

MEDICAID

POSTPARTUM COVERAGE

EXPANDING HEALTH CARE COVERAGE AFTER PREGNANCY

Overview

All people, regardless of who they are, where they live, or their income, deserve access to comprehensive sexual and reproductive health care—including during the postpartum period. Pregnant people who are working to make ends meet but whose income would make them ineligible for full-scope coverage under Medicaid or the Children's Health Insurance Program (CHIP) may still be able to receive health care coverage under these programs due to higher income eligibility limits for coverage during pregnancy.¹ Unfortunately, coverage for pregnant individuals has typically expired just 60 days after the end of the pregnancy.² Pregnancy-related deaths can occur up to one year after birth; research from the US Centers for Disease Control and Prevention (CDC) finds that these deaths are frequently associated with a lack of access to appropriate health care, indicating that such deaths were preventable.³ Extending postpartum Medicaid coverage to one year is an important step in improving maternal health outcomes—a core component of reproductive well-being.⁴

The maternal mortality rate has reached a crisis level in the United States. Black women experience rates of pregnancy-related mortality three times higher than white women, and inequities widened for Black women during the COVID-19 pandemic.⁵ People of color face structural barriers to quality health care, and expanding postpartum coverage would work to address one of those obstacles by ensuring coverage for reproductive health care—and broader health care needs—in the postpartum year.⁶

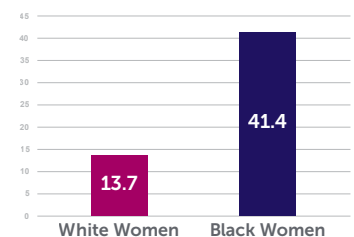
How Congress and the States Can Act

The American Rescue Plan Act, federal legislation that became law in early 2021, includes a provision that allows states to extend Medicaid and CHIP coverage to pregnant individuals for 12-months postpartum using a state plan amendment (SPA).⁸ This SPA option first became available to states in April 2022 and was set to be available for five years. Thanks to a change made in the Consolidated Appropriations Act of 2023, the option for states to adopt a SPA will now be permanent.⁹ Prior to this law, states were only allowed to provide such coverage under a waiver to the state Medicaid plan—a more onerous and time-limited process for states. This is a significant development because unlike waivers state plan amendments do not need to be renewed. States that choose this SPA option ensure that people who qualify and receive Medicaid or CHIP coverage as a result of being pregnant will have continuous health coverage for one year after birth.

However, the law does not extend Medicaid/CHIP postpartum coverage automatically. States must take action to implement the coverage extension and not all states have chosen to do so. The process varies by state; some states must receive approval from the state legislature to pursue a SPA and in some states Medicaid agencies can make changes to Medicaid/CHIP without legislative approval.¹⁰

Extending postpartum Medicaid coverage to one year is an important step in improving maternal health outcomes—a core component of reproductive well-being.

Maternal Mortality Rates per 100,000, by Race⁷

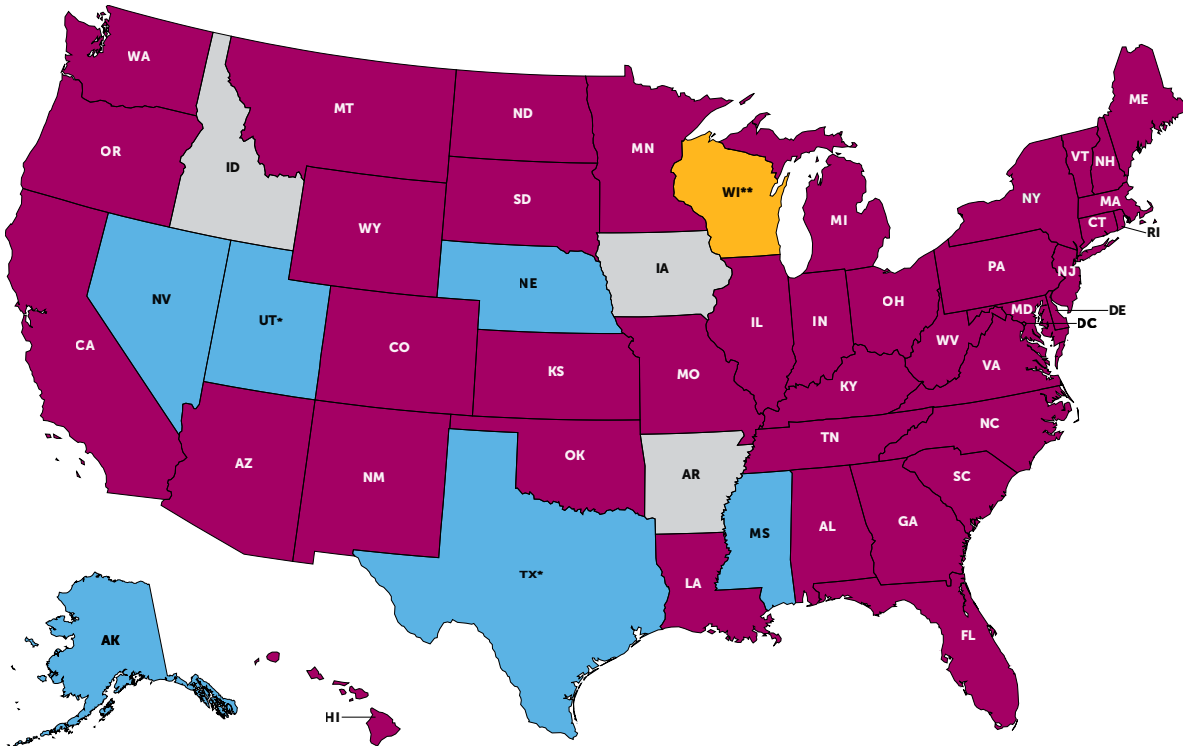


Landscape

As of December 2023, 41 states have already implemented a 12-month extension of postpartum Medicaid coverage, and 7 more states have announced plans to implement an extension.¹¹

Status of States' Decisions on Extending Medicaid Postpartum Coverage

- States that have already implemented a 12-month extension on postpartum Medicaid coverage
- States that have announced plans to implement a 12-month extension
- States that have proposed limited extensions



* Indicates state is planning to implement a 12-month extension, but limit eligibility based on pregnancy outcomes.

