

Medicaid & Maternal Health Toolkit

Access to affordable, high-quality health care is a critical issue for America's women. Women are higher users of health care services than men due to longer life expectancies, reproductive health needs, and maternity care. Medicaid provides an essential safety net for women and mothers in the U.S. The program covers a range of critical services for reproductive age women (19 to 49), including family planning, prenatal services, childbirth, and postpartum care.

While strides have been made to improve maternal health and address disparities in health outcomes, there is still much work to do. The Modern Medicaid Alliance is committed to advocating for personalized high-quality, affordable maternal health care and services for American women, including continuing Medicaid and CHIP coverage for 12 months postpartum.

Key statistics about Medicaid and maternal health:

- Medicaid covers [16%](#) of non-elderly women nationwide, including 41% of low-income women, and 36% of single mothers.
- Medicaid covers [nearly half](#) of all births.
- Medicaid beneficiaries are [82%](#) more likely to experience severe maternal mortality and morbidity than privately insured women.
- The U.S. maternal mortality rate has increased from 10.3 per 100,000 live births in 19913 to [17.4](#) in 2018.
 - Black women and American Indian/Alaska Native women are 3.3 and 2.5 times [more likely](#), respectively, to die from pregnancy-related causes than non-Hispanic white women.
- Women have significant medical needs up through the first year after delivery and the mother's health is connected to their child's health and wellbeing.
 - [52%](#) of pregnancy-related deaths occur between delivery and one year postpartum.
 - A pregnancy within 6 months of a live birth is associated with [increased risks](#) to the baby's health such as premature birth, low birth weight, congenital disorders, and other conditions.
- Extending postpartum Medicaid coverage to one year after delivery for new moms has the potential to help a total of at least [200,000](#) low-income uninsured mothers gain health care coverage.

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Modern Medicaid Alliance Urges Congressional Action to Address Maternal Health Crisis

Washington, D.C. – (December 17, 2021) – Modern Medicaid Alliance partners are emphasizing the urgent need to address maternal health. Congressional action is critically needed to address rising maternal mortality rates and disparities in health outcomes, and ensure affordable, high-quality health care and services for pregnant and postpartum women. **Specifically, the Modern Medicaid Alliance encourages Congress to pass bipartisan legislation to expand Medicaid and CHIP coverage for 365 days, or 12 months, postpartum.**

The U.S. has the [highest](#) maternal mortality rate – that is, deaths within one year from the end of a pregnancy – of any developed country. In fact, maternal mortality has jumped from 10.3 per 100,000 live births in 1991 to [17.4](#) in 2018. Women of color account for a disproportionate number of those deaths. Black and American Indian/Alaska Native women are 3.3 and 2.5 times [more likely](#), respectively, to die from pregnancy-related causes than non-Hispanic white women.

Earlier in 2021, the American Rescue Plan Act gave states a new option to extend Medicaid postpartum coverage to 12 months via a state plan amendment. However, the new option is only available to states for five years.

Research indicates that women have significant medical needs up through the first year after delivery and the mother's health is connected to their child's health and wellbeing. According to the Mayo Clinic, a pregnancy within 6 months of a live birth is associated with [increased risks](#) to the baby's health such as premature birth, the placenta partially or completely peeling away from the inner wall of the uterus before delivery (placental abruption), low birth weight, congenital disorders, and schizophrenia. New mothers also face significant health risks postpartum, with [52%](#) of pregnancy-related deaths occurring between delivery and one year postpartum.

Medicaid is key to improving maternal health and addressing disparities in outcomes. As the largest health care program in the country, Medicaid provides an essential safety net for women and mothers in the U.S. The program covers [17%](#) of non-elderly women nationwide, including 41% of low-income women, and 36% of single mothers, and [nearly half](#) of all births. Extending postpartum Medicaid coverage for new moms to one year after delivery has the potential to help a total of at least [200,000](#) low-income uninsured mothers gain health care coverage.

Many state Medicaid programs and Medicaid managed care organizations are committed to addressing disparities in maternity care and improving maternal health outcomes through innovative programs that offer additional support such as nutritional assistance, increased access to home visiting programs and case management services, and new models of care such as coverage of *doula* services and supports. While significant strides have been made, there is still much work to do.

The Modern Medicaid Alliance and our partners remain committed to working with Congress to improve maternal health and ensure high-quality, affordable coverage for pregnant and postpartum women.

"The role of Medicaid in addressing the United States' ongoing maternal health crisis cannot be understated. Millions of women rely on Medicaid for essential maternal health services, including family planning, prenatal services, and childbirth," said Amy Haddad, Chief Government Affairs Officer of the Association of Maternal & Child Health Programs. "With maternal mortality rates on the rise, continuing Medicaid and CHIP coverage for 12 months postpartum is critical to improving maternal health outcomes; addressing both routine and unforeseen needs; and to reduce the disproportionate threat to maternal health faced by women with lower incomes."

“For many pregnant women and mothers, Medicaid provides vital access to high-quality, affordable maternal health care,” said Linda Goler Blount, President, and CEO of Black Women’s Health Imperative. “Black mothers, in particular, face a unique set of challenges, suffering from higher rates of pregnancy-related complications and death. Bridging the gap and addressing health disparities requires urgent congressional action to continue Medicaid and CHIP coverage for 365 days postpartum.”

