



# THE PARTNERSHIP FOR MEDICAID

September 9, 2021

The Honorable Charles E. Schumer  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Kevin McCarthy  
Minority Leader  
United State House of Representatives  
Washington, D.C. 20515

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer and Minority Leader McConnell:

On behalf of the Partnership for Medicaid – a nonpartisan, nationwide coalition made up of organizations representing clinicians, health care providers, safety net plans, and counties – the undersigned organizations thank you for your recent efforts to help address the nation’s maternal health crisis and eliminate racial inequities in maternal health outcomes. Our organizations urge you to continue to prioritize maternal health in the forthcoming reconciliation legislation by building on the investments made in previous legislation to prevent and reduce maternal mortality and morbidity among individuals who rely on Medicaid for pregnancy-related care.

Medicaid is a primary payer of maternity care in the U.S., covering 43 percent of births nationwide.<sup>i</sup> Yet under longstanding federal law, Medicaid coverage based on pregnancy status ended 60 days postpartum. This arbitrary cutoff point leaves many individuals uninsured at a vulnerable time in their health and that of their infant. The American Rescue Plan Act created a temporary state plan option under Medicaid to extend postpartum coverage from 60 days to one year after the end of pregnancy. The Partnership commends Congress’s inclusion of this important policy. Now, further action is needed to guarantee that all birthing people who rely on Medicaid for pregnancy-related care have access to continuous coverage throughout the full, one-year postpartum period.

One in three women experience a disruption in insurance coverage before, during, or after pregnancy, and nearly 60 percent of these perinatal insurance disruptions include a period of uninsurance.<sup>ii</sup> Closing this critical gap in coverage during this vulnerable time can mean the difference between life and death. This is also a matter of health equity, as nearly half of all non-Hispanic Black women had discontinuous insurance from pre-pregnancy to postpartum.<sup>iii</sup> Black women also make up a disproportionate share of Medicaid enrollees.<sup>iv</sup> Further, women of color living in rural areas are nearly three times as likely to die of complications related to pregnancy and childbirth as their counterparts.<sup>v</sup>

**The Partnership urges Congress to use the upcoming reconciliation legislation to pursue a long-term solution that ensures that all individuals who rely on Medicaid for pregnancy-related care have access to this critical coverage for a full year postpartum.**

Importantly, the ongoing COVID-19 pandemic is likely to exacerbate the growing maternal mortality crisis



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and deepen racial inequities in access to care and health outcomes. Congress must act to build upon the foundation set by the American Rescue Plan Act to improve health outcomes for moms and babies and reduce racial inequities in maternal health.

We look forward to continuing to work with Congress to strengthen the Medicaid program and support its vital role as a safety net for millions of Americans during this critical time. We welcome the opportunity to discuss these recommendations in more details. For questions or additional information, please contact Blaire Bryant, Chair of the Partnership for Medicaid Task Force on Health Equity, at [bbraynt@naco.org](mailto:bbraynt@naco.org). Thank you for your attention to this matter.

Sincerely,

America's Essential Hospitals  
American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Obstetricians and Gynecologists  
American Dental Education Association  
Association for Community Affiliated Plans  
Easterseals  
Catholic Health Association of the United States  
Jewish Federations of North America  
Medicaid Health Plans of America  
National Association of Community Health Centers  
National Association of Counties  
National Association of Pediatric Nurse Practitioners  
National Rural Health Association  
National Association of Rural Health Clinics  
National Health Care for the Homeless Council  
National Hispanic Medical Association

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<sup>i</sup> Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. January 2020. Retrieved from: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>

<sup>ii</sup> Daw JR, Kozhimannil KB, Admon LK. High Rates of Perinatal Insurance Churn Persist After the ACA. Health Affairs Blog. September 16, 2019. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20190913.387157/full/>

<sup>iii</sup> Daw JR, Kolenic GE, Dalton VK, Zivin K, Winkelman T, Kozhimannil KB, Admon LK. Racial and Ethnic Disparities in Perinatal Insurance Coverage. *Obstet Gynecol* 2020;135(4):917-924.

<sup>iv</sup> Medicaid and CHIP Payment and Access Commission. Medicaid's Role in Financing Maternity Care. January 2020. Retrieved from: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>.

<sup>v</sup> Government Accountability Office. (2021). Maternal Mortality and Morbidity: Additional Efforts Needed to Assess Program Data for Rural and Underserved Areas. (GAO Publication No. 21-283). Washington, D.C.: U.S. Government Printing Office.