** Indicates state has a 90-day coverage period limit.

Policy Recommendations

Extending postpartum coverage to 12 months could help improve maternal health outcomes by ensuring that people who face systemic barriers to health care can afford to access the services they need for one year after birth. It would work to address racial inequities in maternal health care and outcomes as well by removing barriers to care more broadly. All people deserve access to comprehensive sexual and reproductive health care, regardless of where they live. **Congress should pass a law to establish nationwide 12-month postpartum Medicaid coverage. In the meantime, all states should elect the new SPA option.**

All people deserve access to comprehensive sexual and reproductive health care, regardless of where they live.

For those living in states without expanded Medicaid postpartum coverage, it is important to bring attention to this important issue and urge policymakers to take action. We suggest connecting with a community organization advocating for birth equity¹² or national organizations, such as Black Mamas Matter¹³ and the National Birth Equity Collaborative.¹⁴

Nationwide extended Medicaid postpartum coverage would help address a key factor in the maternal mortality crisis. However, it is a piece of the solution, not the whole of it. Even when adjusted for income—deep racial inequities in birth outcomes remain.^{15, 16} Power to Decide supports the Congressional Black Maternal Health Caucus’ Black Maternal Health Momnibus, a group of bills that address many contributing factors to the maternal health crisis—from social determinants of health to culturally congruent maternity care and support for maternal mental health.¹⁷ Together these policies can help to improve outcomes for Black birthing people and indeed all those who can become pregnant in the United States.

Even when adjusted for income—deep racial inequities in birth outcomes remain.



Endnotes

- 1 Kaiser Family Foundation, 2022. Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level. Retrieved on November 18, 2022 from <https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/?currentTimeframe7D>.
- 2 By law, states are required to continue covering individuals who gained coverage for Medicaid under the pregnant women eligibility category for sixty days postpartum. To continue receiving Medicaid coverage after sixty days, an individual must be eligible for the program through another pathway, such as a parent, child, or adult in states that expanded Medicaid under the Affordable Care Act. For more information, see: Centers for Medicare and Medicaid, 2022. Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels. Retrieved on December 14, 2022 from <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html>.
- 3 Centers for Disease Control and Prevention, 2019. Pregnancy-Related Deaths Happen Before, During, and Up to a Year After Delivery. Retrieved on November 18, 2022 from <https://www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html>.
- 4 Power to Decide, 2022. Reproductive Well-Being: Blueprint for Action. Retrieved on December 7, 2022 from <https://powertodecide.org/what-we-do/information/resource-library/reproductive-well-being-blueprint-for-action>
- 5 Hill, L. Artiga, S., and Ranji, U. Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them. Kaiser Family Foundation. Retrieved on November 29, 2022 from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.
- 6 Yearby R., Clark B., Figueroa J. Structural Racism In Historical And Modern US Health Care Policy. Health Affairs. 2022 Feb; 41(2): 157-313. Retrieved on November 18, 2022 from <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01466>.
- 7 Hill, L. Artiga, S., and Ranji, U. Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them. KaiserFamily Foundation. Retrieved on November 29, 2022 from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>.
- 8 United States, Congress. Public Law 117-2, American Rescue Plan Act of 2021. Govinfo.gov, 2021.
- 9 United States, Congress. Public Law 117-328, Consolidated Appropriations Act of 2023. Govinfo.gov, 2022.
- 10 National Health Law Program and National Association of Community Health Centers. Role of State Law in Limiting Medicaid Changes. Retrieved on November 28, 2022 from <https://healthlaw.org/wp-content/uploads/2018/09/role-of-state-in-limiting-medicaid-changes.pdf>.
- 11 Kaiser Family Foundation, 2022. Medicaid Postpartum Coverage Extension Tracker. Retrieved February 22, 2023 from <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>.
- 12 Evidence Based Birth. Birth Justice Organizations. Retrieved on December 14, 2022 from <https://evidencebasedbirth.com/birth-justice/>.
- 13 Black Mamas Matter Alliance. Retrieved on December 14, 2022 from <https://blackmamasmatter.org/>.
- 14 National Birth Equity Collaborative. Retrieved on December 14, 2022 from <https://birthequity.org/>.
- 15 Braveman P.A., Heck K., Egarter S., Marchi K.S., Dominguez T.P., Cubbin C. The role of socioeconomic factors in black-white disparities in preterm birth. *American Journal of Public Health*. 2015; 105:694–702. Retrieved on November 29, 2022 from <https://pubmed.ncbi.nlm.nih.gov/25211759/>.
- 16 Lu M.C. 2017. Racial-Ethnic Disparities in Birth Outcomes: A Life-Course Perspective. US Department of Health and Human Services. Retrieved on November 29, 2022 from <https://pdfs.semanticscholar.org/d38e/008bf48039048d2d6830ec8b42cc745edd07.pdf>.
- 17 United States of Representatives Black Maternal Health Caucus. (n.d.) Black Maternal Health Momnibus. Retrieved on November 29, 2022 from <https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>.