“Women have significant medical needs through the first year after delivery, including higher rates of maternal mortality than during pregnancy or childbirth and postpartum depression which can take months to both appear and resolve,” said Gloria N. Eldridge, PhD, Divisional Vice President, Health Policy of Health Care Service Corporation (HCSC). “By allowing states to extend postpartum coverage to 365 days, Congress can significantly improve the health and well-being of both mothers and their children and reduce disparities in maternal health outcomes.”

“In an effort to ensure continuity of coverage and access to critical health care services across the perinatal period, the National Service Office for Nurse-Family Partnership and Child First supports the mandatory and permanent extension of Medicaid and CHIP postpartum coverage to one year after birth,” said Sarah McGee, Chief Policy & Government Affairs Officer. “This important policy change will improve maternal and child health, and reduce maternal mortality and morbidity. Nurse-Family Partnership and Child First look forward to continuing to partner with Congress and state Medicaid programs to increase access to the nursing and mental health services provided by these important and impactful programs.”

“This is an ongoing, unmitigated crisis that impacts babies and families across our country, and it has long-lasting impacts throughout all of our lives. We need to address maternal morbidity and mortality and make the potential of every baby a national priority,” said Johanna Lister, Director of Policy for HealthySteps, a program of ZERO TO THREE. “This means high-quality care and services throughout the pregnancy and during the transition period after childbirth when mothers are adjusting to new parenthood and infants are forming critical connections with their caregivers. When we support post-partum well-being, we give babies a strong foundation for a lifetime of healthy development, learning, and growth. healthy families give babies the best opportunity to thrive.”

Template Maternal Health LTE for Modern Medicaid Alliance Partners

We encourage Modern Medicaid Alliance partners to utilize the sample letter to the editor below to amplify the need to address the current maternal health crisis, tailoring as you see fit.

Title: Congressional Action Needed to Improve Maternal Health

Medicaid provides a critical safety net for millions of women by delivering high-quality, affordable care. Pregnant women and new mothers rely on the program for a range of services including family planning, prenatal services, childbirth, and postpartum care. In fact, Medicaid covers nearly [half](#) of all births in the U.S.

As a member of [organization name] and the [Modern Medicaid Alliance](#), we represent [add details about your organization], and we know how essential Medicaid is for pregnant women, moms, and their babies.

Our nation has reached a critical point for maternal health. The maternal mortality rate is on the rise – jumping from 10.3 per 100,000 live births in 1991 to [17.4](#) in 2018, and women of color account for a disproportionate number of those deaths. Black and American Indian/Alaska Native women are 3.3 and 2.5 times [more likely](#), respectively, to die from pregnancy-related causes than non-Hispanic white women.

Congress must act now to ensure high-quality, affordable maternal health care for American women and address disparities in health outcomes, including permanently expanding postpartum Medicaid coverage for 12 months.

Sincerely,

[Name]

[Organization]

Template Social Media Posts

We encourage Modern Medicaid Alliance partners to utilize the sample social media posts below to amplify the need to address the current maternal health crisis, tailoring as you see fit.

- Congress must act now to ensure high-quality, affordable maternal health care for American women and address disparities in health outcomes, including permanently expanding postpartum #Medicaid coverage for 12 months.
- Medicaid provides a critical safety net for millions of women by delivering high-quality, affordable care. Pregnant women and new mothers rely on the program for a range of services including family planning, prenatal services, childbirth, and postpartum care.
- We have reached a critical point for #maternalhealth. The maternal mortality rate is on the rise – jumping from 10.3 per 100,000 live births in 1991 to 17.4 in 2018. Congress must act now to extend Medicaid and CHIP coverage to one year postpartum.
- Congressional action is critically needed to address rising maternal mortality rates and disparities in health outcomes. Extending Medicaid and CHIP coverage to one year postpartum will ensure affordable, high-quality health care for pregnant and postpartum women.
- Medicaid is key to improving maternal health and addressing disparities in outcomes. As the largest health care program in the country, Medicaid provides an essential safety net for women and mothers in the U.S.

Medicaid's Role in Addressing the Maternal Health Crisis



BY THE NUMBERS



Medicaid covers nearly half of all births in the U.S.

Medicaid provides an essential safety net for 16% of non-elderly women in the United States, including 41% of low-income women, 36% of single mothers.

Medicaid serves a lower income population with greater underlying health risks. Medicaid enrollees have an 82% higher chance of maternal mortality and morbidity than privately insured women.

Medicaid expansion is strongly associated with lower maternal mortality.

States that expanded Medicaid were found to have lower maternal mortality by about 7 deaths per 100,000 live births compared to non-expansion states.

31 states deliver coverage to expansion adults through Medicaid Managed Care, encompassing the vast majority of this population.

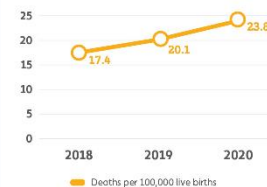


AMERICA'S MATERNAL HEALTH CRISIS

In 2018, the U.S. ranked last among industrialized countries with the highest number of maternal deaths.

Nearly 18% of pregnancy-related deaths occur between 43 and 365 days after delivery. Most of these deaths (58.3%) were considered preventable.

