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Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage

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KEY POINTS

- One in three pregnancy-related deaths occur between one week and one year after childbirth. Disruptions in postpartum health coverage are common, particularly among those enrolled in Medicaid, as most states continue pregnancy-related Medicaid coverage for only 60 days after childbirth.
- The American Rescue Plan (ARP) included a temporary state option to extend continuous Medicaid and CHIP eligibility for pregnant individuals from 60 days up to 12 months postpartum. Seven states have approved or pending 1115 demonstrations to extend postpartum eligibility, and currently pending proposed legislation in Congress could extend 12 months of Medicaid postpartum eligibility nationwide.
- If all states extended pregnancy-related Medicaid eligibility to 12 months postpartum, the proportion of pregnant Medicaid beneficiaries who would remain eligible for the full postpartum year would increase from 52 percent to 100 percent, representing approximately 720,000 people annually with expanded coverage.
- Individuals in non-expansion states and states with more restrictive Medicaid parental income eligibility limits would benefit most from 12 months of postpartum Medicaid eligibility. Postpartum Medicaid eligibility would increase by 65 percentage points in non-expansion states (from 35 to 100 percent, roughly 350,000 people) and 38 percentage points in expansion states (from 62 to 100 percent, approximately 370,000 people).
- Gains in postpartum eligibility would be largest for individuals with incomes between 138-250 percent of the federal poverty level, whose incomes are too high to qualify for Medicaid as parents in most states.

INTRODUCTION

The postpartum period is increasingly recognized as an opportunity for policy intervention to improve maternal health. Nationally, 42 percent of all births are covered by Medicaid, and in many states well over half of births are covered by the Medicaid program. However, pregnancy-related Medicaid and Children's Health Insurance Program (CHIP) eligibility is limited to 60 days after childbirth. Individuals eligible for Medicaid through other eligibility pathways (i.e., as a low-income parent or adult) during pregnancy may also experience

coverage loss postpartum due to changes in circumstances such as fluctuations in income. Research indicates that more than 20 percent of those with pregnancy-related Medicaid become uninsured within six months postpartum, and this rate is nearly twice as high (37 percent) in non-expansion states.

To help address these challenges, the American Rescue Plan Act of 2021 (ARP) included an option for states to offer 12 months of postpartum Medicaid and CHIP coverage, a significant extension from the current requirement of 60 days. Current proposed legislation in the Build Back Better (BBB) Act would make this a new federal standard.* This brief provides an overview of the important role Medicaid plays in postpartum maternal health, reviews states' existing pregnancy-related Medicaid eligibility limits, and assesses the projected eligibility impact if all states were to provide 12 months of postpartum Medicaid eligibility.

BACKGROUND

The postpartum period is critical for recovering from childbirth, addressing complications of delivery, managing infant care, and transitioning from obstetric to primary care. However, there is increasing awareness of health risks for mothers throughout the year following childbirth.[1] Continuity of insurance coverage is critical during the full year postpartum, as one-third of pregnancy-related deaths occur between one week and one year postpartum.[2,†] Reports from state maternal mortality review committees have also found that the majority of pregnancy-related deaths occurred among populations covered by Medicaid during birth.[3,4,5]

Nationally, one in eight mothers experience postpartum depressive symptoms, and rates are higher among those with Medicaid at delivery compared to privately-insured populations.[6] Research has also found that among individuals with opioid use disorder who recently gave birth, the risk of overdose is highest 7-12 months postpartum.[7] Cardiomyopathy is the leading cause of death in the late postpartum period (after 6 weeks to the end of the postpartum year).[8] In 2018, the American College of Obstetricians and Gynecologists issued updated guidelines which redefined postpartum care from a single six-week visit to ongoing care tailored to individuals' needs.

There are stark racial and ethnic disparities in maternal health outcomes, with pregnancy-related mortality rates two to three times higher among Black non-Latino‡ and American Indian/Alaska Native populations compared to White populations, and severe maternal morbidity 1.9 times higher among Black populations than White populations.[9,10]Nationally, 42 percent of U.S. births are paid for by the Medicaid program, with greater shares among Latino, Black, and American Indian and Alaska Native individuals; individuals under age 19; those with lower levels of educational attainment; and those who live in rural areas. [11,12] Therefore, the Medicaid program can play a key role in reducing disparities in maternal health outcomes.

Under federal law, state Medicaid programs must provide coverage to pregnant individuals with incomes below 138 percent of the federal poverty level (FPL) from conception through the last day of the month in which the 60-day postpartum period ends.[13] Individuals who lose pregnancy-related Medicaid eligibility 60 days postpartum and are not eligible to remain covered by Medicaid as a parent or low-income adult in their state must either obtain coverage from another source or become uninsured. The birth of a child is a qualifying life event for a special enrollment period in individual market insurance coverage that lasts 60 days after birth. Even among those who do obtain other coverage, postpartum insurance switches may result in lapses in coverage or reduce access to care.[14,15,16] Differences in out-of-pocket costs, provider networks, and

* The Build Back Better (BBB) Act was passed by the House of Representatives on November 19, 2021. Among its Medicaid and the Children's Health Insurance Program (CHIP) provisions, the BBB Act would permanently require states to provide 12 months of postpartum health coverage and 12 months of continuous coverage for children.

† See Appendix Figure 1.

