



OBBBA and Implications for Pregnancy Coverage, Pregnant People, and Birthing-Capable People

[Amy Chen](#)

How will OBBBA impact Medicaid coverage of pregnancy?

It remains to be seen what all of [One Big Beautiful Bill Act's \(OBBBA's\)](#) impacts might mean for Medicaid coverage of pregnancy. On the face of it, OBBBA does not make any specific changes to Medicaid coverage of pregnancy services. However, even in the absence of targeted attacks on Medicaid coverage of pregnancy care, OBBBA's attacks on Medicaid, Marketplace coverage, and abortion providers will have a devastating impact on state health care budgets, drive up insurance premiums, and negatively impact health care systems across the country, especially when it comes to safety net providers. [Close to half of all births](#) nationally are covered by Medicaid, so OBBBA's changes to Medicaid eligibility and financing will certainly touch pregnant and birthing-capable people on Medicaid. OBBBA will also almost certainly result in [more hospital closures](#) in rural communities, and more closures of maternity, perinatal, and obstetric services within hospitals in both rural and urban settings. All of these closures will decrease access to adequate maternity and perinatal care for communities who rely on those now shuttered-services.

What if someone is on Medicaid expansion when they get pregnant?

If someone is pregnant at the time that they apply for Medicaid, and they live in a state that has expanded Medicaid, they are [technically not eligible for enrollment](#) under the Medicaid expansion category. They would instead likely be enrolled into pregnancy-related Medicaid. However, if they are already enrolled in coverage under the Medicaid expansion category and at that point become pregnant, they can remain in that coverage at least until the time of their Medicaid redetermination. Having said that, the person's state must also inform them of other Medicaid coverage categories that they are eligible for, such as pregnancy-related Medicaid, and provide them with the option to switch categories if they are eligible. Specifically, see CMS, [Questions and Answers: Medicaid and the Affordable Care Act](#) at A11 (emphasis added):

Q11: Do states need to track people enrolled in the [expansion] group who become pregnant? If a woman indicates on the application she is pregnant, do states need to

enroll her as a pregnant woman if she is otherwise eligible for the adult group? Would there be a need to track pregnancy if the benefits for both groups are the same?

A11: If a woman indicates on an initial application that she is pregnant, she should be enrolled in Medicaid coverage as a pregnant woman, rather than in the new adult group. However, as stated in the preamble to the March 23, 2012 Medicaid and CHIP Eligibility & Enrollment final rule

(<https://www.federalregister.gov/articles/2012/03/23/2012-6560/medicaid-programeligibility-changes-under-the-affordable-care-act-of-2010>), states are not required to track the pregnancy status of women already enrolled through the new adult group. **Women should be informed of the benefits afforded to pregnant women under the state's Medicaid program and if a woman becomes pregnant and requests a change in coverage category, the state must make the change if she is eligible.** (emphasis added)

Will someone be subject to Medicaid work requirements if they are pregnant or postpartum?

The [Medicaid work requirements](#) will only apply to individuals enrolled under the Medicaid expansion category, starting January 1, 2027. If someone becomes pregnant while enrolled in coverage under the Medicaid expansion category, as mentioned above, they should be given an opportunity to switch to any different Medicaid category for which they are eligible. A pregnant person who switches out of the Medicaid expansion category to another Medicaid category will no longer be subject to Medicaid work requirements.

In some instances, a pregnant person may choose to remain under the Medicaid expansion category. If this is the case, being pregnant or postpartum is a qualifying exemption from work requirements. The postpartum duration is whatever counts as Medicaid postpartum coverage in their state. [In all states except for Wisconsin and Arkansas](#), this should be 12 months after the end of the pregnancy. In addition to an exemption during pregnancy and postpartum, being the caretaker relative of a dependent child 13 years of age or younger is also a qualifying exemption from work requirements.

