

FACT SHEET

Medicaid & Maternal Mental Health

KEY POINTS: MEDICAID

- Medicaid was created in 1965 as a public insurance program to help with medical costs for people with limited income and resources.
- Medicaid is administered by states according to federal requirements and is jointly funded by states and the federal government.
- States can tailor their Medicaid programs to best serve their state's needs resulting in wide variation in eligibility requirements, services offered, and reimbursement for providers.
- Since 2010, states have been able to expand Medicaid eligibility to those whose incomes are at or below 138% of the federal poverty level (FPL), thereby providing medical insurance to thousands of additional low-income individuals.

KEY POINTS: MEDICAID & PREGNANCY

- Since 1989, federal law requires Medicaid coverage for eligible pregnant women and includes
 - Prenatal care
 - Labor and delivery
 - Care for the mother for 60 days postpartum
 - Care for the infant for the first year of life
- Many new mothers—primarily in states that have not expanded Medicaid—lose Medicaid coverage at 60 days postpartum because the income eligibility limit is lower for parents than for pregnant women.

INCREASED RISK

Women who lose their Medicaid coverage at 60 days postpartum are left uninsured at a medically vulnerable time in their lives.

AT RISK



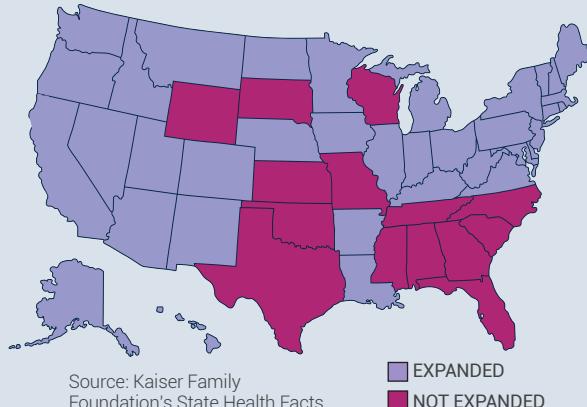
In the postpartum period, women are at increased risk of experiencing life-threatening conditions including

- Eclampsia
- Infection
- Hemorrhage
- Hypertension
- Cardiovascular disorders
- Mental health conditions
- Suicide
- Overdose

MEDICAID EXPANSION

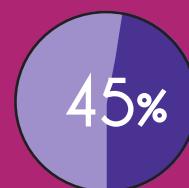
Current Status of Medicaid Expansion as of March 2021.

For interactive map: bit.ly/medicaidmap



Expansion states: 36 states (and DC) have expanded Medicaid

Non-expansion states: 14 states have not expanded Medicaid, thereby maintaining stricter income eligibility requirements



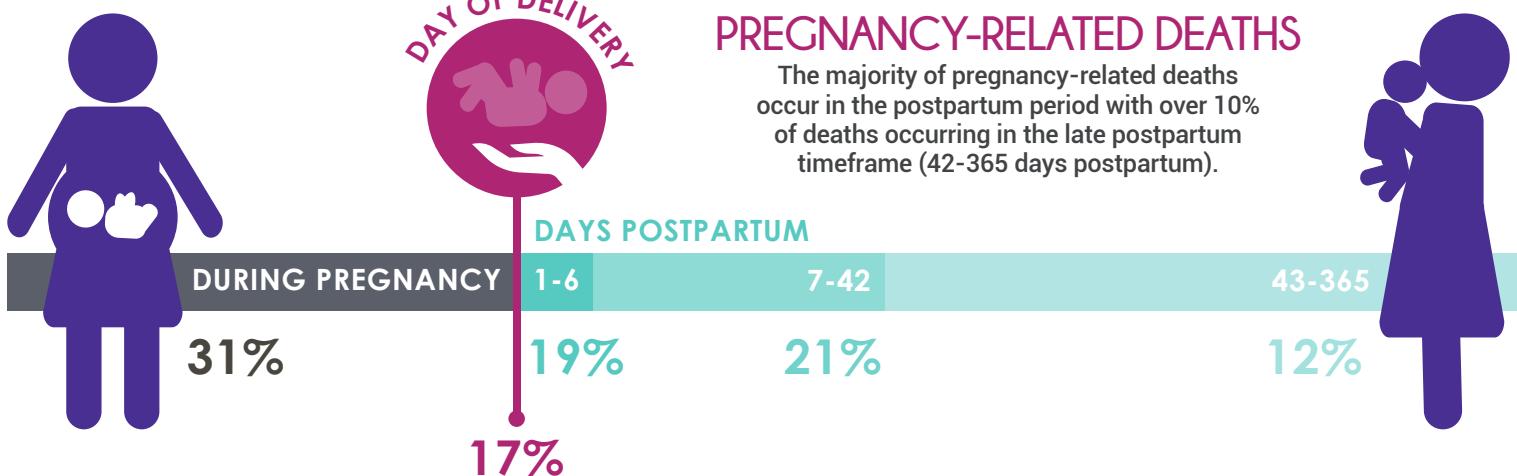
OF BIRTHS
IN THE U.S.
ARE COVERED
BY MEDICAID

