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ISSUE BRIEF

Healthy Moms, Healthy Babies: Extending Medicaid Postpartum Coverage

Healthy moms are the foundation of healthy children. Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services before, during, and after birth. More than half of all babies in Ohio are born to women who receive Medicaid and 49% of infants and toddlers in Ohio receive health coverage through Medicaid and Healthy Start. Women in Ohio with pregnancy-related Medicaid coverage lose their benefits 60 days after the end of pregnancy. Our state's rate of maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes, occur after pregnancy-related Medicaid coverage ends.

Policy

Extending Medicaid coverage can help eradicate preventable maternal deaths and improve outcomes for both mom and baby. As the largest payer of maternity care in Ohio, covering over half of births, Medicaid has a critical role to play in ensuring healthy moms and babies. In Ohio, the Medicaid program is available to pregnant women in families with income up to 200% of the Federal Poverty Level. Ohio needs to ensure that all individuals whose pregnancies are covered by Medicaid can keep their Medicaid coverage for at least one year postpartum, including coverage for services such as case management and outreach, substance use disorder treatment, and mental health screening and treatment. Currently, states can extend coverage with a federal match by submitting a Section 1115 waiver request to the federal Centers for Medicare and Medicaid Services (CMS).

Extending postpartum coverage....

- Ensures continuity of health care for women postpartum for medical concerns arising from pregnancy and can avoid costly—and sometimes fatal—complications.
- Reduces stress of finding new insurance, changing providers or navigating financial hurdles.
- Supports ongoing behavioral health and substance use disorder treatment to keep mom healthy and engaged in parenting.
- Allows women to maintain their health, focus on family, and make plans to return to work or school.
- Promotes healthy development for baby and avoids trauma.

Challenge

Ohio is facing a maternal and infant mortality crisis. When a mother dies as a result of childbirth, it is a tragedy for both families and communities. A pregnancy-related death can happen at any point during pregnancy, at delivery, and up to a year after birth (postpartum). According to the Centers for Disease Control and Prevention (CDC): about 1/3 of deaths (31%)

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happened during pregnancy; slightly more than 1/3 (36%) happened at delivery or in the week after; and about 1/3 (33%) happened 1 week to 1 year postpartum. A national study found that of the medical complications that most commonly cause maternal mortality and morbidity, Black women were two to three times more likely to die than white women who have the same exact complications. In Ohio, between 2008 and 2016 pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births. Over half of these deaths, 57% were considered preventable. Additionally, Black women in Ohio died at a rate of more than two and a half times that of white women making up 34% of deaths but only 17% of births.

This data is one of a series of metrics for which the pervasive racial disparity determines outcomes for both parent and child(ren). The experiences of both mothers and infants are inextricably linked, although they are often considered separately. This is particularly important when it comes to babies and women of color due to the intergenerational effects and lived experiences of racism. These factors are influential throughout pregnancy and affect their babies' start in life. We know that where these disparities and gaps present themselves during the prenatal period of a young child's development, they often persist across the life course beginning with the following impact on infants:

- Nearly 12% of all Ohio births are preterm and this rate is 50-80% higher for moms receiving Medicaid compared to their higher income peers. 1 in 7 Black babies are born premature compared to 1 in 10 white babies.
- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies.

Opportunity

In the context of the nation's growing and persistent maternal and infant health crises, many have sought policy and delivery system changes that will improve outcomes for women and their babies. A key opportunity identified and shared by many is to extend the postpartum coverage period in Medicaid from the current 60 days to a full year in line with clinical evidence. Extending the postpartum coverage period at the state level typically requires state action and budget authority. In addition, until pending federal legislation is enacted, states will need to propose a Section 1115 waiver in order to receive federal Medicaid matching funds for the extended postpartum period. According to the American College of Obstetricians and Gynecologists, three states are implementing limited coverage extensions for postpartum women and an additional five states have waivers pending before CMS. Many states have taken additional action to make progress towards extending postpartum coverage including Ohio.

A part of House Bill 166 (Ohio's Operating Budget for FY20-21), Ohio committed to pursuing CMS approval for continuous 12-month Medicaid eligibility for postpartum women with substance abuse disorders. This represented a \$15 million investment of which \$5.4 million were state general revenue funds. At this time, the state has not yet submitted a Section 1115 waiver to CMS to provide this enhanced care.

Support Child Well-Being: Budget Recommendation

- Maintain and expand the investment in extended postpartum coverage and actively pursue CMS approval of a Section 1115 waiver for continuous 12-month Medicaid eligibility for postpartum women with substance abuse disorders.
- Expand the scope and investment of the waiver to include 12-month continuous care for pregnant women with high-risk pregnancies, chronic conditions, and mental health diagnoses.
- Monitor federal action, including proposed bills like the Helping Medicaid Offer Maternity Services Act of 2020 that would allow states to provide one year of postpartum coverage under Medicaid and the Children's Health Insurance Program without an 1115 demonstration waiver and act promptly on these pathways to expand coverage.

This issue brief authored by: Lynanne Gutierrez (Wolf), Esq., Assistant Director & Legal Counsel, Groundwork Ohio
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