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Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage (2023 Update)

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KEY POINTS

- One in three pregnancy-related deaths occur between one week and one year after childbirth. Disruptions in postpartum health coverage are common, particularly among those enrolled in Medicaid.
- Prior to 2022, most states continued pregnancy-related Medicaid coverage for only 60 days after the pregnancy ends. The American Rescue Plan (ARP) included a temporary state option to extend continuous Medicaid and CHIP eligibility for pregnant individuals from 60 days to 12 months postpartum and the Consolidated Appropriations Act (CAA) of 2023 made this state option permanent. As of April 2023, 31 states and the District of Columbia have extended postpartum eligibility to 12 months via state plan amendments or approved 1115 demonstrations.
- If all states extended pregnancy-related Medicaid eligibility to 12 months postpartum, approximately 1.5 million people would have 12 months of postpartum coverage, which includes 720,000 people who would gain additional months of coverage as compared to the coverage available to them in 2021.
- Individuals in non-expansion states and states with more restrictive Medicaid parental income eligibility limits would benefit most from 12 months of postpartum Medicaid eligibility. If all states extended eligibility to 12 months, postpartum Medicaid eligibility would increase by 65 percentage points in non- expansion states (from 35 to 100 percent, roughly 350,000 people) and 38 percentage points in expansion states (from 62 to 100 percent, approximately 370,000 people), compared to what was available in 2021.
- Gains in postpartum eligibility are likely to be largest for individuals with incomes between 138- 250 percent of the federal poverty level, whose incomes are generally too high to qualify for Medicaid as parents in most states.

INTRODUCTION

This Issue Brief updates a previous report that was originally published in December 2021. This brief presents additional state level data on potential gains in Medicaid postpartum eligibility with 12 months continuous postpartum coverage and reflects recent administrative and legislative actions on maternal health coverage.*

The postpartum period is increasingly recognized as an important time for policy intervention to improve maternal health. In recognition of this, the White House Blueprint for Addressing the Maternal Health Crisis released in June 2022 called for women to have comprehensive, continuous maternal health insurance coverage for no less than one year after pregnancy.[1] Nationally, 42 percent of all births are covered by Medicaid, and in many states well over half of births are covered by the Medicaid program. However, prior to 2022, pregnancy-related Medicaid and Children's Health Insurance Program (CHIP) eligibility was generally limited to 60 days after the pregnancy ends, through the end of the last day of the month in which the 60 day period ends. Individuals eligible for Medicaid through other eligibility pathways (i.e., as a low-income parent or adult) during pregnancy may also experience coverage loss postpartum due to changes in circumstances such as fluctuations in income. Research indicates that more than 20 percent of those with pregnancy-related Medicaid coverage become uninsured within six months postpartum, and this rate is nearly twice as high (37 percent) in non-expansion states.

To help address these challenges, the American Rescue Plan Act of 2021 (ARP) included an option for states to offer 12 months of postpartum Medicaid and CHIP coverage, a significant extension from the current requirement of 60 days. This 5-year temporary state option was subsequently made permanent by the Consolidated Appropriation Act of 2023 (CAA). As of April 2023, 31 states and the District of Columbia have extended Medicaid postpartum coverage to 12 months. This brief provides an overview of the important role Medicaid plays in postpartum maternal health, reviews states' existing pregnancy-related Medicaid eligibility limits, and assesses the projected eligibility impact if all states were to provide 12 months of postpartum Medicaid eligibility.

BACKGROUND

The postpartum period is critical for recovering from childbirth, addressing complications of delivery, managing infant care, and transitioning from obstetric to primary care. However, there is increasing awareness of health risks for mothers throughout the year following childbirth.[2] Continuity of insurance coverage is critical during the full year postpartum, as one-third of pregnancy-related deaths occur between one week and one year postpartum.[3,†] Reports from state maternal mortality review committees have also found that the majority of pregnancy-related deaths occurred among populations with Medicaid-covered births.[4,5,6]

Nationally, one in eight mothers experience postpartum depressive symptoms, and rates are higher among those with Medicaid at delivery compared to privately-insured populations.[7] Research has also found that among individuals with opioid use disorder who recently gave birth, the risk of overdose is highest 7-12 months postpartum.[8] Cardiomyopathy is the leading cause of death in the late postpartum period (after 6 weeks to the end of the postpartum year).[9] In 2018, the American College of Obstetricians and Gynecologists issued updated guidelines which redefined postpartum care from a single six-week visit to ongoing care tailored to individuals' needs.

* This brief focuses on the 50 states and the District of Columbia. Additional actions in U.S. Territories may be underway, but are not included in this analysis.

† See Appendix Figure 1.

There are stark racial and ethnic disparities in maternal health outcomes, with pregnancy-related mortality rates two to three times higher among Black non-Latino‡ and American Indian/Alaska Native (AI/AN) populations compared to White populations, and severe maternal morbidity 1.9 times higher among Black populations than White populations.[10,11] Between 2020 and 2021, the maternal mortality rate in the U.S. increased by 40 percent, from 23.8 per 100,000 live births in 2020 to 32.9 in 2021, with the rate increasing substantially for AI/AN individuals and Latino populations, while the overall rate remained highest for Black populations.[12,13] COVID-19 was a contributing factor in over one-third of all maternal deaths in 2021, largely accounting for the increase in the maternal mortality rate between 2020 and 2021.[14] During the time in which the Delta variant was the predominant COVID-19 variant in the U.S. (June 27, 2021 to December 25, 2021), the risk of death for pregnant women was more than three times greater than in previous months.[15] In addition, disparities associated with COVID-19 were further exacerbated by disparities related to social determinants of health such as access to care, transportation, technology, living environment, and employment.[16]

Nationally, 42 percent of U.S. births are paid for by the Medicaid program, with greater shares among Latino (60.2 percent of births covered by Medicaid), Black (65.9 percent of births), and AI/AN individuals (67.3 percent of births); individuals under age 19 (77.5 percent of births); those with lower levels of educational attainment (66.7 percent of births among those with an 8th grade education or less; 79.1 percent among those with some high school; and 65.8 percent among those with a high school diploma or GED certificate); and those who live in rural areas (50.0 percent of births).[17,18] Therefore, the Medicaid program can play a key role in improving access to care which is especially important in efforts to reduce the stark disparities in maternal health outcomes.

