



POLICY BRIEF

Maternal Mortality & Postpartum Medicaid Extension in Missouri

DIVISION OF COMMUNITY ENGAGEMENT AND POLICY // MARCH 2023

BACKGROUND

Medicaid in Missouri

Medicaid is a joint federal/state partnership in health coverage that has historically helped low-income families. Federal and state legislation over the past decade has redefined who qualifies for Medicaid. Federal legislation, including the Affordable Care Act (ACA) and the American Rescue Plan Act (ARPA), extended eligibility and funding for Medicaid programs.

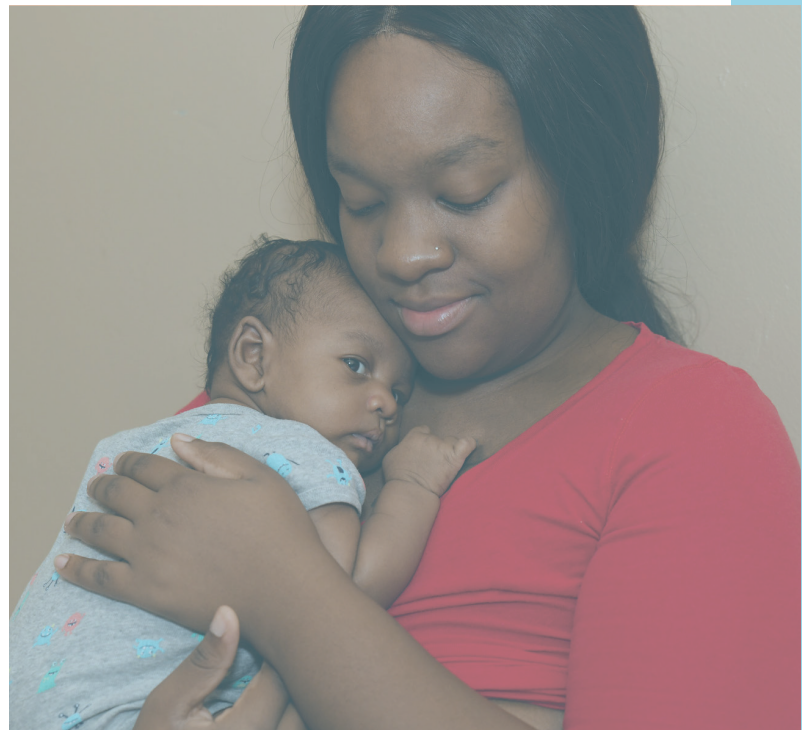
Click here to access the eligibility requirements from the Missouri Department of Social Services (DSS)

Pregnant women are one crucial population Medicaid covers. Missouri Medicaid and Show Me Healthy Babies programs currently cover postpartum care for 60 days. Due to a provision in the American Rescue Plan (ARPA), states can extend Medicaid coverage for postpartum care from 60 days to 1 year. If states extend coverage via this provision, ARPA enhances federal match rates for enrollees affected by this coverage.

Click here for a list of states who have extended postpartum Medicaid coverage

Missouri recently worked to expand coverage to postpartum women who experience Substance Use Disorders (SUDs) and postpartum depression. While the state has implemented extended coverage for SUDs, Missouri has paused the implementation of coverage for postpartum depression. These strides represent an optimistic future for postpartum Medicaid and show attention by state legislators to

the growing problem of maternal mortality. Implementing postpartum coverage for one year for all new mothers would allow women to stay on the same benefit plan for the entire first year postpartum (regardless of potential income changes) and ensure continuity of care. Extending postpartum Medicaid coverage is a necessary and bipartisan policy goal, given Missouri's high maternal mortality rate.



*** In this policy brief, we use “women” and “mothers” to describe people who are pregnant or recently gave birth. This aligns with the language in the Social Security Act, which defines Medicaid eligibility for pregnant and postpartum women. However, we acknowledge that not all people who become pregnant or give birth identify as women.



BACKGROUND

Maternal Mortality in Missouri

Missouri ranks 44th nationally in maternal mortality, which is defined as the death of a woman during pregnancy or within one year of the end of pregnancy (United Health Foundation, 2019). Missouri's pregnancy-associated mortality ratio during the 2017 – 2019 time period was 59.5 deaths per 100,000 live births. Jackson County, comparatively, had a pregnancy-associated mortality ratio of 84.5 deaths per 100,000 live births (DHSS, 2022).

