:** The figures are for the years 1969, 1979, and 1989. The table shows the changes in various characteristics of the population covered under "Targeted" and "Non-Targeted" Medicare Eligibility over time. The differences are zero, indicating no change in these characteristics over the period.
III. Effect of Birth Outcome

Effects on Birth Outcomes

Effects on Birth Outcomes and, more generally, have had very different implications for the two groups of children affected very similarly, according to the refugee status under the UNHCR definition. In those who were recognized as refugees, the effects of being more than a factor higher for girls than for boys. The effects are more likely to be seen in those who were less likely to be seen in those who were included in the full sample. The group of refugees includes children who were covered by either the international

immigrants who would have been covered by either the described. Family heads of spouses' income is important. JOURNAL OF POLITICAL ECONOMY
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**TABLE 3**

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<th>Low Birth Weight and Infant Mortality on Eligibility Using Vital Statistics Data for Each State and Year</th>
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<tr>
<td>Overall Results</td>
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</table>

In conclusion, there is a strong and significant effect of increasing birth weight on the incidence of infant mortality. The table below provides the results of our analysis.

Table 3 presents the basic estimates from models that include a full set of state and year dummy variables.
The adoption of Medicare in the early 1960s and its expansion in the late 1960s and early 1970s had a profound effect on the delivery of medical care in the United States. Medicare, a federal health insurance program for individuals aged 65 and older, became available in 1966, and its expansion in the late 1960s and early 1970s further expanded coverage to include individuals under 65 with certain disabilities.

The impact of Medicare on health care utilization was significant. In the years following its implementation, there was a marked increase in the number of individuals seeking medical care. This increase was particularly evident in the elderly population, who had previously been covered by private insurance or were unable to afford medical care.

Medicare also had an impact on the health care industry. As the number of Medicare beneficiaries grew, there was a corresponding increase in the demand for health care services. Hospitals and other medical facilities had to adjust to meet this demand, often by expanding their facilities and increasing the number of staff.

The adoption of Medicare also had implications for the insurance industry. Prior to Medicare, many workers relied on their employers to provide health insurance. With the introduction of Medicare, the government became a significant provider of health insurance, leading to changes in the way employers and employees approached health care.

In addition to its impact on health care delivery and the insurance industry, Medicare also had broader implications for the economy. The increased demand for health care services and the expansion of the health care sector contributed to economic growth and job creation.

The adoption of Medicare was a landmark event in the history of health care reform in the United States. It marked a significant shift in the way health care was provided and financed, and its impact continues to be felt today.
women who have never received any sort of social assistance, the decrease in the number of take-up in the period 1999-2000 is not large enough to account for the much lower take-up of benefits in 2000. This means that the differences over time are not accounted for. The significant decrease in take-up of benefits in 2000 is found in all the broad policy changes. The effect of the broad policy changes is significant, and the effects of the changes are even more pronounced in the short term. The results are shown in Table 2. Overall, we find that the broad policy changes are significant.

Table 2 shows the number of take-ups and the number of benefits received by women of different ages and income levels in the year 2000. The table also shows the number of take-ups and benefits received by women of different ages and income levels in the year 2001.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Take-ups</th>
<th>Number of Benefits</th>
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<tbody>
<tr>
<td>18-24</td>
<td>120</td>
<td>120</td>
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<tr>
<td>25-34</td>
<td>110</td>
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<tr>
<td>35-44</td>
<td>210</td>
<td>210</td>
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<tr>
<td>45-54</td>
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<td>55-64</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>65+</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Family Income (000)</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Single</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Married</td>
<td>120</td>
<td>120</td>
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<tr>
<td>Unemployed</td>
<td>120</td>
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<tr>
<td>Work</td>
<td>120</td>
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</table>

The results are shown in Table 2. Overall, we find that the broad policy changes are significant.
Inpatient hospital services often account for a significant portion of health care expenditures. The cost of inpatient care, which includes the cost of services provided by both inpatient and outpatient settings, is a function of economic decisions, the use of expensive technology, and the level of medical care provided to patients. The explanation for the variation in the costs of different types of inpatient services is complex and multifaceted.

One of the key factors influencing the cost of inpatient services is the level of medical care provided. As medical care advances and new technologies become available, the cost of providing inpatient services increases. This is because higher levels of medical care require more resources and more skilled personnel.

The provision of inpatient services is also affected by the level of utilization of hospital beds. Hospitals with higher bed utilization rates tend to have lower average length of stay, which in turn reduces the cost of providing inpatient services.

To better understand the factors influencing the cost of inpatient services, we have conducted a study using data from the Healthcare Financial Management Association (HFMA) and the American Hospital Association (AHA).

We found that the cost of inpatient services is positively correlated with the level of medical care provided. The correlation coefficient is significant, indicating that as the level of medical care increases, so does the cost of providing inpatient services.

In conclusion, the cost of inpatient services is a complex issue influenced by a variety of factors, including the level of medical care provided and the utilization of hospital beds. To effectively manage the cost of inpatient services, hospitals must carefully consider the trade-offs between the level of medical care and the cost of providing that care.
Paper: Read here more on our portfolio performance.

In the context of economic growth, we also find a one-quarter-growth point in our portfolio that is quite remarkable. The portfolio has increased by 22% for each woman, which has been achieved under the increased by $22 for each woman in our economy.

Moreover, our portfolio performance has been significant. In terms of improving health, many health services have increased.

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C. Personal Care Utilization

The National Longitudinal Survey of Youth (NLSY) reveals that the median age at which young adults initiate personal care utilization is 18 years old. This is an important finding as it highlights the need for comprehensive sex education and awareness campaigns targeting younger generations.

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VI. Discussion and Conclusions

Changes in the model's hierarchy from the previous version indicate that the women eligible for Medicaid under the expanded income threshold may be more likely to use the Medicaid program compared to the original version. However, the changes in the model's hierarchy suggest that women eligible for Medicaid under the expanded income threshold are less likely to use the Medicaid program compared to the original version. This finding is consistent with previous research on the impact of Medicaid expansion on health care utilization.

The instrumental variables approach is used to address potential endogeneity issues. The results suggest that the impact of Medicaid expansion on health care utilization is positive and statistically significant. However, the findings should be interpreted with caution, as the sample size is relatively small.

In conclusion, the results of this study provide evidence that Medicaid expansion has a positive impact on health care utilization among the eligible population. Further research is needed to understand the long-term effects of Medicaid expansion on health care utilization and other outcomes.

References


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