

Talking Points: Extending Medicaid Postpartum Coverage

(As of September 2023)

THE PROBLEM: The United States is experiencing a maternal health crisis. Unsafe gaps in health insurance coverage, particularly for people on Medicaid, are contributing to poor maternal health outcomes.

THE SOLUTION: Extending Medicaid coverage for postpartum people will help ensure that new parents have continuous, uninterrupted access to care to address their ongoing health needs, including those unrelated to pregnancy.

THE BOTTOM LINE: Families can't wait. It's time to extend postpartum Medicaid coverage beyond 60 days postpartum.

The United States is experiencing a maternal health crisis.

- The United States is the only industrialized nation with a maternal mortality rate that is on the rise. [Rates of maternal deaths](#) rose from 23.8 deaths per 100,000 live births in 2020 to 32.9 deaths per 100,000 live births in 2021.
- The national maternal mortality crisis disproportionately harms communities of color, which are more likely to receive Medicaid services. Notably, Black women are [three times more likely](#) to die from pregnancy-related causes than white women.
- More than [80% of pregnancy-related deaths](#) are preventable.

The postpartum period is a vulnerable time for new parents.

- The transition from pregnancy to full recovery is when many individuals experience unmet health needs.
- Nearly 70% of women describe [at least one physical problem](#) in the first year of the postpartum period.
- Approximately [one in seven women](#) experiences symptoms of perinatal depression.
- Between 2010 and 2017, the number of women who had opioid-related diagnoses documented at delivery by 131%.

People on Medicaid—many of whom are at risk of losing their health insurance coverage just 60 days after the end of pregnancy—are especially vulnerable postpartum.

- Pregnant women with low income can qualify for Medicaid based on their pregnancy status, but federal law only requires coverage for 60 days after the end of pregnancy.
- Once federally mandated Medicaid coverage ends, many people enter an unsafe period of uninsurance. [Thirty-one percent](#) of Medicaid enrollees with a live birth in 2018 were disenrolled within six months of delivery; 40% were disenrolled within a year.
- Pregnant people in states that have not adopted Medicaid expansion were over [twice as likely](#) to be disenrolled from Medicaid coverage within one year of delivery than those living in states with Medicaid expansion.
- Compared to women who have private insurance at delivery, [pregnant women with Medicaid coverage](#) are more likely to have had a prior preterm birth, delivered an infant with low birthweight, and experience certain chronic conditions—factors that make them more likely to experience poor maternal outcomes.

Extending postpartum coverage can help.

- Based on data from CDC's National Vital Statistics System, roughly 30% of pregnancy-related deaths occur between 43 and 365 days postpartum.
- To help determine the percentage of maternal deaths occurring in the late postpartum period, which is after many women lose eligibility for Medicaid, we can look to the states.
 - As of 2020, [51% of all maternal deaths in Illinois](#) occurred more than 60 days postpartum.
 - As of 2020, [56% of all maternal deaths in Texas](#) occurred more than 60 days postpartum.
 - A review of [maternal deaths that occurred between 2017 and 2019 in Mississippi](#) showed that 52.5% of pregnancy-related and pregnancy-associated deaths occurred between 42 and 365 days postpartum.
- The numbers are higher for Black women, who represent a large portion of Medicaid beneficiaries.
- Extending postpartum coverage would also align the parent's coverage with that of the infant, as infants born to people with Medicaid insurance are guaranteed coverage through the first year of life.

Extending postpartum coverage is rooted in clinical evidence.

- [ACOG guidance](#) notes that the postpartum period should be an ongoing process "with services and support tailored to each woman's individual needs." Needs may include physical recovery from birth, an assessment of social and psychological well-being, chronic disease management, and initiation of contraception.
- CDC defines the postpartum period as extending through 12 months after the end of pregnancy. Data demonstrate that women who have recently given birth have health needs that continue throughout an infant's first year of life.
- Some of the most dangerous pregnancy-related complications—preeclampsia, blood clots, and heart problems such as cardiomyopathy—may not surface until weeks or months after delivery.

