

## 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 <sup>[1]</sup>, 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 <sup>[2]</sup>. More mothers of color experience financial or economic disadvantage and are more likely to be covered by government-funded insurance or Medicaid <sup>[3]</sup>, 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 <sup>[4]</sup>. 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 <sup>[5]</sup> and extended pregnancy Medicaid coverage through twelve months postpartum through the American Rescue Plan Act of 2021 <sup>[6]</sup>. 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 <sup>[6]</sup>.

## 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 <sup>[1,7]</sup>.

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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during this crucial time. Yet, postpartum individuals in non-expansion states remain underserved and at high risk. In addition, state-to-state differences in income eligibility thresholds and which services are covered can lead to inconsistent and inequitable healthcare, negatively impacting maternal and child health and well-being. Extending and expanding Medicaid has strong potential to improve maternal and child health and well-being by improving continuity of coverage, reducing mortality overall<sup>[8]</sup> and mortality disparities affecting Black, Native American, and Hispanic mothers, and improving access to preventive care<sup>[9]</sup>.

The Biden-Harris Maternal Health Blueprint<sup>[10]</sup>, a comprehensive government-led approach to address maternal morbidity and mortality, acknowledges structural underpinnings of racial inequities in maternal healthcare and underscores the importance of extended postpartum 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<sup>[11,12,13]</sup>.

## 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:

- 1 Trost, S., Beauregard, J., Chandra, G., Nije, F., Berry, J., Harvey, A., & Goodman, D. A.. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. 2022. Available at [www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html](http://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html). Last accessed February 6, 2023.
- 2 Solomon, J.. Closing the Coverage Gap Would Improve Black Maternal Health. 2021. Available at <https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health>. Last accessed February 6, 2023.
- 3 [3] Osterman, M.J.K., Hamilton, B.E., Martin, J.A., Driscoll, A.K., & Valenzuela, C.P.. Births: Final Data for 2021, National Vital Statistics Reports, Volume 72, Number 1. 2023. Available at [www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf). Last accessed February 6, 2023.
- 4 Gordon, S., Sugar, S., Chen, L., Peters, C., De Lew, N., & Sommers, B.D.. Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage. 2021. Available at <https://aspe.hhs.gov/reports/potential-state-level-effects-extending-postpartum-coverage>. Last accessed February 6, 2023.
- 5 Kaiser Family Foundation. Status of State Medicaid Expansion Decisions: Interactive Map. 2023. Available at <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>. Last accessed February 14, 2023.
- 6 Kaiser Family Foundation. Medicaid Postpartum Coverage Extension Tracker. 2023. Available at [www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/](http://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/). Last accessed February 14, 2023.
- 7 Taylor, J., Novoa, C., Hamm, K, & Phadke, S. Center for American Progress. Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint. 2019. Available at [cdn.americanprogress.org/content/uploads/2019/04/30133000/Maternal-Infant-Mortality-report.pdf?\\_ga=2.58426478.534167243.1625237322-612833220.1620046882](http://cdn.americanprogress.org/content/uploads/2019/04/30133000/Maternal-Infant-Mortality-report.pdf?_ga=2.58426478.534167243.1625237322-612833220.1620046882). Last accessed February 14, 2023.
- 8 Bellerose, M., Collin, L., & Daw, J. R. The ACA Medicaid Expansion and Perinatal Insurance, Health Care Use, and Health Outcomes: A Systematic Review. *Health Affairs*, 41(11). 2022. Available at [www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.01150?casa\\_token=8P0ob7CZILEAAAAA%3ArC46ly-ccU4tcOKRLRw\\_eayefK6lO4jUBkl7aWhhs1CAp8YSoSZ3ElGTg\\_Db pFCtVDs4lpHYnd8&journalCode=hlthaff](http://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2021.01150?casa_token=8P0ob7CZILEAAAAA%3ArC46ly-ccU4tcOKRLRw_eayefK6lO4jUBkl7aWhhs1CAp8YSoSZ3ElGTg_Db pFCtVDs4lpHYnd8&journalCode=hlthaff)
- 9 Luther, J. P., Johnson, D. Y., Joynt Maddox, K.E., & Lindley, K. J.. Reducing Cardiovascular Maternal Mortality by Extending Medicaid for Postpartum Women. *Journal of the American Heart Association*, 10. 2021. Available at [www.ahajournals.org/doi/pdf/10.1161/JAHA.121.022040](http://www.ahajournals.org/doi/pdf/10.1161/JAHA.121.022040). Last accessed February 14, 2023.
- 10 The White House Briefing Room. Fact Sheet: President Biden's and Vice President Harris's Maternal Health Blueprint Delivers for Women, Mothers, and Families. 2022. Available at [www.whitehouse.gov/briefing-room/statements-releases/2022/06/24/fact-sheet-president-bidens-maternal-health-blueprint-delivers-for-women-mothers-and-families/](http://www.whitehouse.gov/briefing-room/statements-releases/2022/06/24/fact-sheet-president-bidens-maternal-health-blueprint-delivers-for-women-mothers-and-families/). Last accessed February 14, 2023.
- 11 Daw, J. R., Eckert, E., Allen, H., & Underhill, K. Extending Postpartum Medicaid: State and Federal Policy Options During and After COVID-19, *Journal of Health Politics, Policy, and Law*, 46(3). 2021. Available at [scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=4487&context=faculty\\_scholarship](http://scholarship.law.columbia.edu/cgi/viewcontent.cgi?article=4487&context=faculty_scholarship). Last accessed February 14, 2023.
- 12 S.411 - 117th Congress (2021-2022): MOMMA's Act. 2021. Available at [www.congress.gov/bill/117th-congress/senate-bill/411](http://www.congress.gov/bill/117th-congress/senate-bill/411). Last accessed February 14, 2023.
- 13 Text - H.R.3407 - 117th Congress (2021-2022): MOMMA's Act. 2021. Available at [www.congress.gov/bill/117th-congress/house-bill/3407/text](http://www.congress.gov/bill/117th-congress/house-bill/3407/text). Last accessed February 14, 2023.



ENDORSEMENTS:

