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 help ensure that moms remain healthy during pregnancy, and babies are born healthy, Medicaid eligibility is broadened for pregnant individuals. Currently in Florida, a single 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 new moms 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. 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. The need to take action is made all the more urgent by the twin economic and health crises of COVID-19. With too many women losing coverage a mere 60 days after giving birth, and with unacceptable disparities in birth outcomes, it is time for Florida to extend postpartum Medicaid and ensure a full year of continuous postpartum coverage.