



Medicaid Coverage of Pregnancy Care Delivered via Telehealth

by [Amy Chen](#)

The COVID-19 pandemic has required health care providers, clinics, and hospitals serving Medicaid enrollees to make many changes to their health care delivery practices. Some of these changes, such as expanded use of telehealth, will likely have staying power even after the pandemic has passed.

In the area of pregnancy care, telehealth practices were almost immediately put into place at the start of the pandemic. Prenatal appointments that would have been conducted in-person were shifted to telehealth appointments. Some screenings and vaccinations were concentrated into a single in-person visit, rather than being spread out over a number of visits.

Many pregnant people welcomed these changes, given concerns about COVID-19 infection, and the Centers for Disease Control and Prevention's early findings that pregnant people are at higher risk of severe illness from COVID-19.¹ Not having to go to their health care provider's office in-person also made it easier for pregnant people who otherwise would have had to arrange transportation, child care, and/or time off work.

At the same time, some pregnant people and maternal health advocates worried that the lack of in-person contact could mean providers might miss critical early signs of health care issues that could become more serious if left unchecked. Others were concerned that a broader shift to telehealth could forestall the need to tackle more fundamental access problems, such as maternity care deserts.²

¹ Centers for Disease Control and Prevention, *COVID-19 (Coronavirus Disease): People with Certain Medical Conditions* (Dec. 1, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

² See, e.g., March of Dimes, *Nowhere To Go: Maternity Care Deserts Across the U.S.*, 2020 Report (2020), <https://www.marchofdimes.org/materials/2020-Maternity-Care-Report.pdf>.

Certainly telehealth holds great promise and is a powerful tool that can help support the provision of pregnancy care. However, it is also important to recognize some guardrails that must be put in place to allow for the safe and equitable implementation of telehealth in the context of pregnancy care.³

Can telehealth be used to deliver pregnancy care?

Telehealth can be leveraged in many ways to help provide and support the comprehensive provision of prenatal and postpartum care.⁴

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that the frequency of prenatal visits a pregnant person has with their health care provider during their pregnancy be determined on an individualized basis.⁵ However, for a typical uncomplicated first pregnancy, they recommend the pregnant person to see their health care provider every four weeks for the first 28 weeks of gestation, every two weeks until 36 weeks of gestation, and from that point on weekly.⁶ Pregnant people with more complicated pregnancies or who are either at the younger or older spectrum of reproductive age would likely require more frequent visits.⁷ This means that even for an uncomplicated pregnancy, a pregnant person could be expected to have upwards of 15 appointments with their health care provider prior to delivery. If both the health care provider and pregnant person agree to utilize telehealth, in-person prenatal visits with the health care provider can be reduced and substituted for videoconference or telephone appointments. In-person prenatal visits can also be limited to those that require the provision of services such as ultrasounds, lab tests, or vaccinations. Some initial research has shown comparable pregnancy outcomes between groups of pregnant people who received traditional prenatal care versus those that received a mix of prenatal care with both in-person and telehealth visits.⁸

³ See, e.g., Fabiola Carrión, National Health Law Program, *Medicaid Principles on Telehealth* (May 11, 2020), <https://healthlaw.org/resource/medicaid-principles-on-telehealth/>.

⁴ See generally, Gabriela Weigel et al, Kaiser Family Foundation, *Telemedicine and Pregnancy Care* (Feb. 26, 2020), <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>.

⁵ American Academy of Pediatrics & American College of Obstetricians and Gynecologists, *Guidelines for Perinatal Care: Eighth Edition* 150 (Sep. 2017), <https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx/>.

⁶ *Id.*

⁷ *Id.*

⁸ Gabriela Weigel et al, Kaiser Family Foundation, *Telemedicine and Pregnancy Care* (Feb. 26, 2020), <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>. See also American College of Obstetricians and Gynecologists, *Implementing Telehealth in Practice*, Committee Opinion Number 798 (Feb. 2020), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice/>.

Some pregnant or postpartum people may also require behavioral health care for postpartum depression, anxiety, mood disorders, and other issues. Where patient and provider both agree it is the most desired form of interaction, behavioral health care services such as talk therapy or group counseling can be offered through telehealth. Services for postpartum people such as postpartum follow-up visits and lactation support can also be provided through telehealth.

