



How Medicaid Expansion Benefits Maternal and Child Health

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Introduction

Prior to passage of the Affordable Care Act (ACA), an estimated 48.6 million people across the country lacked health insurance coverage.¹ As of 2016, the number of uninsured had decreased by 20.2 million to 28.4 million.² Approximately 11 million of those individuals gained coverage through the ACA's expansion of Medicaid eligibility to adults up to 133% of the federal poverty level.³ The benefits of Medicaid expansion are clear for the low-income childless adults who became newly eligible for Medicaid coverage in the 31 states and the District of Columbia, which implemented Medicaid expansion.⁴ Among other benefits, Medicaid expansion helps improve maternal and child health by providing a valuable source of coverage for women of reproductive age, particularly for preconception and interconception health care. Along with providing coverage for women of reproductive age, the ACA benefits children even further by expanding the Medicaid eligibility criteria for children ages 6 to 19 years.

It is estimated that close to half of all pregnancies in the United States are unintended.⁵ Some women with unintended pregnancies will choose to terminate them, while others will choose to carry their pregnancies to term. Those who do carry their pregnancies to term are more likely to have healthier pregnancies and birth outcomes if they were receiving regular, high-quality health care services at the time they became pregnant. Medicaid expansion thus helps improve maternal and child health because it provides access to essential health care,

¹ Emily P. Zammitti et al., Nat'l Ctr. for Health Stats., *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2016* (Nov. 2016), <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf>.

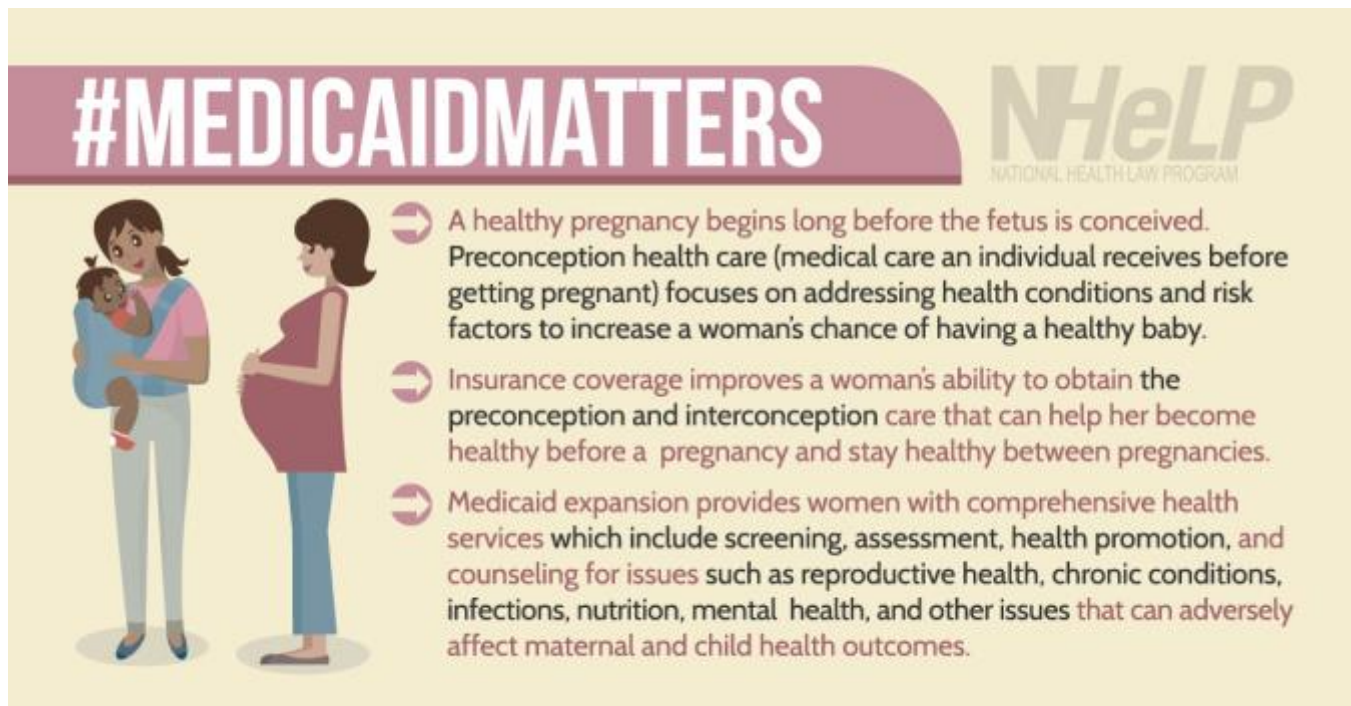
² *Id.*

³ Ctr. for Medicare & Medicaid Servs., *Medicaid & CHIP Strengthening Coverage, Improving Health* (Jan. 2017), <https://www.medicaid.gov/medicaid/program-information/downloads/accomplishments-report.pdf>.

⁴ Kaiser Fam. Found., *Status of State Action on the Medicaid Expansion Decision* (Jan. 1, 2017), <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act>.