TERMINOLOGY

Federal Poverty Level (FPL): A measure of income issued every year by the U.S. Department of Health and Human Services. FPL is used to determine financial eligibility for federal programs and benefits such as Medicaid.

Expansion states: 36 states (and DC) have chosen to expand Medicaid, in some cases up to 380% of FPL.

Non-expansion states: 14 states have not expanded Medicaid, maintaining more restrictive income eligibility requirements (11 states set Medicaid income eligibility for parents at less than 50% FPL; the lowest is Texas, at 17% FPL).



WHY IS EXTENDING MEDICAID COVERAGE FOR A FULL YEAR important in terms of maternal mental health?

- Women of color are overrepresented in Medicaid enrollment and disproportionately impacted by MMH: almost 50% of low-income mothers report depressive symptoms, and women of color are only half as likely to receive care for postpartum depression as white women.
- The relatively short 60-day window of Medicaid coverage means that many women neither attend a postpartum visit with their obstetric provider nor are screened or treated for MMH conditions following pregnancy.
- Even if a new mother starts treatment for postpartum depression, Medicaid rarely covers treatment after 60 days. (Health Affairs article).

- Many women experience mental health issues far beyond the Medicaid mandatory coverage of 60 days postpartum:
 - The peak incidence of postpartum depression is 3-6 months postpartum.
 - The peak incidence of self-harm is 9-12 months postpartum.
 - Some women experience mood changes upon cessation of breastfeeding or return of menses, often late in the first year postpartum.

SOURCE: Babbs, G, McCloskey, L, Gordon, S. *Expanding Postpartum Medicaid Benefits To Combat Maternal Mortality and Morbidity*. Health Affairs, January 14, 2021.

MATERNAL MENTAL HEALTH (MMH) FACTS

- Mental health conditions are the **MOST COMMON** complication of pregnancy and childbirth, affecting up to 1 in 5 women.
- Left untreated, maternal mental health issues can have long-term negative impact on mother, baby, and entire family.
- Suicide and overdose combined are the leading cause of death for women in the first year following pregnancy.

AMERICAN RESCUE PLAN ACT OF 2021

The American Rescue Plan Act (March 11, 2021) gives states the option to extend Medicaid coverage for a full year postpartum (learn more at bit.ly/rescueplan21). In addition, Medicaid has created policies, including reimbursement, for screening new mothers for PMH during well-child visits. (Learn more at bit.ly/wellchild21). Important details to note:

MEDICAID



States would have a new option to cover women in pregnancy-related Medicaid and CHIP coverage for one year after the end of pregnancy, extending their coverage well beyond the current cutoff of 60 days.

Currently, states can only receive federal matching funds to extend postpartum coverage beyond 60 days through a Section 1115 waiver, and though six states have applied to the Centers for Medicare and Medicaid Services (CMS), none have yet received approval.

States that opt to extend postpartum coverage must do so for both Medicaid and CHIP (if they cover pregnant women through CHIP). The option will be available to states for seven years, beginning with the start of the first calendar year quarter one year after enactment.

SOURCE: Park, E. American Rescue Plan Act Would Spur Medicaid Expansion and Promote Maternal Health. Georgetown University Health Policy Institute. March 2, 2021