Telehealth techniques can also be used to help monitor ongoing health issues for pregnant people. For example, conditions that manifest as hypertension are a leading cause of pregnancy-related deaths.⁹ The impact falls disproportionately on Black pregnant people, who die during the pregnancy and postpartum period at a rate four to five times that of non-Hispanic white pregnant and postpartum people.¹⁰ One effective intervention to detect and address hypertension early on is consistent and regular monitoring of patient blood pressure. Self-monitoring through use of a blood pressure cuff is one way pregnant patients can stay on top of their own condition and notify their providers if issues arise. Meanwhile, some blood pressure cuffs allow for remote patient monitoring, which allow providers to receive the patient data, without patients having to track their data and know when to notify their providers. Remote patient monitoring could also help pregnant people and their health providers watch for the incidence of gestational diabetes by monitoring blood sugar levels. Other forms of remote patient monitoring could involve the use of home doppler fetal monitors, which detect fetal heartbeats, or measuring scales for tracking the pregnant person's weight gain throughout their pregnancy.

What have states done to promote coverage of or access to pregnancy care via telehealth?

Before the COVID-19 pandemic, all fifty states and Washington, D.C. already allowed for Medicaid reimbursement of telehealth services in Medicaid fee-for-service in the form of live videoconferencing.¹¹ Meanwhile, 21 states allowed for Medicaid reimbursement for remote patient monitoring, where data such as vital signs and blood pressure are collected from a patient and then electronically transmitted to a health care provider.¹²

⁹ Centers for Disease Control and Prevention, *Pregnancy Mortality Surveillance System: Trends in Pregnancy-Related Deaths*, <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#trends> (visited Dec. 18, 2020).

¹⁰ Centers for Disease Control and Prevention, *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths: Black, American Indian/Alaska Native women most affected* (Sep. 5, 2019), <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.

¹¹ See Ctr. for Connected Health Pol'y, *State Telehealth Laws & Reimbursement Policies* (Fall 2020), <https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf>.

¹² *Id.*

The pandemic prompted some states to quickly expand access to telehealth for Medicaid enrollees.¹³ Some states crafted specific policies to expand access to pregnancy and postpartum care. For example, Alabama began allowing Medicaid providers to reimburse for telephonic postpartum visits.¹⁴ In North Carolina, the Medicaid agency issued a bulletin allowing Medicaid providers to conduct prenatal and postpartum visits via telemedicine.¹⁵ In Louisiana, the Department of Insurance waived the requirement that the patient and provider need have a prior relationship in order to utilize telehealth.¹⁶

What has the federal government done to promote coverage of or access to pregnancy care via telehealth?

The Centers for Medicare & Medicaid Services has encouraged the use of telehealth more broadly to increase access for Medicaid enrollees, particularly during the pandemic.¹⁷ In April 2020, the U.S. Department of Health and Human Services awarded \$4 million to the Association of Maternal and Child Health Programs to “[s]upport access to services and supports via telehealth such as virtual doula care, remote pregnancy monitoring and other evidence-based practices for delivering trauma-informed perinatal and behavioral health care.”¹⁸

¹³ See, e.g., Georgia Department of Community Health (DCH) Frequently Asked Questions (FAQs) for Medicaid/PCK COVID-19 Response (May 15, 2020), <https://medicaid.georgia.gov/document/document/medicaid-faqs/download>; Louisiana Healthcare Connections, Telehealth Quick Start Guide for Louisiana Medicaid Providers (Apr. 7, 2020) <https://www.louisianahealthconnect.com/newsroom/telehealth-quick-start-guide-for-louisiana-medicaid-providers.html>; Mississippi Division of Medicaid, Emergency Telehealth Policy (Apr. 10, 2020), https://medicaid.ms.gov/wp-content/uploads/2020/04/DOM-Emergency-Telehealth-policy-V4_4.10.2020-1.pdf/.

¹⁴ Alabama Medicaid Agency Alert, Temporary Changes to allow Reimbursement for Telephonic Postpartum Visits (Mar. 27, 2020) https://medicaid.alabama.gov/documents/1.0_ALERTS/1.0_2020/1.0_ALERT_Temporary_Changes_Allowing_Telephonic_Postpartum_Visit_Reimbursement_3-27-20.pdf.