Under federal law, state Medicaid programs must provide coverage to pregnant individuals with incomes below 138 percent of the federal poverty level (FPL) from conception through the last day of the month in which the 60-day postpartum period ends.[19] Individuals who lose pregnancy-related Medicaid eligibility 60 days postpartum and are not eligible to remain covered by Medicaid as a parent, low-income adult, or under a non-Modified Adjusted Gross Income (MAGI) group (e.g., individuals age 65 and over, with a disability, or who are blind) in their state must either obtain coverage from another source or become uninsured. The birth of a child is a qualifying life event for a special enrollment period in individual market insurance coverage that lasts 60 days after birth. Even among those who do obtain other coverage, postpartum insurance switches may result in lapses in coverage or reduce access to care.[20,21,22] Differences in out-of-pocket costs, provider networks, and benefit design between Medicaid and commercial coverage may also reduce continuity of care during a high- risk period for adverse health events.[23]

Before the Affordable Care Act's (ACA) major coverage provisions took effect, 55 percent of enrollees who had Medicaid or CHIP coverage at the time of childbirth experienced at least one month of uninsurance within six months postpartum.[24] After the ACA was implemented, individuals with incomes at or below 138% FPL could retain Medicaid coverage after pregnancy-related Medicaid eligibility ended. As a result, the rate of uninsurance among postpartum individuals dropped after implementation of the ACA, with 12.9 percent of postpartum individuals uninsured three to six months after delivery; however, this rate was much higher in non-expansion states (21.5 percent) than expansion states (7.2 percent).[25] Another study using post-ACA survey data found that 21.9 percent of new mothers with Medicaid-covered prenatal care became uninsured two to six months postpartum, with higher rates in non-expansion states and for individuals who completed the survey in Spanish.[26]

‡ This brief uses the term "Latino" to refer to all individuals of Hispanic and/or Latino origin.

Under the Families First Coronavirus Response Act (FFCRA), states were eligible for enhanced federal matching funds, provided they met certain conditions, including providing continuous coverage to all Medicaid enrollees throughout the public health emergency (PHE). This "continuous enrollment" provision halted postpartum disenrollment among Medicaid enrollees. To promote continuity of postpartum coverage for people enrolled in Medicaid during pregnancy, the ARP included a temporary state option (lasting five years) to use federal matching funds to provide full-benefit Medicaid or CHIP coverage up to one year postpartum.[§] While the CAA ended the continuous enrollment provision of the FFCRA effective March 31, 2023, it also made permanent the ARP state option for extended postpartum coverage.

METHODS

Part I: 2021 Medicaid Postpartum Eligibility Policies by State and Current State Actions

Before the implementation of the new post-partum coverage provisions discussed in the Introduction, to maintain Medicaid eligibility beyond the 60-day postpartum limit for pregnancy-related Medicaid, individuals needed to qualify for Medicaid as a parent, low-income adult (such as via Medicaid expansion), or other eligibility category in their state. We assessed Medicaid eligibility limits for pregnancy-related Medicaid coverage, low-income adults, and parents, as of 2021.[27,28] Eligibility as a low-income adult or parent were the primary Medicaid pathways available to postpartum individuals who lost pregnancy-related Medicaid eligibility. We also provide an overview of state-level actions to extend pregnancy-related Medicaid eligibility beyond the federally-mandated 60-day limit, as of March 2023.

Part II: Projections of Postpartum Coverage if All States Offered 12 Months of Postpartum Medicaid

Using the Urban Institute's Transfer Income Model version 3 (TRIM3), a comprehensive microsimulation model based on the Current Population Survey (CPS), we estimated how many Medicaid-eligible pregnant individuals ("the study population") would gain postpartum eligibility if all states extended pregnancy-related Medicaid eligibility from 60 days to the full postpartum year. Individuals were classified as postpartum Medicaid enrollees if they were listed as the biological mother of an infant and if, during any month of the model's income data, they were simulated as eligible for Medicaid based on 2021 pregnancy-related Medicaid eligibility criteria.

We computed the proportion of individuals eligible for Medicaid through non-pregnancy-related pathways, with three mutually exclusive outcomes: eligible for the entirety of the postpartum year; eligible for part of the postpartum year; and not eligible at all. We then estimated the proportion of individuals who would gain insurance if all states extended pregnancy-related Medicaid eligibility through 12 months postpartum. We stratified these estimates by age, race and ethnicity, income, and by state Medicaid expansion status and state Medicaid eligibility limits for parents.

We generated estimates of the number of individuals affected by the policy change by applying the estimated proportions from the TRIM3 model to counts of Medicaid-paid births from the Centers for Disease Control and Prevention's (CDC) 2020 Natality Files. Sample sizes in the CPS limit the precision of state-specific estimates. Instead, we applied the pooled rates within state categories of parental income eligibility criteria to state-level birth counts from CDC Natality data to estimate the number of people in each state who would gain eligibility. Some states have also released their own estimates of coverage gains from post-partum eligibility extensions, which may differ from our estimates due to differences in methodologies and underlying data sources.[29,30,31]

[§]States were able to begin implementing extensions under the ARP state option beginning April 1, 2022. States seeking to implement postpartum coverage extensions before April 1, 2022 has to do so through a section 1115 demonstration or use state-only funds.

This analysis has several limitations. First, the CPS does not directly ask about pregnancy or postpartum status. We defined an individual as being in the postpartum year if they were listed as the biological mother of a liveborn infant. However, we cannot observe postpartum individuals who are not living with their infants. Therefore, this method does not capture the approximately seven percent of individuals that do not live in the same household with their biological infant.[32] This approach also does not capture those who experienced pregnancy losses or stillbirths. Relatedly, it is not possible to temporally distinguish between pregnancy and the postpartum period because the CPS does not include information on date of birth. The model assumes that income is the same both before and after childbirth during the year. In addition, the TRIM3 model estimates eligibility for Medicaid, not whether individuals were actually enrolled in Medicaid. Due to differences in weighting between mothers and infants and the fact that not all postpartum individuals are observed in the CPS, we applied the TRIM3 estimated rates to Medicaid-paid birth counts from CDC Natality Data to obtain counts of how many people would be affected by postpartum Medicaid extensions. However, Medicaid-paid births indicate actual enrollment in Medicaid, as opposed to eligibility. Birth counts also do not include pregnancy losses and may overcount instances of multiple births. Accordingly, our estimates of the number of people gaining postpartum eligibility should be viewed as rough estimates and not precise enrollment counts (in particular, some state-level estimates are based on small sample sizes and should be interpreted with caution).