⁵ Guttmacher Inst., *Unintended Pregnancy in the United States* (Sept. 2016), <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.

including reproductive health care, for the subset of women of reproductive age who are not currently pregnant but will become pregnant.⁶



Preconception and Interconception Health Care

Preconception health care is medical care an individual receives before getting pregnant, which focuses on addressing health conditions and risk factors to increase a woman's chance of having a healthy baby.⁷ Recognizing this, preconception health care encompasses the services and care a woman needs to become and remain healthy before she becomes pregnant, including screening and treatment for STIs (sexually transmitted infections); counseling and treatment for smoking, alcohol, and substance use; and treatment for chronic diseases such as diabetes, heart disease, obesity, and oral health.⁸

Women who have had complications during their pregnancies or who gave birth to a preterm or low birthweight infant often have a greater chance of a subsequent high risk pregnancy. Interconception health and health care is especially important for these women.

⁶ Note that while women who are already pregnant at the time of application are not eligible for coverage in the Medicaid expansion category, women who become pregnant while already enrolled in Medicaid expansion can move to a Medicaid pregnancy coverage category. They also have the option to remain in the Medicaid expansion category until their next renewal. Deborah Bachrach et al., State Health Reform Assistance Network, *Issue Brief: States Expanding Medicaid See Significant Budget Savings and Revenue Gains* (Mar. 2016), http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf419097.

⁷ Ctrs. for Disease Control & Prevention, *Preconception Health and Health Care*, (Aug. 29, 2014), <https://www.cdc.gov/preconception/overview.html>.

⁸ Ass'n of Maternal & Child Health Programs, *Opportunities and Strategies for Improving Preconception Health through Health Reform* (Mar. 2015), <http://www.amchp.org/Transformation-Station/Documents/AMCHP%20Preconception%20Issue%20Brief.pdf>.

Research suggests that a growing number of pregnant women have health conditions that increase the risk of complications during pregnancy and childbirth, including diabetes and hypertension.⁹ Further, disparities in maternal and infant health outcomes persist despite efforts to improve access to care.¹⁰ It is clear that high quality preconception and interconception health care leads to healthier pregnancies, deliveries, and infants.¹¹

Some of the health conditions that contribute to pregnancy and childbirth complications can be addressed not only by early, adequate, and regular prenatal care, but additionally through ongoing comprehensive, high-quality preconception and interconception care in primary care settings. Such care can also reduce health disparities.¹²

Medicaid Expansion and Impacts on Maternal Health

Insurance coverage significantly improves a woman's ability to obtain the type of preconception and interconception care that can help her become healthy before a pregnancy and stay healthy between pregnancies. Medicaid coverage provides women with access to essential health services.

It is well established that a healthy pregnancy begins long before the fetus is actually conceived. Medicaid expansion provides women with comprehensive preconception health services which include screening, assessment, health promotion, and counseling for issues such as reproductive health, chronic conditions, infections, nutrition, mental health, and other issues that can adversely affect maternal and child health outcomes. Since many pregnancies are unintended, Medicaid coverage helps ensure that millions of women of reproductive age have access to high quality preconception care to help them become and remain healthy before they become pregnant.

In addition, women who become pregnant while enrolled in Medicaid expansion have the option to remain in the Medicaid expansion category or transfer to another Medicaid coverage option if she is eligible. Women who remain in the Medicaid expansion category will receive the same comprehensive care afforded to other pregnant women in Medicaid, including

⁹ Ctrs. for Disease Control and Prevention, *Pregnancy Mortality Surveillance System* (Jan. 21, 2016), <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>. See generally Dina Fine Maron, *Has Maternal Mortality Really Doubled in the U.S.?*, SCI. AM.: HEALTH (June 8, 2015), <http://www.scientificamerican.com/article/has-maternal-mortality-really-doubled-in-the-u-s/>.

¹⁰ One study notes that Black women are 2 to 3 times more likely to suffer from certain complications during birth. Myra Tucker et al., *The Black-White Disparity in Pregnancy-Related Mortality From 5 Conditions: Differences in Prevalence and Case-Fatality Rates*, 97 AM. J. OF PUB. HEALTH 247 (2007).

¹¹ Amnesty International, *Deadly delivery: the maternal health care crisis in the USA* 94-98 (2010), <http://www.amnestyusa.org/dignity/pdf/DeadlyDelivery.pdf>.

¹² Merry-K Moos et al., *Healthier women, healthier reproductive outcomes: recommendations for the routine care of all women of reproductive age*, 199 AM. J. OF OBSTETRICS AND GYNECOLOGY S280 (2008).

prenatal care, labor and delivery, and prenatal screenings to help detect chromosome abnormalities, genetic disorders, and birth defects.¹³

Women whose pregnancies have ended, either by giving birth or through miscarriage or abortion, will continue to have specific health needs related to their pregnancies. While pregnant women are among the mandatory categories that all state Medicaid programs must cover, women who qualify for Medicaid based on their pregnancy are typically only eligible through a specified postpartum period, which extends to the end of the month in which the 60th day after the end of the pregnancy falls.¹⁴ A very limited number of women with extremely low incomes and dependent children may continue to be eligible for Medicaid beyond the postpartum period. However, without Medicaid expansion, many women, though very low income, will nonetheless still not qualify for Medicaid and lose coverage of comprehensive services completely. Thus, Medicaid expansion has helped fill the coverage gap by providing low-income women with continued health coverage when they fall off the coverage for which they were eligible based on their pregnancy.