Maternal mortality has increased significantly in recent years:

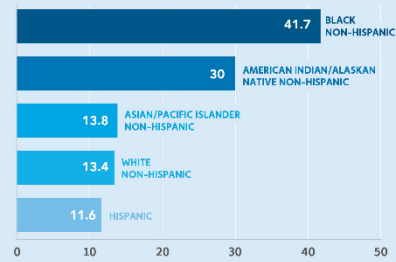


DISPROPORTIONATE IMPACT ON WOMEN OF COLOR



Pregnancy-Related Deaths

Deaths Per 100,000 live births



Black women are 3.3 times more likely and American Indian/Alaska Native women are 2.5 times more likely to die from pregnancy-related causes, compared to non-Hispanic White women.

One-third of the pregnant women and new mothers who died in 2020 were Black, though Black Americans make up about 12.4% of the population.

MEDICAID PROGRAMS

How Medicaid Programs Can Help Address The Maternal Health Crisis

Medicaid delivers high-quality, affordable health care that can support a comprehensive recovery from pregnancy and delivery. Importantly, Medicaid plans also cover mental health conditions, the second leading cause of mortality in the later postpartum period.



Experts Agree: Medicaid Maternal Health Coverage Should Be Expanded to 12 Months Postpartum

"Women have significant medical needs through the first year after delivery, including higher rates of maternal mortality than during pregnancy or childbirth and postpartum depression which can take months to both appear and resolve. By extending Medicaid maternal health coverage to one year postpartum, Congress would improve the health and well-being of both mothers and their children, and reduce racial and ethnic disparities in maternal health outcomes."

— Gloria Eldridge, PhD, Divisional Vice President, Health Policy of Health Care Service Corporation (HCSC)



Modern Medicaid Alliance Urges Congress to Extend Postpartum Coverage, Strengthen Medicaid

Extending postpartum Medicaid coverage to one year after delivery has the potential to help a total of approximately 720,000 low-income mothers annually, and address rising maternal mortality rates and disparities in health outcomes.



For more information on the Modern Medicaid Alliance, visit [ModernMedicaid.org](https://www.modernmedicaid.org).

Download the full infographic [here](#).



On average, **in one day** Medicaid covers:

Nearly **4,500 births**



First-trimester prenatal care visits
for **more than 3,000 women**



Nearly **97,000 children's health
screenings**



Dental services for **over 54,000
children**



Improving Maternal Health by Extending Postpartum Coverage

The United States has one of the [highest](#) maternal mortality rates of any high-resourced country, with women of color accounting for a disproportionate number of those deaths. Black and American Indian/Alaska Native women are 3.3 and 2.5 times [more likely](#), respectively, to die from pregnancy-related causes than non-Hispanic white women.

While the country has taken steps to improve maternal health and address disparities in health outcomes, there is much more to be done to address the maternal health crisis and health equity gaps.

By expanding Medicaid and Children's Health Insurance Program (CHIP) maternal health coverage to 12 months postpartum, Congress can help approximately [720,000](#) low-income mothers annually and improve the health and well-being of both mothers and their children. For these pregnant women and mothers, the extension of postpartum coverage would ensure the continuity of care during one of the most critical and vulnerable times of their lives and provide their children with the foundation for healthier lives.

Learn more from Dr. Gloria N. Eldridge of Health Care Service Corporation by watching the video below.



[Watch the video here.](#)

Modern Medicaid Alliance Partners Support Maternal Health

Leading Maternal Health Advocacy

Modern Medicaid Alliance partner the Association of Maternal & Child Health Programs (AMCHP) recently published a new blog post for the Maternal Health Learning & Innovation Center, “[Round-up on Postpartum Medicaid Extension Activity & Resources](#),” that gives an overview of where things stand on federal and state proposals to extend postpartum Medicaid coverage. The blog post also shares resources to dig deeper and stay up to date on the topic and discusses what to keep an eye on in the coming months for potential policy advances on this topic.

Additionally, AMCHP published a [maternal health bill tracker](#) for the 117th Congress. The tracker provides key information on pending legislation related to maternal health, including concise summaries, bill sponsors, links to the bills on congress.gov, committee information, and the current status of each bill.

The tracker is updated every week to ensure the information stays relevant and accurate. Advocates can use the bill title search bar and topics drop-down menu to refine bill searches, and legislation can also be sorted by whether or not it is bipartisan.

Addressing Maternal Vaccine Coverage Disparities

Leading maternal health stakeholders — including Modern Medicaid Alliance partners AHIP, Association of Maternal & Child Health Programs, HealthyWomen, and National Minority Quality Forum — recently published a [white paper](#) that aims to provide a better understanding of the factors that may be driving and contributing to continued maternal immunization challenges.

The paper explores two of the primary challenges impeding efforts to close vaccination gaps: inadequate high-quality maternal immunization data, and issues related to coordination and implementation of maternal immunization programs on the ground. Further, findings from the paper underscore that while the COVID-19 crisis has exacerbated maternal immunization challenges, it has also raised important conversations on barriers to vaccination and prompted increased policy momentum and investment in resources and infrastructure related to immunization.