RESULTS

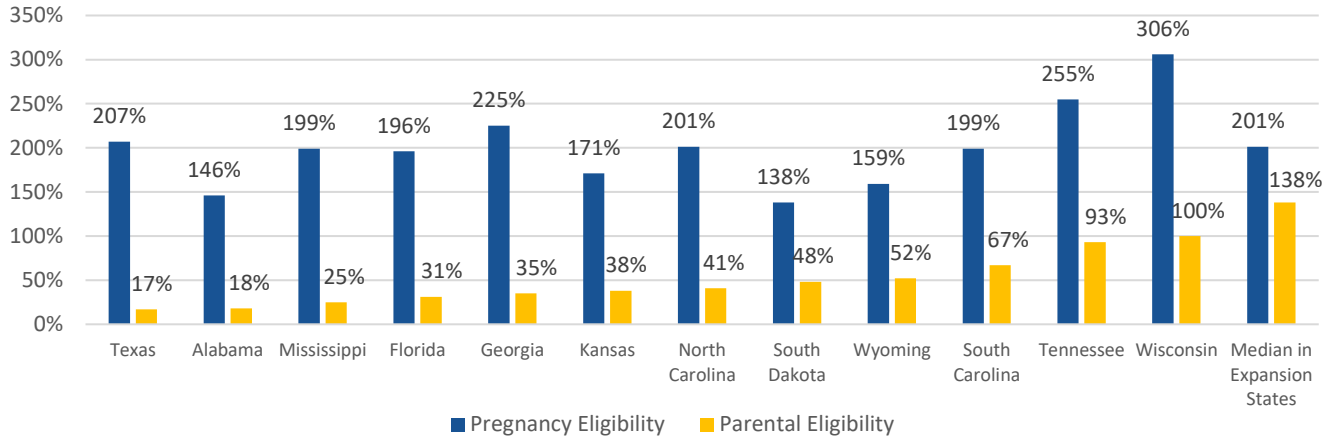
Part I: 2021 Medicaid Postpartum Eligibility Policies by State and Current State Actions

In the 39 states and DC[**] that have expanded Medicaid under the ACA, income eligibility for low-income adults is 138% FPL, and pregnant enrollees with incomes at or below this threshold were generally able to maintain eligibility after the end of pregnancy even before the ARP and CAA; furthermore, parental eligibility limits in some expansion states exceed this income level. In states that have not expanded Medicaid, for purposes of our analysis, postpartum income eligibility was determined by parental eligibility limits in each state.

Figure 1 shows the differences between income eligibility limits for pregnant individuals and parents in each of the 12 non-expansion states and among all Medicaid expansion states (138% FPL), as of 2021. In all states, income eligibility limits for low-income adults or parents were lower than or equal to income eligibility limits for pregnancy.[33] As of January 2021, income eligibility limits for pregnancy ranged from 138% FPL to 380% FPL, with a median of 205% FPL.[34] Income eligibility limits for parents ranged from 17% FPL to 221% FPL, with a median of 138% FPL (Figure 2).[35] The differences in eligibility between pregnancy and parental eligibility income limits were particularly stark for parents in non-expansion states, where the median parental eligibility limit was 37% FPL, compared to 138% FPL in expansion states. The gap between pregnancy and parental eligibility was narrower in the 39 states that have expanded Medicaid to low-income adults under 138% FPL, but postpartum Medicaid eligibility "cliffs" remain even in expansion states, which can lead to coverage churn and periods of uninsurance.

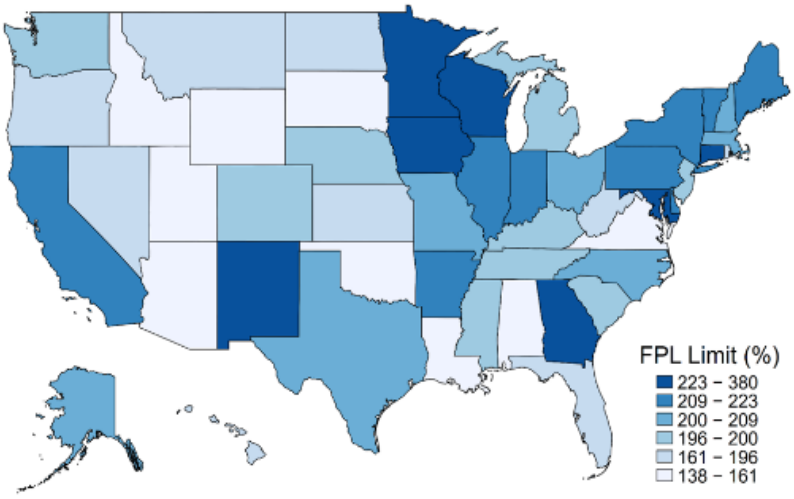
[**] South Dakota has adopted the ACA Medicaid expansion and it will be effective July 2023. For purposes of this analysis, it was treated as a non-expansion state

Figure 1. Medicaid Income Eligibility Thresholds for Pregnancy And Parental Status by State, 2021



Source: Kaiser Family Foundation, 2021.

Figure 2. Medicaid Income Eligibility Limit for Pregnancy and 60-Day Postpartum, by State, 2021



Source: ASPE analysis of 2021 Centers for Medicare and Medicaid Services (CMS) and Kaiser Family Foundation data.

All states have taken steps towards extending postpartum Medicaid eligibility beyond 60 days. As of April 2023, 31 states and the District of Columbia have elected to provide extended postpartum coverage to those enrolled in Medicaid and/or CHIP during pregnancy via a state plan amendment or an approved a section 1115 demonstration.[††] Four states (Delaware, New York, Rhode Island, and South Dakota) have announced that they have submitted state plan amendments to extend Medicaid eligibility to 12 months postpartum for CMS approval, two states (Texas and Wisconsin) have submitted applications for section 1115 demonstrations to extend Medicaid eligibility to more than two months but fewer than 12 months postpartum and have proposed legislation to extend Medicaid coverage to 12 months postpartum, and 13 states have proposed

