

SUPPORTING UTAH MOMS

HB220, Pregnancy and Postpartum Medicaid Coverage Amendments

While Utah and the United States are experiencing a maternal mental health crisis, there are many health care coverage gaps for pregnant and postpartum moms. The United States has worse health outcomes for moms than any other developed nation. Maternal deaths have been increasing since 2000, and the problem is even worse for Black women, with maternal mortality rates 3x higher than their white peers. Half of the births nationwide are covered by Medicaid, and postpartum deaths commonly occur beyond the 60-day Medicaid coverage window.

Investing in maternal health will support better access to care for new moms and comes at a considerably minimal cost to the state. The potential for increased economic stability and improved public health is a worthwhile investment for Utahns.

HB220 helps address gaps in perinatal coverage, which will improve the health and economic stability of Utah families and our state as a whole. These are policies in place or pending in a majority of states, and recommended by Surgeons General and health advocacy groups from a wide spectrum of political ideologies, locations, occupations, and areas of expertise.

Policy Solution #1: Utah's Pregnancy Medicaid eligibility threshold is too low.

We need to match the national average of 200% FPL

- Utah has the second lowest eligibility threshold for pregnancy. At only 144% FPL, we are far below the national median, which leaves Utah moms uninsured, and Utah covering uncompensated care costs.
- Until the federal government corrects the gap in Obamacare special enrollment period (triggered by various life events- but not pregnancy), too many Utah women are not eligible for health insurance when they become pregnant. Anyone who becomes pregnant and is uninsured is currently stuck uninsured until after delivery. This leaves uncompensated care costs on the state, and leads to unmet health care needs.
- HB220 would add a coverage option through Medicaid, which saves money due to the match rate the state receives from the federal government
 - There is a current problem of uninsured women during and after pregnancy. 66% of Utah women without health insurance before pregnancy said "it was too expensive," 27% said their "income was too high for Medicaid," and 33% of Utah women with unintended pregnancies had no health insurance before they became pregnant.

Policy Solution #1 (continued): Utah's Pregnancy Medicaid eligibility threshold is too low. We need to match the national average of 200% FPL.

- Poor maternal health and inadequate prenatal care contributes to increased risks of pre-term births, low birth weight babies, behavioral and developmental disorders, social disorders, and delayed cognitive development among children. These factors are shown to inhibit educational attainment, long-term health outcomes, and productivity in adulthood.
- Utah has one of the highest rates of children born with Neonatal Abstinence Syndrome in the country, with the number of children diagnosed with the syndrome nearly tripling in the last decade. 5% of newborn children in Utah are positive for drugs, most of which are opiates. What is most alarming is that from 2002-2011 there was nearly a 245% increase in children born with neonatal abstinence syndrome (NAS) as a result of drug usage during pregnancy.
- Current affordability barriers: for single pregnant woman, the current limit is \$1546 per month. For a family of 4 the current limit is \$3180 per month. This bill would allow help for folks without other coverage options earning up to \$2146 for a single pregnant woman or \$4400/month for a family of four.

Policy Solution #2: A full year of postpartum coverage is needed; 60 days is not enough.

- 65% of women covered by Medicaid or CHIP at delivery were uninsured for at least one month during their pregnancies. In the six months after childbirth, 55% of these low-income women had a gap in coverage for at least one month, and 25% experienced two or more uninsured months.
- Postpartum care does not end at 60 days and neither should coverage.
 - More than 70% of postpartum care spending occurs after 90 days postpartum.
- Between 43-365 days postpartum 65% of pregnancy-related deaths occur.
 - nearly 12% of deaths occurring in the late post-partum period are preventable with adequate care and coverage.
- There is a real need for mental health treatment, and the maternal mortality crisis illustrates the importance of continuity of care.
 - There are also savings to the state when prioritizing treatment early on rather than chasing relapse.
- 20% of uninsured mothers report experiencing at least one unmet medical need including access to prescription drugs and mental health care due to the expense .
- Nearly 1 in 5 (19%) of Utah women with symptoms of postpartum depression had no health insurance after their babies were born.

Potential Questions and Answers:

- **Are there really enough people cycling off of Medicaid and losing coverage temporarily to worry about?**
 - Yes. We don't have full data on disenrollment, but we do know:
 - 55% of these low-income women had a gap in coverage for at least one month, and 25% experienced two or more uninsured months
 - 65% of pregnancy-related deaths occur between 43-365 days postpartum
- **Private insurance is better coverage (ACA/employer)**
 - There are out-of-pocket costs not associated with Medicaid (copay, deductible, etc.)
 - Medicaid has \$0 behavioral/mental health out-of-pocket costs
 - Not everyone is eligible (unemployed, their employer doesn't offer, not eligible for ACA enrollment period, missed ACA enrollment period)
- **Didn't Medicaid Expansion already take care of this?**
 - Medicaid expansion does not guarantee continued coverage, so the postpartum extension will lock in a year of health care coverage and eliminate the stress of extra paperwork
 - If a mother's income has not changed at all during pregnancy, she can stay on Medicaid and will just move to the Adult Expansion Medicaid program. BUT by switching over to the Adult Expansion program, mom loses her counseling and dental benefits- both critical benefits during the postpartum period
 - It's common for a family's income to increase slightly over the course of pregnancy and delivery. A mom may no longer qualify for Medicaid after 60 days and will have to transition to the marketplace, which has issues listed above
 - Any new mom will tell you: changing insurance 60 days after delivery is stressful, hectic, and a recipe for delayed care or going uninsured!
- **What is the state and local context for the claims about the maternal mortality crisis?**
 - Since 1987, pregnancy-related deaths have been steadily increasing in the United States. The U.S. is considered the worst country in the western world for maternal death rates. Even more troubling is that 52% of pregnancy-related deaths happen postpartum, and 3 out of 5 of these deaths are preventable.
 - Utah is not immune to this crisis. The leading cause of pregnancy-related death in our state is overdose. For every 100,000 births, almost 16.5 women in our state die from pregnancy-related deaths, and 75% of these deaths were a result of overdose or suicide. The Utah Maternal Mortality Review Board found that 92% of postpartum deaths were preventable.

“My mental health was my biggest concern during my pregnancy. I discussed with my doctor, but not much care was placed on the matter. My insurance dictated my prenatal care.”

-PRAMS respondent, 2017

“I know postpartum depression is getting a lot of attention but with this past pregnancy I've experienced more postpartum anxiety. I am lucky that my insurance covers therapy because it has helped tremendously but w/o insurance I would never have sought help.”

-PRAMS respondent, 2017

Most pregnancy-related deaths are preventable.

There are policy solutions available that will save lives, strengthen families, and boost our economy.



SOURCE MATERIAL

<https://mihp.utah.gov/pregnancy-and-risk-assessment>

<https://mihp.utah.gov/wp-content/uploads/Maternal-Mental-Health-Utah-PRAMS-2016-2019.pdf>

<https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries#1>

https://www.urban.org/sites/default/files/publication/103561/the-public-health-insurance-landscape-for-pregnant-and-postpartum-women_0.pdf

<https://www.nashp.org/state-maternal-mortality-review-committee-membership-and-recommendations/>

<https://mihp.utah.gov/wp-content/uploads/PMR-Update-0718.pdf>

<https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/state-white-paper-making-the-case-for-extending-medicaid-coverage-beyond-60-days-postpartum-a-toolkit-for-state-advocates.pdf>