Spotlighting New Alliance Initiatives

Modern Medicaid Alliance partners are rising to the challenge of improving maternal health outcomes not only through specialized initiatives, but through their day-to-day work as well. As part of our new [Medicaid Spotlight](#) initiative, the Alliance recently [spoke](#) to Dr. Gloria N. Eldridge, PhD, the Medicaid and CHIP policy lead and the health equity policy lead at the Health Care Service Corporation (HCSC), about HCSC’s work to bring about policy solutions that combat maternal mortality.

View the Modern Medicaid Alliance [blog post here](#).

Supporting Opioid Use Disorder Treatment In Pregnant Women

Even prior to COVID-19, too many Americans were already suffering at the hands of another public health crisis: the opioid epidemic. Over the past two decades, the number of Americans impacted by opioid use disorder (OUD) has steadily risen to [1.6 million](#). In 2019, the U.S. experienced nearly [50,000 deaths](#) involving opioids, over six times the number in 1999.

OUD is especially harmful for pregnant women and new moms. According to the U.S. Department of Health and Human Services, [6.6%](#) of women reported prescription opioid use during pregnancy, with 21.2% of these women reporting having misused opioids. Further, 27.1% of those reporting prescription opioid misuse said they wanted or needed to cut down or stop using.

To help educate and raise awareness about OUD treatment options for pregnant mothers and new moms, [HealthyWomen](#), a Modern Medicaid Alliance partner, hosted an online webinar titled “[Healthy Pregnancy. Healthy Mom: Reducing Barriers to Treatment for Opioid Use Disorder](#).” This webinar convened leading experts to discuss treatment options for OUD and the barriers that women frequently face when it comes to accessing these critical treatments.

One webinar participant, [Nancy Wolf](#), is CEO of Libertae, Inc., a Pennsylvania-based organization that offers long-term residential, halfway house, and outpatient services to treat and support women suffering from substance use disorders. Libertae offers residential setting care for pregnant women who are battling OUD, including women covered through Medicaid, allowing them to receive the support they need. Through its partnership with behavioral health managed care organizations, Libertae enables pregnant women to receive holistic care, including social and family services.

Libertae's program is just one example of how Medicaid serves an important role in combatting the opioid epidemic — facilitating health care and treatment access for those who are struggling with OUD. Among nonelderly adults with OUD in 2017, almost [4 in 10](#) were covered by Medicaid. Additionally, [research](#) has indicated that Medicaid expansion is associated with reductions in opioid overdose deaths, highlighting the critical role that access to care plays in addressing the opioid epidemic.

While OUD is a complex challenge, Medicaid's role in enabling coverage and treatment access is a core component in tackling this public health crisis.

View the Modern Medicaid Alliance's [Medicaid Spotlight post here](#).

Medicaid Managed Care Is Essential for Improving Maternal Health Outcomes

Medicaid managed care organizations (MCOs) are working diligently to help address health disparities and ensure a healthy pregnancy for mothers and their children by covering essential services and supporting local community initiatives.

Addressing Maternal Health Disparities

MCOs are advancing maternal health equity by providing low-income mothers with [culturally competent services](#) that are targeted to assist women before, during, and after pregnancy.

MCOs offer a range of care options for women during pregnancy including nutritional assistance, home visits, and midwives and doulas. Throughout the entire pregnancy, specialty case managers can coordinate management and treatment tailored to the mother's specific needs. Many states also work directly with MCOs to tackle health disparities. In Michigan, managed care plans are working directly with the state to develop [interventions to target social determinants of health](#), such as helping mothers access nutritional foods and reducing gaps in care received by women of color.

Advancing Maternal Health

MCOs are implementing unique programs and services to advance maternal health. Notable offerings include:

- **Centene** identifies high-risk pregnancies and uses care coordination and disease management in their [Start Smart for Your Baby program](#), which is helping participating mothers deliver healthier babies.
- **Molina Healthcare** is supporting Michigan mothers-to-be, including teens and high-risk populations, through its [Moms of Molina \(M.O.M.\) Program](#). M.O.M. connects pregnant women with a special nurse coordinator to work with their doctors to ensure the mother and baby get the care they need, including helping to find a doctor, arrange transportation to doctor visits, finding counseling services, and more.
- **AmeriHealth Caritas** offers [Bright Start for Medicaid](#), a prenatal program that helps pregnant enrollees find an OB/GYN or midwife, create a personalized birth plan, and schedule transportation to appointments. Care Connectors in the program support mothers with high-risk pregnancies to ensure quality care and access to resources.
- **Health Care Service Corporation** [launched a Health Equity program in Illinois](#), partnering with health systems across the state to improve health care quality in minority groups. The program examines disparities in maternal care and works to improve cultural competency in the medical workforce.

[View the Modern Medicaid Alliance's blog post here.](#)

Combating Maternal Mortality

Q&A with Dr. Gloria N. Eldridge, PhD, Medicaid and CHIP policy lead and health equity policy lead, Health Care Service Corporation (HCSC)

MMA: Describe the impact and importance of continuing Medicaid coverage to 365 days postpartum for reducing maternal mortality?

HCSC: We need the Helping Moms Act to reduce maternal mortality. The U.S. has the highest rate of maternal mortality of any developed country – maternal mortality is measured by deaths within one year from the end of a pregnancy.

In 2018, the maternal death rate in many European countries and Canada was below 9 per 100,000 live births, compared to the U.S. rate of over **17 per 100,000 live births**. Under 9 compared to over 17 – nearly twice the number.