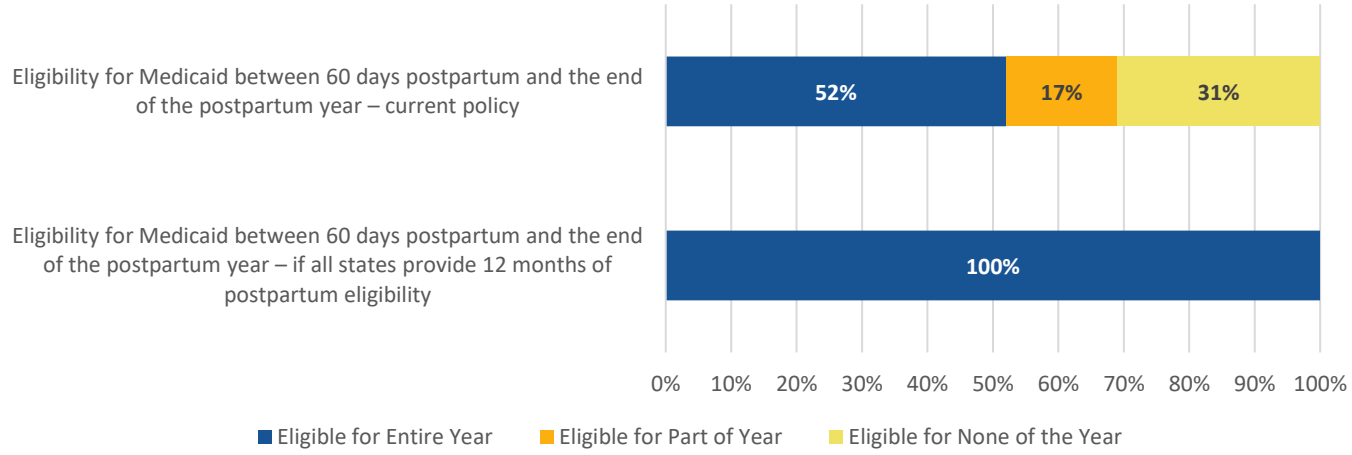
[††] Alabama; Arizona; California; Colorado; Connecticut; Florida; Georgia; Hawaii; Illinois; Indiana; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; New Jersey; New Mexico; North Carolina; North Dakota; Oklahoma; Ohio; Oregon; Pennsylvania; South Carolina; Tennessee; Virginia; Washington; Washington, D.C.; and West Virginia have extended postpartum coverage to 12 months.

legislation or policies to extend Medicaid coverage to 12 months postpartum.[‡‡] See Appendix Table 1 for a complete review of state actions to extend pregnancy-related Medicaid eligibility.

Part II: Projections of Postpartum Coverage if All States Offered 12 Months of Postpartum Medicaid

We simulated the impact of all states extending postpartum Medicaid eligibility to 12 months, compared to the baseline estimates in Part I from 2021. As shown in Figure 3, we project that in the absence of extended postpartum Medicaid eligibility, 52 percent of the study population would be eligible to retain Medicaid for the full 12 months after birth through other Medicaid eligibility pathways, 17 percent would be eligible to retain Medicaid for part of the postpartum year, and 31 percent would not be eligible at all 60 days after pregnancy ends. If all states were to adopt 12 months of postpartum Medicaid eligibility, by definition, 100 percent of the study population, or approximately 1,500,000 individuals, would remain eligible for the full 12 months of postpartum Medicaid coverage. This means that 17 percent of the postpartum population (approximately 250,000 Medicaid-paid births) would gain one to nine months of eligibility, and 31 percent (approximately 470,000 Medicaid-paid births) would gain a full 10 months of postpartum eligibility (i.e., the remainder of the postpartum year). Combining these figures, we estimate that approximately 720,000 people annually would experience expanded coverage under this policy.

Figure 3. Projected Changes in Postpartum Eligibility Under Current Policy versus if All States Provide 12 Months of Postpartum Eligibility



Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021.

We estimate that the average duration of Medicaid eligibility after an individual gives birth in 2021 was 7.8 months under the previous federal policy of two months of postpartum eligibility (Table 1). The average duration of Medicaid eligibility postpartum would increase to 9.5 months if all states provided 6 months of postpartum Medicaid eligibility, and to 12 months if all states provided 12 months of postpartum Medicaid eligibility. If all states were to provide 6 months rather than 12 months of postpartum eligibility, approximately 40 percent of the study population would lose eligibility at 6 months postpartum.

[‡‡] Status of state actions is based on publicly available information. Information about Delaware's SPA submission can be found at https://regulations.delaware.gov/register/october2022/final/26%20DE%20Reg%20323%2010-01-22.htm; Information about New York's SPA submission can be found at https://www.health.ny.gov/regulations/state_plans/status/coverage/original/docs/os_2022-12-30_spa_23-06.pdf; Information about Rhode Island's SPA submission can be found at https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/22-00XX%20Public%20Notice%2012%20Months%20Postpartum.pdf; and Information about South Dakota's submission can be found at https://dss.sd.gov/docs/medicaid/medicaidstateplan/Amendment_Info/Extended_Postpartum_Coverage_Period-CHIP.pdf

Table 1. Average Duration of Postpartum Medicaid Eligibility by Policy Option

Number of postpartum months covered by pregnancy pathway	Average months of postpartum Medicaid eligibility
2	7.8 months
6	9.5 months
12	12 months

Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021.

Table 2 shows the proportion of the study sample that was eligible for Medicaid for part of or the entire postpartum year through non-pregnancy-related pathways under 2021 laws, and the change in eligibility if all states were to offer pregnancy-related Medicaid eligibility for the full postpartum year. We stratify these results by Medicaid expansion status and Medicaid parental eligibility limits.

In the absence of a pregnancy-related Medicaid eligibility extension, nearly 80 percent of the study population in expansion states was eligible to maintain eligibility for part or all of the postpartum year through other Medicaid pathways (e.g., parents or low-income adults) versus 52 percent in non-expansion states. If all states were to provide 12 months of postpartum Medicaid eligibility, this would result in a 38-percentage point increase in eligibility in expansion states (from 62 percent to 100 percent, or roughly 370,000 additional Medicaid-paid births) and a 65 percentage-point increase in eligibility in non-expansion states (from 35 percent to 100 percent, or roughly 350,000 additional Medicaid-paid births).

The largest gains in postpartum Medicaid eligibility would occur in the seven non-expansion states that have the most restrictive parental Medicaid eligibility requirements (under 40% FPL). In these states, just 32 percent of those enrolled in Medicaid during pregnancy remain eligible for Medicaid the entire postpartum year through another Medicaid eligibility pathway. If all seven of these states adopted 12 months of postpartum eligibility, it would result in a 68-percentage point increase in eligibility during the postpartum year for the study population in these states.

State-specific estimates of the number of individuals who would experience postpartum gains in Medicaid eligibility are provided in Appendix Table 1. The largest estimated increases in postpartum eligibility by population size would occur in Texas (137,000), California (57,000), and Florida (52,000).