Additionally, disparities in health care access and mental health care services for maternal care exist along the lines of race, education, geography, and economic status. (Bradley et al., 2022, Barreto et al., 2022). In Missouri, for example, Black women are four times more likely to experience pregnancy-related mortality. (MO DHSS, 2021).

Most follow-up visits are scheduled in the six weeks following birth leaving women without follow-up care in the critical period after six weeks postpartum. In fact, a majority of maternal deaths (63%) occur after the typical six-week follow up period, and after the state

ends postpartum Medicaid coverage, leaving women without medical coverage if they do not have another form of insurance (MO DHSS, 2022).

Interruptions in access to care offer one explanation for why only 40 percent of women enrolled in Medicaid have a postpartum follow-up visit (Gordon et al., 2020). The Congressional Budget Office (2021) found that at the end of the 60-day postpartum Medicaid coverage period, 45 percent of women will be uninsured. A brief from the US Department of Health and Human Services indicates that 55 percent of women with Medicaid coverage will experience a coverage gap within six months postpartum, compared to only 35 percent of women with private insurance (Sugar et al., April 2021). The short coverage window and potential gaps in coverage mean that women are left without clinical access and can go with undiagnosed conditions brought on or aggravated by pregnancy. The most common conditions that contribute to maternal mortality in Missouri are mental health conditions, including depression and substance use disorders, and cardiovascular disease (MO DHSS, 2022).

MENTAL HEALTH CONDITIONS

Mental health conditions comprise the largest share of postpartum maternal mortality. In Missouri, a majority of mental health related deaths (64.7%) occurred between 43 days (six weeks) to one year postpartum. According to the Missouri DHSS and PAMR report published in 2022, all deaths from mental health conditions were preventable. Of mental health conditions, depression is one of the most common, with 1 in 8 women in the US experiencing postpartum depressive symptoms. Depressive symptoms are treatable by supportive care (including home visits and peer support), therapy, and even medication. Given the widespread use of Medicaid (which accounts for 40 percent of all prenatal care and delivery), extended access to care could give new mothers the mental health care they need and improve well-being for families (Austin et al., 2022).

CARDIOVASCULAR DISEASE

Cardiovascular disease is the second highest cause of postpartum maternal deaths in the 43 to one year period (and the leading cause of mortality for postpartum women from 0 to 42 days). More than half of postpartum maternal deaths from cardiovascular disease (56.3%) were preventable, and more than half (55.6%) occurred between 43 days and one year postpartum (MO DHSS, 2022). Cardiovascular diseases can require specialized care, as such, they can put an extra financial burden on families. Many cardiovascular conditions are treatable but require early assessment.

Contributing Factors

The Missouri DHSS and PAMR Annual Report of 2022 identifies a few contributing factors to mental health or cardiovascular conditions that include access to care, financial barriers, and the

continuity and coordination of care. While there are several factors that contribute to maternal mortality, extending postpartum care to one year will directly increase access to care and alleviate financial barriers, as well as increase the continuity of care that women are able to receive.

KEY INFO TO KNOW

*Missouri ranks
44th nationally in
maternal mortality.*

UNITED HEALTH FOUNDATION

Existing research shows that at least 20% of uninsured parents indicate a lack of health care due to the cost and more than half report worry about paying for health care bills (Austin et al., 2021). Cardiovascular disease, in particular, can come with high medical costs and pose a particular threat to patients without insurance or financial security. Reducing financial stress and increasing access has demonstrable effects on improving outcomes for mothers and babies (Applegate et al., 2014). Additionally, women who are experiencing postpartum depression or substance use disorder may need continued mental health care throughout the first year postpartum. The current 60 day window of Medicaid coverage is insufficient for the continued care needed for these conditions, especially considering the majority of mental health and cardiovascular related deaths occurred between 43 days and one year postpartum (MO DHSS, 2022).

RECOMMENDATION

Extending Postpartum Care as a Critical Solution

The top policy recommendation from the MO DHSS and PAMR report published in 2022 is extending postpartum coverage to one year. Extending coverage to one year postpartum would minimize insurance coverage gaps that lead to lack of healthcare, as well as financial stressors, and would have demonstrably positive effects on pregnancy outcomes.