An important study looked at if having health care coverage reduced maternal mortality, which is similar to what would happen if the Helping Moms Act became law. In the study, health care coverage was significantly associated with **7 fewer maternal deaths per 100,000 live births** in coverage versus non-coverage states.

We believe the Helping Moms Act will have the same effect. We believe the Helping Moms Act will reduce maternal mortality.

MMA: Describe the importance of the Helping Moms Act for reducing disparities in maternal mortality.

HCSC: We need the Helping Moms Act to reduce disparities in maternal mortality. In the U.S., disparities in maternal mortality by race and ethnicity are pronounced. The following data is from the Centers for Disease Control [and Prevention] (CDC) for the years 2014 through 2017.

- White non-Hispanic women experienced 13 deaths per 100,000 live births.
- Black women had 42 deaths per 100,000 live births — This is more than three times the number.
- American Indian and Alaskan Native women had 28 deaths per 100,000 live births.
- Asian and Pacific Islander women had 14 deaths per 100,000 live births.
- And Hispanic women had 12 deaths per 100,000 live births.

There was an important study that looked at effects on disparities of coverage versus non-coverage. In that study, there were 16 fewer maternal deaths per 100,000 live births for black women when they had access to health care coverage. For Hispanic women, the study found 6 fewer deaths per 100,000 live births.

The Helping Moms Act will increase coverage. The Helping Moms Act will reduce disparities in maternal mortality.

MMA: What more should be done to protect new and expectant mothers and their babies?

HCSC: Congress should pass the Helping Moms Act, legislation that is not time-limited to allow states at their option to extend Medicaid coverage to 12 months postpartum. This legislation is already bipartisan. In September 2020, it passed the U.S. House of Representatives unanimously.

The Helping Moms Act would greatly improve health equity, reduce maternal mortality, reduce disparities in maternal mortality, and improve outcomes for our members and for tens of thousands of mothers across the country.

For the full transcript and video recording of this interview, visit the Medicaid Spotlight [post here](#).

Maternity Health in the COVID-19 Era

Q&A with Tammy Boyd, Chief Policy Officer and Senior Counsel, Black Women's Health Imperative

Modern Medicaid Alliance (MMA): Do you have a sense of how COVID-19 is impacting maternal health for black women?

Tammy Boyd: Due to their circumstance, pregnant women are dealing with COVID-19 to a heightened degree. During the pandemic, pregnant women need COVID-free doctor's offices and hospital wards for care and delivery. Unfortunately, most pregnant women have undergone the rigors of childbirth alone, since visitors are now being restricted in hospitals. Currently, women who consider having children wondering what maternity care will look like post-COVID.

“ Giving birth as a Black woman already comes with a unique set of stresses. So while these rules are in place for everyone's safety, it's hard not to feel like coronavirus is yet another battle Black moms have to fight. (Especially since the virus is striking our communities the hardest.) But you can have an empowered, positive, and beautiful birth in a hospital during coronavirus.”

— BWHI's "Giving Birth During Coronavirus Can Be Scary, But These Experts Have Tips On How You Can Advocate For Yourself And Have A Safe Delivery"

MMA: Have you created any specific resources for women to use?

Tammy Boyd: Yes, we've created quite a few resources for pregnant women, mothers and families, and it's all housed on a new part of our site called coronavirus.bwhi.org.

On that page, we offer an online resource called, "[Giving Birth During Coronavirus Can Be Scary, But These Experts Have Tips On How You Can Advocate For Yourself And Have A Safe Delivery](https://coronavirus.bwhi.org)." We've also hosted various webinars, including one that focuses on critical COVID-19 issues for families, such as what to do with kids at home, social distancing and how to deal with loss of income. Finally, we've created a series of small videos about COVID-19 that we call [Black and Well Health TV](https://coronavirus.bwhi.org). In all of these resources, we seek to help people understand how important it is to share facts, not fears.

For the full transcript of this interview, visit the Modern Medicaid Alliance blog post [here](#).

Healthy Mothers and Children

Q&A with Johanna Lister, Director of Policy for HealthySteps, ZERO TO THREE

Modern Medicaid Alliance (MMA): How does Medicaid help mothers, expectant mothers and children receive the care and support they need?

Johanna Lister: About half of all births are covered by Medicaid, making Medicaid the predominant payer of births in this country. Before a baby is born, if the mother is on Medicaid, it covers the essential and critical prenatal visits. After a baby is born, the mother is often, depending on the state she lives in, covered by Medicaid for post-partum care.

Medicaid arguably plays an even larger role in the lives and wellbeing of babies and very young children, covering a huge number of well-child visits in the first three years of life. In those well visits, they do critical care including vaccines, weight checks, and other screenings to make sure that the baby is really thriving. It also gives providers an opportunity to have multiple touchpoints with the baby and the caregiver. In the first three years of life alone, healthy babies see the doctor 12-13 times for well-child visits, with about half of those occurring in the first year of life.

At [HealthySteps](#), we take a dyadic lens and focus on the family as a whole. In addition to making sure we're providing the critical care, we're also talking with the family about social determinants of health, postpartum depression, and substance use disorder that aren't typically in the realm of pediatrics. This is where HealthySteps leverages the power of Medicaid and the many touchpoints with young children.

