



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



FIRST 5 CENTER FOR
CHILDREN'S POLICY

12-Month Medi-Cal Coverage for Postpartum Women

SUMMARY

Under the current national public health emergency (PHE), all Medi-Cal enrollees have temporary continuous enrollment through at least December 2021. In budget year 2021-2022, California will be required to develop a plan to unwind the federal PHE flexibilities and coverage protections for when the PHE ends. As part of its plan to unwind the PHE continuous enrollment requirement, the State 2021-2022 budget should retain the continuous coverage for postpartum women. Under this proposal, at the end of the PHE, the continuous coverage policy would continue through one year postpartum for women who are pregnant or whose pregnancies ended within the past 60 days. This one year of continuous coverage would also be provided to individuals who become newly eligible for or enrolled in Medicaid during pregnancy. As part of the State's PHE unwinding plan, DHCS would utilize any federal flexibilities offered as part of this federal unwinding, including guidelines and/or other opportunities to maximize federal Medicaid matching funds, such as a waiver. Not only will this promote a smooth transition from PHE practices, continuous coverage for postpartum individuals to one year after the end of pregnancy will improve maternal and infant health outcomes across the state. This action is more important now than ever given that the pandemic stands to worsen maternal health outcomes and exacerbate racial inequities in maternal health in our state.

PROBLEM

The United States is the only industrialized nation where maternal deaths are on the rise. According to the Centers for Disease Control and Prevention (CDC), most pregnancy-related deaths that occur in the U.S. each year, although rare, are preventable. There are stark racial inequities in maternal mortality. In California, Black women are four times more likely to die from a pregnancy-related complication than non-Hispanic White women.

The COVID-19 pandemic risks exacerbating the maternal health crisis. A recent study from the CDC suggests that pregnant women are at a significantly higher risk for severe outcomes, including death, from COVID-19 than non-pregnant women.

Under current federal law, women who are eligible for Medi-Cal based on the fact that they are pregnant become ineligible for coverage on the last day of the month in which the 60th days after the end of pregnancy occurs. While some women may successfully transition to Covered California at this

time, many cannot afford their share of the premiums or out-of-pocket costs and are left in the untenable position of being uninsured shortly after a major medical event. Those who can manage the costs will lose important continuity of care when their Medi-Cal providers do not participate in the Covered California network that is available in their area.^{1 2}

Nationally, insurance coverage disruptions are one of many factors that contribute to high rates of maternal mortality among the Medicaid-eligible population. Importantly, half of all uninsured new mothers nationwide report losing Medicaid after pregnancy as the reason they became uninsured. These coverage disruptions also disproportionately affect women of color; nearly half of all non-Hispanic Black women had discontinuous insurance from pre-pregnancy to postpartum and half of Hispanic Spanish-speaking women became uninsured in the postpartum period.

There are major risks to becoming uninsured shortly after experiencing pregnancy. For example, one in seven women experience symptoms of postpartum depression in the year after giving birth, and evidence suggests women with substance use disorder are more likely to experience relapse and overdose seven to 12 months postpartum. A study of maternal suicide in California found the majority of women (83%) died in the late postpartum period, 43-365 days following the end of pregnancy: 36% died between 43 days and 6 months and 47% died more than 6 months postpartum. Among other findings, approximately 85% of women had one or more psychosocial stressors documented near the time of death (e.g., interpersonal conflict with partner, financial hardship, exposure to violence as a child or adult); screening and referral through Medi-Cal's Comprehensive Perinatal Services Program (CPSP) is intended to address such factors. 51% of these maternal suicide cases had a good to strong chance of preventability with missed opportunities to intervene—opportunities that are far more likely to be missed when the woman is dropped from Medi-Cal shortly after the end of a pregnancy.³

Additionally, 18% of women nationally who lost Medicaid coverage and became uninsured in the postpartum period reported either gestational diabetes or pregnancy-related hypertension – both conditions that would benefit from ongoing monitoring and treatment after the end of pregnancy. Moreover, about one-third of the women who lost coverage were recovering from a cesarean section and just over one-quarter reported being depressed sometimes, often, or always in the months after giving birth. Many of these postpartum health risks could be mitigated if women were able to maintain coverage through Medi-Cal.

While California has taken a positive step by providing Medi-Cal coverage up to 12 months for women diagnosed with a maternal mental health condition, the reality is all postpartum individuals deserve to be covered and receive the services needed to remain healthy after the end of pregnancy, regardless of condition.

SOLUTION

Continue coverage for all postpartum individuals to one year after the end of pregnancy to improve maternal and infant health outcomes across the state.

¹ <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

² <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>

³

https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/FacSheetPAMR_2019-01.pdf

Current Opportunity—Budget Proposal

Continue the COVID PHE Continuous Coverage Policy for Postpartum Medi-Cal enrollees. In budget year 2021-2022, California will be required to develop a plan to unwind the federal PHE Medicaid flexibilities and coverage protections when the PHE ends.⁴ **As part of its plan to unwind the PHE Medicaid continuous enrollment requirement, the State 2021-2022 budget should retain the continuous coverage for all postpartum individuals.** Under this proposal, at the end of the PHE, the continuous coverage policy would continue for postpartum individuals already enrolled in Medi-Cal during the PHE as well as those newly applying. As part of the State’s PHE unwinding plan, the Department of Health Care Services would utilize any federal flexibilities offered as part of the federal unwinding guidelines and/or other opportunities to maximize federal matching funds, such as a waiver.

This reasonably stages a smooth transition from PHE practices, which is more important now than ever given the impact the pandemic has had on health care utilization for the Medi-Cal: there is much catching up to do for time-sensitive preventive services as well as other urgent health care needs that have been deferred for the past year.

12-Months Continuous Coverage for All Post-partum Medi-Cal Enrollees. After the temporary continuous enrollment during the PHE, California should continue to provide Medi-Cal postpartum coverage for 12 months for all Medi-Cal mothers. Not only is this approach necessary for maternal and infant health, as summarized above, but it would also allow the state to draw down federal matching funds on an on-going basis for the existing 12-month maternal mental health coverage under Welfare and Institutions Code § 14008.5, which at present is supported solely by state funds.

The new federal revenue source would then contribute to supporting 12-month coverage for all postpartum individuals, not just those with a diagnosed maternal mental health condition.

⁴ CMS State Health Official Letter on “[Planning for the Resumption of Normal State Medicaid...Upon Completion of the COVID-19 PHE](#)”, December 2020.