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Medicaid Cuts Endanger Maternal and Child Health

The cuts to Medicaid included in the 2025 Republican reconciliation law explicitly target the Affordable Care Act's Medicaid expansion, but the law's harms will extend well beyond the adults in the expansion group who lose coverage. The deep, damaging cuts to federal Medicaid funding will affect *all* individuals with Medicaid coverage, including children and those who get Medicaid coverage for pregnancy and postpartum-related care. Given the well-documented long-term benefits of Medicaid coverage during childhood and pregnancy,[1] the consequences of the law could have long-term adverse effects on children's health, educational attainment, and financial outcomes later in life.

Key Findings

- The impact of Medicaid cuts won't be limited to the adults who were directly targeted by the 2025 reconciliation law.
- Medicaid plays a vital role in supporting maternal and child health.
- The deep, damaging cuts will impact children and the many people who get Medicaid coverage for pregnancy and postpartum care.

Medicaid Is Critical for Children and Mothers Across the Country

Medicaid plays a vital role in supporting maternal and child health, providing affordable coverage to millions of families with low incomes that ensures they have access to appropriate care. It covers nearly 28 million children[2] and provides the pediatric-specific Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which ensures that children under age 21 enrolled in Medicaid receive preventive care and all medically necessary services to treat, correct, or reduce any illnesses or conditions.[3] Taken together, Medicaid and the Children's Health Insurance Program (CHIP) cover almost half of children across the country.[4]

Medicaid also pays for almost 40 percent of births[5] — with an even greater share in rural areas (45 percent) — and coverage of comprehensive and continuous postpartum care continues during the 12 months after delivery in almost every state.[6] And almost 1 in 5 women of reproductive age have health coverage through Medicaid, which provides access to important preventive and reproductive care services that have been shown to promote healthier pregnancies and improved birth outcomes for parents and babies.[7]

Medicaid Cuts Take Away Coverage, Directly and Indirectly

Some of the adverse impacts of the 2025 reconciliation law on infants, children, and individuals who are pregnant or postpartum are direct. For example, the law rolls back the three-month retroactive eligibility period that can protect families from unexpected medical expenses including costly bills from premature births.[8] The law also takes away Medicaid and CHIP coverage from people in most lawful immigration categories, limiting enrollment to a far narrower group.[9] Although it did not end the option that allows states to provide Medicaid and/or CHIP to lawfully residing children and pregnant individuals,[10] those living in states that have not adopted this option can now only access Medicaid or CHIP if they fall into the new narrower group created by the 2025 reconciliation law (and in some cases, they also go through a five-year waiting period).[11]

FIGURE 1

Medicaid Supports Maternal and Child Health–Medicaid covers:



2 in 5 of all U.S. births

1 in 5 women of reproductive age

2 in 5 children

Source: CBPP analysis of 2024 American Community Survey data

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Other policies in the 2025 reconciliation law are less direct but will nevertheless threaten coverage disruptions or losses for children and parents. The red tape barriers in the law — namely the work requirement and more frequent redeterminations — put children and pregnant and postpartum individuals at greater risk of losing Medicaid coverage despite remaining eligible and being largely excluded from its provisions. Children and pregnant people may face delays when enrolling in Medicaid or getting the assistance they need to get or maintain coverage, as state systems come under strain. As of June 2026, many states are already seeing significant warning signs of overloaded systems such as increases in call wait times and large application and renewal backlogs.[12] The strain on state systems is likely to get worse as the 2025 law's biggest Medicaid changes take effect.

While some parents are exempt from the 2025 reconciliation law's Medicaid work requirement that takes coverage away from millions of people, they are still expected to be among those losing coverage as they get caught in the law's additional red tape. Parental coverage loss is likely to affect their child's coverage as well; research has shown children are more likely to have health coverage when their parents are insured.[13] Therefore, similar to the unwinding of the continuous enrollment condition, coverage losses among parents raise the concern that more children will become uninsured despite remaining eligible.[14] While some states had implemented policies that could help prevent children from disruptions in coverage, the Administration has indicated it will no longer permit these policies moving forward.[15]

Pregnant people are similarly excluded from the law's work requirement and more frequent eligibility determinations, but they may still fall through the cracks. More than 100,000 pregnant and postpartum

individuals are estimated to be enrolled in the Medicaid expansion eligibility group.[16] This could cause them to be disenrolled or experience temporary gaps in coverage that could prevent them from getting recommended prenatal and postpartum care.[17] Coverage loss also threatens women's ability to access important pre-pregnancy care that supports healthier pregnancies and better birth outcomes.[18]

Loss of Coverage and Providers Jeopardize Access to Care and Health Outcomes

Those who are able to avoid coverage disruptions are still at risk of experiencing diminished access to care. As hospitals, physicians, and other health care providers contend with cuts to provider reimbursement — whether directly from the restrictions on state directed payments[19] and state actions reducing payment rates or indirectly through having fewer insured patients — there are likely to be reductions or closures of important services like obstetric services or specialty pediatric care.[20] Threats to access will be especially high in rural areas, where providers are at greater risk of closure,[21] and for maternity care services, given that over a third of U.S. counties already lack appropriate providers or birthing facilities.[22] Reduced care availability will require families to travel long distances for services or delay necessary care, which could have significant consequences for children and pregnant individuals' health. While some states have proposed using a portion of their funding from the law's Rural Health Transformation Program to promote maternal and infant health, this funding is woefully inadequate compared to the over $900 billion in federal Medicaid cuts and given CMS's cap on RHTP funds going directly to providers.[23]

The gaps in coverage and decreases in access to timely, comprehensive preconception and maternity care resulting from the 2025 reconciliation law will increase the risk of adverse health outcomes for parents and babies.[24] People of color are likely to be disproportionately affected as maternal mortality is already significantly higher among Black mothers than white mothers, and people of color experience higher shares of negative maternal and infant outcomes, such as preterm and low-weight births, than white mothers.[25] While there have been concerted efforts in recent years to address high maternal mortality,[26] particularly among Black mothers, the large-scale cuts to Medicaid and worsening shortages of appropriate providers will undermine this progress.