Thus, people who are pregnant, postpartum, or caregivers of children under age 13, who remain enrolled in the Medicaid expansion category should be exempt from work requirements. However, we know from experience in the two states that have thus far implemented Medicaid work requirements, that [exemptions have not worked the way they are intended to](#). It is inevitable that some people who should qualify for the pregnancy exemption or caretaker of dependent child exemptions, will nonetheless be cut off health coverage.

In many instances, pregnancy-related Medicaid is a more favorable category of Medicaid. The income limit is often higher than for non-pregnancy-related Medicaid categories. In some states, pregnancy-related Medicaid provides additional services, such as dental services, that are not afforded to those in non-pregnancy-related Medicaid categories. For these reasons, people who become pregnant while enrolled in coverage under the Medicaid expansion category, may be advised to switch to pregnancy-related Medicaid, if they are eligible for such.

Here is a table summarizing the different work requirement policies that apply as between different categories of Medicaid

Category of Medicaid	Work requirement status
Medicaid expansion	Subject to work requirements
Medicaid expansion and pregnant	Subject to work requirements, but exempt because of pregnancy
Not in Medicaid expansion (i.e. in any other category of Medicaid, including pregnancy-related Medicaid)	Not subject to work requirements

Will someone be subject to Medicaid work requirements if they are pregnant and get an abortion?

If someone become pregnant and gets an abortion while enrolled in coverage under the Medicaid expansion category, they should still be exempt from work requirements for whatever the Medicaid postpartum duration is in their state. [In all states except for Wisconsin and Arkansas](#), this should be 12 months after the end of the pregnancy. [This is the case regardless of how their pregnancy ended](#), including if their pregnancy ended in an abortion. After the postpartum period, the person would be subject to work requirements unless they meet another exemption.

Will someone be subject to Medicaid work requirements if they are taking care of a newborn?

If someone becomes pregnant and gives birth while enrolled in coverage under the Medicaid expansion category, they should still be exempt from work requirements for whatever the Medicaid postpartum duration is in their state. [In all states except for Wisconsin and Arkansas](#), this should be 12 months after the end of the pregnancy. A person should also continue to be

exempt from work requirements if they are the caretaker for a dependent child 13 years of age or younger.

If someone is an immigrant and becomes pregnant, are they eligible for Medicaid?

Starting October 1, 2026, OBBBA restricts eligibility for Medicaid to only certain categories of immigrants: United States citizens, lawful permanent residents (green card holders), certain Cuban and Haitian nationals, or people residing under a Compact of Free Association (COFA) with Micronesia, Palau, or the Marshall Islands. This means many categories of immigrants that were previously eligible for Medicaid will be terminated from the program, including asylees, refugees, some survivors of domestic violence and human trafficking who have been granted status, and others. Some states may choose to use state funding to provide coverage for these categories of immigrants.

Importantly, OBBBA does not affect the option for states to receive federal funding to extend coverage to lawfully-present children and pregnant people under the Children's Health Insurance Program Reauthorization Act (CHIPRA), which is also known as the [Immigrant Children's Health Improvement Act \(ICHIA\) option](#). Nor did OBBBA affect the state option to extend perinatal coverage to people who are not otherwise eligible for Medicaid due to their immigration status, through the Children's Health Insurance Program (CHIP)-funded [From Conception to the End of Pregnancy \(FCEP\) option](#).

Immigrants who become pregnant can also still receive [emergency Medicaid services](#), which cover labor and delivery. OBBBA did not change the availability of emergency Medicaid for people who would be eligible for Medicaid but for their immigration status, including pregnant people who are undocumented immigrants. However, note that under the Trump administration the Center for Medicare and Medicaid Services (CMS) began to share information such as residential addresses of some immigrants, including undocumented immigrants, enrolled in Medicaid with the Department of Homeland Security (DHS) and Immigration and Customs Enforcement (ICE). For more information on how to consider these concerns, please see the [Protecting Immigrant Families Data Privacy and Public Programs Toolkit](#).