‡ This brief uses the term "Latino" to refer to all individuals of Hispanic and/or Latino origin.

benefit design between Medicaid and commercial coverage may also reduce continuity of care during a high risk period for adverse health events.[17]

Before the Affordable Care Act's (ACA) major coverage provisions took effect, 55 percent of enrollees who had Medicaid or CHIP coverage at the time of childbirth experienced at least one month of uninsurance within six months postpartum.[18] After the ACA was implemented, individuals with incomes at or below 138% FPL could retain Medicaid coverage after pregnancy-related Medicaid eligibility ended. As a result, the rate of uninsurance among postpartum individuals dropped after implementation of the ACA, with 12.9 percent of postpartum individuals uninsured three to six months after delivery; however, this rate was much higher in non-expansion states (21.5 percent) than expansion states (7.2 percent).[19] Another study using post-ACA survey data found that 21.9 percent of new mothers with Medicaid-covered prenatal care became uninsured two to six months postpartum, with higher rates in non-expansion states and for individuals who completed the survey in Spanish.[20]

Under the Families First Coronavirus Response Act (FFCRA), states are eligible for enhanced federal matching funds, provided they meet certain conditions. Those conditions include that states must provide continuous coverage to Medicaid enrollees through the end of the month in which the public health emergency (PHE) ends. This "continuous enrollment" provision has halted postpartum disenrollment among Medicaid enrollees, but only until the expiration of the PHE. To promote continuity of postpartum coverage for people enrolled in Medicaid during pregnancy, the ARP included a temporary state option (lasting five years) to use federal matching funds to provide full-benefit Medicaid or CHIP coverage up to one year postpartum. The earliest states can implement extensions under the ARP state option is April 1, 2022. States seeking to implement postpartum coverage extensions before April 1, 2022 must do so through a section 1115 demonstration or use state-only funds. The BBB Act, a legislative proposal which the House of Representatives passed in November 2021, includes a provision that would permanently require states to provide 12 months of postpartum coverage in Medicaid and CHIP at the state's current federal match rate.[21]

METHODS

Part I: Current Medicaid Postpartum Eligibility Policies by State

To maintain Medicaid eligibility beyond the 60-day postpartum limit for pregnancy-related Medicaid, individuals must qualify for Medicaid as a parent, low-income adult (such as via Medicaid expansion), or other eligibility category in their state. We assessed current Medicaid eligibility limits for pregnancy-related Medicaid coverage, low-income adults, and parents.[22,23] Eligibility as a low-income adult or parent are the primary Medicaid pathways available to postpartum individuals who lose pregnancy-related Medicaid eligibility. We also provide an overview of current state-level actions to extend pregnancy-related Medicaid eligibility beyond the federally-mandated 60-day limit.

Part II: Projections of Postpartum Coverage if All States Offered 12 Months of Postpartum Medicaid

Using the Urban Institute's Transfer Income Model version 3 (TRIM3), a comprehensive microsimulation model based on the Current Population Survey (CPS), we estimated how many Medicaid-eligible pregnant individuals ("the study population") would gain postpartum eligibility if all states extended pregnancy-related Medicaid eligibility from 60 days to the full postpartum year. Individuals were classified as postpartum Medicaid enrollees if they were listed as the biological mother of an infant and if, during any month of the model's income data, they were simulated as eligible for Medicaid based on 2021 pregnancy-related Medicaid eligibility criteria.

We computed the proportion of individuals eligible for Medicaid through non-pregnancy-related pathways, with three mutually exclusive outcomes: eligible for the entirety of the postpartum year; eligible for part of the postpartum year; and not eligible at all. We then estimated the proportion of individuals who would gain

insurance if all states extended pregnancy-related Medicaid eligibility through 12 months postpartum. We stratified these estimates by age, race and ethnicity, income, and by state Medicaid expansion status and state Medicaid eligibility limits for parents.

We generated estimates of the number of individuals affected by the policy change by applying the estimated proportions from the TRIM3 model to counts of Medicaid-paid births from the Centers for Disease Control and Prevention's (CDC) 2020 Natality Files. Sample sizes in the CPS limit the precision of state-specific estimates. Instead, we applied the pooled rates within state categories of parental income eligibility criteria to state-level birth counts from CDC Natality data to estimate the number of people in each state who would gain eligibility. Some states have also released their own estimates of coverage gains from post-partum eligibility extensions, which may differ from our estimates due to differences in methodologies and underlying data sources.[24,25,26]

This analysis has several limitations. First, the CPS does not directly ask about pregnancy or postpartum status. We defined an individual as being in the postpartum year if they were listed as the biological mother of a liveborn infant. However, we cannot observe postpartum individuals who are not living with their infants. Therefore, this method does not capture the approximately seven percent of individuals that do not live in the same household with their biological infant.[27] This approach also does not capture those who experienced pregnancy losses or stillbirths. Relatedly, it is not possible to temporally distinguish between pregnancy and the postpartum period because the CPS does not include information on date of birth. The model assumes that income is the same both before and after childbirth during the year. In addition, the TRIM3 model estimates eligibility for Medicaid, not whether individuals were actually enrolled in Medicaid. Due to differences in weighting between mothers and infants and the fact that not all postpartum individuals are observed in the CPS, we applied the TRIM3 estimated rates to Medicaid-paid birth counts from CDC Natality Data to obtain counts of how many people would be affected by postpartum Medicaid extensions. However, Medicaid-paid births indicate actual enrollment in Medicaid, as opposed to eligibility. Birth counts also do not include pregnancy losses and may overcount instances of multiple births. Accordingly, our estimates of the number of people gaining postpartum eligibility should be viewed as rough estimates and interpreted with caution.

