



Make Healthy Moms and Babies a Priority in 2021



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The birth of a baby should be a time of celebration, but for many parents on Medicaid, the birth of their baby starts the clock ticking on the loss of their healthcare. Medicaid coverage for pregnancy begins with a positive pregnancy test and ends at 60 days postpartum for Medicaid eligible women who qualify based on their pregnancy (200% of poverty). For parents and low-income adults in Ohio, Medicaid eligibility is 138% of the federal poverty level or \$29,974 for a family of three.

Ohio and the nation are in the middle of a real life and death struggle with maternal and infant mortality. The United States leads the industrialized world in its high

rates of infant and maternal mortality. To put this into perspective, Ohio is in the bottom quartile of states for infant and maternal health.

Many structural, systemic and environmental factors influence the health of moms and babies, especially for Black and Brown women. Black women in the United States are three times more likely to die from pregnancy-related causes than their White counterparts, and Black infants are almost three times as likely to die in their first year as White infants.

In December 2020, Governor DeWine announced the creation of a new task force focused on eliminating racial disparities in infant mortality by 2030. According to the Ohio Department of Health

[2019 Infant Mortality Annual Report](#), from 2009-2019, Ohio saw a decline in infant mortality of 10% due to statewide efforts - however, during this same period, Ohio's Black-White infant mortality disparity increased by 26%. Factors such as access to maternity care, financial stability, safe, stable housing, and health insurance status are driving this increase.

Maternal mortality is not the only risk Black women are subject to. Severe maternal morbidity (SMM) occurs nearly 100 times more frequently than maternal death, which is the tip of the iceberg for adverse maternal outcomes. SSM is defined as life-threatening complications related to pregnancy or delivery. [The most common SSM](#) experienced by women after hospital discharge include blood transfusion, heart failure, sepsis, respiratory distress, blood clots, and kidney failure.

Nearly 70% of women describe at least one physical problem in the first year of the postpartum period, and approximately 1 in 9 women experience symptoms of postpartum

Quick Facts

70% of women describe at least one physical problem in the first year of the postpartum period

1 in 9 women experience symptoms of postpartum depression.



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depression. Women suffering from addiction are more likely to experience relapse and overdose 7-12 months postpartum. This is especially true for women on Medicaid, many of whom are at risk of losing health insurance coverage adding to the stress of being a new parent.

[Racial disparities](#) in SMM after delivery discharge persist. Among deliveries insured by Medicaid, the odds of SMM among Black women are about 1.7 times more likely than White women.

In 2018, the American College of Obstetricians and Gynecologists issued [new medical guidelines](#) for postpartum care, saying that ongoing attention rather than a single encounter with a medical professional is urgently needed to

“reduce severe maternal morbidity and mortality.” Extending coverage would align the mom’s coverage with that of her infant; infants born on Medicaid are guaranteed coverage through the first year of life.

The momentum for extending 12 month postpartum Medicaid and CHIP coverage gained a very important proponent in January of 2021 when MACPAC (Medicaid and CHIP Payment and Access Commission) issued an endorsement of the policy. MACPAC, a non-partisan agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and CHIP, voted to [recommend](#) that Congress act to guarantee 12 months of postpartum coverage for pregnant individuals in Medicaid, and to align the policy in states that expand CHIP coverage to pregnant women (as six states currently do). The commission also urged Congress to provide a 100% federal matching rate for the extended postpartum period in Medicaid.

Federal Action

The Federal Medicaid program

12-months continuous care can address postpartum depression and other health concerns for new parents.

currently only covers postpartum care for 60 days. This affects the way states can provide services to postpartum women. All states cover postpartum care for 60 days, and for doing this, states receive federal matching dollars. If a [state chooses to extend that postpartum coverage](#) beyond 60 days there are two ways to accomplish this:

1. A state can choose to pass legislation to extend coverage of postpartum services beyond 60 days. However, they must use state funds with no federal matching dollars For this reason very few states will take this path.
2. A state can submit an 1115 demonstration waiver to extend postpartum coverage past 60 days. With a waiver, a state can extend coverage to the whole population of eligible women or to a smaller subset such as women with substance use disorder (SUD), chronic conditions, or mental health diagnosis. If the waiver is accepted, the state will receive federal matching dollars to help cover those services.

In 2020, the Black Maternal Health Momnibus Act was introduced in both chambers of Congress to comprehensively address the Black maternal health crisis. One of the main components of the legislation was 12 month



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postpartum care extension. However, the legislation failed to pass.

The [American Rescue Plan](#), the latest COVID relief package, includes 12 months postpartum care coverage. The importance of this language is that once the postpartum coverage is added to federal law, it gives states another pathway to extend this coverage to a menu of Medicaid benefits. A state would be able to add postpartum coverage to their State Plan Amendment (SPA) which is an easier process and requires less time to be approved than a waiver, and it allows the state to draw down those important federal matching dollars.

The legislation is more inclusive and recognizes the challenges of new parents. If a state adds

postpartum coverage through their SPA, the coverage must apply to all women. A waiver must still be used if the state elects to cover a subset of postpartum women.

States have taken a couple [different approaches](#) to the Medicaid extension of postpartum care to 12 months.

Ohio Action

Ohio Medicaid currently covers postpartum care to women at 200% of FPL for 60 days following pregnancy. Through discussions with the Department of Medicaid we understand they intend to submit a waiver to cover women with an SUD diagnosis for 12 months postpartum and plan for that coverage to be in place in this upcoming year.

CDF-Ohio recommends the following:

Ohio should immediately submit an 1115 demonstration waiver to

extend 12 months postpartum coverage to all eligible women. Research shows that healthcare is critical to both the immediate and long term health of both mothers and babies. Many women fall into that gap between 138% FPL where they qualify for Medicaid for low income adults, and 200% FPL where they qualified for Medicaid coverage as a pregnant woman but currently lose that coverage at 60 days postpartum.

Change the SPA to extend coverage to 12 months postpartum. When federal legislation passes and federal matching dollars are available, Ohio should take the opportunity to change the SPA to make 12 month coverage of postpartum care more permanent and avoid the requirement to re-apply for the waiver.

2020 Poverty Guidelines

200% Federal Poverty Line	
Family Size	Income
1	\$ 25,520
2	\$ 34,480
3	\$ 43,440
4	\$ 52,400

138% Federal Poverty Line	
Family Size	Income
1	\$ 17,609
2	\$ 23,791
3	\$ 29,974
4	\$ 36,156

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