



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

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SUMMARY

Under the current national public health emergency (PHE), all Medi-Cal and Medi-Cal Access Program (MCAP) 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 coverage protections for when the PHE ends.

The state's 2021-2022 budget should retain the continuous coverage for postpartum women not only throughout the unwinding process but also for a total of 12 months postpartum after the unwinding period ends.

To accomplish this, DHCS should first use any available federal flexibilities for preserving continuity of care during the unwinding process.

Next, for implementation when the unwinding period is over, California should adopt the state option for 12-month postpartum eligibility that is now available under the American Rescue Plan Act of 2021 signed on March 11, 2021 by President Biden. The option becomes effective April 1, 2022, for both Medi-Cal as well as MCAP, which is funded by CHIP.

Not only will this proposal promote a smooth transition from PHE practices, continuous coverage for postpartum individuals to 12 months 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 increase 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 nearly 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. In addition, women are more likely than men to have lost their jobs due to the economic and social impacts of COVID—factors that contribute significantly to stress and provoke negative health outcomes before, during and after pregnancy.

Under current federal law, individuals 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 day 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. Medi-Cal spent more than \$210 million in 2011 treating gestational hypertensive disorders.⁴ Moreover,

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/FactSheetPAMR_2019-01.pdf

⁴ Pourat N, Martinez AE, Jones JM, Gregory KD, Korst L, Kominsk GF. Costs of gestational hypertensive disorders in California: hypertension, preeclampsia, and eclampsia. Los Angeles, CA: UCLA Center for

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 adopted the Obamacare adult coverage expansion and taken the additional positive step of 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.

Current Opportunity—Budget Proposal

Continue the COVID PHE Continuous Postpartum Coverage Throughout the Unwinding Process. The federal PHE is expected to end December 31, 2021, with an unwinding process beginning in January 2022.⁵ As part of the unwinding plan, the state’s 2021-2022 budget should maintain continuous coverage for all postpartum individuals. Under this proposal, the continuous coverage policy would continue throughout the unwinding process 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.

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 Postpartum Enrollees Going Forward. 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 under the new state option provided under the American Rescue Plan Act of 2021, effective April 1, 2022

Not only is this approach necessary for maternal and infant health, 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.

Health Policy Research; October 2013.

<http://healthpolicy.ucla.edu/publications/Documents/PDF/gestationaldisordersreport-oct2013.pdf>.

⁵ CMS State Health Official Letter on “[Planning for the Resumption of Normal State Medicaid...Upon Completion of the COVID-19 PHE](#)”, December 2020.