Table 2. Changes in Postpartum Medicaid Eligibility if Pregnancy-Related Eligibility Extended to 12 Months Postpartum, by State Characteristics

	Before ARP Policy Change (2021)			If all States Extended Coverage to 12 Months	
	Eligible for the entire year through another pathway % (Number)	Eligible part of year through other pathways % (Number)	Not eligible for entire year % (Number)	Eligible for the entire year with pregnancy-related eligibility % (Number)	Percentage point (pp) increase in full-year eligibility (Number)
ACA Medicaid Expansion Status					
Expansion States	62	18	21	100	38

	(600,000)	(174,000)	(203,000)	(968,000)	(370,000)
Non-expansion States*	35 (189,000)	17 (92,000)	49 (264,000)	100 (539,000)	65 (350,000)
Medicaid Parental Income Eligibility Limit					
Below 40% FPL	32 (136,000)	17 (72,000)	51 (216,000)	100 (424,000)	68 (288,000)
40% to <138% FPL	42 (69,000)	17 (28,000)	40 (65,000)	100 (164,000)	57 (93,000)
138% FPL	60 (455,000)	18 (137,000)	22 (167,000)	100 (759,000)	40 (304,000)
>138% FPL**	67 (77,000)	15 (17,000)	18 (21,000)	100 (116,000)	33 (38,000)

Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021. Absolute counts generated from applying cell proportions to the number of 2020 Medicaid-paid births from the CDC Natality files.
*Includes: AL, FL, GA, KS, MI, MO, NC, SC, SD, TN, TX, WI and WY. MO has since adopted the Medicaid expansion and began processing applications 10/1/2021.
**Includes states that have Basic Health Plans (New York and Minnesota).

Table 3 shows the increase in eligibility if all states provided 12 months of postpartum coverage, by selected demographic variables. Providing Medicaid eligibility for 12 months postpartum would have the greatest impact on eligibility for enrollees ages 26 and older compared to their younger counterparts, who are more likely to be eligible for Medicaid through other pathways. Providing 12 months of postpartum eligibility would increase eligibility substantially for all racial and ethnic groups, including extending coverage for an estimated 222,000 Latino, 133,000 Black, and 6,000 AI/AN individuals. Gains in eligibility would be less pronounced for lower income enrollees compared to those above 100% FPL, as only 7 percent of the study population below 100% FPL lacks another eligibility pathway after pregnancy.

Table 3. Changes in Postpartum Medicaid Eligibility if Pregnancy-Related Eligibility Extended to 12 Months Postpartum, by Demographic Characteristics

	Before ARP Policy Change			If all States Extended Coverage to 12 Months under ARP Option	
	Eligible for the entire year through another pathway % (Number)	Eligible part of year through other pathways % (Number)	Not eligible for entire year % (Number)	Eligible for the entire year with pregnancy-related eligibility % (Number)	Percentage point increase in eligibility pp (Number)
Age					
<18	88 (28,000)	9 (3,000)	4 (1,000)	100 (32,000)	12 (4,000)
18-25	59 (300,000)	16 (81,000)	25 (127,000)	100 (508,000)	41 (208,000)
26-29	48 (218,000)	17 (77,000)	35 (159,000)	100 (455,000)	52 (236,000)
30-35	45 (143,000)	20 (64,000)	35 (111,000)	100 (318,000)	55 (175,000)
>35	51	19	30	100	49

	(99,000)	(37,000)	(58,000)	(194,000)	(95,000)
Race/Ethnicity*					
Latino	56 (282,000)	18 (91,000)	27 (136,000)	100 (504,000)	44 (222,000)
Black, Non-Latino	61 (208,000)	15 (51,000)	24 (82,000)	100 (340,000)	39 (133,000)
White, Non-Latino	47 (252,000)	20 (107,000)	33 (177,000)	100 (536,000)	53 (284,000)
Asian American, Native Hawaiian, & Pac. Islander	48 (27,000)	11 (6,000)	42 (23,000)	100 (56,000)	52 (29,000)
American Indian & Alaska Native	65 (12,000)	7 (1,000)	28 (5,000)	100 (18,000)	35 (6,000)
Other or Multiple Races	56 (23,000)	6 (2,000)	38 (15,000)	100 (41,000)	44 (18,000)
MAGI percent of poverty, annual**					
<100%	86	6	7	100	14
100 - 138%	52	23	25	100	48
>138 - 185%	9	33	58	100	91
>185 - 250%	14	25	62	100	86
>250 - 400%	20	23	57	100	80
>400%	24	26	50	100	76

Source: TRIM3 model applied to CPS ASEC data for calendar years 2016, 2017, and 2018, projected to 2021. Absolute counts generated from applying cell proportions to the number of 2020 Medicaid-paid births from the CDC Natality files. All estimates are approximate. Age categories in the CDC data vary slightly from those listed here.
*The total number of people gaining eligibility by race and ethnicity does not sum to 720,000 due to missing race/ethnicity in the CDC Natality data.
**There is no income data provided in the CDC Natality Files, precluding any calculation of the absolute number of people for the income analysis.

DISCUSSION

In this brief, we assessed postpartum coverage options for individuals enrolled in Medicaid during pregnancy, surveyed state action on extensions of Medicaid coverage in the postpartum year, and estimated eligibility changes if all states were to provide 12 months of postpartum Medicaid eligibility. All states have pregnancy-related Medicaid eligibility income limits that match or exceed income eligibility limits for parents or low-income adults. This contributes to coverage loss for individuals who are ineligible for Medicaid through a different pathway when pregnancy-related Medicaid eligibility ends 60 days postpartum.

The CAA provides states with the permanent option of receiving matching funds to extend full-benefit Medicaid or CHIP coverage to all individuals enrolled in Medicaid during pregnancy for one year postpartum. All states have taken action to extend pregnancy-related Medicaid eligibility beyond the federally mandated 60 days (two months) postpartum; 31 states and the District of Columbia have approved Medicaid state plan amendments or section 1115 demonstrations, while the remaining states have pending applications or have introduced or passed legislation or other state policies.

Using simulated data, we estimated that if all states provided 12 months of postpartum pregnancy-related Medicaid eligibility, approximately 1.5 million people would have a full year of postpartum coverage, including approximately 720,000 individuals who would gain full year eligibility for Medicaid, regardless of pathway, as compared to the coverage available to them in 2021. Seventeen percent of the study population, or roughly

250,000 people, would gain between one and nine months of eligibility, and 31 percent (470,000 people) would gain 10 months of eligibility. The average duration of postpartum Medicaid enrollment would also increase from 7.8 months to 12 months.

