

## Policy priority: **Extend Medicaid eligibility for pregnant women from 60-days postpartum to 12-months postpartum**

Health coverage before, during and after pregnancy increases access to preventive care, improves health outcomes for mothers and children, and reduces maternal mortality rates. By assuring continuity of care during an extremely vulnerable time, such a move will improve the health of new mothers – and set their children on a healthy trajectory.

### Extending postpartum coverage:

- ▶ **is in line with clinical evidence and can keep moms healthy while reducing health care costs.**<sup>1</sup>
- ▶ **could help lower the rate of maternal mortality and morbidity.** Some of the most dangerous pregnancy-related complications – preeclampsia, blood clots, and heart problems such as cardiomyopathy – may not surface until weeks or months after delivery. Iowa’s Maternal Mortality Review Committee reported in March 2020 that the majority of maternal deaths in our state (56%) occurred postpartum, and formally recommended expanding Medicaid coverage for one year postpartum.<sup>2</sup>
- ▶ **is part of an equity agenda** to improve outcomes for two groups: women of color, especially Black women, who face barriers to care and the weathering effects of racism, and women in rural communities, where health care resources are fewer.
- ▶ **supports new parents and promotes healthy development for babies** by ensuring access to health care services during a critical time.
- ▶ **ensures new mothers get the care they need without a change in provider or lapse in coverage.** Even though Iowa expanded Medicaid, coverage gaps and insurance disruptions remain, especially during the perinatal period. Recent analysis shows that nearly one in three women in Medicaid expansion states, like Iowa, experienced an insurance disruption from preconception to postpartum.
- ▶ **reduces Medicaid costs.** Women eligible for Medicaid based on pregnancy are likely to enroll in Medicaid again. But without the benefit of extended postpartum coverage, or by churning between sources of coverage, many re-enrolled women end up sicker, and with more costly health care conditions, once they’re covered again.
- ▶ **has bipartisan support.** This two-generation strategy incorporates two of Gov. Reynolds’ policy priorities — mental and maternal health. Legislators, governors and state health officials in over a dozen states, both red and blue, are in varying stages of pursuing this coverage extension. Texas has implemented the policy and Georgia and Missouri have enacted legislation to implement it.

<sup>1</sup> The American College of Obstetricians and Gynecologists and the American Medical Association have recently called for interventions to mitigate perinatal insurance disruptions, including insurance eligibility expansions under Medicaid through the first year postpartum, as a key strategy for reducing preventable maternal morbidity and mortality in the US.

<sup>2</sup> Iowa Maternal Mortality Review Committee, Report from Maternal Death Reviews from last half of 2015 through first half of 2018. March 5, 2020. Accessed at <https://idph.iowa.gov/Portals/1/userfiles/38/Final%202020%20MMRC%20report.pdf>