Postpartum Health Care and Coverage

Expand State Medicaid and Private Health Insurance Coverage to 1-year Postpartum

“We end up seeing late deaths of women who were lost to care instead of connected to the care.” -- Dr. Elizabeth Howell

Overview

Medicaid pays for more than 4 in 10 births in the United States, providing coverage for pregnant women through 60 days postpartum, at which point states have the ability to determine if coverage continues.¹

Birthing parents may encounter medical conditions like complications from childbirth, pain, depression, or anxiety while caring for a newborn. The postpartum period is a medically vulnerable period for families resulting in many cases of maternal mortality.

The current system of publicly supported coverage options for pregnant and postpartum women results in varied and disparate coverage by income, immigration status, and state, leaving many new mothers uninsured just two months after giving birth. As such, there is a strong need to extend Medicaid’s postpartum coverage from 60 days to one year with more states now seeking to extend Medicaid benefits to new mothers up to a full year postpartum.

Problem

The rate of pregnancy-related mortality in the United States has continued to rise over the past three decades. An estimated 700 women in the country die each year from pregnancy-related causes, and many more experience severe maternal morbidity.

Women face increased health risks not only during pregnancy and labor and delivery but also for months following delivery or end of pregnancy. The postpartum period is a “time of extensive physical and emotional change for mothers as they recover from delivery and adjust to life with a newborn”.  

Nationally, over half of pregnancy-related deaths occur after delivery. Shockingly, more than half of such deaths are preventable.  

The postpartum period presents many challenges to new mothers including but not limited to fatigue, pain, breastfeeding difficulties, stress, mental health disorders, and urinary incontinence. Additionally, postpartum depression in mothers may not occur until weeks after delivery.  

Access to health insurance is considered essential to receiving good and affordable health care.

It has been found that at each perinatal time point, all categories of racial-ethnic minority women are more likely to be uninsured than white non-Hispanic women. Furthermore, “Black, Hispanic and Native American women were far more likely than White women to rely on Medicaid than private insurers”.  

Black and Indigenous North American women also experience much higher rates of pregnancy-related mortality and morbidity compared to other demographics, indicating the presence of wide racial and ethnic disparities in maternal outcomes.

Insurance coverage is essential to new parents during the postpartum period. Although nearly all new mothers are covered by health insurance at the time of delivery, pregnancy-related coverage through Medicaid and the Children’s Health Insurance Program expires two months after delivery.

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More than half of women who had Medicaid or CHIP coverage at the time of delivery had interrupted insurance coverage in the following six months.  

As such, the existing 60-day postpartum cut-off for Medicaid coverage does not meet the medical and socio-emotional needs of parents during the postpartum period.

**Policy Solutions**

Due to the COVID-19 pandemic, pregnant women receiving Medicaid benefits cannot be dropped, meaning they continue to receive coverage for a full year after giving birth while the federal public health emergency exists.

**Currently, House Bill 234 as proposed by the 151st General Assembly** would require the Department of Health and Social Services, Division of Medicaid and Medical Assistance to “expand Medicaid coverage to pregnant women from the current coverage of 60-days from the end of pregnancy under federal Medicaid regulations to 12 months from the end of pregnancy”.

Extending postpartum Medicaid coverage can be achieved through various pathways.

**First Option:**
Requires states to apply for and receive waivers from the Centers for Medicare & Medicaid Services in order to depart from normal Medicaid requirements. Illinois was the first state to receive a waiver from the center, allowing it to continue providing Medicaid benefits to women from 60 days to a year after the end of pregnancy. Georgia and Missouri both have received similar approvals.

**Second Option:**
President Joe Biden’s American Rescue Plan includes a provision known as a state plan amendment, which enables states to extend postpartum benefits through administrative action. The process to initiate a SPA varies by state—some states may require legislative action, though all states will still require a budget allocation. For states that implement the SPA, the one-year postpartum coverage will also apply to CHIP-enrolled pregnant individuals.

**Benefits of extending coverage:**
Extending pregnancy-related Medicaid/CHIP coverage from 60 days to one year postpartum effectively provides many women a new coverage option, thus allowing for continuous coverage

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10 Ibid.

during a critical period after delivery. This in turn leads to improved continuity of care, better health outcomes, and a long-term reduction in future health expenditures.\textsuperscript{12}

Extending coverage would reduce the strain placed on new mothers who must apply to retain/obtain coverage or must switch coverage as they struggle with postpartum health issues and caring for a newborn.

**Resources for More Information**

**Model legislation**
- [https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/](https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/)
- [https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage](https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage)
- [https://legis.delaware.gov/BillDetail?LegislationId=78845](https://legis.delaware.gov/BillDetail?LegislationId=78845)

**Alternative Options and Considerations**
Some states that have chosen not to expand Medicaid benefits under the Affordable Care Act do provide extended postpartum Medicaid coverage, but the income thresholds are usually extremely low, meaning only the poorest residents may qualify, thus leaving many without needed coverage.

Georgia and Missouri received CMS approvals to extend coverage wherein Georgia’s extension provided six months postpartum coverage and Missouri only provides coverage for substance use disorder treatment after 60 days postpartum.\textsuperscript{13}

However, nearly a quarter of postpartum-related deaths occur six weeks to a year after the end of a pregnancy with complications extending through the end of the first year.

Postpartum deaths may be attributed to strokes, infection, and cardiomyopathy. Other postpartum challenges include fatigue, pain, breastfeeding difficulties, stress, mental health disorders, and urinary incontinence. Thus, the alternate coverage options may not be adequate in meeting the health needs of new mothers.

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\textsuperscript{12} American College of Obstetricians and Gynecologists. *Extend Postpartum Medicaid Coverage.*