

Healthy Moms, Healthy Babies:

Extend Apple Health for Pregnant Women to One Year Postpartum

FAQ

1. Who is covered by Apple Health for Pregnant Women?

Apple Health for Pregnant Women covers all pregnant women in households earning up to 198% FPL, with no immigration exclusions.

2. When do moms currently lose coverage from Apple Health for Pregnant Women?

Moms lose Apple Health for Pregnant Women coverage around 60 days postpartum. Coverage extends for 60 days plus whatever days are left in the month in which the 60-day period ends, so some moms end up being covered for closer to three months.

3. What about birthing people who are transgender or place their children for adoption instead of parenting?

We are using the term “moms” because it is most well understood by legislators. We use the term women at times because of the program’s name (Apple Health for Pregnant Women). The term birthing person or birthing individuals is more inclusive. These persons share the same behavioral health challenges and other morbidity/mortality risks as other postpartum persons.

4. Won’t most of these individuals be covered by the Medicaid expansion?

Most Apple Health for Pregnant Women enrollees will transition to regular Apple Health for Adults coverage. But approximately 5,000 would not otherwise be eligible for other Apple Health coverage due to income or immigration requirements. Medicaid expansion goes up to 138% FPL, but Apple Health Pregnancy Medical extends to 198% FPL.

5. Why does coverage cut off at 60 days postpartum?

Federal Medicaid statute only covers moms for 60 days postpartum. It is unclear why this point was chosen as the cutoff. Especially since most providers recommend a 6-week postpartum check-up, leaving very little additional time to seek care.

6. Why is this an important policy change?

Maternal mortality is a significant issue in our country and the health disparities in our state are evident. American Indian/Alaska Native women are 6-7 times more likely to die from a pregnancy-related cause as white women. Multiracial and Hispanic women are twice as likely. Our state’s Maternal Mortality Review Panel recommends ensuring funding and

access to postpartum care and support through the first year after pregnancy. While maternal mortality represents the worst-case scenario, our Maternal Mortality Review Panel finds that the causes and contributors to maternal mortality, also lead to cases of severe maternal morbidity and other complications, with the same health disparities.

Thirty percent of our pregnancy-related deaths occur between 43-365 days postpartum. Most of these are preventable and due to behavioral health conditions. Continuity of care provides important protection for postpartum women.

7. Why can't these women/birthing people just purchase coverage on the Exchange?

Some of these women/birthing people can purchase coverage on the Exchange. They would face a new burden of going through the Exchange enrollment process, and if they are able to enroll, they will face cost-sharing (in the form of premiums, deductibles and/or copays) and potential changes in their provider network (which may force them into care with entirely new providers). All of this would happen while they are trying to meet the needs of a newborn baby. Some Apple Health for Pregnant Women enrollees are ineligible to purchase coverage on the Exchange due to their immigration status.

8. Why cover them for a full year?

Our Maternal Mortality Review Panel found 30% of pregnancy-related deaths occurred between 43-365 days postpartum. Deaths from behavioral health conditions occurred, on average, 157 days after pregnancy. But the range spanned across the entire year. All of the behavioral health-related deaths are preventable. Any mother lost is one too many. Covering them for the full year postpartum ensures their baby the best start in life.

Just as kids continue receiving coverage through their first birthday, their moms should for the same period. Only around 64% of moms currently have coverage for that whole postpartum period.

9. How much will this cost?

We are waiting for the fiscal note on this bill. Data has been requested of the HCA.

10. This seems like good policy; does it make fiscal sense too? If so, how?

A child losing a parent in the first year of life is often their first adverse childhood experience (ACE); ACEs often lead to higher health care costs in adults and lost productivity. If we can prevent the ACE in the first place, the state will save money later.

A recent analysis found the total societal cost of untreated maternal mental health conditions in our state is \$304 million for all 2017 births when following the mother-child pair from birth until five years postpartum. Nearly half (45%) of these total societal costs

include child outcomes, stemming from the fact that children of birthing parents with perinatal mood and anxiety disorders have a higher risk of behavioral and developmental disorders.

11. Why can't we wait for HR 4996 to pass at the federal level?

We're thrilled to see the bipartisan support for HR 4996! It was approved by the House Energy and Commerce Committee on a voice vote in November. HR 4996 would give states the option to extend coverage to one year postpartum and provide a 5% increase in the federal match for one year as incentive. Passing legislation this year at the state level would set WA State up to receive the enhanced federal match. In the meantime, our state could apply for a federal waiver to secure federal matching funds for the extension regardless of the federal legislation.

12. Are other states considering adopting this policy?

Yes, many states are considering this policy. Some are further along than others.