The Missouri Foundation for Health (2022) estimates that 4,500 Missouri women would gain access to continued Medicaid coverage if the Missouri General Assembly extends postpartum care to 1 year. Missouri is estimated to receive \$1.15 Billion in federal dollars that could be used to fund extended postpartum Medicaid coverage. However, because postpartum care coverage is less costly than pregnancy coverage, the Missouri Foundation for Health estimates that the cost-saving associated with reducing pregnancy-related complications – due to the continued care extended coverage would offer – could offset any public expenditures invested in expansion.

Early intervention and continued care are vital to treat mental health and cardiovascular diseases. When Medicaid coverage of postpartum women is extended, research shows women are more likely to access care. A study of Texas Medicaid claims before and after the federal continuous enrollment requirement showed that women are three times more likely to access mental health and substance

use related treatment, ten times more likely to access contraceptive care, and twice as likely to access preventive care in the first year postpartum as women who did not have access to Medicaid coverage (Wang et al., 2022).

Extending postpartum Medicaid coverage has demonstrably positive effects on increasing access to care and reducing financial burdens for families. Medicaid is vital for pregnant and postpartum women. Extending postpartum Medicaid coverage to 1 year will help families, women, and babies throughout the state of Missouri.





REFERENCES

Applegate, M., Gee, R., & Martin, J. (2014). Improving maternal and infant health outcomes in Medicaid and the Children's Health Insurance Program. *Obstetrics & Gynecology*, 124(1), 143-149. doi:10.1097/AOG.0000000000000320

Austin, A., Sokol, R., & Rowland, C. (2022). Medicaid expansion and postpartum depressive symptoms: evidence from the 2009-2018 Pregnancy Risk Assessment Monitoring System survey. *Annals of Epidemiology*, 68, 9-15. doi:10.1016/j.annepidem.2021.12.011

Barreto, T., Li, C., Chung, Y., Jabbarpour, Y., Baltrus, P., & Gaglioti, A. (2022). Measuring state-level racial inequity in severe maternal morbidity in the Medicaid population. *Maternal and Child Health Journal*, 26(4), 682-690. doi:10.1007/s10995-021-03192-6

Bradley, E., Barker, A., Payne, H., Amadou, O., & Davis, J. (2022). Medicaid Reimbursement for Doula Services: Definitions and Policy Considerations. <https://bpb-us-w2.wpmucdn.com/sites.wustl.edu/dist/1/2391/files/2022/04/Medicaid-Reimbursement-for-Doula-Services-April-2022-1.pdf>

Congressional Budget Office. (2021). Reconciliation recommendations of the House Committee on Energy and Commerce. <https://www.cbo.gov/system/files/2021-02/EnergyandCommerceReconciliationEstimate.pdf#page=5>

Gordon, S., Sommers, B., Wilson, I., & Trivedi, A. (2020). Effects of Medicaid expansion on postpartum coverage and outpatient utilization. *Health Affairs*, 39(1), 77-84. doi:10.1377/hlthaff.2019.00547

Missouri Foundation for Health. (2022). Examining the 12-Month Postpartum Medicaid Coverage Option for Missouri. <https://mffh.org/wp-content/uploads/2021/05/Postpartum-coverage.pdf>

Missouri Department of Health and Senior Services. (2021, June). Missouri Pregnancy Associated Mortality Review 2018 Annual Report. <https://health.mo.gov/data/pamr/pdf/annual-report.pdf>

Missouri Department of Health and Senior Services. (2022, June). A Multi Year Look at Maternal Mortality in Missouri, 2017-2019 Pregnancy-Associated Mortality Review. <https://health.mo.gov/data/pamr/pdf/2019-annual-report.pdf>

Sugar, S., Peters, C., De Lew, N., & Sommers, B. (April 2021). Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>

United Health Foundation (2019). CDC WONDER 2019 Health of Women and Children Report. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/MO

Wang, X., Pengetnze, Y, Eckert, E., Kever, G., & Chowdhry, V. (2022). Extending postpartum Medicaid beyond 60 days improves care access and uncovers unmet needs in a Texas Medicaid health maintenance organization. *Front Public Health*, 10, 841832. doi:10.3389/fpubh.2022.841832

LEARN MORE AT

jacohd.org

313 S. LIBERTY STREET
INDEPENDENCE, MO