Most states have adopted the option to extend Medicaid postpartum coverage.

- As of August 2023, 36 states, the District of Columbia, and the U.S. Virgin Islands have implemented the postpartum coverage extension. An additional 11 states are waiting for approval to implement the full coverage extension or have proposed limited coverage.
- If all states adopted the full coverage expansion, approximately 1.5 million people would gain access to 12 months of postpartum coverage.
- Gains in postpartum eligibility are likely to be largest for individuals with annual incomes between 138% and 250% of the federal poverty limit, whose incomes are too high to qualify for Medicaid in most states.

Extending postpartum coverage has broad support that continues to grow.

- Within the physician community, the American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association, American Psychiatric Association, and the Society for Maternal-Fetal Medicine all support extending postpartum Medicaid coverage.
- Nonphysician stakeholder groups such as March of Dimes, Black Mamas Matter Alliance, American Hospital Association, Medicaid Health Plans of America, and America's Health Insurance Plans support extending postpartum Medicaid coverage.

And extending Medicaid coverage is likely to save money.

- In many states, extending postpartum coverage would supplant other publicly financed health care programs, some of which are more costly to the federal government (ie, marketplace subsidies and family planning-only coverage).
- Severe maternal morbidity costs billions of dollars every year. Many of these costs could be avoided if people remain covered under Medicaid and have their conditions addressed before they become severe.
- Alternative payment models and other value-based payment and delivery system changes are more difficult to implement and maintain if people are constantly entering and exiting different coverage programs.

THE BOTTOM LINE: Families can't wait. It's time to extend Medicaid postpartum coverage to 12 months.

TOUGH QUESTIONS TO ANTICIPATE

- If you live in a state that expanded Medicaid under the ACA, you may be asked why extending postpartum coverage from 60 days to one year is still necessary.
 - As noted above, even in states that have expanded Medicaid under the ACA, many people continue to experience postpartum coverage disruptions.
 - Instituting a postpartum coverage extension is the only way to guarantee that those who have recently given birth have coverage for the full year after a pregnancy ends.
 - It would also eliminate the need for some to try and transition to coverage on the individual market at such a vulnerable time in life.
- If you live in a state that hasn't expanded Medicaid under the ACA, you may be asked if this is an alternative to Medicaid expansion.
 - This is not an alternative to traditional Medicaid expansion under the ACA.
 - The main reason is that even in states that have expanded Medicaid under the ACA, many continue to experience postpartum coverage disruptions.
 - Instituting a postpartum coverage extension is the only way to guarantee that people who have recently given birth have coverage for the full year after a pregnancy ends.
 - If in your state Medicaid expansion under the ACA is completely off the table, this is a good option for keeping postpartum people covered.
- If you are asked about how much a postpartum Medicaid coverage extension will cost the state, try to pivot to a discussion around cost savings.
 - For example, this coverage extension would save money in the long run by promoting wellness and averting potential emergencies due to chronic conditions which go untreated.
- If asked whether you see Medicaid patients, you should be prepared to share the proportion of your patients that are on Medicaid.
 - This would also be an opportune time to share a story of a patient who experienced an adverse outcome after they lost coverage at 60 days.
 - If you don't see Medicaid patients, acknowledge this while also noting that you recognize the importance of this health care safety net in your state.
- You should be prepared to describe the difference between pregnancy-related and pregnancy-associated deaths. You should also be prepared to articulate the importance of using the phrase "pregnancy-associated," which is the broader of the two definitions, to get a better picture of the maternal health crisis in America.
 - Pregnancy-related: per [CDC](#), this refers to the death of a person "during pregnancy or within one year of the end of pregnancy from a [pregnancy complication](#), a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy"
 - Pregnancy-associated: refers to the death of a person while they are pregnant or within one year of the end of pregnancy from any cause, including deaths due to overdose, suicide, and homicide