Background

Current Medicaid policy for pregnant women

Federal law requires that pregnant women with incomes at or below 138% of the federal poverty guidelines be covered by Medicaid through at least 60 days postpartum, with several states have expanded coverage beyond these limits; in 2019, the federal poverty guideline was defined as $21,330 for a family of three. Medicaid is the largest single payer for childbirth services, funding 43% of deliveries, and more than 65% of the births to women of color, in 2016.

Eligibility for Medicaid is determined at the state level, leading to wide variation in who is able to obtain coverage and how long that coverage lasts. In large part due to the Affordable Care Act (ACA), many states have expanded access to Medicaid beyond the minimum federal income eligibility requirements, with income limits for non-pregnant parents ranging from 138-221% of the federal poverty guidelines. In states that opted not to expand Medicaid through the ACA, however, income limits for non-pregnant adults range from 17-100% of the federal poverty guidelines. Furthermore, after Centers for Medicare and Medicaid Services (CMS) announced support for states to make Medicaid coverage contingent on employment or “community engagement,” several states have proposed policies that restrict eligibility for non-pregnant adults through section 1115 waivers.

The length of coverage after pregnancy is also highly variable nationwide, with an estimated 55% of women with Medicaid due to pregnancy eligibility experiencing a lapse in coverage within six months of delivery. Currently, Missouri lawmakers have proposed extending Medicaid coverage to 12 months postpartum for pregnant women with opioid use disorders, and several states have introduced legislation to extend Medicaid coverage for 12 months postpartum for all women who qualified during pregnancy. However, there are 19 states in which coverage ends at the minimum specified 60 days after delivery.

Position

The Society for Maternal-Fetal Medicine (SMFM) supports federal and state policies that expand Medicaid eligibility and continue Medicaid coverage through 12 months postpartum as a key strategy to address the maternal morbidity and mortality crisis and improve health equity. Access to coverage is essential to address the preventable short- and long-term health consequences of insufficient care during a critical period for new families. The Society opposes policies such as work requirements that unnecessarily impose restrictions on Medicaid eligibility for beneficiaries in the year following delivery.

SMFM has adopted the use of the word “woman” (and the pronouns “she” and “her”) to apply to individuals who are assigned female sex at birth, including individuals who identify as men as well as non-binary individuals who identify as both genders or neither gender. As gender-neutral language continues to evolve in the scientific and medical communities, SMFM will reassess this usage and make appropriate adjustments as necessary.
The postpartum opportunity and current gaps
The postpartum period is a critical window of opportunity for health care providers to engage patients in primary care and improve lifelong health. It is estimated that one in five pregnant women have a pregnancy complication that heralds an increased risk for future cardiovascular disease, such as gestational diabetes, hypertension, preterm delivery, or delivery of a low birthweight infant. Both mood disorders and substance use disorders, two of the most common complications of the perinatal period can be effectively treated if identified in the first year postpartum. When compared to those with private insurance coverage, women with Medicaid coverage during pregnancy are at increased risk for both obstetric complications and for needing mental health care in the postpartum period.

The needs faced by those recovering from even routine childbirth are complex and largely unmet by the traditional postpartum care paradigm. An estimated 40% of pregnant women covered by Medicaid do not attend a postpartum visit within six weeks of delivery, leaving those whose coverage lapses after 60 days without the ability to obtain even basic recommended care.

Failure to meet the health needs of those in the postpartum period has profound consequences, both short- and long-term. The U.S. is the only developed country with a increasing maternal mortality rate, and nearly one in four maternal deaths occur after 42 days postpartum. Only one in three women receive any kind of preconception counseling, which helps prevent complications in future pregnancies. Preconception care in the United States saves five dollars for every dollar saved, making it cost effective and life saving. Lack of care for both acute postpartum needs and chronic medical problems leads to preventable complications and exacerbates health disparities. Further, pregnancy conditions may either begin or extend into the postpartum period, making continuous access to care and coverage critical. For example, the majority of peripartum cardiomyopathy presents in the postpartum period and may require extended treatment far beyond six weeks; maternal mental health and anxiety disorders like postpartum depression, are often not identified until the postpartum visit and treatment is often needed for up to one year, and postpartum hypertension may last up to 12 weeks postpartum but may extend as long as six months from delivery. Arbitrary timelines in which pregnant women lose access to coverage present unnecessary roadblocks to maternity and postpartum care.

Continuing Medicaid for 12 months postpartum
Current evidence suggests that access to Medicaid coverage improves engagement with care, and improves outcomes for those with access to such coverage. Expanded coverage has been associated with improved access to preconception care and early prenatal care, as well as reduction in disparities in preterm birth and low birth weight. While recognizing that multifaceted strategies are needed, continued Medicaid coverage through the first postpartum year is an essential first step to reduce maternal mortality, address disparities and improve the health of families, especially considering that one third of pregnancy-related death occur between one week and one year postpartum.
References


References (cont.)


