DOCTORS FOR CHANGE

EXTENDING MATERNITY MEDICAL COVERAGE

AUTHORS

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I. INTRODUCTION

700-900 women die from pregnancy-related complications each year in the United States (US) (CDC, 2019; Eckert, 2020). Most of these deaths are preventable (Eckert, 2020; Texas Maternal Mortality Review Committee and Department of State Health Services Joint Biennial Report, 2020). While some studies state the proportion of preventable deaths as around 67% for the US (Eckert, 2020), the Texas Maternal Mortality and Morbidity Review Committee examined a cohort of 54 pregnancy-related deaths in Texas and found that in 89% of the cases, there was at least some chance of preventability (Texas Maternal Mortality Review Committee and Department of State Health Services Joint Biennial Report, 2020). The highest chance of preventability was found in deaths caused by infection, hemorrhage, preeclampsia or eclampsia, and cardiovascular or coronary conditions (Texas Maternal Mortality Review Committee and Department of State Health Services Joint Biennial Report, 2020).

These pregnancy-related deaths are due to a complex interaction of factors, including chronic disease, lack of knowledge relating to treatment or follow up, delay in seeking or providing care, lack of continuity of care, and more (Texas Maternal Mortality Review Committee and Department of State Health Services Joint Biennial Report, 2020). Additionally, these pregnancy-related deaths are not limited to deaths during delivery; they are generally defined as deaths during pregnancy, at delivery, or up to one year of pregnancy (CDC, 2019; Expanding Postpartum Medicaid Coverage, 2020). In fact, about one-third of these deaths occur in the postpartum period (CDC, 2019; Expanding Postpartum Medicaid Coverage, 2020). **In Texas, according to the Texas Maternal Mortality and Morbidity Task Force, 56% of all maternal deaths occurred more than 60 days after the end of pregnancy** (Eckert, 2020).

Thus, while coverage is not the sole factor that affects maternal mortality, these statistics illustrate the importance of the postpartum period and postpartum care. Postpartum care is essential to prevent, detect, and mitigate pregnancy-related complications, such as cardiovascular disease, diabetes, and hypertension (Expanding Postpartum Medicaid Coverage, 2020). **This is especially true for minority populations, since perinatal period coverage disruptions disproportionately affect Black, Hispanic, and American Indian**

and Alaska Native women, likely contributing to the higher rates of pregnancy-related deaths among these groups of women (Expanding Postpartum Medicaid Coverage, 2020).

Postpartum care includes recovery from childbirth and any complications from pregnancy, management of chronic health conditions, such as hypertension or diabetes, access to family planning, and follow up on mental health conditions (Expanding Postpartum Medicaid Coverage, 2020). Mental health is especially critical during and after pregnancy, given that up to 1 in 7 women in the US experience postpartum depression (Postpartum Depression, 2008). In light of these factors, there has been a greater emphasis on postpartum care that extends to multiple visits up to a year or longer after delivery, the so-called, "4th trimester"(Why We're Doing It - The Jordan Institute for Families, n.d.).

II. MATERNITY MEDICAID

WHAT IS IT?

Currently, many seek postpartum care through Maternity Medicaid (Gifford et al., 2017). Maternity Medicaid benefits in Texas are traditional Medicaid benefits (same as prior to the Affordable Care Act) that pregnant women can qualify for if they are US citizens or qualified non-citizens and meet a certain income level, which varies by state, but in Texas, is 198% of the federal poverty income level (FPIL) (Texas Medicaid and CHIP in Perspective Chapter 3: Eligibility, n.d.). This pregnancy-related Medicaid coverage extends to 60 days after delivery.

WHAT IS INCLUDED?

The benefits that are included through Maternity Medicaid vary by state, but most states include basic prenatal services, counseling and support services, and postpartum care, including breastfeeding services (Gifford et al., 2017). In Texas, benefits include:

- prenatal vitamins,
- ultrasounds (limited to 3 unless prior authorization or medically indicated),
- genetic counseling (restricted to one service per pregnancy),
- chorionic villus sampling,
- amniocentesis,
- case management,
- substance alcohol abuse treatment,
- birth center deliveries,
- home births,
- postpartum visits, and
- electric breast pumps (Gifford et al., 2017).

Services provided in other states that are not provided in Texas under traditional Medicaid include prenatal and postpartum home visits, childbirth education classes, infant care/parenting education, doula services (only offered in 4 states), breastfeeding education, and lactation consultation (Gifford et al., 2017).

