TuSalud

More States OK Postpartum Medicaid Coverage Beyond Two Months

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At least eight states this year have decided to seek federal approval to extend postpartum Medicaid coverage, leaving just a handful that have opted not to guarantee at least a year of health care for women during that critical period after pregnancy.

The new states on the list include Montana, where lawmakers in the recently ended legislative session voted for a state budget that contains $6.2 million in state and federal funds over the next two years to extend continuous postpartum eligibility from 60 days to 12 months after pregnancy. That would ensure coverage for between 1,000 and 2,000 additional parents in the state each year, according to federal and state estimates.

Maggie Clark, the program director for Georgetown University's Center for Children and Families, has been tracking statehouse bills to expand postpartum coverage under Medicaid, the federal-state health insurance program for low-income people.

What's driving the wave is the recognition by policymakers of all political affiliations that the U.S. is in a maternal health crisis, she said. Maternal mortality rates increased during the pandemic, particularly among non-Hispanic Black women, according to the Centers for Disease Control and Prevention.

"Whether you're conservative, liberal, or somewhere in between, people are really supportive of maternal health and helping moms and babies get a good start," Clark said.

More than 4 in 10 births in the U.S. are covered under Medicaid. But the default postpartum coverage period is 60 days.

State by state, momentum has been building to ensure that new mothers' medical care isn't interrupted by loss of health care coverage. The American Rescue Plan Act made it easier for states to extend postpartum Medicaid coverage by allowing them to simply amend their Medicaid plans instead of applying for a full waiver from the Centers for Medicare & Medicaid Services.

Besides Montana, legislators in Alaska, Mississippi, Missouri, Texas, Utah, and Wyoming passed measures this year to extend postpartum Medicaid coverage from 60 days to a year. States must submit amendments to their Medicaid plans to federal officials for approval. South Dakota officials submitted a proposed amendment to the state's Medicaid plan in March.

That amendment is pending with CMS, which has approved 12-month postpartum coverage plans for 33 states and Washington, D.C., as of May 30. New York and Vermont also have applications pending, and the states with newly passed measures are expected to submit theirs soon. It typically takes a couple of months for CMS to approve state Medicaid plan amendments to extend postpartum coverage, Clark said.

Lawmakers in Nebraska, Nevada, New Hampshire, and Wisconsin are considering measures to extend postpartum Medicaid coverage to 12 months.

Three other states considered but failed to pass legislation this year that would have authorized 12 months of postpartum Medicaid coverage: Idaho; Iowa; and Arkansas, which has the nation's highest reported maternal mortality rate, according to the CDC.

Support in statehouses for such measures has been mostly bipartisan at a time of polarizing debate over reproductive health policy since the U.S. Supreme Court overturned Roe v. Wade last year.

Abortion has crept into the debate in some instances. The Texas House, for example, passed a 12-month postpartum coverage bill in April, only to see the measure amended in the state Senate to bar coverage for women after an abortion. After negotiations, the bill that passed said, "Medicaid coverage is extended for mothers whose pregnancies end in the delivery of the child or end in the natural loss of the child," leading some to worry that federal officials won't approve the amendment to the state plan.

The bill is headed to Republican Gov. Greg Abbott, who has said he supports the measure.

Extended postpartum coverage allows new parents to establish a relationship with their health provider and manage their care and chronic illnesses without a disruption in insurance coverage. Continuous care is particularly important in the first year after birth, when patients face an increased risk of post-pregnancy complications and a significant number of maternal deaths occur from suicide and substance use, said Annie Glover, a senior research scientist at the University of Montana's Rural Institute for Inclusive Communities.

"The year that follows the delivery is a very vulnerable year for the pregnant person," Glover said. "They have a new infant in their family, and this is a time when they probably need health care more than ever."

It's particularly important to provide access to mental health and substance use treatment, said Stephanie Morton, the director of programs and impact for the nonprofit Healthy Mothers, Healthy

Babies: the Montana Coalition. “We know that suicide and overdose combined are a leading cause of death for new mothers,” she said.

Montana’s Republican governor, Greg Gianforte, included the postpartum coverage extension in his original budget proposal last fall. But a moment of confusion occurred on May 22 when Gianforte vetoed a bill that would have directed how certain provisions of the state budget are implemented, including the postpartum coverage extension. State health officials and the bill’s sponsor, Republican Rep. Bob Keenan, said the veto does not affect the ability of the state to extend postpartum Medicaid coverage.

“Supporting new mothers and infants by extending Medicaid coverage for up to 12 months postpartum was a top priority for the governor and his administration this session,” said state Department of Public Health and Human Services Director Charlie Brereton in an emailed statement. “We’re thankful for the Legislature’s support.”

States were not allowed to drop most beneficiaries from their programs during the COVID-19 pandemic, so parents losing Medicaid coverage after the birth of a child wasn’t an issue. But states are reviewing their Medicaid rolls now that the public health emergency has ended. The Biden administration has estimated that 15 million people could lose Medicaid as a result.

That could include some people who would qualify for postpartum coverage in states whose approval of the extension is pending. But state agencies have a lot of discretion in how they redetermine Medicaid enrollment, and Clark said she expects they will do what they can to make sure new parents don’t lose coverage as part of what’s being called the Medicaid unwinding.

“We hope the state agencies would honor the wishes of the legislature,” she said.

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