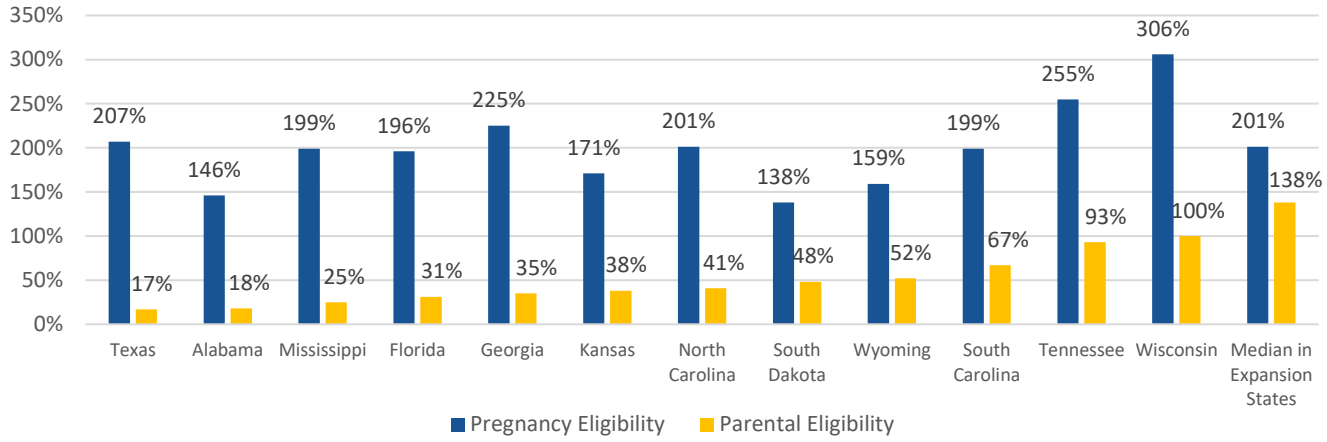
RESULTS

Part I: Current Medicaid Postpartum Eligibility Policies by State

In the 38 states and DC that have expanded Medicaid under the ACA, income eligibility for low-income adults is 138% FPL, and pregnant enrollees with incomes at or below this threshold can generally maintain eligibility after the end of pregnancy; furthermore, parental eligibility limits in some expansion states exceed this income level. In states that have not expanded Medicaid, for purposes of our analysis, postpartum income eligibility is determined by parental eligibility limits in each state.

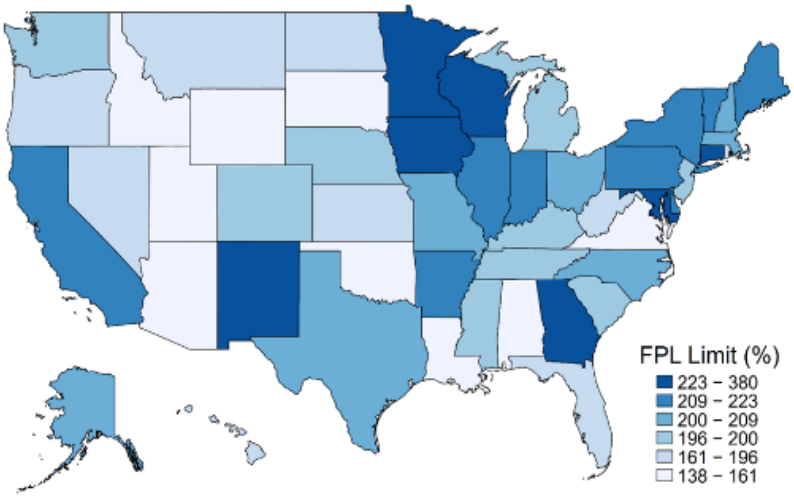
Figure 1 shows the differences between income eligibility limits for pregnant individuals and parents in each of the 12 non-expansion states and among all Medicaid expansion states (138% FPL). In all states, income eligibility limits for low-income adults or parents are lower than or equal to income eligibility limits for pregnancy.[28] As of January 2021, income eligibility limits for pregnancy ranged from 138% FPL to 380% FPL, with a median of 205% FPL.[29] Income eligibility limits for parents ranged from 17% FPL to 221% FPL, with a median of 138% FPL (Figure 2).[30] The differences in eligibility between pregnancy and parental eligibility income limits are particularly stark for parents in non-expansion states, where the median parental eligibility limit is 37% FPL, compared to 138% FPL in expansion states. The gap between pregnancy and parental eligibility is narrower in the 39 states that have expanded Medicaid to low-income adults under 138% FPL, but postpartum Medicaid eligibility "cliffs" remain even in expansion states, which can lead to coverage churn and periods of uninsurance.

Figure 1. Medicaid Income Eligibility Thresholds for Pregnancy And Parental Status by State, 2021



Source: Kaiser Family Foundation, 2021.

