Advocacy Action Guide for AAP Chapters

Overview
The American Rescue Plan Act (ARP) enables states, beginning April 1, 2022, to extend Medicaid and CHIP postpartum coverage from 60 days to 12 months through the filing of a state plan amendment (SPA). Extending postpartum coverage has significant potential to lower the uninsured rate, improve maternal and infant health outcomes, reduce disparities, and continue progress towards health equity. Many states have already introduced appropriations legislation that would fund the postpartum coverage expansion when it begins April 1. For states that have yet to act, this policy can be prioritized this session, as the ARP provision allowing extensions of postpartum coverage will only be available for 5 years. In addition, many pregnant people who qualified for Medicaid or CHIP since the beginning of the COVID-19 public health emergency could lose coverage beyond the 60th day of their postpartum period once the federal emergency declaration ends. While AAP continues to advocate for federal legislation to make post-partum coverage both permanent and mandatory, AAP chapters are encouraged to engage their state lawmakers and Medicaid agencies to act on this opportunity and maximize postpartum coverage. Infants born on Medicaid and CHIP are guaranteed a full year of coverage, the persons who give birth to them should too.

Background – Maternal Health Matters
More than 1.5 million births in the US each year are financed by Medicaid or CHIP. While Medicaid and CHIP cover 42% of births in the US, 63% of persons giving birth on Medicaid/CHIP are persons of color. Given the sheer number of births covered by Medicaid and CHIP, Medicaid and CHIP present a strong policy lever in which to bolster perinatal care, improve health outcomes, and reduce disparities. The need to improve maternal health outcomes in the US cannot be understated—maternal morbidity and mortality rates in the US continue to rise, coverage gaps persist, and disparities in coverage and health outcomes abound.

The U.S. is Experiencing a Maternal Morbidity and Mortality Crisis

- Each year in the US, 700 people who give birth die from pregnancy-related causes and another 50,000 people experience life-altering complications from unintended consequences of pregnancy.²
- The US ranks last among industrialized nations in maternal mortality rate and is the only one of those nations where the rate continues to rise.³ ⁴ Between 1990 and 2020, the US maternal death rate rose from 12 per 100,000 live births to 15 per 100,000 live births while the rate globally declined during the same period.⁵
- More than half of pregnancy-related deaths occur postpartum, with almost 12% occurring between 43 days and 12 months postpartum.⁶ Two-thirds of these deaths would be preventable with routine, ongoing care.
- A growing contributor to the maternal mortality rate over the last decade has been suicide. At least 1 in 8 women experience postpartum depression, with disparities among Black and low-income individuals.⁷
- Treatment of perinatal depression often lasts beyond the current 60-day postpartum coverage.
- The cost of America’s maternal morbidity and mortality crisis is estimated to be $32.3 billion per year.⁸

Significant Disparities in Coverage and Maternal Health Outcomes Persist

- Even with the gains in coverage achieved through the Affordable Care Act, women of color are still more likely to be uninsured, including during the perinatal period.⁹
- Women of color make up a disproportionate share of Medicaid enrollees¹⁰, however, these women – along with women with low levels of education and women with co-morbidities – have the lowest rates of postpartum care.¹¹
- Preventable postpartum illness and death disproportionately impacts Black and American Indian/Native Alaskan women in the US, with these populations more than five times as likely to die from pregnancy-related complications.¹²
- Disparities also persist for postpartum follow-up care. For example, studies have shown that Black women with gestational diabetes had the lowest rate of postpartum diabetes screening despite having the highest risk for developing chronic diabetes.¹³
- Pregnant persons who live in rural communities are about 60% more likely to die during pregnancy, childbirth, or during the postpartum period.¹⁴

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¹ March of Dimes. Nowhere to Go: Maternity Care Deserts across the U.S. October 2018.
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Medicaid Coverage Has Not Kept Up with Contemporary Standards of Perinatal Care

- Maternal and infant health literature is increasingly recognizing the importance of “Fourth Trimester” care and the need for sustained holistic support rather than sporadic postpartum checkups. This is particularly beneficial for people with chronic conditions or who experience pregnancy complications.
- Modern care models that offer enhanced support during the postpartum period—including physicians, patient navigators, and community health workers—promote continuity of care by centralizing referrals for necessary health services and providing warm handoffs to wrap-around care.15
- Other federal agencies, including the CDC, define the postpartum period as lasting 12 months after delivery.

