



Ohio Takes a Step Forward to Protect Infant and Maternal Health

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As of April 1, 2022, thousands of women in Ohio at risk of losing their Medicaid coverage are now able to access health care for the critical 12 months after giving birth.

Ohio's [FY 2022-23 biennial budget](#), signed into law in June 2021, included language that allows

Medicaid to extend health coverage to women whose income falls between 138% and 200% of the Federal Poverty Level (FPL) for a full year after giving birth. That means a new mother in a family of 4 making between \$38,295- \$53,000 is now able to maintain Medicaid coverage while she recovers from giving birth and adjusts to life as a new mom. Ohio Medicaid estimates this coverage will benefit approximately 14,000 new moms.

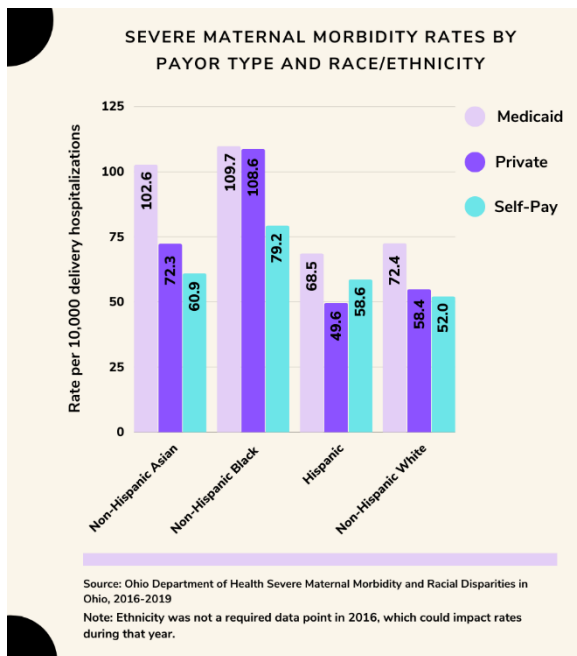
This coverage is a pivotal step forward to protect infant and maternal health and improve Ohio's dismal maternal mortality rate. The budget included \$46 million over the biennium to pay for these services and will allow Ohio to draw down matching funds from the federal government. Medicaid will also be able to collect data on access to services, utilization, and health outcomes, which are all important measures used to support and improve maternal health.

The Current Landscape

Ohio and the nation are in the middle of a real life and death struggle with maternal and infant mortality. The United States has the highest rates of infant and maternal mortality in the industrialized world, and [Ohio is in the bottom quartile of states for infant and maternal health](#).¹ For many years, women in Ohio, especially Black women, have died at significantly higher rates than women in many other states.



[Black women in the United States](#) are three times more likely to die from pregnancy-related causes than their white counterparts, and Black infants are almost three times as likely to die in their first year as white infants.² According to the [2019 Infant Mortality Annual Report](#), tracking infant mortality from 2009-2019, Ohio saw a decline in infant mortality of 10% due to statewide efforts - however, during this same period, Ohio's Black-white infant mortality disparity increased by 26%.³ Factors such as access to maternity care, financial stability, safe and stable housing, and health insurance status are driving this increase.



[Severe maternal morbidity \(SMM\)](#) is another risk Black women are disproportionately subject to.⁴ SSM is defined as life-threatening complications related to pregnancy or delivery. They occur nearly 100 times more frequently than maternal death. The most common SSM experienced by women after hospital discharge include blood transfusion, heart failure, sepsis, respiratory distress, blood clots, and kidney failure. Nearly 70% of women describe at least one physical problem in the first year of the postpartum period, and approximately 1 in 9 women experience symptoms of postpartum depression. Racial disparities in SMM after delivery discharge persist. Among deliveries insured by Medicaid, the odds of SMM among Black women are about 1.7 times more likely than white women.

The New Option

In March of 2021, Congress passed [The American Rescue Plan Act of 2021](#) which included language that established a new state option to extend Medicaid/CHIP coverage for pregnant women for 12 months after giving birth.⁵ This is important because once the postpartum coverage was added to federal law, it gave states another pathway to add this coverage to a menu of Medicaid benefits. A state can now add postpartum coverage to their State Plan Amendment (SPA) and draw down important federal matching dollars.

On December 7, 2021, CMS released guidance to states on how to best implement the new Medicaid/CHIP state plan option to provide 12 months of postpartum coverage.⁶ Georgetown Center for Children and Families provided some initial highlights of the guidance.⁷

12 Month Postpartum Coverage through a SPA should include all the following benefits**Full Medicaid Benefits**

A state has the option of providing more narrow coverage through a waiver. Ohio has chosen to provide full Medicaid benefits and is in the process of making the necessary changes to the SPA.

Make this Change Permanent

The new option is available for 5 years, however there is language in the Build Back Better legislation that would make this option permanent and mandatory for states.

12-months continuous eligibility

Birthing people in Ohio who qualify for the 12-month postpartum coverage do not have to worry about interruptions in their healthcare due to changes in household size or income. NO renewal is necessary until after the 12-month postpartum period ends. This protects new parents from losing coverage due to churn during that critical first year after giving birth.