III. EXPANDING COVERAGE FROM 2 MONTHS TO 12 MONTHS POSTPARTUM

Given how critical postpartum care is, many states, both those that have expanded Medicaid and those that have not, are looking to extend the period of Maternity Medicaid benefits from 2 months postpartum to at least 12 months.
Under the Families First Coronavirus Response Act, new mothers enrolled in Medicaid cannot lose coverage at 60 days postpartum (Eckert, 2020). This will be in effect until the end of the month in which the public emergency period ends (Eckert, 2020). It is unclear when these benefits will end, since the public emergency period has been renewed until April 2021 (Kliff, 2021; Renewal of Determination that a Public Health

Emergency Exists, 2021). Furthermore, there **is adequate reason to continue this even after the pandemic.**

Firstly, many women experience disruptions in perinatal insurance coverage, and most of these disruptions occur during the postpartum period among women who rely on Medicaid for pregnancy-related care (Eckert, 2020). In Texas, a pregnant woman earning up to 198% of the FPL can be covered by Medicaid through 60 days after pregnancy, but on day 61, she must earn less than 17% of the FPL to maintain her coverage, leading to loss of coverage for many (Eckert, 2020). These disruptions in coverage are a phenomenon called "churn" and affect 1 in 2 women in states that have not expanded Medicaid and 1 in 3 women in states that have expanded Medicaid (Eckert, 2020).

Additionally, coverage for mothers does not currently align with coverage of their infants (Eckert, 2020). Infants born on Medicaid maintain coverage up to one year after birth (Eckert, 2020). If the time for benefits is expanded such that the mother also maintains coverage for this time, the redetermination of eligibility for the infant and for the mother can occur simultaneously, improving both administrative and cost efficiency (Eckert, 2020).

Lastly, if postpartum women are insured for longer, they will be able to receive preventative care that is likely to reduce spending in other programs such as Emergency Medicaid. For example, federal legislation has called for extending Medicaid postpartum coverage through the bipartisan bill H.R. 4996, Helping Medicaid Offer Maternity Services (Helping MOMS) Act (Kelly, 2020). This bill, introduced in 2019, would provide a temporary increase in funds if a state chose to extend Medicaid postpartum coverage to 12 months (Kelly, 2020). A Congressional Budget Office analysis predicts that the bill will generate a net gain of 894 million dollars of revenue for the total period of 2020-2030 (CBO's Estimate of the Statutory Pay-As-You-Go Effects of H.R. 4996, 2020). The bill passed in the House in September 2020, and was then introduced in the Senate and referred to the Committee on Finance (Eckert, 2020; Kelly, 2020).

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WHAT IS INCLUDED?

Given these factors, many are in support of extending coverage beyond 60 days postpartum, to reduce churn, improve the efficiency of coverage, and prevent pregnancy-related complications.

At the state level, several Maternal Mortality Review Committees (MMRCs) have recommended extending coverage, in states across the political spectrum, including Illinois, Arizona, Georgia, Maryland, Texas, Utah, and Washington (Eckert, 2020). In fact, in some states like Illinois and New Jersey, the request for extending Medicaid postpartum coverage to 12 months is currently pending (Request for Action on Pending Section 1115 Demonstrations to Reduce Racial Disparities, 2020; Promoting Better Maternal Health Outcomes by Closing the Medicaid Postpartum Coverage Gap, 2020). In Texas, since September 2020, state funds are providing family planning services for women who have lost Medicaid coverage after 60 days postpartum through the Healthy Texas Women program, though these services do not include other types of postpartum care (Healthy Texas Women, 2020).

On July 20, 2020, the Center for Children & Families (CCF) of the Georgetown University Health Policy Institute and a coalition of 279 national, state, and local Medicaid advocates, patient groups, and provider organizations wrote a letter to Health and Human Services Secretary Alex Azar to extend Medicaid postpartum coverage to 12 months to reduce racial disparities in healthcare (Request for Action on Pending Section 1115 Demonstrations to Reduce Racial Disparities, 2020). The letter also called on Secretary Azar to reject pending proposals to impose punitive work requirements on parents with very low incomes in Alabama, Mississippi, Oklahoma, Tennessee, and South Dakota. Members of the coalition included the NAACP, American Heart Association, Every Texan, and more (Request for Action on Pending Section 1115 Demonstrations to Reduce Racial Disparities, 2020).

Additionally, at the federal level, the American Rescue Plan, signed into law on March 11, 2021, provides a new option for states to extend postpartum Medicaid and Children's Health Insurance Program (CHIP) coverage for one

year after the end of pregnancy (Yarmuth, 2021). States can receive federal matching funds for this coverage, but they must opt in sometime before five years from April 2022 when the new policy begins (Kliff, 2021; Yarmuth, 2021). This new option bypasses a lengthy waiver application process and, instead, only requires states to notify the federal government before moving forward without waiting for approval (Kliff, 2021). This is crucial because five states that submitted the waiver previously were waiting for approval and unable to provide the benefits (Kliff, 2021). This policy is projected to cost $1,500 per person, but this estimate does not consider the cost saved through increased use of preventative care.