Figure 2. Medicaid Income Eligibility Limit for Pregnancy and 60-Day Postpartum, by State, 2021



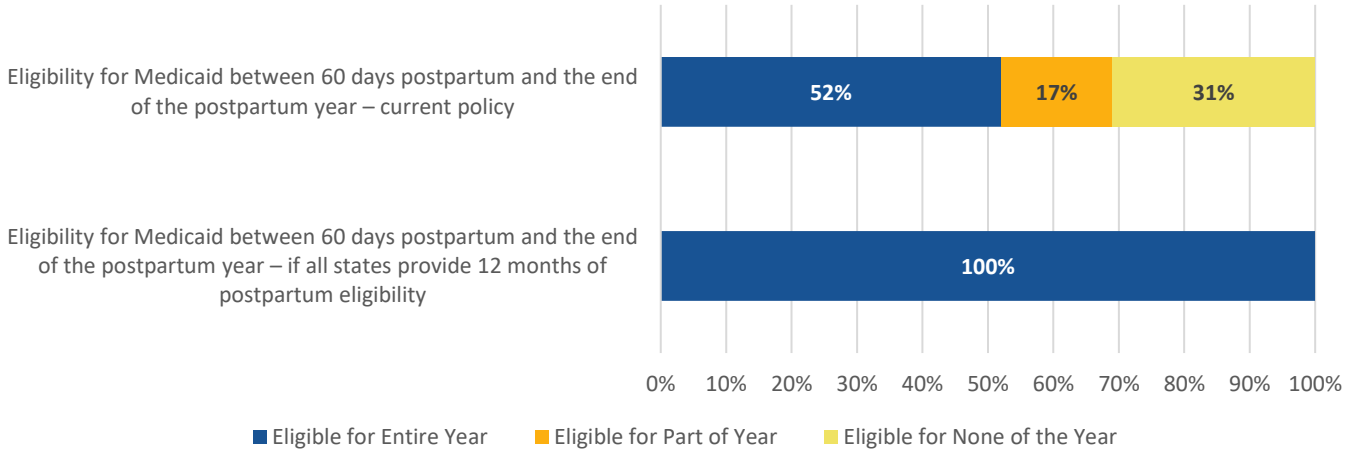
Source: ASPE analysis of 2021 Centers for Medicare and Medicaid Services (CMS) and Kaiser Family Foundation data.

Almost three-quarters of states and Washington D.C. have taken steps towards extending postpartum Medicaid eligibility. As of December 2, 2021, five states (Illinois, New Jersey, Georgia, Missouri, and Virginia) received CMS approval for a section 1115 demonstration that provides extended postpartum Medicaid eligibility to some or most of those enrolled in Medicaid and/or CHIP during pregnancy, and two states have pending waivers. Thirteen states have passed legislation that would extend pregnancy-related Medicaid eligibility beyond 2 months postpartum but have not yet submitted applications for CMS approval. These states' legislation authorizes them to seek CMS approval for extensions of postpartum Medicaid eligibility, but does not indicate that a state has implemented an extension, unless the state received prior approval under a section 1115 demonstration. Six states announced plans or have taken actions which explicitly reference the ARP; the earliest states can implement postpartum extensions under the ARP option is April 1, 2022. While most states propose providing 12 months of postpartum eligibility, some state proposals are limited to six months. See Appendix Table 1 for a complete review of state actions to extend pregnancy-related Medicaid eligibility.

Part II: Projections of Postpartum Coverage if All States Offered 12 Months of Postpartum Medicaid

We simulated the impact of all states extending postpartum Medicaid eligibility to 12 months in 2022, compared to the pre-PHE status quo in which there was no ARP option. As shown in Figure 3, we project that in the absence of extended postpartum Medicaid eligibility, 52 percent of the study population is eligible to retain Medicaid for the full 12 months after birth through other Medicaid eligibility pathways, 17 percent is eligible to retain Medicaid for part of the postpartum year, and 31 percent is not eligible at all 60 days after childbirth. If all states were to adopt 12 months of postpartum Medicaid eligibility, by definition, 100 percent of the study population would remain eligible for the full 12 months of postpartum Medicaid coverage. This means that 17 percent of the postpartum population (approximately 250,000 Medicaid-paid births) would gain one to nine months of eligibility, and 31 percent (approximately 470,000 Medicaid-paid births) would gain a full 10 months of postpartum eligibility (i.e., the remainder of the postpartum year). Combining these figures, we estimate that approximately 720,000 people annually would experience expanded coverage under this policy.

Figure 3. Projected Changes in Postpartum Eligibility Under Current Policy versus if All States Provide 12 Months of Postpartum Eligibility



Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021.

We estimate that the average duration of Medicaid eligibility after an individual gives birth is currently 7.8 months under the federally-mandated policy of two months of postpartum eligibility (Table 1). The average duration of Medicaid eligibility postpartum would increase to 9.5 months if all states provided 6 months of postpartum Medicaid eligibility, and to 12 months if all states provided 12 months of postpartum Medicaid eligibility. If all states were to provide 6 months rather than 12 months of postpartum eligibility, approximately 40 percent of the study population would lose eligibility at 6 months postpartum.

Table 1. Average Duration of Postpartum Medicaid Eligibility by Policy Option

Number of postpartum months covered by pregnancy pathway	Average months of postpartum Medicaid eligibility
2	7.8 months
6	9.5 months
12	12 months

Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021.

