POSITION STATEMENT:
 Expand and Extend Postpartum Medicaid to Support Maternal and Child Health

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SUMMARY STATEMENT:
The Society of Behavioral Medicine supports federal regulation to ensure 12 months of postpartum Medicaid continuation coverage in support of maternal and child health.

THE PROBLEM:
Over 80% of maternal deaths during pregnancy, delivery, or the first year postpartum are preventable. About half of maternal deaths happen between one month and one year postpartum [1], making this an especially vulnerable time. These first twelve months after birth may be even more dangerous for Black, Hispanic, and Native American mothers, who are two to three times more likely to die from pregnancy-related causes than white mothers. Structural racism, or policies and practices that reinforce and maintain racial inequity, influences this heightened risk [2]. More mothers of color experience financial or economic disadvantage and are more likely to be covered by government-funded insurance or Medicaid [3], which has been historically underfunded and may place a variety of limitations on the care pregnant and postpartum individuals* can receive, depending on the state.

In 2019, 41% of all births in the United States were supported by state Medicaid programs. Federal law requires all states to provide Medicaid coverage during pregnancy for anyone with income up to 138% of the Federal Poverty Level (FPL), which means that with a 2019 FPL of $25,750 for a four-person household, those making up to $35,535 would qualify for Medicaid during pregnancy [4]. Beyond this, it is up to individual states to raise this threshold to enable more individuals to qualify for Medicaid benefits.

Even mothers supported on Medicaid during their pregnancy may only remain eligible for pregnancy-related Medicaid support for the first 60 days postpartum, the current federal requirement. After that, they are no longer eligible based on pregnancy. They qualify for Medicaid as a parent, which may require a much lower income level to qualify (sometimes as low as 17% FPL or just over $4,300). Some states expanded Medicaid eligibility under the Affordable Care Act [5] and extended pregnancy Medicaid coverage through twelve months postpartum through the American Rescue Plan Act of 2021 [6]. Still, others have not, and even during pregnancy, income eligibility varies across states. This must be clarified, as this often leads to disruptions or total loss of healthcare coverage for mothers in need [6].

CURRENT POLICY:
Because federal law only mandates 60 days of postpartum health coverage for women who were Medicaid-eligible while they were pregnant, state-level inconsistencies in Medicaid eligibility criteria could result in healthcare coverage loss shortly after birth. The risk of losing coverage endangers individuals during the critical postpartum period when many are already at heightened risk for mental and physical health concerns, such as perinatal mood disorders and pregnancy-induced hypertension, which systematically disadvantage Black pregnant/postpartum people and their infants [1].

Following the passage of the American Rescue Plan Act in 2021, most states have already extended or plan to extend postpartum Medicaid coverage to 12 months following birth. Extending postpartum Medicaid coverage is a critical step to safeguard the health of postpartum individuals

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Medicaid coverage for the 12 months postpartum following Act (S 1542), both recently reintroduced in 2021, outline the Maximizing Outcomes for Moms through Medicaid and Morbidity Awareness (MOMMA’s) Act (HR 3407) and 117-2). Recently proposed legislation already includes this coverage, such as the options that were established agencies to review their policies toward expanding affordability and accessibility of healthcare, urging Executive Order (January 28, 2021) emphasized coverage to maternal health promotion. In addition, the Strengthening Medicaid and the Affordable Care Act Executive Order (January 28, 2021) emphasized affordability and accessibility of healthcare, urging agencies to review their policies toward expanding coverage, such as the options that were established through the American Rescue Plan Act of 2021 (Public Law 117-2). Recently proposed legislation already includes this fundamental aspect, The Mothers and Offspring Mortality and Morbidity Awareness (MOMMA’s) Act (HR 3407) and the Maximizing Outcomes for Moms through Medicaid Improvement and Enhancement of Services (MOMMIES) Act (S 1542), both recently reintroduced in 2021, outline Medicaid coverage for the 12 months postpartum following a birth covered by Medicaid [11,12,13].

RECOMMENDATIONS:

Recommendation #1: Reintroduce previously considered legislation that requires states to provide 12 months of continuous postpartum healthcare coverage, regardless of specific pregnancy outcome.

Recommendation #2: Enact a revised and permanent federal mandate equalizing pregnancy and postpartum Medicaid income eligibility thresholds across states to ensure consistent access to postpartum healthcare offerings nationwide.

*We use the terms “maternal” and “mother” broadly to include all individuals who experience pregnancy or postpartum, and frame our recognition of need and policy recommendations in gender-neutral terms. To acknowledge limitations inherent in existing policy and the composition of samples in prior research, we use the term “women” when applicable.

REFERENCES:


ENDORSEMENTS:

Health Care Justice - NC

POSTPARTUM SUPPORT INTERNATIONAL