



# FLORIDA HEALTH JUSTICE PROJECT

## **Extending Postpartum Medicaid Coverage: Key to Improving Maternal and Infant Health in Florida**

Florida is facing a **maternal health crisis**. At the same time, we remain firmly entrenched in a pandemic. All the while, [one-quarter](#) of the state's non-elderly adults are uninsured.

In the midst of this bleak landscape, Medicaid is the health coverage program of last resort. Imperfect though it may be, it continues to do its job—ensuring the health of some of our nation's most vulnerable. Medicaid finances [nearly half](#) of all births in Florida. This coverage is critical, providing access to care for those who would otherwise be without during this vital period.

To ensure that moms remain healthy during pregnancy, and babies are born healthy, the Medicaid program aims to maximize the number of women who have health coverage while pregnant. Accordingly, Medicaid eligibility is broadened for pregnant individuals.

Currently in Florida, a pregnant woman who earns up to \$2,816 monthly, or \$33,792 annually is eligible for Medicaid coverage. Yet beyond the 60th day postpartum, she loses coverage unless her income is at or below a mere \$459 monthly, or \$5,508 *annually* for a new single mom and baby (32% of the Federal Poverty Level). For the overwhelming majority of women, then, pregnancy Medicaid coverage ends 60 days after the pregnancy ends, despite the fact that the [Centers for Disease Control and Prevention](#) define the postpartum period as extending one year after the end of pregnancy. This leaves too many women without coverage for the duration of the postpartum period, often until a subsequent pregnancy.

[Consistent health care](#) throughout the postpartum year is critical. And women covered by Medicaid while pregnant are among the **most vulnerable**. Compared to privately insured women, pregnant women covered by Medicaid have [higher rates](#) of severe maternal morbidity and mortality, and are more likely to have certain pregnancy risk factors, such as obesity and a history of smoking. Extending Medicaid coverage through the first year postpartum is one of the best tools for improving maternal and infant health.

Providing 12 months of continuous coverage for moms also **improves outcomes for babies**. Children's healthy development is dependent on healthy parents. [Maternal depression](#), for example, negatively impacts young children's cognitive and social-emotional development, as well as their future educational and employment opportunities. Extending health coverage to adults also results in increased health [coverage for children](#). Further, parental enrollment in Medicaid is associated with a higher probability that children will receive check-ups and preventive care.

Extending postpartum coverage will also help address Florida's **profound disparities** in maternal health outcomes. Currently, Black women are [nearly three times](#) as likely to die from a pregnancy-related cause as White women. Extending coverage has been shown to [close the gap](#) on disparities.

In addition to improving maternal and child health outcomes, extending Medicaid postpartum coverage will also **reduce Medicaid costs**. Many of the women who lose Medicaid coverage postpartum re-enroll in Medicaid at a later time. Rather than leaving postpartum complications and chronic conditions untreated, timely interventions will avoid more expensive care later on.

Fortunately, Florida has the ability to make this needed corrective. Six of our sister states have already chosen to extend postpartum Medicaid coverage, and at least 13 others have taken up the issue. With too many women losing coverage a mere 60 days after giving birth, it is time for Florida to extend postpartum Medicaid and ensure a full year of continuous postpartum coverage.

**DRAFT BILL LANGUAGE:**

A bill to be entitled: An act relating to eligibility for medical assistance and related services; amending s. 409.904, F.S.; extending Medicaid eligibility to specified adults; providing an effective date.

**OR:** A bill to be entitled: An act relating to Medicaid, to extend the postpartum coverage period for pregnant women eligible for Medicaid assistance.

**OR:** A bill to be entitled: An Act to amend s. 409.904, F.S.; relating to medical assistance generally, so as to provide for extended Medicaid coverage for postpartum care; to provide for submission of a waiver or state plan amendment, if necessary; to provide for contingent effectiveness.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (13) is added to section 409.904, Florida Statutes, to read:

409.904 Optional payments for eligible persons. The agency may make payments for medical assistance and related services on behalf of the following persons who are determined to be eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law. Payment on behalf of these Medicaid eligible persons is subject to the availability of moneys and any limitations established by the General Appropriations Act or chapter 216.

(13) Subject to federal approval, a postpartum woman, eligible for Medicaid under section 409.903(5), Florida Statutes, for a period of twelve months/365 days.

(NOTE: the language “twelve months” tracks to other sections of the state code, the language “365 days” tracks to the use of 60 days, in federal law.)

**Alternate language from other states, for consideration:**

SYNOPSIS: Under state and federal law, a pregnant woman who is eligible for medical assistance under Medicaid must be provided medical assistance for a period of 60 days after giving birth. This bill would extend the postpartum coverage period from 60 days to 12 months. (LANGUAGE FROM ALABAMA, HB 448)

Section 1. Any pregnant woman [person] who is enrolled in medicaid insurance coverage during her pregnancy under section 409.903(5), Florida Statutes, shall be eligible for medical assistance under section 409.904, Florida Statutes, for a period ending twelve months following the end of pregnancy, using the eligibility criteria that qualified her for pregnancy coverage. (HAWAII, HB 1943)

Section 2. If necessary to implement the provisions of Section 1, the agency shall submit a Medicaid waiver request [or state plan amendment] to the United States Department of Health and Human Services. (GEORGIA, HB 1114)

**OR:** Section 2. If before implementing this section, the Agency for Healthcare Administration determines a waiver or authorization from a federal agency is necessary for implementation of this section, the agency shall request the waiver or authorization and may delay implementing this section until the waiver or authorization is granted. (ALABAMA, HB 448)

Section 3. This act shall take effect July 1, 2021.

**OR:** Section 3. This Act shall become effective only upon the effective date of a specific appropriation of funds for purposes of this Act. (GEORGIA, HB 1114)

ADDITIONAL LANGUAGE TO CONSIDER:

To ensure continuity of care and maximize the efficiency of the program, the amount, scope, and duration of health care services provided to individuals under this section must be the same as that provided to pregnant and postpartum persons under medical assistance, as defined in FS \_\_\_\_\_. (WASHINGTON, SB 6128)

RESOURCES:

[Making the Case for Extending Medicaid Coverage Beyond 60 Days Post-Partum: A Toolkit for State Advocates](#) (June 2020) from Equitable Maternal Health Coalition, March of Dimes, ACOG, et al. Includes a guide to estimating costs of extending post-partum coverage (pp. 12-15).

[Map of states' efforts](#) to extend postpartum Medicaid coverage

[Maternal Health in Florida: Poor Outcomes Made Worse By Lack of Medicaid Expansion](#), brief by Florida Health Justice Project with relevant background and data points