¹⁵ North Carolina Medicaid Division of Health Benefits, Special Bulletin COVID-19 #49: Telehealth Clinical Policy Modifications – Interim Perinatal Care Guidance (Apr. 17, 2020) <https://medicaid.ncdhhs.gov/blog/2020/04/17/special-bulletin-covid-19-49-telehealth-clinical-policy-modifications-interim/>.

¹⁶ Louisiana Department of Insurance, Declaration of Emergency Rule 37 Sec. 3309(B.) <https://ldi.la.gov/docs/default-source/documents/legaldocs/rules/Rule37-cur-TelemedicineAndNet/>.

¹⁷ See CMS, State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth- COVID-19 Version, <https://www.medicare.gov/medicaid/benefits/downloads/medicaidchip-telehealth-toolkit.pdf>; State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth COVID-19 Version: Supplement #1 (Oct. 14 2020), <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkitsupplement1.pdf>; NEW FAQs – Released June 30, 2020 COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children’s Health Insurance Program (CHIP) Agencies (June 30, 2020), <https://www.medicare.gov/state-resource-center/downloads/covid-19-new-faqs.pdf>; Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth, <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>.

¹⁸ U.S. Dept of Health & Human Services, *HHS Awards \$20 Million to Combat COVID-19 Pandemic through Telehealth* (Apr. 30, 2020), <https://www.hhs.gov/about/news/2020/04/30/hhs-awards-20-million-to-combat-covid19-pandemic-through-telehealth.html>.

What are specific policy recommendations on telehealth and pregnancy care?

Pregnancy care provided to Medicaid enrollees through telehealth must achieve the same quality of care as if delivered in-person. Telehealth cannot result in a decrease in the overall services, treatment, or interventions available to the pregnant person.

While telehealth has been lifted up as a potential solution to help address access gaps for patients living in rural areas, a survey conducted by the Kaiser Family Foundation in June 2020 found that OBGYNs practicing in rural areas were more likely than their urban and suburban counterparts to have reported *not* adopting telehealth during the pandemic.¹⁹ While these survey results were drawn from OBGYNs practicing in both private and public contexts, more research needs to be done to unpack this finding and determine whether telehealth can truly be delivered effectively in rural areas for Medicaid enrollees, and if so, how.

Further, some pregnant and postpartum people may not have ready access to technology that would allow for some types of telehealth, such as devices capable of videoconferencing. To expand telehealth access, Medicaid should consider reimbursing clinics and hospitals to provide Medicaid patients with such devices for the duration of their pregnancy and postpartum period where they require regular monitoring by their health care provider.

Other pregnant and postpartum people may not be able to adequately make use of telehealth due to language barriers. Culturally competent and linguistically appropriate services may not be readily available for telehealth visits. In a series of studies conducted by the Urban Institute, patients who indicated Spanish as their preferred language were less likely to have used telehealth than those who spoke English.²⁰ To ensure equitable access to the benefits of telehealth, Medicaid must pay for and help facilitate seamless interpreter, translation, and sign language services, as well as provide necessary auxiliary aids and services for all patients seeking telehealth services.

Where relevant, telehealth reimbursement for Medicaid enrollees should also expand to include remote patient monitoring of data that could help signal more serious health concerns for a pregnant person, such as blood pressure as an indicator for hypertension, or blood sugar as an indicator for diabetes.

¹⁹ Gabriela Weigel et al, Kaiser Family Foundation, How OBGYNs Adapted Provision of Sexual and Reproductive Health Care During the COVID-19 Pandemic (Dec. 2, 2020), <https://www.kff.org/report-section/how-obgyns-adapted-provision-of-sexual-and-reproductive-health-care-during-the-covid-19-pandemic-issue-brief/>.

²⁰ Ian Hill & Emmy Burroughs, Urban Institute (Oct. 2020), https://www.urban.org/sites/default/files/publication/103126/maternal-telehealth-has-expanded-dramatically-during-the-covid-19-pandemic_3.pdf.

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This is the second of three fact sheets from the National Health Law Program about Medicaid and Telehealth. The first fact sheet in the series is [Medicaid Coverage of Family Planning Services Delivered via Telehealth](#). The third fact sheet in the series is Medicaid Coverage of Abortion Delivered via Telehealth.