Table 2 shows the proportion of the study sample that is eligible for Medicaid for part of or the entire postpartum year through non-pregnancy-related pathways, and the change in eligibility if all states were to

offer pregnancy-related Medicaid eligibility for the full postpartum year. We stratify these results by Medicaid expansion status and Medicaid parental eligibility limits.

In the absence of a pregnancy-related Medicaid eligibility extension, nearly 80 percent of the study population in expansion states is eligible to maintain eligibility for part or all of the postpartum year through other Medicaid pathways (e.g., parents or low-income adults) versus 52 percent in non-expansion states. If all states were to provide 12 months of postpartum Medicaid eligibility, this would result in a 38 percentage point increase in eligibility in expansion states (from 62 percent to 100 percent, or roughly 370,000 additional Medicaid-paid births) and a 65 percentage-point increase in eligibility in non-expansion states (from 35 percent to 100 percent, or roughly 350,000 additional Medicaid-paid births).

The largest gains in postpartum Medicaid eligibility would occur in the seven non-expansion states that have the most restrictive parental Medicaid eligibility requirements (under 40% FPL). In these states, just 32 percent of those enrolled in Medicaid during pregnancy remain eligible for Medicaid the entire postpartum year through another Medicaid eligibility pathway. If all seven of these states adopted 12 months of postpartum eligibility, it would result in a 68 percentage point increase in eligibility during the postpartum year for the study population in these states.

State-specific estimates of the number of individuals who would experience postpartum gains in Medicaid eligibility are provided in Appendix Table 1. The largest estimated increases in postpartum eligibility by population size would occur in Texas (137,000), California (57,000), and Florida (52,000).

Table 2. Changes in Postpartum Medicaid Eligibility if Pregnancy-Related Eligibility Extended to 12 Months Postpartum, by State Characteristics

	Before ARP Policy Change			If all States Extended Coverage to 12 Months	
	Eligible for the entire year through another pathway % (Number)	Eligible part of year through other pathways % (Number)	Not eligible for entire year % (Number)	Eligible for the entire year with pregnancy-related eligibility % (Number)	Percentage point (pp) increase in full-year eligibility (Number)
ACA Medicaid Expansion Status					
Expansion States	62 (600,000)	18 (174,000)	21 (203,000)	100 (968,000)	38 (370,000)
Non-expansion States*	35 (189,000)	17 (92,000)	49 (264,000)	100 (539,000)	65 (350,000)
Medicaid Parental Income Eligibility Limit					
Below 40% FPL	32 (136,000)	17 (72,000)	51 (216,000)	100 (424,000)	68 (288,000)
40% to <138% FPL	42 (69,000)	17 (28,000)	40 (65,000)	100 (164,000)	57 (93,000)
138% FPL	60 (455,000)	18 (137,000)	22 (167,000)	100 (759,000)	40 (304,000)
>138% FPL**	67 (77,000)	15 (17,000)	18 (21,000)	100 (116,000)	33 (38,000)

Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021. Absolute counts generated from applying cell proportions to the number of 2020 Medicaid-paid births from the CDC Natality files.
*Includes: AL, FL, GA, KS, MI, MO, NC, SC, SD, TN, TX, WI and WY. MO has since adopted the Medicaid expansion and began processing applications 10/1/2021.
**Includes states that have Basic Health Plans (New York and Minnesota).

Table 3 shows the increase in eligibility if all states provided 12 months of postpartum coverage, by selected demographic variables. Providing Medicaid eligibility for 12 months postpartum would have the greatest impact on eligibility for enrollees ages 26 and older compared to their younger counterparts, who are more likely to be eligible for Medicaid through other pathways. Providing 12 months of postpartum eligibility would increase eligibility substantially for all racial and ethnic groups, including extending coverage for an estimated 222,000 Latino, 133,000 Black, and 6,000 American Indian and Alaska Native individuals. Gains in eligibility would be less pronounced for lower income enrollees compared to those above 100% FPL, as only 7 percent of the study population below 100% FPL lacks another eligibility pathway after pregnancy.

Table 3. Changes in Postpartum Medicaid Eligibility if Pregnancy-Related Eligibility Extended to 12 Months Postpartum, by Demographic Characteristics

	Before ARP Policy Change			If all States Extended Coverage to 12 Months under ARP Option	
	Eligible for the entire year through another pathway % (Number)	Eligible part of year through other pathways % (Number)	Not eligible for entire year % (Number)	Eligible for the entire year with pregnancy-related eligibility % (Number)	Percentage point increase in eligibility pp (Number)
Age					
<18	88 (28,000)	9 (3,000)	4 (1,000)	100 (32,000)	12 (4,000)
18-25	59 (300,000)	16 (81,000)	25 (127,000)	100 (508,000)	41 (208,000)
26-29	48 (218,000)	17 (77,000)	35 (159,000)	100 (455,000)	52 (236,000)
30-35	45 (143,000)	20 (64,000)	35 (111,000)	100 (318,000)	55 (175,000)
>35	51 (99,000)	19 (37,000)	30 (58,000)	100 (194,000)	49 (95,000)
Race/Ethnicity*					
Latino	56 (282,000)	18 (91,000)	27 (136,000)	100 (504,000)	44 (222,000)
Black, Non-Latino	61 (208,000)	15 (51,000)	24 (82,000)	100 (340,000)	39 (133,000)
White, Non-Latino	47 (252,000)	20 (107,000)	33 (177,000)	100 (536,000)	53 (284,000)
Asian American, Native Hawaiian, & Pac. Islander	48 (27,000)	11 (6,000)	42 (23,000)	100 (56,000)	52 (29,000)
American Indian & Alaska Native	65 (12,000)	7 (1,000)	28 (5,000)	100 (18,000)	35 (6,000)
Other or Multiple Races	56 (23,000)	6 (2,000)	38 (15,000)	100 (41,000)	44 (18,000)
MAGI percent of poverty, annual**					
<100%	86	6	7	100	14
100 - 138%	52	23	25	100	48