MMA: What are some programs funded through Medicaid that help mothers, expectant mothers and children?

Johanna Lister: Most people know about Medicaid's comprehensive EPSDT benefit, which works to ensure that children are screened and treated for really anything that they need, regardless of whether this service was previously covered by Medicaid. Other programs like Centering Pregnancy are covered, which is a really powerful prenatal program. Many states are moving to provide funding for doulas in Medicaid, which has been shown to reduce racial disparities around maternal mortality and morbidity.

And then there are programs like HealthySteps, where Medicaid is a huge part of our funding structure. At HealthySteps, we use that two-generation approach where it's about the mother and child together. In many places, Medicaid funding allows HealthySteps to expand the care team and work with the parent and the young child beyond traditional Medicaid needs, like behavioral health issues in young children or helping connect mom to social determinants of health resources.

Medicaid also plays a huge role in funding part C, which are early intervention services. These are special education services under the Individuals with Disabilities and Education Act for very young children. In addition to critical services like physical therapy and occupation therapy, Medicaid pays for a lot of social emotional support for young children and families.

For the full transcript and video recording of this interview, visit the Modern Medicaid Alliance blog post [here](#).

Innovations in Maternal Health

Q&A with Amy Haddad, Director of Public Policy and Government Affairs, Association of Maternal & Child Health Programs (AMCHP)

Modern Medicaid Alliance (MMA): Are there unique considerations because of COVID-19 for mothers, expectant mothers and their children who rely on Medicaid?

Amy Haddad: AMCHP strongly believes that all women should be entitled to 12-months of post-partum Medicaid coverage regardless of their pathway into Medicaid. The current pandemic is spotlighting just how important it is to have continuous coverage to address both routine and unforeseen needs that may arise. While the disenrollment freeze that is currently in place because of the public health emergency is really important to achieving that, we need a longer-term solution to make sure that no woman loses her coverage in the post-partum period.

MMA: Are there certain Medicaid innovations in the states that are currently helping to promote the health of mothers, expectant mothers and their children?

Amy Haddad: There are great examples of innovation to help promote the health of mothers, expectant mothers and their children. A few that come to mind are CenteringPregnancy or group prenatal care, Medicaid coverage of doula support and Medicaid coverage for home visiting. They're being implemented in various states with promising results and potential replication in other states.

MMA: What are some of the current most serious threats to Medicaid funding for mothers, expectant mothers and their children that concern AMCHP today?

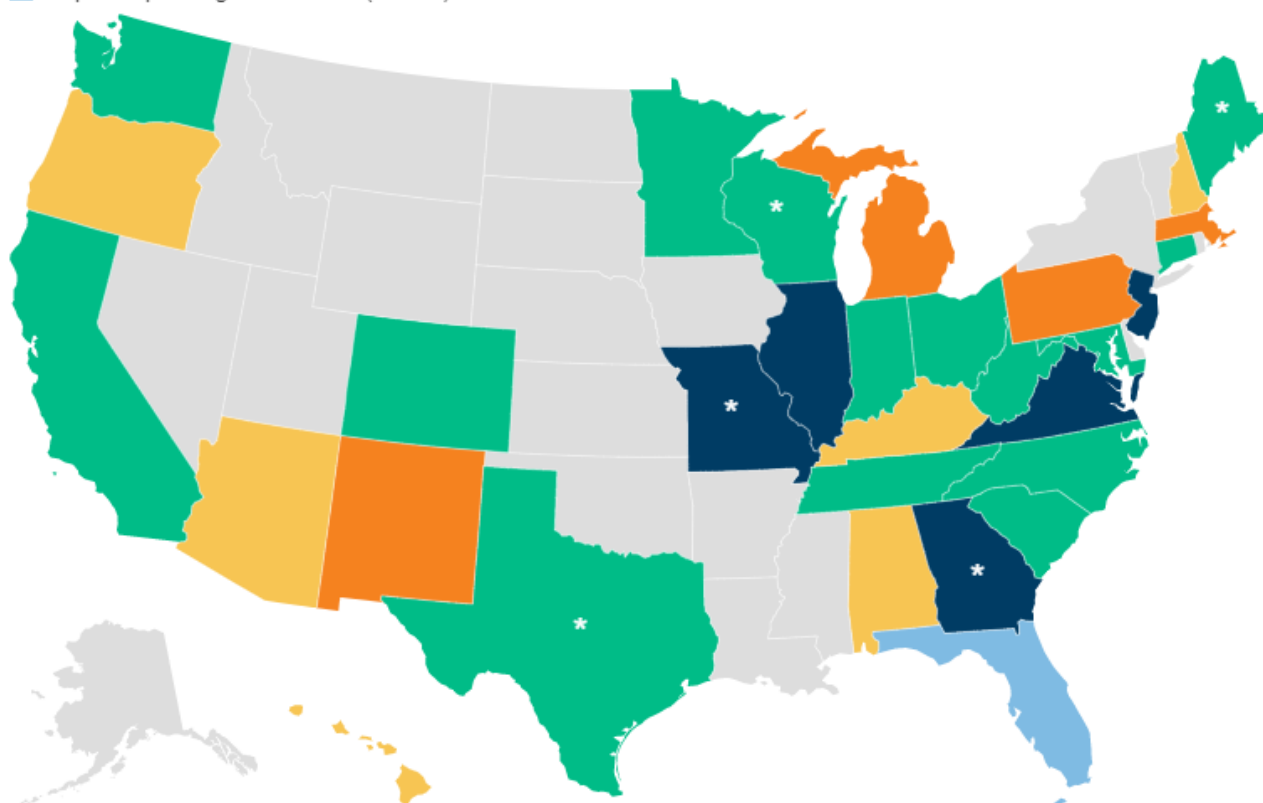
Amy Haddad: In light of COVID-19, we are concerned that declines in state revenue could lead to serious state budget cuts which could negatively impact Medicaid funding available for maternal and child health services. We also worry about block grant approaches to Medicaid and the effect that would have on restricting enrollment or the scope of the services that are covered. Finally, I'll add access to providers which is why we are in favor of increasing reimbursement for primary care providers.