Gains in eligibility would be larger in non-expansion states with lower income limits for parental Medicaid eligibility. Eligibility gains would be largest among those ages 26-35, as well as those with incomes between 138-250% FPL. In the future, administrative claims data can be used to assess gains in postpartum Medicaid eligibility and coverage at the national and state level under the ARP provision.

Even enrollees who only gain a few months of additional coverage may still experience improved continuity of care. Without this policy in place, continued eligibility for Medicaid is redetermined between the birth of the child and the last day of the month in which the 60th postpartum day falls. This redetermination may result in administrative churning for some individuals who are eligible but were not able to complete the necessary documentation to verify ongoing eligibility. In contrast, under a scenario in which individuals in Medicaid during pregnancy are provided 12 months of postpartum eligibility, everyone enrolled in Medicaid during pregnancy would be eligible for the full postpartum year, regardless of changes in circumstances, and no postpartum redetermination would be necessary.

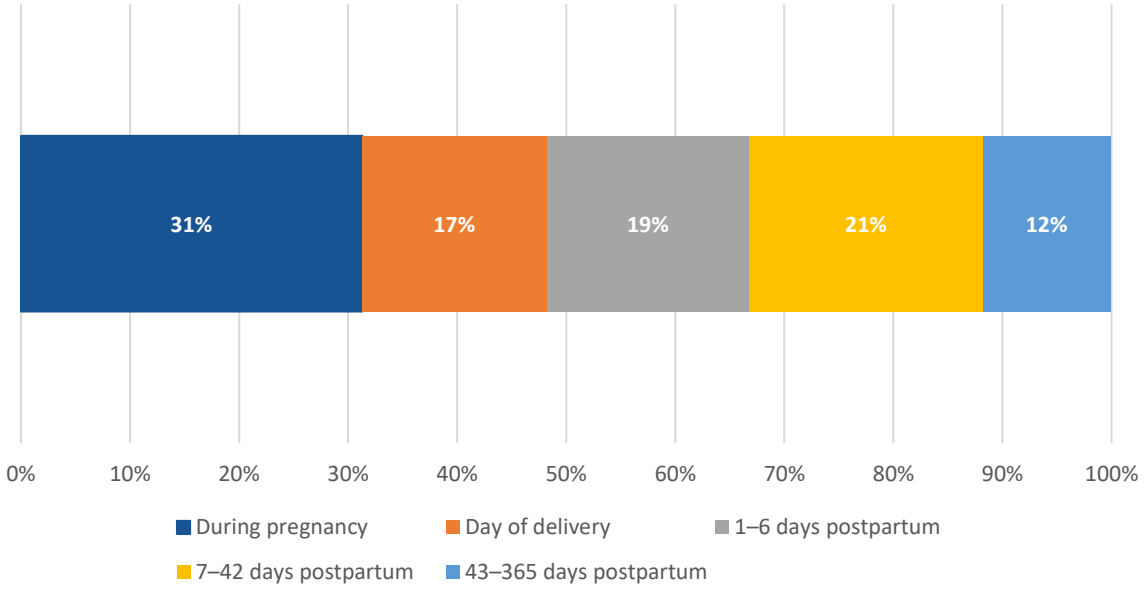
As evidenced by the implementation of the ACA's Medicaid expansion to low-income adults, optional state participation in postpartum Medicaid extensions could exacerbate disparities across states in access, coverage, and maternal health outcomes.[36] States that have chosen not to adopt the Medicaid expansion have a greater share of Black residents and worse health disparities.[37] While many of these states have chosen to exercise the state option to expand Medicaid coverage to 12 months postpartum, four non-expansion states have not implemented this option. If such states do not take up the Medicaid 12-month postpartum coverage option, racial and ethnic disparities in Medicaid coverage could increase.

CONCLUSION

Medicaid plays a critical role in coverage during pregnancy and the postpartum period. Providing 12 months of postpartum Medicaid eligibility to everyone enrolled in Medicaid during pregnancy is an important strategy to increase continuity of coverage and access to care in the postpartum year. Providing continuous postpartum Medicaid eligibility would result in significant gains in eligibility for the postpartum population, affecting roughly 720,000 people. This policy is a critical step towards improving maternal health outcomes in the U.S.

APPENDIX

Appendix Figure 1. Percentage of Pregnancy-Related Deaths by Time Period: Pregnancy, Day of Delivery, and the Postpartum Period, 2011-2015[38]



Appendix Table 1. Current Status of Post-Partum Medicaid Coverage and Estimated Changes Under a 12-Month Postpartum Eligibility Policy (Compared to 2021), By State

State	Current Medicaid and CHIP Income Eligibility Limits for Parents (% of FPL)	Federal or State Action	Coverage Period, Eligible Population, and/or Benefits	Estimated Number of Medicaid-Paid Births *Gaining* Partial or Full Year Postpartum Eligibility* (Compared to 2021)	Total Number of Medicaid-Paid Births with Postpartum Eligibility for the Entire Year* (Including New Coverage Plus Those Who Already Had Postpartum Eligibility for the Year)
Alabama	18	State plan amendment approved by CMS effective 10/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	20,000	29,000
Alaska	138	Legislation proposed – HB 59 referred to committee 3/8/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	1,000	4,000
Arizona	138	State plan amendment approved by CMS effective 4/1/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	15,000	37,000
Arkansas	138	Legislation proposed - HB 1010 was referred to committee 1/9/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	6,000	15,000
California	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	57,000	167,000
Colorado	138	State plan amendment approved by CMS effective 7/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	9,000	22,000
Connecticut	160	State plan amendment approved by CMS	Extends pregnancy-related Medicaid coverage	4,000	12,000

		effective 4/1/2022; HB 6687 signed and transmitted to Secretary of State 7/12/21	and CHIP from 2 to 12 months postpartum; HB 6687 also appropriates state only funding to extend Medicaid and CHIP coverage to 12 months postpartum for those who do not qualify for Medicaid due to immigration status		
Delaware	138	State plan amendment submitted	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000	4,000
District of Columbia	221	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	1,000	4,000
Florida	31	Section 1115 demonstration approved by CMS 5/25/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum for individuals with Medicaid who have household incomes up to 191 percent of the FPL and for individuals with CHIP with family income between 134 to 210 percent of the FPL	52,000	98,000
Georgia	35	State plan amendment approved by CMS effective 11/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	39,000	58,000
Hawaii	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000	6,000