>138 - 185%	9	33	58	100	91
>185 - 250%	14	25	62	100	86
>250 - 400%	20	23	57	100	80
>400%	24	26	50	100	76

Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021. Absolute counts generated from applying cell proportions to the number of 2020 Medicaid-paid births from the CDC Natality files. All estimates are approximate. Age categories in the CDC data vary slightly from those listed here.
*The total number of people gaining eligibility by race and ethnicity does not sum to 720,000 due to missing race/ethnicity in the CDC Natality data.
**There is no income data provided in the CDC Natality Files, precluding any calculation of the absolute number of people for the income analysis.

DISCUSSION

In this brief, we assessed postpartum coverage options for individuals enrolled in Medicaid during pregnancy, surveyed state action on extensions of Medicaid coverage in the postpartum year, and estimated eligibility changes if all states were to provide 12 months of postpartum Medicaid eligibility. All states have pregnancy-related Medicaid eligibility income limits that match or exceed income eligibility limits for parents or low-income adults. This contributes to coverage loss for individuals who are ineligible for Medicaid through a different pathway when pregnancy-related Medicaid eligibility ends 60 days postpartum.

The ARP provides states with the option of receiving matching funds to extend full-benefit Medicaid or CHIP coverage to all individuals enrolled in Medicaid during pregnancy for one year postpartum. This option is available to states for five years. All but 14 states have taken action to extend pregnancy-related Medicaid eligibility beyond the federally mandated 60 days (two months) postpartum. Five states have approved Medicaid section 1115 demonstrations, while the remaining states have introduced or passed legislation or budgetary measures. Meanwhile, the proposed BBB Act would permanently require states to provide 12 months of postpartum health coverage.[31]

Using simulated data, we estimated that if all states provided 12 months of postpartum pregnancy-related Medicaid eligibility, the proportion of individuals eligible for Medicaid during the full postpartum year would increase from 52 percent to 100 percent, representing approximately 720,000 individuals. Seventeen percent of the study population, or roughly 250,000 people, would gain between one and nine months of eligibility, and 31 percent, or 470,000 people, would gain 10 months of eligibility. The average duration of postpartum Medicaid enrollment would also increase from 7.8 months to 12 months.

Gains in eligibility would be larger in non-expansion states with lower income limits for parental Medicaid eligibility. Eligibility gains would be largest among those ages 26-35, as well as those with incomes between 138-250% FPL. In the future, administrative claims data can be used to assess gains in postpartum Medicaid eligibility and coverage at the national and state level under the ARP provision.

Even enrollees who only gain a few months of additional coverage may still experience improved continuity of care. Without this policy in place, continued eligibility for Medicaid is redetermined between the birth of the child and the last day of the month in which the 60th postpartum day falls. This redetermination may result in administrative churning for some individuals who are eligible but were not able to complete the necessary documentation to verify ongoing eligibility. In contrast, under a scenario in which individuals in Medicaid during pregnancy are provided 12 months of postpartum eligibility, everyone enrolled in Medicaid during pregnancy would be eligible for the full postpartum year, regardless of changes in circumstances, and no postpartum redetermination would be necessary.