BILLS IN THE CURRENT TEXAS LEGISLATIVE SESSION

Bill	Author	Description	Status
HB 98	Ortega	Extends Medicaid coverage for pregnant women for not less than **12 months** postpartum (delivery AND/OR involuntary miscarriage)	Filed, Referred to Human Services
HB 107	Thompson	Extends Medicaid coverage for pregnant women for not less than **12 months** following the last month of pregnancy	Filed, Referred to Human Services
HB 143	Bernal	Requires HHSC, upon request of a county, to seek a Medicaid 1115 waiver to **expand Medicaid coverage** to those who are eligible according to the Patient Protection & Affordable Care Act; HHSC is Texas Health and Human Services Commission	Filed, Referred to Human Services
HB 146	Thierry	Extends Medicaid coverage for pregnant women for not less than **12 months** postpartum (delivery AND/OR involuntary miscarriage)	Filed, Referred to Human Services

HB 414	Walle	Extends Medicaid coverage for pregnant women for not less than **24 months** following the last month of pregnancy	Filed, Referred to Human Services
SB 121	Johnson	Extends Medicaid coverage for pregnant women for not less than **12 months** postpartum (delivery AND/OR involuntary miscarriage)	Filed, Referred to Health and Human Services
SB 141	Johnson	Extends Medicaid coverage for pregnant women for not less than **12 months** following the last month of pregnancy	Filed, Referred to Health and Human Services

IV. OTHER OPTIONS

WHAT ABOUT THOSE WHO DO NOT MEET THE ELIGIBILITY REQUIREMENTS FOR MEDICAID?

Texas authorized the CHIP Perinatal program in 2005 using CHIP funding to provide prenatal visits and limited postpartum care to women who do not qualify for Maternity Medicaid (Dunkelberg, 2016). CHIP Perinatal provides coverage for women who do not meet the income level criterion for Medicaid, but who also don't have health insurance (CHIP Perinatal FAQs, n.d.). For example, in Texas, if a pregnant woman has a household income greater than 198% of the FPIL, but below 202% of the FPIL, she is eligible for CHIP Perinatal (CHIP Perinatal FAQs, n.d.).

Additionally, CHIP Perinatal also covers if a pregnant woman has a household income below 202% of the FPIL, but does not qualify for Medicaid due to immigration status (CHIP Perinatal FAQs, n.d.). Medicaid Maternity benefits in Texas are not extended to lawfully present immigrant women who came to the US on or after August 22, 1996 and to undocumented immigrants; these populations must seek care under CHIP Perinatal (Dunkelberg, 2016; Texas Medicaid and CHIP in Perspective Chapter 3: Eligibility, n.d.).

However, CHIP Perinatal only really covers prenatal care. CHIP Perinatal covers two postpartum visits for the mother, though the child will receive the traditional CHIP or Medicaid benefits, depending on income level (CHIP Perinatal FAQs, n.d.). Furthermore, many services are excluded from the prenatal benefits in CHIP Perinatal (CHIP Perinatal FAQs, n.d.). Inpatient hospital care for the pregnant woman that is not related to labor or delivery, such as a serious injury or illness, false or premature labor (without delivery of the baby), and most outpatient specialty services (such as mental health and substance abuse treatment, asthma management, and cardiac care) are not covered (CHIP Perinatal FAQs, n.d.).

In these situations, a pregnant woman may apply for Emergency Medicaid, but Emergency Medicaid will only cover services related to labor and delivery, such as the outpatient specialty services (CHIP Perinatal FAQs, n.d.).

V. EXPANDING COVERAGE TO IMMIGRANTS

Given the limitations in coverage of both CHIP Perinatal and Emergency Medicaid, there is momentum to extend traditional Medicaid coverage to immigrants as well.

Texas is one of 6 states to exclude **legal** immigrants from Medicaid eligibility. However, pregnant immigrant women should receive similar coverage as pregnant US citizens, especially given that immigrant children receive similar coverage as US citizens. The Congressional CHIP Reauthorization Act (CHIPRA) in 2009 extended the categories of eligible immigrant children to the broader group of lawfully present children. So, lawfully present immigrant children today are covered in Texas Medicaid and CHIP according to the same income guidelines as US citizen children (Dunkelberg, 2016).

Additionally, federal and state funding for prenatal care for women (e.g., Maternal and Child Health Block Grant, Title V) who are ineligible for Medicaid historically was not adequate to meet Texas's statewide need (Dunkelberg, 2016).

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BILLS IN THE CURRENT TEXAS LEGISLATIVE SESSION

Bill	Author	Description	Status
HB 734	González	Extends Medicaid coverage to lawfully present immigrants who came to the US on or after August 22, 1996	Filed, Referred to Appropriations
SB 521	Blanco	Extends Medicaid coverage to lawfully present immigrants who came to the US on or after August 22, 1996	Filed, Referred to Health & Human Services

WHAT ELSE CAN WE DO?

In addition to extending postpartum Medicaid to 12 months and to immigrant populations, other approaches to extend coverage and reduce maternal mortality are (Expanding Postpartum Medicaid Coverage, 2020):

- Expanding full scope Medicaid
- Raising parental income eligibility levels under Medicaid
- Expanding coverage for specific postpartum services or specific populations such as individuals diagnosed with a maternal mental health condition
- Providing postpartum coverage for family planning services

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