In addition, Medicaid expansion's provision of interconception care for women who have had adverse pregnancy outcomes can help them mitigate the medical conditions that can contribute to higher risk pregnancies and preterm or low birthweight newborns. Finally, Medicaid expansion also provides family planning services for women during the interconception period, helping them more effectively plan for and space out their pregnancies.

Medicaid Expansion and Impacts on Children's Health

Medicaid expansion's provision of preconception and interconception health care has a positive impact on the health of women who subsequently become pregnant. It also benefits children born to those women, not just through contemporaneous measures of health but also through long-term positive impacts that last into adulthood.

The most direct Medicaid impact the ACA has had on children is its expansion of Medicaid eligibility criteria. The ACA requires all states to cover children ages 6-19 between 100% and 133% of the federal poverty level.¹⁵ This expands the previous Medicaid eligibility criteria, which had only required coverage of school-aged children up to 100% of the federal poverty level.¹⁶ This ACA expansion of Medicaid for children is the case even in states that did not enact Medicaid expansion for adults.¹⁷

Preconception care prior to pregnancy and prenatal care during pregnancy can also improve immediate birth outcomes and help reduce the risk of health complications for infants, such as

¹³ Centers for Medicare and Medicaid Services, *State Medicaid Manual*, § 4421. See also Usha Ranji et al., Kaiser Family Foundation, *State Medicaid Coverage of Perinatal Services: Summary of State Survey Findings* (Nov. 2009), <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8014.pdf>.

¹⁴ 42 U.S.C. § 1396a(e)(5-6); 42 CFR §§ 435.170, 440.210(a)(3).

¹⁵ Robin Rudowitz et al., Kaiser Family Foundation, *Children's Health Coverage: Medicaid, CHIP, and the ACA* (Mar. 2009), https://kaiserfamilyfoundation.files.wordpress.com/2014/03/8570-children_s-health-coverage-medicaid-chip-and-the-aca1.pdf.

¹⁶ *Id.*

¹⁷ *Id.*

fetal alcohol spectrum disorders and neural tube defects.¹⁸ Medicaid coverage can also have significant long term effects for children who are born to mothers who received prenatal care. One study found that children whose mothers had received Medicaid prenatal services, showed improved long term health and achievement into adulthood, including lower rates of obesity, fewer hospitalizations, and increased high school graduation rates.¹⁹

Medicaid also provides immediate coverage for infants born to women who are enrolled in Medicaid by automatically deeming those infants eligible, enrolling them in the program, and maintaining their eligibility until the infant's first birthday.²⁰ Here, too, research has shown that such early access to Medicaid coverage from conception through early childhood is associated with positive long term health impacts as adults.²¹

Finally, increased health coverage of parents corresponds to increased rates of health coverage for their children.²² Even though children were already less likely to be uninsured than adults before the ACA, rates of uninsured children dropped between 2013 and 2015 as more parents gained coverage through Medicaid expansion and other ACA provisions.²³

Conclusion

The ACA, through Medicaid expansion and expanded Medicaid coverage criteria for children, has provided essential health coverage for more than ten million previously uninsured individuals. Many of these individuals are women of reproductive age, some of whom will become pregnant while covered by Medicaid expansion. The fact of this coverage, and the access it provides to valuable preconception care, including preventive care and treatment of chronic conditions, can help improve the health of those women, as well as the health of the child at childbirth and long thereafter.

¹⁸ Nat'l. Inst. of Child Health & Human Dev., *What is Prenatal Care and Why is it Important?*, <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/pages/prenatal-care.aspx>.

¹⁹ Sarah Miller et al., *The Long-Term Health Effects of Early Life Medicaid Coverage* (2016), <https://ssrn.com/abstract=2466691>.

²⁰ 42 U.S.C. § 1396a(e)(4); 42 C.F.R. § 435.117.

²¹ See, e.g., Michel H. Boudreaux et al., *The Long-Term Impacts of Medicaid Exposure in Early Childhood: Evidence from the Program's Origin*, 45 J. HEALTH ECON. 161 (2016).

²² Martha Heberlein et al., Geo. Univ. Ctr. for Children and Fam., *Medicaid Coverage for Patients under the Affordable Care Act* (June 2012), <http://ccf.georgetown.edu/wp-content/uploads/2012/08/Medicaid-Coverage-for-Parents.pdf>.

²³ Jane Perkins and Ian McDonald, *50 Reason Medicaid Expansion is good for Your State* (published online Jan. 31, 2017), <http://www.healthlaw.org/publications/browse-all-publications/issue-brief-50-reasons-medicaid-is-good-for-your-state#.WNLD428rL3g>