



ACNM GOVERNMENT AFFAIRS ISSUE BRIEF

Medicaid Expansion to One Year Postpartum Coverage

Background:

Medicaid is the largest payer for maternity care in the United States, paying for more than four out of every ten births.¹ Currently, Medicaid coverage must extend to 60 days postpartum. But after that, Medicaid eligibility varies from state to state. Covered services while on pregnancy-Medicaid include all preventative services recommended by the U.S. Preventive Services Task Force. The absence of deductibles and cost-sharing for pregnancy-related services make Medicaid a less financially burdensome option than private insurance.²

After the initial 60 days postpartum, states that have expanded Medicaid under the Affordable Care Act offer continued coverage to birthing people with incomes up to 138% of the federal poverty level. Overall, about half of those who receive pregnancy-Medicaid become uninsured after 60 days.³ In the 12 states that have not expanded Medicaid eligibility, this is especially common because birthing people often have incomes that are too high for Medicaid eligibility and too low to qualify for Marketplace subsidies.² Extending Medicaid coverage beyond 60 days to at least one year has been suggested to help reduce maternal morbidity and mortality and serves as a tool to address racial disparities in maternal health outcomes⁴. This is because non-Hispanic Black birthing people are more than twice as likely as non-Hispanic white birthing people to have births covered by Medicaid, and Hispanic birthing people are twice as likely as non-Hispanic white birthing people to have births covered by Medicaid.¹

ACNM Position:

The American College of Nurse-Midwives (ACNM) maintains that health care is a fundamental human right and supports the development of a health care system that enables individuals and their families to receive appropriate care based on need, regardless of their ability to pay or their socioeconomic status, race, ethnicity, culture, religion, gender identification, or sexual orientation.

ACNM supports legislation aimed at controlling the cost of health care and ensuring that individuals and families receive adequate and accessible quality health care. All persons should have access to the full spectrum of qualified health care professionals and providers, including CNMs and CMs.⁷

Background:

On March 10, 2021, Congress passed the American Rescue Plan of 2021 (ARP), which included efforts targeted at Covid-19 testing, vaccination, and broad-based economic relief, as well as legislation to enhance the larger social safety net. One of the key provisions included in the package is the establishment of a five-year demonstration project that enables states to bypass the existing waiver process and use the state plan amendment process to expand their Medicaid coverage to birthing people for a period of 12 months postpartum. States that choose to expand coverage must provide the full range of perinatal services and support.

Postpartum Medicaid expansion would allow states to amend their Medicaid state plans to receive matching federal funds to pay for an additional 10 months of coverage. This coverage would also extend to those covered by the Children's Health Insurance Program (CHIP), as six states use CHIP in addition to Medicaid to provide coverage for pregnant people.⁵ Providing an additional 10 months of coverage is estimated to cost about \$1,500 per person and about \$6.1 billion over the 2021-2030 period.³ Like current pregnancy-Medicaid, covered services would include all preventative services recommended by the USPSTF, such as dental care, mental health services, and primary care.

One critical problem with the year-long postpartum expansion of Medicaid is the fact that it remains an option for states, as opposed to being mandatory. This means that many states, using logic that kept them from implementing the Medicaid expansion under the Affordable Care Act, will likely forgo expanded coverage and maintain the status quo.

Timeline:

This option will be made available to states for a period of seven years beginning on April 1st, 2022. The amendment cannot be adopted until one year after the ARP's enactment, which will allow both the states and the Centers for Medicare & Medicaid Services (CMS) to begin planning for full implementation. The states that have elected to extend Medicaid coverage can be found [here](#)⁶ and [here](#).⁷ CMS along with the individual states, will be charge of planning and implementing the extension of postpartum coverage.

Additional Information:

Medicaid coverage extension has long been considered a low-hanging fruit in the complex quest to improve maternal and infant health outcomes. It is a necessary and important step to ensure that all birthing people have access to health and wellness services not only during pregnancy but throughout their life, as insurance coverage is critical to accessing health services.

It is well documented that many of the conditions leading to maternal morbidity and mortality may appear or worsen well after the commonly defined six to eight weeks after birth. There are physical, emotional, and relational changes during the first year of parenting that can be supported with better access to health care. Postpartum mood disorders, contraception, breastfeeding challenges, struggles with role adjustment, pregnancy complications, and co-morbidities, like diabetes and hypertension, require health care in the first year postpartum and beyond. Early detection and management can

prevent worsening conditions, reduce maternal mortality, and improve maternal health outcomes overall.

References:

1. Martin JA, Hamilton BE, Osterman MJ. Births in the United States, 2019. *NCHS Data Brief*. 2020;(387):8.
2. Ranji U, Gomez I, Salganicoff A. Expanding Postpartum Medicaid Coverage. *KFF*. March 2021. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>. Accessed March 29, 2021.
3. Clark M. Unpacking the Postpartum Coverage Extension Option in the COVID-19 Relief Bill. *Center For Children and Families*. February 2021. <https://ccf.georgetown.edu/2021/02/22/unpacking-postpartum-coverage-extension-option-covid-relief-bill/>. Accessed March 29, 2021.
4. Taylor J. *Promoting Better Maternal Health Outcomes by Closing the Medicaid Postpartum Coverage Gap*. Washington, D.C.: The Century Foundation; 2020. Accessed March 29, 2021. <https://tcf.org/content/report/promoting-better-maternal-health-outcomes-closing-medicaid-postpartum-coverage-gap/>.
5. Brooks T, Roygardner L, Artiga S, Pham O, Dolan. *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey*. Washington, D.C.: Georgetown University Center for Children and Families; 2020:77.
6. National Academy of State Health Policy. *View Each State's Efforts to Extend Medicaid Coverage to Postpartum Women*. June 7, 2021. Accessed June 21, 2021. <https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/>.
7. Kaiser Family Foundation. *Medicaid Postpartum Coverage Extension Tracker*. July 15, 2021. Accessed July 19, 2021. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>
8. American College of Nurse-Midwives. *Health Care for All Individuals and Families*. American College of Nurse-Midwives; 2019. Accessed March 29, 2021. <https://www.midwife.org/acnm/files/acnmldata/uploadfilename/00000000069/PS%20Healthcare%20for%20all%20190927.pdf>.

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