



12 Months Continuous Care Postpartum Supports Infants & Mothers



Every year, women in Ohio die preventable deaths due to complications in pregnancy or in the weeks and months after giving birth. The United States is the only industrialized nation with a maternal mortality rate that is rising—increasing 26% between 2000 and 2014. According to CDC figures, the death rate between 2012 and 2016 for pregnant women in Ohio was 19.2 out of 100,000 births, ranking Ohio 27 out of 47 states that report this data. In Ohio, the black infant mortality rate in 2015 was 2.6 times the rate for white babies, and black women in the United States are three times as likely to die from pregnancy-related causes as their white counterparts. Native American women are 2.5 times more likely to die from pregnancy-related complications than their white counterparts. This, combined with the disproportionate impact the COVID-19

pandemic is having on communities of color, underscores our current system is not working for all Ohio mothers and children.

Ohio's Pregnancy-Associated Mortality Review Panel (PAMR) recently published a report showing that over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable from 2008-2016. Factors that contributed to each death were broken down into three categories:

- Provider level factors such as inadequate screening or risk assessment, and lack of continuity of care;
- System of care which includes, barriers to accessing care, such as insurance, provider shortages, or transportation; and
- Patient or family factors like chronic disease, lack of knowledge, non-adherence to medical advice, substance use disorder, and mental health conditions.

Each of these factors could be positively impacted by allowing new mothers to continue to access Medicaid benefits for 12 months after giving birth.

Ensuring that women who have lower incomes have continuous coverage after pregnancy would support improvements in infant and maternal outcomes.

Pregnant women earning up to a certain income level are automatically eligible for Medicaid coverage—in 2017, 52% of Ohio births were covered by Medicaid. In Ohio, Medicaid covers pregnant women up to 200% of Federal Poverty Level (FPL) and in addition to prenatal care, childbirth and delivery services, and other medical care, Medicaid provides services like transportation to appointments, referral to the WIC (Women, Infants, and Children) program, the Help Me Grow program, education on baby care, and referrals to other community services. However, federal Medicaid law only requires this coverage be available until 60 days after the end of pregnancy. After that period, it is up to the states to decide if they will provide additional coverage to new mothers. Currently, Ohio cuts off Medicaid eligibility and access to new moms 60 days after birth.

According to a study by the Urban Institute, roughly half of all uninsured new mothers reported that losing Medicaid or other



When women lose their Medicaid coverage after giving birth, they are losing care at a time when maintaining their health is critical to themselves and their ability to care for their newborn. Given Medicaid's large role in covering women while they are pregnant, an extension of Medicaid coverage to women for the full year after birth could fill some of the gaps in health care that new mothers face. In order to improve the health of all mothers and children across Ohio, Ohio policy makers should apply for a CMS 1115 waiver to expand Ohio's Medicaid program to allow women to maintain health coverage for 12 months postpartum.

12 Months Continuous Care Cont'd

coverage after pregnancy was the reason they were uninsured. Another one-third of new moms who lost Medicaid were recovering from a cesarean section, and just over one-quarter reported being depressed in the months after giving birth, with higher rates among women of color and low-income women. Medicaid is in a unique position to impact the long-term physical and mental health of new mothers.

States across the country are taking action to ensure that all mothers are able to access the care they need in the first year of their baby's life. California is currently considering legislation that would extend Medicaid coverage for a year for any individual who is pregnant and diagnosed with a maternal mental health condition.

Some states have attempted to extend Medicaid coverage to

postpartum women for other conditions. For example, policymakers and advocates in Missouri have submitted a 1115 waiver request that would grant a one year Medicaid extension for postpartum women in need of opioid treatment services.

The postpartum period can also be a particularly vulnerable time for women to relapse, due to compounding pressures of being a new mother paired with the loss of insurance and access to care. In North Carolina, a new pilot program allows the use of Medicaid funds to pay for non-medical interventions, such as food or housing assistance for some beneficiaries, including high-risk pregnant women.

Children's Defense Fund-Ohio recommends the following policy action to support new moms and babies:

12 Months Continuous Care Resources:

[Expanding Postpartum Medicaid Coverage](#)

[Confronting Maternal Mortality Crisis: New Resources Track State Progress on Extending Medicaid Postpartum Coverage](#)

[It's Past Time to Provide Continuous Medicaid Coverage for One Year Postpartum](#)

[State Efforts to Expand Medicaid Coverage to Postpartum Women](#)

Scheduled Cut to Federal CHIP Funding Will Harm Ohio Children and Families

HEALTHCHEK SERVICES ARE COVERED BY MEDICAID AND INCLUDE:



Preventive checkups for newborns, infants, and toddlers.



Twelve complete medical exams during a baby's first two and a half years of life: at birth, 3-5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months. After that, children receive yearly exams.

Healthchek provides a robust list of benefits for babies and children:

- ✓ Age appropriate physical exams
- ✓ Reviews of physical and mental development
- ✓ Vision, dental, and hearing screenings
- ✓ Nutrition checks
- ✓ Developmental screenings
- ✓ Laboratory tests for certain ages
- ✓ Lead testing
- ✓ Immunizations
- ✓ Medically necessary follow-up care
- ✓ Inpatient or outpatient hospital care
- ✓ Clinic visits
- ✓ Prescription drugs
- ✓ Health education



As Ohio continues to grapple with COVID-19 and the ensuing economic crisis, families continue to struggle to keep their children safe. The US economy shrank by 33% in the past 3 months and Ohioans filed almost 28,000 new unemployment claims during the last week of July. Employers are trying to safely reopen businesses while the pandemic increases in intensity. Safety net programs like Medicaid and CHIP are critical to keeping children healthy and protecting families from financial ruin in the event of illness or injury.

