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Access to Perinatal Health Insurance

Implementation of Medicaid and other health coverage policy options to increase access to health insurance for adults in the perinatal period varies across states. Most states have opted to expand Medicaid income eligibility for most adults with low incomes through the Affordable Care Act (ACA), which creates access to care before, during and after pregnancy, and has been associated with reductions in maternal and infant mortality. States have also expanded eligibility for pregnancy-related health insurance coverage through investments in the Children's Health Insurance Program (CHIP), increasing income eligibility, and broadening policies to include coverage for populations that are not traditionally covered by Medicaid. States may also take action to remove barriers to participation or extend the coverage of those eligible for services for longer time periods. Below is a list of policy considerations for state leaders to help maximize the effectiveness of policies that improve access to perinatal health insurance. **States should consider the implications of these policy choices and their collective impact on equitable access to health insurance for their state.**

We use the following symbol to highlight where policy choices can promote greater equity. 

The most widely and rigorously studied policy to improve access to perinatal health insurance is **Medicaid expansion under the Affordable Care Act (ACA) that includes coverage for most adults with incomes at or below 138% of the federal poverty level (FPL)**. As of March 2023, 10 states have not yet enacted legislation to expand Medicaid. Medicaid expansion increases families' access to needed care and services, reduces financial burdens associated with health care costs, leads to fewer infant and maternal deaths among Hispanic and Black families, and decreases reports of child neglect.

Has your state fully implemented Medicaid expansion? **YES / NOT YET**

This checklist covers the following components of policies to improve access to perinatal health insurance:

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MEDICAID INCOME ELIGIBILITY CRITERIA	POSTPARTUM MEDICAID EXTENSION	CHIP AND ADDITIONAL POPULATIONS
<ul style="list-style-type: none"> • Childless adults • Parents • Pregnant people 	<ul style="list-style-type: none"> • Background and benefits • Extension status 	<ul style="list-style-type: none"> • CHIP coverage • Immigrants • Justice-involved populations


To learn more about how state income eligibility thresholds vary during the perinatal period, please view our website.



Medicaid Income Eligibility Criteria

The populations most affected by Medicaid expansion are previously ineligible childless adults, including childless women of reproductive age, nonresident parents, and parents whose incomes fall between the pre-ACA income eligibility guidelines established in their state and the Medicaid expansion income eligibility limit of 138% of the FPL.

States that have not expanded Medicaid do not provide coverage for most childless nonelderly adults, regardless of income level, and income eligibility thresholds for parents vary widely. Without Medicaid expansion, parents in working families who earn too much to qualify for Medicaid but who do not earn enough to qualify for subsidized marketplace coverage remain uninsured.

 **Higher income eligibility thresholds for health insurance can close the coverage gap and address longstanding racial disparities in coverage, healthcare access, and health outcomes, as more people would be eligible for health insurance.**

1. At what income level are childless adults eligible to receive Medicaid?

States that have expanded Medicaid typically cover childless adults with incomes at or below 138% of the FPL, but states may expand income eligibility above this threshold. As of January 2023, only the District of Columbia had a higher income eligibility threshold above 138% of the FPL for childless adults (set at 215% of the FPL).

In nonexpansion states, childless adults are not eligible for Medicaid, unless states use their own funding to extend coverage to this population. As of January 2023, only Wisconsin covers childless adults under Medicaid, at 100% of the FPL.

☐ Childless adults with incomes at or below _____ % of the FPL are covered by Medicaid.

2. At what income level are parents eligible to receive Medicaid?

As of January 2023, income eligibility for parents ranges from 138% to 221% of the FPL (for a family of three) in states that have expanded Medicaid. In nonexpansion states, income eligibility thresholds range from 16% to 100% of the FPL, leaving many parents with low incomes without coverage.

☐ Parents with incomes at or below _____ % of the FPL are covered by Medicaid.

☐ State bases eligibility for parents and caregivers on a dollar threshold rather than as a percentage of the FPL. Parents with annual incomes at or below \$ _____ are covered by Medicaid.

3. At what income level are pregnant people eligible to receive Medicaid?

In most states, Medicaid income eligibility thresholds are higher for pregnant people than other adults. The pregnancy income eligibility threshold for pregnant people ranges across states from 138% to 380% of the FPL.

☐ Pregnant people with incomes at or below _____ % of the FPL are covered by pregnancy Medicaid.

Postpartum Medicaid Extension

Beyond expanding income eligibility for Medicaid, states may also broaden health insurance coverage by extending coverage periods.

1. Has your state extended the duration of Medicaid coverage during the postpartum period?

Medicaid coverage for pregnant people typically only lasts through 60 days postpartum. Continuous Medicaid coverage in the postpartum period may help prevent and treat pregnancy-related complications past the 60 days of Medicaid coverage available to pregnancy-eligible participants.