Gaps in Coverage Remain Despite ACA Gains

- Gaps in coverage present a significant barrier to care, particularly to people who experience postpartum complications. For such people, coverage gaps can result in significant out-of-pocket expenses, or in delaying or foregoing necessary care.16 Foregoing preventive care can result in higher healthcare costs later in life if preventable conditions are not detected and develop into chronic conditions.
- While the ACA has reduced churn (cycling through plans or periods of being insured and uninsured) more than one-third of all people who give birth experience an insurance change between the preconception and postpartum periods, with nearly 29% experiencing a change during the postpartum period.17
- Postpartum coverage gaps are particularly more common in non-expansion states. Often, people who give birth in these states will have income too high to qualify for a parent eligibility category after the 60-day postpartum period, yet too low for a subsidized marketplace plan. This often results in the person becoming uninsured or experiencing churn between different coverages or between coverage and being uninsured.18

Current Postpartum Coverage and the Opportunity for States to Extend Coverage

Many people become eligible for Medicaid or CHIP through pregnancy. While Medicaid and CHIP coverage during pregnancy is continuous, it is limited to the first 60 days postpartum. The Families First Coronavirus Response Act (FFCRA) extended coverage for Medicaid and Medicaid-expansion CHIP program beneficiaries, but only for the duration of the COVID-19 public health emergency. Therefore, people who qualified for Medicaid or CHIP due to pregnancy occurring on or after March 18, 2020 will retain coverage until the federal emergency declaration expires. The current emergency declaration, if not renewed, will expire on April 18, 2022. While the FFCRA has provided a temporary reprieve to Medicaid or CHIP beneficiaries who have given birth from coverage churn after delivery, the need for high-quality postpartum care will not end when the federal emergency declaration expires. Therefore, the need to extend and make postpartum coverage permanent remains a high priority.

To address this need, the ARP, signed into law by President Biden in March 2021, has enabled states to extend postpartum Medicaid and CHIP coverage from 60 days to 12 months through the filing of a SPA, rather than seeking...
approval though a waiver application. The ARP provision authorizing the extension of postpartum coverage will go into effect on April 1, 2022 and will sunset on March 31, 2027.

In December 2021, the Centers for Medicare and Medicaid Services (CMS) issued guidance to states on the extension of postpartum coverage, including the means of implementation, eligibility requirements, covered populations, communication plans, and improving the quality of care delivered during the 12-month postpartum period.

- **Implementation** – CMS guidance indicates that although waivers are still an available pathway, SPAs are the agency’s strongly preferred mechanism for implementation. Because SPAs are significantly less burdensome administratively than the waiver process, this will be the easier mode of implementation for the state as well.

- **Who Will be Covered** – (1) Current Medicaid and CHIP beneficiaries who are pregnant as of the effective date of the SPA or become pregnant thereafter; (2) Current Medicaid and CHIP beneficiaries who are no longer pregnant but are within the 12-month postpartum period as of the effective date of the SPA; (3) Persons who apply for Medicaid after their pregnancy ends, but who received Medicaid-covered services in-state during their pregnancy. Optionally, states may automatically re-enroll persons whose coverage was terminated and are still less than 12 months postpartum, or accept new applications from such persons.

- **Federal Match Level** – The federal match for postpartum services under the coverage extension will be at each state’s federal medical assistance percentage (FMAP). Medicaid expansion states that extend postpartum coverage can, with CMS approval, receive the 90% match for people who would otherwise be “newly eligible” for the adult eligibility category at end the of the traditional 60-day postpartum period.

- **Continuous Eligibility** – Like under the current 60-day postpartum period, a beneficiary’s eligibility under the expanded coverage is continuous from the last day of pregnancy to the last day of the 12th month postpartum regardless of any eligibility group the person was enrolled in prior to their pregnancy, or any change in income during the pregnancy or postpartum period. States cannot shift beneficiaries who qualify due to pregnancy to other eligibility categories with lesser benefits. Eligibility during this period can only be terminated upon voluntarily request of the beneficiary; the beneficiary’s relocation out of state; by death of the beneficiary; or due to findings of error, fraud, or abuse during the original determination of eligibility.

- **Renewals** – States must conduct the renewal process at the end of the beneficiary’s 12-month postpartum period, not at any regularly scheduled renewal date occurring before the end of the 12th month.

- **Beneficiary and Provider Education** – State Medicaid programs that file an SPA are highly encouraged to conduct outreach to providers and beneficiaries to inform them of the extended postpartum period. Medicaid and CHIP administrative matching funds may be used for such education.

- **Bolster Covered Maternal Health Services** – Lastly, the CMS guidance encourages states’ postpartum services to include chronic disease management, mental health care, interpersonal violence prevention, family planning, nutrition and breastfeeding education, tobacco cessation, and substance use treatment. In addition, CMS recommends states consider building on “patient-centered models of care,” such as doula services and home visiting. Lastly, CMS encourages states that elect to extend postpartum coverage to report the maternity core data set, as well as join existing CMS maternal and infant health learning collaboratives.