CHIP (the Children's Health Insurance Program) is a partnership between the state and federal government to provide health insurance for children in families that earn too much to qualify for Medicaid, but can't afford private insurance. Ohio's CHIP Program, the Healthy Start Program, covers children from birth through age

19. Children enrolled in Healthy Start are entitled to all Medicaid benefits including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which catches and treats health issues early. According to a study done by the Kaiser Family Foundation, over 260,000 children in Ohio were covered by CHIP in 2018.

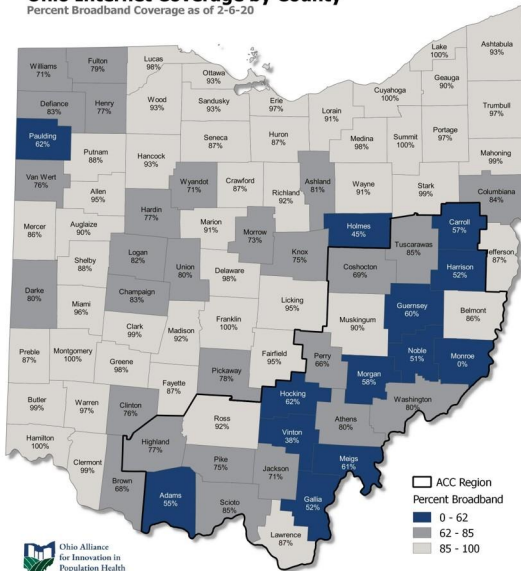
Healthy Children is both federally and state funded. The Affordable Care Act (ACA) extended federal funding for CHIP funding through Federal Fiscal Year (FFY) 2015 and provided a 23-percentage point increase in CHIP matching rates in FFY 2016-2019 to help encourage enrollment. As we find ourselves in FFY 2020, a planned federal cut of 11.5 percentage points is scheduled to take place starting on September 30, with the final planned cut of 11.5 percentage points scheduled to take place in FFY 2021.

This cut in federal funding was decided before Ohio and the world learned about COVID-19 and its deadly consequences. As more families lose jobs and experience financial stress during the economic downturn, both Medicaid and CHIP are an essential lifeline for children and families. A cut in federal funding will force the state to pay more to maintain the same, let alone increasing, levels of coverage—at a time when Ohio's budget is already struggling under the pandemic. This will negatively impact children and families as the COVID-19 death toll in Ohio reaches more than 3,500 and cases continue to surge.

Children's Defense Fund-Ohio recommends the following action to prevent children from losing CHIP coverage:

Congress should delay the scheduled state match increase in CHIP for FY 2020 beyond the end of the public health emergency and through the end of the related economic crisis. We encourage Ohio's leaders to call on Congress to stop the CHIP funding cut and protect Ohio's children and families.





Broadband Access Remains Barrier to Thousands of Ohio Children & Families

providers, however, thousands of Ohioans are unable to access due to a lack of devices, inability to afford access, or lack of broadband. These problems transcend health care and extend to education equity, workforce training, and economic opportunity. The bottom line is: Lack of broadband threatens to create two very different Ohio's where access to health care depend on where an individual lives.

Understanding the need to expand broadband access in the state, the Ohio legislature has introduced HB 13 and HB 190 which seek to create grant programs to bring broadband into underserved areas. These bills are steps in the right direction. Increased broadband would allow these underserved regions to realize the full potential that telehealth offers in health care shortage areas, especially during COVID-19.

The telehealth temporary expansion may be one of the most important service innovation that emerges from the pandemic. In March, shortly following Governor DeWine's state of emergency declaration due to COVID-19, the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OMHAS) executed an emergency rule to expand Ohio's telehealth options. This not only reduced the risk of exposure to COVID-19 for patients and their families, but also for Ohio's health care providers. The emergency rule will remain in effect until the end of August when the public health emergency declaration is set to expire.

The emergency rule allows Medicaid enrollees to receive telehealth services, regardless of the last time they had a face-to-face visit with their health care provider and their status as a new or existing patient. The rule also allows practitioners and providers to bill Medicaid for a wide range of medical and behavioral telehealth services including office or outpatient visits, mental health or substance use disorder services, nutrition counseling, and developmental testing. Telehealth has been popular with patients and

In this hyper-connected world we live in, it's easy to forget that not everyone has access to the internet. According to the 2018 U.S Census Bureau's American Communities Survey, about 710,000 households in Ohio did not have internet service at home. Two-thirds of Ohio households have incomes below \$35,000, and nearly half have incomes below \$20,000, according to a 2018 report of the National Digital Inclusion Alliance. The monthly costs of a home internet connection is at least \$60 to \$70 each month, which is out of reach for many Ohioans. Today, a household that lacks internet service is shut off from services and opportunity. They cannot access distance learning for their children, work from home if given that option, and don't have telehealth options. Prior to the pandemic, families who did not have internet service might have been able to visit libraries, public buildings, coffee shops or fast-food restaurants for access. However, most places have limited hours due to financial constraints and significantly limiting internet service access.

The COVID-19 pandemic and the subsequent statewide shutdown have hastened the implementation of telehealth programs in Ohio. Although telehealth programs do hold promise or addressing disparities in underserved areas, it also brings to light disparities that exist around the state in areas where broadband access isn't available and low-income areas where families can't afford monthly internet costs.

CDF-Ohio recommends the following policy actions:

- Make the telemedicine expansion permanent. Telemedicine can address barriers to care for many.
- Fund greater broadband connectivity in underserved areas. HB 13 and HB 190 are steps in this effort.
- Extend internet service subscriptions to families throughout Ohio who otherwise cannot afford it, similar to the HEAP program.

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