Enhanced Federal matching rates

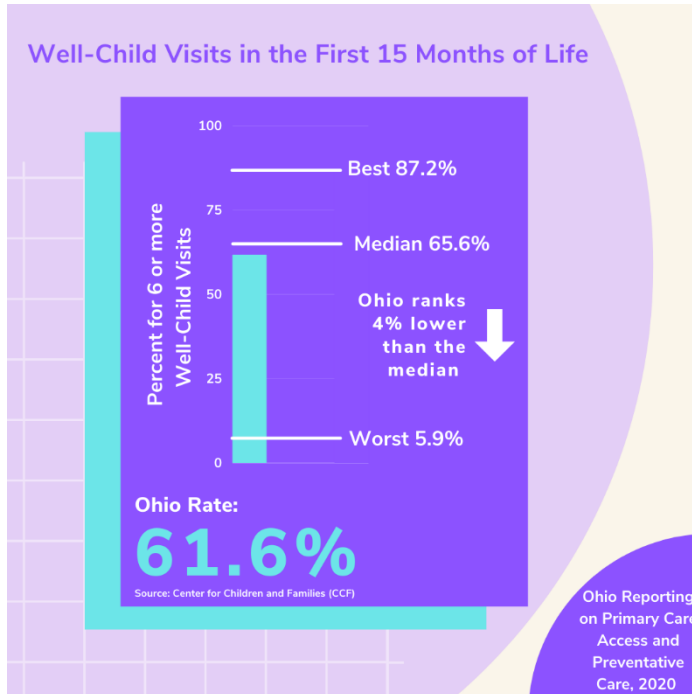
By adopting the 12-month postpartum coverage option, Ohio will be able to continue to draw down the enhanced 90% match for postpartum people who fall into the Medicaid expansion group (up to 138% FPL). This ensures that states do not lose the enhanced expansion match for these postpartum people which could create a disincentive for states to pick up the new postpartum option. The FMAP for traditional Medicaid in Ohio is approximately 63%.

Outreach

CMS is encouraging states to approach outreach in several different ways, including notices sent to birthing people to let them know they are eligible for extended postpartum coverage, outreach to providers, and partnering with advocates for a broader outreach campaign. Other ideas would include outreach to home visitors, doulas, child care centers, WIC and SNAP agencies and other community partners who serve pregnant and postpartum people.

Ohio Medicaid has reached out to providers to make sure they are aware of the new coverage option, and they have asked the Medicaid managed care plans to do outreach to enrollees as part of their new maternal health focus.

Leverage extended postpartum coverage to improve maternal health



States should also use this new coverage option as an opportunity to improve the quality of both maternal and child health coverage. One of the most important results of this expanded 12 month coverage is the opportunity to improve rates of postpartum visits—the [national median rate](#) for postpartum visits was 72% in 2020. In Ohio, [77.5% of women](#) had a postpartum visit between 7 and 84 days after delivery. When looking at the child core set, one opportunity for Ohio to improve children’s health would be in well-child visits among children in the first 15 months of life. In 2020, only [61.6% of children during the first 15 months of life](#) received all their well-child visits. This

puts Ohio below average for states overall and well behind states that are doing the best in terms of well-child visits.

Next Steps

Ohio’s decision to expand Medicaid coverage to 12 months postpartum is an important step in addressing Ohio’s poor maternal and infant health outcomes. But it is only a first step. As we begin the implementation phase it is equally as important for Ohio to model the implementation guidance to ensure that all eligible women are aware of the extended coverage and can access the extra 10 months of health care coverage without disruption. It is also critical that Ohio continue to collect [maternal and infant](#) health data disaggregated by race, ethnicity, geography and share that data openly. Ohio should also consider tracking more of the Maternal Core Set data points. CMS has designated 11 data points for voluntary tracking, but Ohio currently only tracks 4. Tracking and reporting on more data points would give Ohio a better picture of the true state of maternal and child health and a window into areas of improvement.

To learn more, visit <https://cdfohio.org> or Email Kelly Vyzral at kvyzral@childrensdefense.org

Sources

1. Rep. *Assessment of Child Health and Health Care in Ohio*. Health Policy Institute of Ohio, September 2018. https://www.healthpolicyohio.org/wp-content/uploads/2018/11/ChildAssessment_ExecutiveSummary.pdf.
2. Petersen, Emily. "Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, September 6, 2019. <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>.
3. Rep. *2019 Infant Mortality Annual Report*. Ohio department of Health, January 2020. https://odh.ohio.gov/wps/wcm/connect/gov/e30e2521-b6ae-4d75-a5fa-09c4241feb42/Infant+Mortality+Report+2019+FINAL.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-e30e2521-b6ae-4d75-a5fa-09c4241feb42-npOcdC5.
4. "Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, December 16, 2021. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/smm-after-delivery-discharge-among-us-women/index.htm#:~:text=Racial%20disparities%20in%20SMM%20after%20delivery%20discharge%20persist.,more%20likely%20than%20White%20women.%20The%20Way%20Forward>.
5. Rep. *The American Rescue Plan Act's State Option to Extend Postpartum Coverage*. Mannett Health, April 2021. <https://www.manatt.com/Manatt/media/Documents/Articles/ARP-Postpartum-Extension.pdf>.
6. Letter to State Health Officials. "Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)," December 7, 2021.
7. Clark, Maggie. "CMS Issues Guidance on New Postpartum Coverage State Option in Medicaid and CHIP." Web log. *Say Ahhh!* (blog). Georgetown Center for Children and Families, December 7, 2021. <https://ccf.georgetown.edu/2021/12/07/cms-issues-guidance-on-new-postpartum-coverage-state-option-in-medicaid-and-chip/>.