For the full transcript and video recording of this interview, visit the Modern Medicaid Alliance blog post [here](#).

Medicaid Postpartum Coverage Extensions: Approved and Pending State Action as of March 31, 2022

Postpartum Coverage Tracker Map

- Approved 1115 waiver (5 states)
- Enacted legislation to seek federal approval through SPA or 1115 waiver (15 states & DC)
- Pending legislation to seek federal approval through SPA or 1115 waiver (6 states)
- Planning to submit a SPA or 1115 waiver (4 states)
- Proposed/pending 1115 waiver (1 state)



NOTE: Pending legislation includes legislation that has passed one or both chambers. * State limits the eligible population, provides a limited benefit package, and/or limits the coverage period (<12 months). DC has enacted legislation to seek federal approval through SPA or 1115 waiver.

SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation. • PNG

KFF

View the full Kaiser Family Foundation Medicaid Postpartum Coverage Extension Tracker [here](#).



Members of the Equitable Maternal Health Coalition



Continuing Medicaid/CHIP Postpartum Coverage

— June 2020 —



Why Continue Medicaid/CHIP Postpartum Coverage for 12 Months?

The United States is Experiencing a Maternal Health Crisis

- The United States is the only developed country where the maternal mortality rate has been steadily rising.¹² The U.S. maternal mortality rate has increased from 10.3 per 100,000 live births in 1997 to 17.4 in 2018.⁴
- Black women and American Indian/Alaska Native women are 3.3 and 2.5 times more likely, respectively, to die from pregnancy-related causes than non-Hispanic white women.⁵
- Most pregnancy-related deaths are preventable, and many factors can stem from lack of/churn in coverage (e.g., limited access to clinical care, delayed diagnoses, lack of continuity of care).⁶
- For every woman who dies from pregnancy-related causes, significantly more suffer from severe maternal morbidity. In 2014, more than 50,000 women in the U.S. experienced unexpected outcomes of labor and delivery that resulted in significant short- or long-term consequences to their health.⁷

Medicaid is Key to Improving Maternal Health and Addressing Disparities in Outcomes

- Nearly half of all U.S. births are financed by Medicaid. In some states, that number is much higher; for example, 71% of all births in New Mexico in 2018 were Medicaid-financed.⁸
- Compared to women with private insurance, women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions (e.g., diabetes) – putting them at higher risk of maternal morbidity and mortality.⁹
- Compared to women with private insurance at delivery, those covered by Medicaid are more likely to be Black. Medicaid is key to addressing disparities among Black women.¹⁰

Twelve Months of Postpartum Coverage is Rooted in Clinical Evidence (the Status Quo is Arbitrary)

- Pregnancy-related deaths occur well beyond the arbitrary 60-day postpartum period. Since 1986, when Congress established the 60-day postpartum period for Medicaid coverage for pregnant women,¹¹ much more is known about pregnancy-related deaths and delivering postpartum care.

- Approximately 30% of pregnancy-related deaths—not counting those that were caused by suicide or overdose—occur 43 to 365 days postpartum.¹²
- State analyses of pregnancy-associated deaths, which include behavioral health-related causes, often find that 50% or more of deaths occur beyond the 60-day period.¹³

Severe Maternal Morbidity Costs Billions of Dollars Every Year, Including Costs that Could Be Avoided if Treated Earlier

- The #1 complication of pregnancy and childbirth—perinatal mood and anxiety disorders (PMADs)—affect at least 1 in 7 women, yet only half of perinatal women with depressive symptoms receive any treatment. Examining PMADs alone, the national economic costs of not treating these disorders amounted to \$14.2 billion in 2017.¹⁴
- In 2011 Medi-Cal paid more than \$210 million to treat maternal hemorrhage¹⁵ and hypertensive disorders.¹⁶
- New Jersey found that 53% of women who lose Medicaid/CHIP coverage postpartum return to the Medicaid program within two years;¹⁷ in other words, Medicaid (and other public insurance programs) bear the cost of untreated complications that result in long-term health complications for the woman and (when applicable) for her future children.