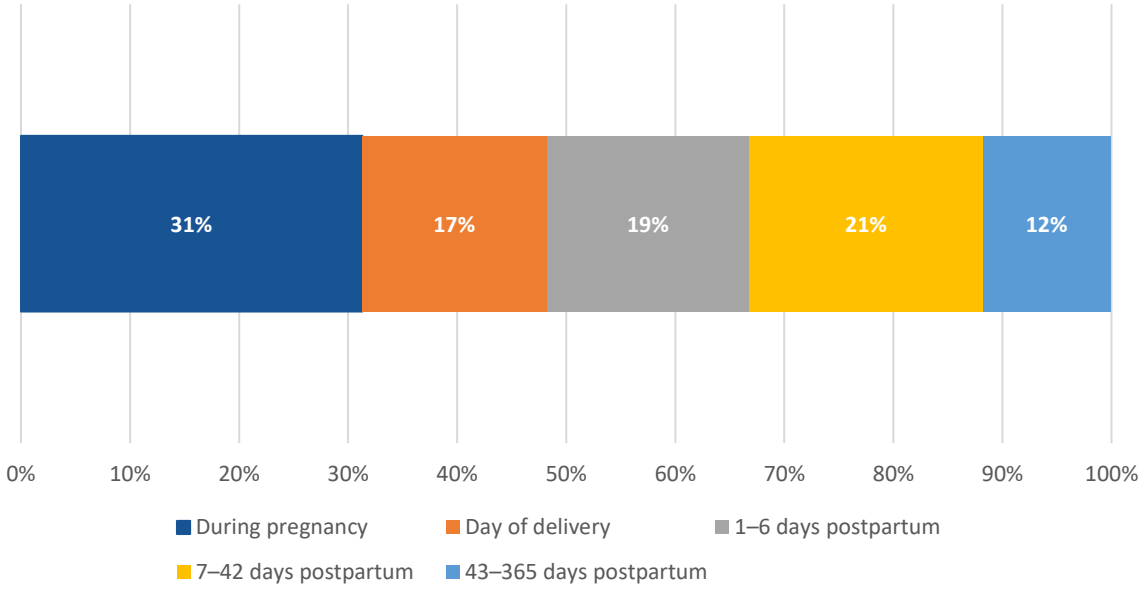
As evidenced by the implementation of the ACA's Medicaid expansion to low-income adults, optional state participation in postpartum Medicaid extensions could exacerbate disparities across states in access, coverage, and maternal health outcomes.[32] States that have chosen not to adopt the Medicaid expansion have a greater share of Black residents and worse health disparities.[33] If such states do not take up the ARP postpartum coverage option, racial and ethnic disparities in Medicaid coverage could increase. The House passed the BBB Act, which includes a provision to make 12-month of continuous postpartum coverage a permanent and mandatory requirement for all state Medicaid programs, which would help to substantially reduce disparities in postpartum coverage across states.

CONCLUSION

Medicaid plays a critical role in coverage during pregnancy and the postpartum period. Providing 12 months of postpartum Medicaid eligibility to everyone enrolled in Medicaid during pregnancy is an important strategy to increase continuity of coverage and access to care in the postpartum year. Providing continuous postpartum Medicaid eligibility would result in significant gains in eligibility for the postpartum population, affecting roughly 720,000 people. This policy is a critical step towards improving maternal health outcomes in the U.S.

APPENDIX

Appendix Figure 1. Percentage of Pregnancy-Related Deaths by Time Period: Pregnancy, Day of Delivery, and the Postpartum Period, 2011-2015[34]



Appendix Table 1. Current Status of Post-Partum Medicaid Coverage and Estimated Changes Under a 12-Month Postpartum Eligibility Policy, By State

State	Current Medicaid and CHIP Income Eligibility Limits for Parents (% of FPL)	Status of State Action on Postpartum Medicaid Eligibility*	Details and Dates of State Action	Coverage Period, Eligible Population, and/or Benefits	Estimated Number of Medicaid-Paid Births Gaining Partial or Full Year Postpartum Eligibility**
Alabama	18	Legislation proposed	HB 431 referred to House of Representatives Committee on Ways and Means General Fund 2/23/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	20,000
Alaska	138	No current action			1,000
Arizona	138	No current action			15,000
Arkansas	138	Legislation proposed	HB 1759 was not advanced to committee 10/15/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	6,000
California	138	Legislation passed	AB-577 passed 10/29/19 extending postpartum Medi-Cal coverage for those with maternal mental health conditions; SB-65 presented to Governor without postpartum coverage extension but budget includes postpartum coverage extension for the duration of the American Rescue Plan Act	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	57,000
Colorado	138	Legislation passed	SB21-194 passed and signed by the Governor 7/6/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	9,000
Connecticut	160	Legislation passed	SB 1202 (biennial budget) signed and transmitted to Secretary of State 7/2/21; HB 6687 signed and transmitted to Secretary of State 7/12/21	Extends pregnancy-related Medicaid coverage and CHIP from 2 to 12 months postpartum; state only funding to extend Medicaid and CHIP coverage to 12 months postpartum people for those who do not qualify for Medicaid	4,000

				due to immigration status	
Delaware	138	Legislation passed	HB 234 introduced and reported out of the Appropriations Committee	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000
District of Columbia	221	Legislation passed	DC Act 23-390 Postpartum Coverage Expansion Amendment Act of 2020 signed into law 10/13/20	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	1,000
Florida	31	Legislation passed; section 1115 demonstration submitted to CMS	SB 2518 signed by Governor and enacted 6/1/21; Florida submitted a section 1115 demonstration to extend coverage to 12 months postpartum 9/3/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	52,000
Georgia	35	Section 1115 demonstration approved by CMS	Georgia Postpartum Extension section 1115 demonstration approved by CMS 4/16/21	Extends pregnancy-related Medicaid coverage from 2 to 6 months postpartum	39,000
Hawaii	138	Legislation proposed	HB 1943 HD2 referred to House Committee on Health 2/12/20	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000
Idaho	138	No current action			3,000
Illinois	138	Section 1115 demonstration approved by CMS	Continuity of Care and Administrative Simplification section 1115 demonstration approved by CMS on 4/12/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	21,000
Indiana	138	Will take up ARP option	Maternal Opioid Misuse Indiana Initiative (MOMII) section 1115 demonstration application withdrawn 6/2/21 to move forward with the ARP provision instead. State does not need legislative approval for the change.	Section 1115 demonstration application extends postpartum coverage from 2 to 12 months for mothers with OUD	12,000
Iowa	138	Legislation proposed	SF 155 referred to subcommittee 1/26/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	6,000
Kansas	38	No current action			7,000
Kentucky	138	Legislation proposed	HB 290 referred to Committee on Committees 2/2/21	Extends pregnancy-related Medicaid eligibility from 2 to 12 months postpartum	10,000

