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Mississippi Should Extend Medicaid for New Mothers to a Full Year

By Attorney General Lynn Fitch

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During pregnancy, a woman's body reorders itself to build a new life. Following pregnancy, a woman reorders her life to nurture the young child who depends on her for sustenance, protection, health, guidance, and love. Even in the best of circumstances, with a family that supports them, a roof over their heads, food on their table, and a steady income, the first year of motherhood is challenging.

But for those women who are living on the margins, we must come together to help her and her young family thrive. Extending postpartum Medicaid access for women to a full year is one way we can do that in Mississippi.

Under current laws and regulations, pregnant women who might not otherwise qualify for Medicaid are eligible for coverage. Nationally, about four in ten births are financed through Medicaid. In Mississippi, that number is six in ten. Federal Medicaid law requires states provide pregnancy-related Medicaid coverage for these women for 60 days postpartum. That is what is currently available to a new Mississippi mother.

Several states had expanded this coverage through a waiver process with the Centers for Medicare and Medicaid Services (CMS), the federal partner to state Medicaid programs. But in the American Rescue Plan Act (ARPA), Congress encouraged states to extend these benefits to a full twelve months by providing states a new, streamlined option for changing coverage rules.

Before this new pathway became available, five states had extended coverage to women for a year following birth. Today, thirty-five states have availed themselves of one of these options for increasing coverage for new mothers. These include several of our neighboring states – Louisiana, Alabama, and Tennessee. In fact, Louisiana was the very first state approved under the ARPA pathway, extending full-benefit postpartum coverage to twelve months.

Pregnancy changes a woman's body, not only while she is growing a new life in her womb but in ways that continue after birth. Postpartum depression, for example, develops in one in seven new mothers, and type 2 diabetes occurs in about half of new mothers who suffered from gestational diabetes.

A recent study of women with employer-sponsored insurance found that about 81% of postpartum healthcare occurred in that period between two months postpartum and that full year mark. That study also found that the average cost of that full-year of postpartum healthcare was about \$3,100, with about \$870 of that during the first sixty days. The Congressional Budget Office, when looking at the issue of coverage expansion, put the figure slightly lower, estimating about \$1,500 per person in combined federal and state dollars for that additional ten month period of coverage.

Health care coverage not only means that these new mothers are keeping themselves healthy, but also means they are getting care that can set them up for future healthy pregnancies. Beyond the obvious health impacts, however, extending Medicaid coverage to these new mothers also helps them to build strong families.

For women who find themselves in a position of having to raise a child without steady income, without family support, without job skills or education that offers them a pathway to a better future, knowing that their access to health care is secure should not be discounted. It frees up income to pay for childcare or other necessities that allow their families to survive. It allows them to pursue the upskilling they and their families need to thrive.

Mississippi should join the majority of states in supporting these women in their transition to motherhood by providing essential health coverage for them as they work to build a strong family. Strong families make for a strong Mississippi. Supporting them is not only the right thing to do; it is the smart thing to do.