Idaho	138	Legislation proposed – HB 122 referred to committee 2/13/2023		3,000	8,000
Illinois	138	State plan amendment approved by CMS effective 7/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	21,000	52,000
Indiana	138	State plan amendment approved by CMS effective 4/1/2022	Extends postpartum coverage from 2 to 12 months for mothers with OUD	12,000	30,000
Iowa	138	Legislation proposed - SF 57 referred Committee 1/11/23	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	6,000	14,000
Kansas	38	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid eligibility from 2 to 12 months postpartum	7,000	11,000
Kentucky	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid eligibility from 2 to 12 months postpartum	10,000	25,000
Louisiana	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	14,000	35,000
Maine	138	State plan amendment approved by CMS effective 8/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000	4,000
Maryland	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	11,000	27,000

Massachusetts	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	8,000	21,000
Michigan	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	16,000	41,000
Minnesota	283	State plan amendment approved by CMS effective 7/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	7,000	20,000
Mississippi	25	Legislation proposed – SB 2071 introduced 1/9/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	14,000	21,000
Missouri	21	Legislation proposed – SB 90 first read on 1/4/2023; HB 1682 enacted on 7/13/2020; Requested to pause implementation of previously submitted Section 1115 demonstration	SB 90 extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum; HB 1682 extends Medicaid coverage for mental health treatment for those with maternal mental health conditions for up to 12 months postpartum; Previously submitted Section 1115 demonstration extends limited benefit package of substance use disorder (SUD) and mental health treatment services only for individuals with SUD who are	18,000	27,000

			adherent to treatment		
Montana	138	Legislation proposed – Amendment added to state budget bill HB 2 in committee 3/14/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000	4,000
Nebraska	138	Legislation proposed – LB 419 introduced 1/12/2023	Requires submission of a state plan amendment to extended pregnancy-related Medicaid coverage from 2 to 12 months postpartum	3,000	8,000
Nevada	138	Legislation proposed – SB 232 referred to committee 3/8/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	6,000	15,000
New Hampshire	138	Legislation proposed – SB 175 referred to committee 1/19/2023		1,000	3,000
New Jersey	138	Section 1115 demonstration approved by CMS 10/28/21	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	11,000	28,000
New Mexico	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	5,000	12,000
New York	223	State plan amendment submitted	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	26,000	96,000
North Carolina	41	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	28,000	47,000
North Dakota	138	State plan amendment	Extends pregnancy-related	1,000	2,000

		approved by CMS effective 1/1/2023	Medicaid coverage from 2 to 12 months postpartum		
Ohio	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	21,000	53,000
Oklahoma	41	State plan amendment approved by CMS effective 1/1/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	14,000	24,000
Oregon	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	7,000	17,000
Pennsylvania	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	18,000	44,000
Rhode Island	138	State plan amendment submitted	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000	5,000
South Carolina	67	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	16,000	27,000
South Dakota	48	State plan amendment submitted	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	2,000	3,000
Tennessee	93	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	22,000	38,000

Texas	17	Legislation proposed – HB 12 voted out of committee on 3/21/2023; Amendment submitted to section 1115 demonstration on 5/25/22	HB 12 extends pregnancy-related Medicaid coverage to 12 months postpartum; 1115 demonstration extends pregnancy-related Medicaid coverage from 2 to 6 months postpartum – 6 months postpartum coverage already in place using state funds	137,000	183,000
Utah	138	Legislation proposed - HB 84 introduced 3/3/2023	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	4,000	10,000
Vermont	138	Policy proposed – GCR 23-041 published for public comment 03/27/2023		1,000	2,000
Virginia	138	Approved section 1115 demonstration 11/18/2021	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	12,000	30,000
Washington	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to 12 months postpartum	12,000	30,000
West Virginia	138	State plan amendment approved by CMS effective 4/1/2022	Extends pregnancy-related Medicaid coverage from 2 to up to 12 months postpartum	3,000	8,000
Wisconsin	100	Legislation proposed – SB 110 referred to committee on 3/1/2023; Section 1115 demonstration	SB 110 extends pregnancy-related Medicaid coverage to 12 months postpartum; 1115 demonstration extends	13,000	21,000

		submitted 6/3/2022	pregnancy-related Medicaid coverage from 2 to up to 3 months postpartum		
Wyoming	52	Legislation proposed – HB 0004 referred to committee on 1/10/2023	Temporarily extends pregnancy-related Medicaid coverage from 2 to up to 12 months postpartum	1,000	2,000
Total	--	--	--	725,000	1,504,000

Sources: National Academy for State Health Policy (2021). View Each State's Efforts to Extend Medicaid Coverage to Postpartum Women. https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/, Kaiser Family Foundation. Medicaid Postpartum Coverage Extension Tracker. https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/, and ASPE analysis of state actions from publicly available information.
Notes: Publicly documented state actions as of April 7, 2023. Medicaid parental eligibility limits as of January 2021. Applies Basic Health Plan income limits in New York and Minnesota.
*State-specific estimates were generated using the pooled state estimates based on parental income eligibility criteria from Table 2 combined with, state-level CDC Natality data. The sum of state level estimates does not equal pooled state estimates in Table 2 due to rounding. State-level estimates should be interpreted as approximate due to small sample sizes.

REFERENCES

[1] The White House. White House Blueprint for Addressing the Maternal Health Crisis. Available from: https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf

[2] The American College of Obstetricians and Gynecologists. Optimizing Postpartum Care. Committee Opinion 738. May 2018. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care

[3] Petersen EE. Vital signs: pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. MMWR Morbidity and Mortality Weekly Report. Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

[4] Michigan Maternal Mortality Surveillance Program. Maternal deaths in Michigan, 2011-2015. 2021. Michigan Dept. of Health and Human Services. Available from: https://reviewtoaction.org/sites/default/files/2021-03/MMMS_2012-2016_Fact_Sheet_01.23.2020.pdf

[5] Nebraska Dept of Health and Human Services. Maternal morbidity and mortality in Nebraska 2014-2018. 2021. Available from: https://reviewtoaction.org/sites/default/files/2021-10/Maternal%20Mortality%20Report%202021.pdf

[6] Schiff DM, Nielsen T, Terplan M, Hood M, Bernson D, Diop H, Bharel M, Wilens TE, LaRochelle M, Walley AY, Land T. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. Obstet Gynecol. 2018 Aug;132(2):466-474. doi: 10.1097/AOG.0000000000002734.