Children who become uninsured or experience gaps in coverage may be delayed in getting recommended doctors' visits or have trouble accessing care. Research has found that children with a gap in coverage are more likely to lack a usual source of care and are less likely to see a physician throughout the year.[27] Regular doctors' visits are very important for children to support their growth and development, receive recommended immunizations, and detect and treat conditions early as they arise. These well-visits are most frequent and particularly important for infants and toddlers given the rapid growth and development that occurs during these ages; yet, the uninsured rate for children under 3 has been growing in recent years, a trend that is at risk of getting worse as the 2025 reconciliation law's health care cuts go into effect.[28] If families delay these recommended visits due to lack of insurance, children may be at greater risk of illness, higher health care costs, or complications due to delayed

interventions. Loss of Medicaid coverage, even temporarily, could also harm a child's long-term health outcomes.[29]

Cuts Undermine Household Stability and Investments in Child and Maternal Health

Parents who lose coverage due to the 2025 reconciliation law's new paperwork requirements either have to spend more on health care — leaving less money for food, rent, and other household necessities — or they will delay needed care, which may make it harder for them to focus on supporting their children.[30] Families may also incur increased financial burdens from the rollbacks to the retroactive coverage period, which exposes households to medical debt from a sudden illness or medical event. Recent data shows that the majority of families with incomes below $40,000 a year (around 150 percent of the federal poverty line for a family of three) would not be able to pay for an unexpected $500 medical bill or would have to go into debt to pay the bill.[31]

These additional costs come as households are currently struggling to afford basic needs; for example, almost two-thirds (62 percent) of low-income families have reported experiencing diaper insecurity, while 21 percent of households facing diaper insecurity indicated someone in their household lost Medicaid coverage in the past year.[32] Many families are already contending with losing access to food assistance, including millions of children, jeopardizing their short- and-long-term health.[33]

As states face substantial budget pressures from the 2025 reconciliation law and other fiscal factors,[34] they may be forced to consider making cuts to optional benefits like home- and community-based services as some states have already done. This may make it harder for children or their family members with special health care needs to get needed care in their homes rather than institutional settings. States could also look to cut optional eligibility groups, which cover an estimated 1 in 5 children on the program.[35]

Even if states maintain current benefits and eligibility levels, future coverage expansions or adoption of additional optional policies will be much more difficult given the new constraints on funding.[36] For example, this could stall progress made to expand school-based Medicaid programs that support children getting the physical and mental health care they need.[37] States could be unable to continue providing state-funded coverage to all children regardless of immigration status,[38] coming as the 2025 reconciliation law's restrictions have left thousands of people with lawful immigration status without coverage. Budget pressures may also cause states to scale back or forgo programs or investments aimed at improving quality of care or addressing systemic issues, such as covering doula or midwifery services to combat the maternal mortality crisis.[39]

TABLE 1

Number and Share of Child Medicaid Enrollment by State

	Number of Children with Medicaid	Share of Child Population with Medicaid
Alabama	469,667	39%
Alaska	71,137	39%
Arizona	593,147	35%
Arkansas	319,265	43%
California	3,181,056	36%
Colorado	389,379	30%
Connecticut	336,367	43%
Delaware	90,300	40%
District of Columbia	76,651	55%
Florida	2,115,277	44%
Georgia	1,099,330	41%
Hawaii	128,908	42%
Idaho	129,437	26%
Illinois	951,645	33%
Indiana	527,963	32%
Iowa	249,616	32%
Kansas	203,019	28%
Kentucky	433,166	40%
Louisiana	505,515	45%
Maine	117,619	45%
Maryland	466,844	32%
Massachusetts	483,954	33%
Michigan	703,626	31%
Minnesota	589,396	43%
Mississippi	305,037	42%
Missouri	430,502	30%
Montana	68,504	28%
Nebraska	132,659	26%
Nevada	264,856	37%
New Hampshire	65,334	24%
New Jersey	537,315	25%
New Mexico	261,824	56%
New York	1,772,747	42%
North Carolina	1,007,867	40%
North Dakota	45,348	24%
Ohio	877,802	32%

TABLE 1

Number and Share of Child Medicaid Enrollment by State

	Number of Children with Medicaid	Share of Child Population with Medicaid
Oklahoma	416,270	41%
Oregon	283,876	32%
Pennsylvania	1,114,509	40%
Rhode Island	76,731	35%
South Carolina	484,120	40%
South Dakota	61,418	27%
Tennessee	636,330	38%
Texas	2,633,586	33%
Utah	126,184	13%
Vermont	50,668	42%
Virginia	594,259	30%
Washington	748,404	43%
West Virginia	152,152	41%
Wisconsin	431,162	33%
Wyoming	33,878	26%
Total	**27,845,626**	**36%**

Source: CBPP analysis of June 2026 Center for Medicare and Medicaid Services Medicaid and CHIP enrollment data and 2024 American Community Survey data of total child population age 18 and under.

Note: The number of children enrolled in Medicaid comes from June 2026 CMS enrollment data and the share of children enrolled in Medicaid uses June 2026 CMS enrollment data and 2024 ACS data on the total child population age 18 and under.

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