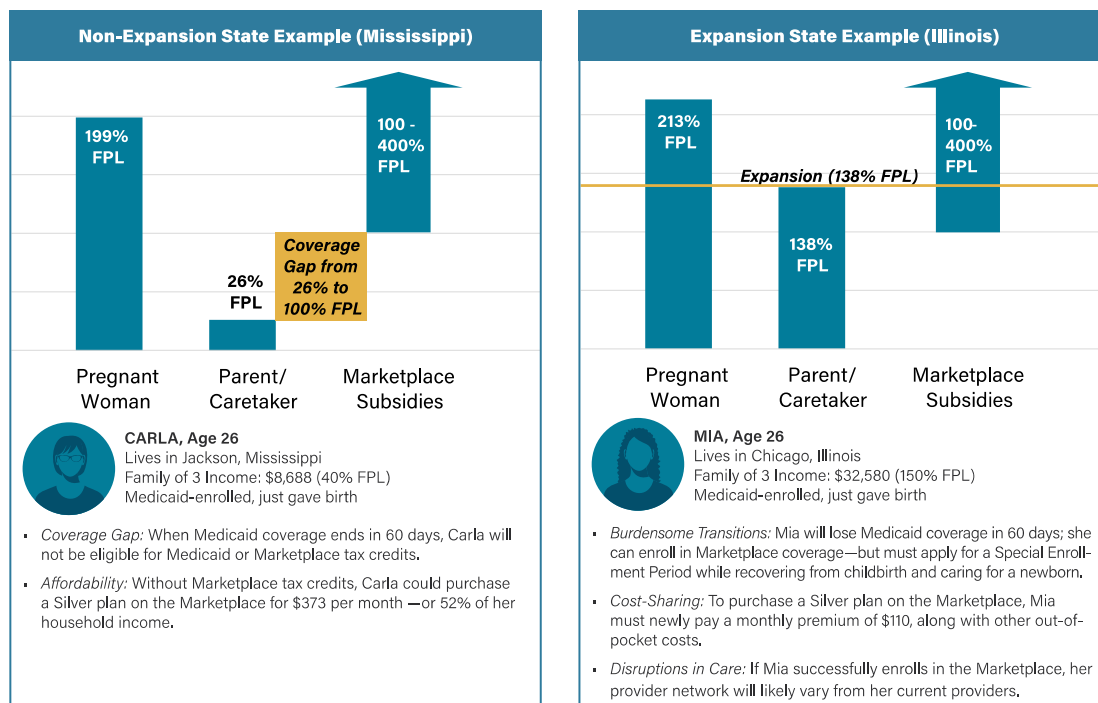
How Does Continuing Postpartum Coverage Address These Issues?

Continuing Medicaid/CHIP Coverage Postpartum Would Ensure—and Simplify—Postpartum Coverage

- Between 2015 and 2017, 17% of women experienced uninsurance between delivery and three to six months postpartum.¹⁸ Nearly 1 in 4 women in non-expansion states and more than 1 in 10 women in expansion states experienced uninsurance between delivery and postpartum.¹⁹
- Continuing postpartum coverage provides an automatic coverage pathway during this vulnerable time, providing coverage for women without other options, mitigating barriers to other coverage pathways, and preventing disruptions in care.



Women in Expansion and Non-Expansion States Face Coverage and Continuity of Care Gaps^{20, 21, 22}



Continuing Medicaid Coverage Postpartum is Foundational to Value-Based Payment Models

- Churn between sources of coverage and/or uninsurance hinder value-based payment models because no payer maintains responsibility for the mother-baby dyad's care during pregnancy and postpartum.
 - Indeed, in the Center for Medicare and Medicaid Innovation's (CMMI) Notice of Funding Opportunity for the Maternal Opioid Misuse (MOM) Model—one of the recent CMMI value-based payment models targeted at mothers and children—priority was given to applicants that proposed "sustainable postpartum coverage plans that address[ed] the period beyond 60 days after birth."²³

Continuing Coverage for 12 Months Postpartum: Key Policy Components

Provide 12 Months of Continuous Medicaid/CHIP Coverage, Regardless of Eligibility Pathway

- All pregnant women enrolled in Medicaid/CHIP—regardless of their eligibility pathway—should be guaranteed 12 months of continuous postpartum coverage, as is done for their infants today.

Provide 12 Months of Medicaid/CHIP Coverage to Postpartum Women Nationwide

- As is the case with 60 days postpartum coverage today, the updated, 12-month postpartum period should apply to pregnant and postpartum women, regardless of which state they live in.
- To avoid fiscal challenges for states, the match rate for the postpartum extension (from the 61st day through 12 months postpartum) should be generous and not time-limited (e.g., 100% FMAP for the first 5 years and 90% thereafter).

Ensure States Maintain or Improve Medicaid/CHIP Eligibility Policies for Pregnant Women

- As has been done in the past,²⁴ a "maintenance of effort" provision should be added to prevent rollbacks in Medicaid/CHIP eligibility for pregnant women relative to standards in place as of the time of enactment.

Ensure All Medicaid/CHIP-enrolled Pregnant and Postpartum Women Receive Minimum Essential Coverage

- States currently have the option to limit coverage to pregnancy-related services for women eligible for Medicaid via poverty-level-related pregnancy pathways. In 2016, CMS determined that, as a result, three state Medicaid programs do not provide minimum essential coverage (MEC) to pregnant women.²⁵
- To ensure comprehensive coverage for Medicaid/CHIP-enrolled pregnant women, states should be required to provide women with MEC during pregnancy and postpartum.

View all Equitable Maternal Health Coalition resources by [clicking here](#)