[7] Bauman BL, Ko JY, Cox S, et al. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression — United States, 2018. MMWR Morb Mortal Wkly Rep 2020;69:575–581. DOI: http://dx.doi.org/10.15585/mmwr.mm6919a2

[8] Schiff DM et al. Fatal and nonfatal overdose among pregnant and postpartum women in Massachusetts. *Obstetrics and Gynecology.* 2018;132(2):466.

[9] Petersen EE. Vital signs: pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. MMWR Morbidity and Mortality Weekly Report. Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

[10] Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019;68:762–765. DOI: http://dx.doi.org/10.15585/mmwr.mm6835a3

[11] Agency for Healthcare Research and Quality. HCUP Fast Stats - Severe Maternal Morbidity (SMM) Among In-Hospital Deliveries. Available from: https://www.hcup-us.ahrq.gov/faststats/SMMServlet?setting1=IP&location=US

[12] Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: https://dx.doi.org/10.15620/cdc:124678.

[13] Toma ME, Declercq ER. Changes in Pregnancy-Related Mortality Associated With the Coronavirus Disease 2019 (COVID-19) Pandemic in the United States. Obstet Gynecol. 2023 Mar 16. doi: 10.1097/AOG.0000000000005182. Epub ahead of print. PMID: 36922376.

[14] United States Government Accountability Office. Maternal Health Outcomes Worsened and Disparities Persisted During the Pandemic. October 2022. Available from: https://www.gao.gov/assets/gao-23-105871.pdf

[15] United States Government Accountability Office. Maternal Health Outcomes Worsened and Disparities Persisted During the Pandemic. October 2022. Available from: https://www.gao.gov/assets/gao-23-105871.pdf

[16] United States Government Accountability Office. Maternal Health Outcomes Worsened and Disparities Persisted During the Pandemic. October 2022. Available from: https://www.gao.gov/assets/gao-23-105871.pdf

[17] Centers for Disease Control and Prevention National Center for Health Statistics. Key Birth Statistics. 2018 data. Available from: https://www.cdc.gov/nchs/nvss/births.htm

[18] Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. January 2020 Fact Sheet. Available from: https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf

[19] Section 1902(e)(5)-(6) of the Social Security Act. Available from: https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

[20] Banerjee R, Ziegenfuss JY, Shah ND. Impact of discontinuity in health insurance on resource utilization. BMC Health Serv Res 10, 195 (2010). https://doi.org/10.1186/1472-6963-10-195

[21] Barnett ML, Song Z, Rose S, Bitton A, Chernew ME, Landon BE. Insurance Transitions and Changes in Physician and Emergency Department Utilization: An Observational Study. J Gen Intern Med. 2017 Oct;32(10):1146-1155. doi: 10.1007/s11606-017-4072-4.
[22] Lavarreda SA, Gatchell M, Ponce N, Brown ER, Chia YJ. Switching health insurance and its effects on access to physician services. Med Care. 2008 Oct;46(10):1055-63. doi: 10.1097/MLR.0b013e318187d8db.
[23] Allen H, Gordon SH, Lee D, Bhanja A, Sommers BD. Comparison of utilization, costs, and quality of Medicaid vs subsidized private health insurance for low-income adults. JAMA Network Open. 2021 Jan 4;4(1):e2032669-. doi:10.1001/jamanetworkopen.2020.32669
[24] Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage 'churn' in months before and after childbirth. Health Affairs. 2017 Apr 1;36(4):598-606.
[25] Admon LK, Daw JR, Winkelman TN, Kozhimannil KB, Zivin K, Heisler M, Dalton VK. Insurance Coverage and Perinatal Health Care Use Among Low-Income Women in the US, 2015-2017. JAMA Network Open. 2021 Jan 4;4(1):e2034549-.
[26] Johnston EM, McMorrow S, Alvarez Caraveo C, Dubay L. Post-ACA, More Than One-Third Of Women With Prenatal Medicaid Remained Uninsured Before Or After Pregnancy. Health Affairs. 2021 Apr 1;40(4):571-8.
[27] Kaiser Family Foundation. Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level. Available from: https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[28] Kaiser Family Foundation. Medicaid Income Eligibility Limits for Parents, 2002-2021. Available from: https://www.kff.org/medicaid/state-indicator/medicaid-income-eligibility-limits-for-parents/?currentTimeframe=0&sortModel=%7B%22colId%22:%22January%202021%22,%22sort%22:%22desc%22%7D
[29] Centers for Medicare and Medicaid Services (CMS) Press Release. HHS Extends Postpartum Coverage in Virginia for Nearly 6,000 People. 2021 Nov 18. Available from: https://www.cms.gov/newsroom/press-releases/hhs-extends-postpartum-coverage-virginia-nearly-6000-people
[30] Centers for Medicare and Medicaid Services (CMS) Press Release. HHS Marks Black Maternal Health Week by Announcing Measures To Improve Maternal Health Outcomes. 2021 Apr 12. Available from: https://www.cms.gov/newsroom/press-releases/hhs-marks-black-maternal-health-week-announcing-measures-improve-maternal-health-outcomes
[31] Centers for Medicare and Medicaid Services (CMS). CMS Extends Medicaid Postpartum Coverage in New Jersey for Over 8,000 People. 2021 Oct 28. Available from: https://www.cms.gov/newsroom/press-releases/cms-extends-medicaid-postpartum-coverage-new-jersey-over-8000-people
[32] Based on analysis of infants in 2019 CPS-ASEC by presence of mother.
[33] Kaiser Family Foundation. Expanding Postpartum Medicaid Coverage. 2021 Mar 9. Available from: https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/
[34] Kaiser Family Foundation. Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level. Available from: https://www.kff.org/health-reform/state-indicator/medicaid-and-chip-income-eligibility-limits-for-pregnant-women-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[35] Kaiser Family Foundation. Medicaid Income Eligibility Limits for Parents, 2002-2021. Available from: https://www.kff.org/medicaid/state-indicator/medicaid-income-eligibility-limits-for-parents/?currentTimeframe=0&sortModel=%7B%22colId%22:%22January%202021%22,%22sort%22:%22desc%22%7D
[36] National Federation of Independent Businesses v. Sebelius. 2012. Available from: https://www.supremecourt.gov/opinions/11pdf/11-393c3a2.pdf
[37] Kaiser Family Foundation. Health Coverage by Race and Ethnicity, 2010-2019. 2021 Jul 16. Available from: https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/
[38] U.S. Department of Health and Human Services. Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America. Available from: https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf

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