Following the postpartum eligibility period, Medicaid coverage for birthing people depends on whether a state has expanded Medicaid. In expansion states, birthing people with incomes at or below 138% of the FPL (or higher if a state has set a higher eligibility threshold for parents) remain eligible for Medicaid. Although people above that threshold can purchase coverage on the Marketplace, coverage losses can occur during the transition for administrative reasons.

In nonexpansion states, many birthing people lose Medicaid eligibility at the end of the 60-day postpartum period, because states' thresholds for eligibility for parents are lower than eligibility during pregnancy and the immediate postpartum period, ranging from 16% to 100% of the FPL.

States now have the option to extend pregnancy Medicaid coverage to 12 months postpartum using a state plan amendment and the Consolidated Appropriations Act of 2022 made this option permanent. A few additional states have used Medicaid Section 1115 waivers to lengthen the postpartum Medicaid coverage period, and others have passed legislation to cover some immigrant pregnant and postpartum people using state-only funds.

 **Extending Medicaid beyond 60 days postpartum is an emerging state strategy for combatting the maternal health crisis, stabilizing health care coverage, and addressing racial disparities in perinatal health.**

- ☐ State has opted to extend coverage the full 12 months
☐ If not, length of postpartum Medicaid coverage: _____ months/weeks/days

Extended postpartum coverage is:


- ☐ Permanent
☐ Temporary
☐ Expires on: _____
☐ Action needed to renew: _____

Status of postpartum extension:

- ☐ Planning
☐ Submitted to CMS and pending approval
☐ CMS approval granted
☐ Fully implemented

CHIP and Additional Populations

States can elect to use the Children's Health Insurance Program (CHIP) to increase access to perinatal health insurance. Several CHIP options are available for states to receive federal matching funds to cover additional perinatal populations, such as those who earn slightly higher incomes, pregnant people otherwise ineligible for Medicaid coverage, or pregnant people who would otherwise experience long waiting periods to gain eligibility. These policies may expand or extend coverage or reduce barriers to participation.

-  Using state options to expand Medicaid and CHIP eligibility to populations not otherwise eligible under federal law may help provide benefits to additional groups of people and reduce health disparities between groups by race, ethnicity, and citizenship status.

1. Has your state elected to use its Children's Health Insurance Program (CHIP) program to cover certain pregnant adults?

States have the option, after they have raised pregnancy-related Medicaid eligibility to at least 185% of the FPL, to use their CHIP program to cover uninsured targeted low-income pregnant people with income greater than 185% of the FPL. States receive their enhanced CHIP matching rate for covering this population, who must meet the CHIP program's eligibility requirements.

- ☐ State has elected to cover targeted low-income pregnant people in CHIP.
- ☐ Pregnant people with incomes at or below _____ % of the FPL are covered by pregnancy CHIP.

2. Has your state eliminated the waiting period for lawfully present pregnant people to receive coverage through Medicaid and/or CHIP?

States can eliminate the required five-year waiting period for lawfully present immigrants who become pregnant while residing in the U.S. for fewer than five years.

- ☐ State has eliminated the five-year waiting period for lawfully present immigrant pregnant people to be eligible for Medicaid and/or CHIP.

3. Are adults, including undocumented individuals, eligible for Medicaid or CHIP coverage regardless of immigration status?

States can take specific actions to increase access to coverage among adults and pregnant people, regardless of immigration status:

- ☐ Pregnant people with low incomes receive coverage regardless of immigration status through a state-funded expansion of Medicaid.
- ☐ Pregnant undocumented immigrants receive coverage for prenatal care and labor and delivery services through the CHIP unborn child option.
 - ☐ Postpartum undocumented immigrants receive coverage for some postpartum services through a CHIP Health Services Initiative or state-only funds.
- ☐ State budget appropriations provide funding to cover prenatal care at community health centers and hospitals based on the ability of grant funds.
- ☐ Adults with low incomes receive coverage regardless of immigration status through a state-funded expansion of Medicaid.

4. Does your state use Medicaid to improve continuity of care for incarcerated individuals?

Although federal law prohibits Medicaid from covering services provided during incarceration (except inpatient services), states have options to use Medicaid to improve continuity of care for eligible justice-involved individuals:

- ☐ State suspends, rather than terminates, coverage for enrollees who become incarcerated.
- ☐ State uses 1115 waiver authority to provide pre-release coverage.

Targeted population: _____

Pre-release services covered: _____

Coverage initiates _____ days prior to release.

Status of 1115 waiver request:

- ☐ Submitted to CMS and pending approval
- ☐ CMS approval granted
- ☐ Fully implemented