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There is no retroactive eligibility under CHIP
It is significant that CMS sees this policy as an opportunity through the extension of postpartum coverage to enhance perinatal care and ultimately improve health outcomes. Indeed, extending postpartum coverage would have significant measurable impacts on access to care. Analysis by The Urban Institute and The Commonwealth Fund found that extending Medicaid and CHIP coverage to 12 months postpartum would increase the number of people who give birth with insurance during the postpartum period and expand access to necessary care. Specifically, an extension of Medicaid and CHIP postpartum coverage would result in 123,000 uninsured people who give birth becoming newly eligible for Medicaid or CHIP. Combined with existing Medicaid and subsidized marketplace coverage, an extension of coverage would mean 70% of the nation’s uninsured people who give birth would be eligible for some form of subsidized coverage during the postpartum period. Furthermore, preliminary analysis of two states that have already extended postpartum coverage found increases in postpartum care visits, continuity of coverage, and enhanced engagement of individuals in health care.\(^\text{20}\)

**State Action on Extensions of Postpartum Coverage**

Prior to the ARP provision, five states had already extended postpartum coverage through a 1115 waiver; three states (IL, VA, NJ) extended coverage to 12 months; one state (GA) extended coverage to 6 months; and one state (MO) extended postpartum coverage for a limited package of benefits, including substance use disorder and mental health treatment. There are two states (FL MA) with pending waivers to extend coverage. As of February 1, 2022, there are 18 states that have passed legislation directing the state Medicaid agency to file a SPA to extend postpartum coverage, or appropriating funds for coverage in preparation for the April 1, 2022 effective date of the ARP provision. Many more states, while yet to take formal action, have publicly expressed their intention to pursue this policy. As the window to extend coverage opens April 1, 2022 and closes March 31, 2027, many such states are expected to take on this policy during the 2022 legislative session so as to maximize coverage before the ARP provision sunsets.

**Federal Advocacy**

AAP is in strong support of making 12-month postpartum coverage both permanent and mandatory and has previously urged Congressional leaders to pass such legislation. Likewise, the Medicaid and CHIP Payment and Access Commission (MACPAC) has recommended to Congress that 12-month postpartum Medicaid and CHIP coverage be made permanent and mandatory for all states. A provision for permanent, mandatory 12-month postpartum coverage was included in Build Back Better (BBB) Act, however, that legislation has stalled in the Senate after passing in the House in November 2021. AAP, along with several key maternal and child health groups, voiced strong support for this and other provisions in the BBB Act and we will continue to advocate for this necessary and impactful policy change. If BBB is revived in the Senate, or if discrete provisions are separately advanced, we will communicate these changes to AAP chapters along with accompanying opportunities for advocacy. Nevertheless, low-income people who give birth cannot afford to wait on the chance that BBB passes and makes full-year postpartum coverage mandatory, which is all the more reason for states to act now and guarantee this coverage for at least the next 5 years.

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What AAP Chapters Can Do

✓ If your state has neither filed a SPA nor passed legislation directing the Medicaid agency to file a SPA, it is important to educate your lawmakers and Medicaid agency on the benefits of extending coverage. You can amplify your message by working with maternal and child health coalition partners in your state.

✓ If your chapter is in a state that has passed legislation either directing the state Medicaid agency to submit a SPA or appropriating funds to support the coverage starting April 1, now is the time to conduct administrative advocacy to the state Medicaid agency to ensure timely filing of the SPA.

✓ Even if states file a SPA, the coverage is subject to appropriations. If your state does file a SPA, work with your state’s legislative leadership and governor’s office to ensure that the Medicaid program budget is fully appropriated for 12 months of postpartum coverage.

✓ For states that have already submitted a waiver to extend postpartum coverage prior to the passage of the ARP, discuss with your state Medicaid agency about plans to file a SPA, and encourage them to support federal legislation to make the policy permanent and mandatory.

✓ If your state files a SPA, encourage your lawmakers and the Medicaid agency to re-enroll any people whose coverage was terminated prior to the filing of the SPA and who are still less than 12 months postpartum.

✓ Once your state has filed a SPA, or if it already had an approved waiver, work with your state to build a robust array of services in furtherance of a wholistic approach to perinatal care, including smoking cessation, mental and emotional health, substance use treatment, breastfeeding and nutrition counseling, doula and home visiting services.

We're Here to Help
AAP chapters stand positioned to lend expert voices to states as states consider filing SPAs and corresponding state appropriations for extension of postpartum Medicaid and CHIP coverage. Contact AAP State Advocacy at stgov@aap.org for consultation and technical assistance.

Additional Resources

• American College of Obstetricians and Gynecologists (ACOG) – Extend Postpartum Medicaid Coverage
• Equitable Maternal Health Coalition – Making the Case for Extending Medicaid Coverage Beyond 60 Days Postpartum: A Toolkit for State Advocates
• The Century Foundation – Promoting Better Maternal Health Outcomes by Closing the Medicaid Postpartum Coverage Gap
• Black Mamas Matter Alliance – Advancing Holistic Maternal Care for Black Women Through Policy
• Health Affairs Forefront – Expanding Postpartum Benefits to Combat Maternal Mortality and Morbidity