Louisiana	138	Legislation passed	HB 468 passed House and referred to Senate 5/25/21; Senate Resolution 208 and House Resolution 198 passed 7/10/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	14,000
Maine	138	Legislation passed	LD-264 passed and enacted 7/2/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000
Maryland	138	Legislation passed	HB 0588 passed 4/2/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	11,000
Massachusetts	138	Section 1115 demonstration submitted to CMS under ARP option	MassHealth section 1115 demonstration amendment is pending CMS approval, submitted 6/8/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	8,000
Michigan	138	Legislation proposed	Proposed appropriations bill contains $37.5 million for the Healthy Moms 2/20/20, Healthy Babies Initiative; SB 252 introduced and referred to appropriations committee 3/17/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	16,000
Minnesota	283	Legislation passed	HF 2128 passed in the legislature and approved by Governor 5/25/21	Extends pregnancy-related Medicaid coverage from 2 to 6 months postpartum	7,000
Mississippi	25	Legislation proposed	HB 1087 referred to appropriations 1/18/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	14,000
Missouri	21	Section 1115 demonstration approved by CMS; legislation passed	CMS approved the section 1115 demonstration 4/16/21; HB 2495 referred to the Health and Mental Health Policy Committee 2/18/20; HB 1682 passed and approved by Governor 7/13/20	Section 1115 demonstration extends limited benefit package of substance use disorder (SUD) and mental health treatment services only for individuals with SUD who are adherent to treatment; HB 2495 extends pregnancy-related Medicaid coverage from 2 to 12 months in CHIP; HB 1682 extends Medicaid coverage for mental health treatment for those with maternal mental health conditions for	18,000

				up to 12 months postpartum	
Montana	138	No current action			2,000
Nebraska	138	No current action			3,000
Nevada	138	Legislation passed	AB 189 approved by Governor 6/2/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	6,000
New Hampshire	138	No current action			1,000
New Jersey	138	Section 1115 demonstration approved by CMS	CMS Approved the section 1115 demonstration and will extend Medicaid coverage to 12 months postpartum 10/28/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	11,000
New Mexico	138	No current action			5,000
New York	223	Legislation proposed	SB7147 introduced and referred to Finance Committee 1/22/20	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	26,000
North Carolina	41	Proposed legislation to adopt ARP option	SB 530 referred to committee on Rules and Operations of the Senate 4/6/21; SB 105 passed Senate and referred to House but extended postpartum coverage not included in House version 6/25/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	28,000
North Dakota	138	No current action			1,000
Ohio	138	Legislation passed	HB 110 (2022-2023 budget) enacted 6/30/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	21,000
Oklahoma	41	No current action			14,000
Oregon	138	No current action			7,000
Pennsylvania	138	Governor announced plan to take up ARP option	Intends to extend postpartum Medicaid coverage through the ARP 8/15/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	18,000
Rhode Island	138	Legislation proposed	H 6075 held for further study 5/13/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000
South Carolina	67	Legislation passed	S4100 passed and approved by Governor (Act No. 94) 6/25/21	Extends pregnancy-related Medicaid	16,000

				coverage from 2 to 12 months postpartum	
South Dakota	48	No current action			2,000
Tennessee	93	Legislation passed	Governor signed budget including extension 5/17/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	22,000
Texas	17	Legislation proposed	HB 411 has been referred to the Human Services Committee 2/20/19	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	137,000
Utah	138	Legislation proposed	HB 363 returned to Rules committee 3/3/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	4,000
Vermont	138	No current action			1,000
Virginia	138	Approved section 1115 demonstration	VA Submitted a section 1115 demonstration to extend FAMIS MOMs coverage, approved 11/18/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	12,000
Washington	138	Legislation passed to take up ARP option	SB 5092 - 2021-22 biennial budgeted passed both chambers and is awaiting Governor approval 4/26/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	12,000
West Virginia	138	Legislation passed	HB 2266 passed by legislature and approved by the Governor 4/28/21	Extends pregnancy-related Medicaid coverage from 2 to up to 12 months postpartum	3,000
Wisconsin	100	Legislation proposed	SB 562 introduced and fiscal note published 11/3/21	Extends pregnancy-related Medicaid coverage from 2 to up to 12 months postpartum	13,000
Wyoming	52	No current action			1,000

Sources: National Academy for State Health Policy (2021). View Each State's Efforts to Extend Medicaid Coverage to Postpartum Women. https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/ and Kaiser Family Foundation. Medicaid Postpartum Coverage Extension Tracker. https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/
Notes: Documented state actions as of December 1, 2021. Medicaid parental eligibility limits as of January 2021. Applies Basic Health Plan income limits in New York and Minnesota.
*State legislation authorizes the state to seek CMS authorization for extended postpartum coverage (either through a State Plan Amendment (SPA) or demonstration), but except in cases of approved 1115 demonstrations, changes in postpartum eligibility have not yet been implemented. The ARP option can only be implemented starting on April 1, 2022.
**State-specific estimates were generated using the pooled state estimates based on parental income eligibility criteria from Table 2, combined with state-level CDC Natality data.

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