



Postpartum Medicaid coverage saves lives and improves children’s health outcomes

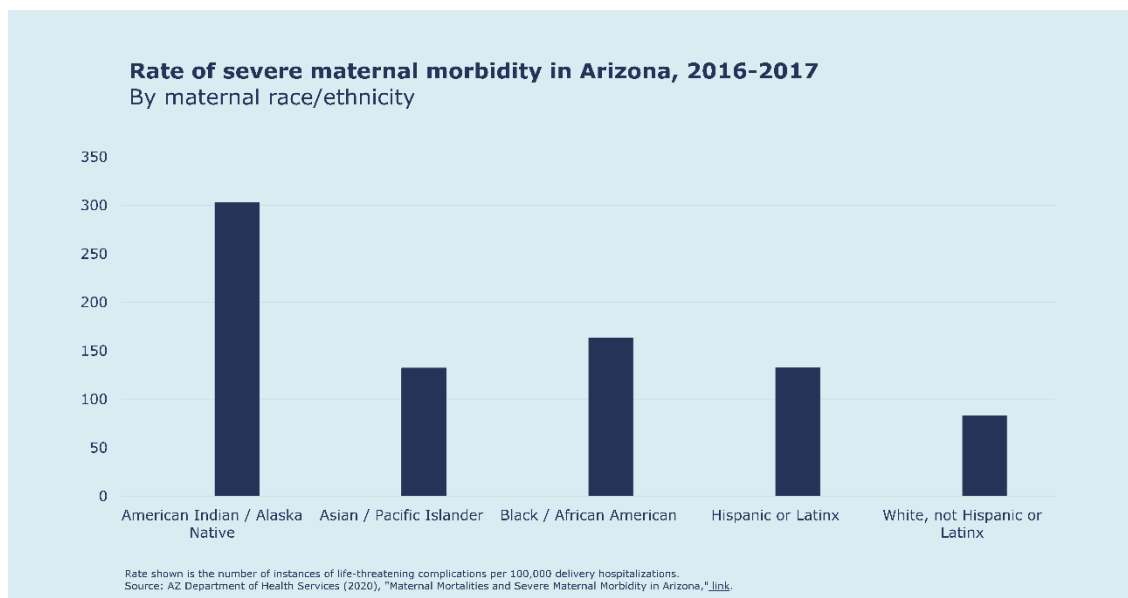
The health of children is shaped even before conception. Birthing parents who have access to preventive care, nutritious food, and mental and behavioral health support *before they become pregnant* are more likely to have safe pregnancies and healthy babies.¹ Equally pivotal, but often neglected, is the need for access to comprehensive health care *after* having a baby.² Health care for both parent and child is critical to ensure healthy infant development, to facilitate family bonding, and to support postpartum physical and mental health.

Despite the importance of promoting parental and child health in the first year of life, too many Arizonans lack access to the affordable, quality, comprehensive care they need. For some, it ends as soon as they leave the hospital. This forces many families to delay or forgo critical emotional and physical care during the postpartum period due to cost.

We have an opportunity to promote equity, save lives, and help families get a healthy start. Our state’s lawmakers should expand Medicaid coverage to a year after pregnancy and consider increasing income eligibility for pregnant participants.

Pregnancy related deaths and severe morbidity

Despite being the wealthiest nation in the world, the United States is facing a growing crisis of maternal mortality³ and morbidity.⁴ An alarming proportion of Black, Indigenous, and People of Color (BIPOC) birth parents are becoming gravely ill or dying during or within a year after pregnancy.



¹ (National Institutes of Health, 2021)

² (Goldfarb, 2021)

³ Death during or within a year of pregnancy.

⁴ Disease, illness, or injury during or within a year of pregnancy.



This isn't due to a lack of education or understanding among parents, but rather to discrimination and systemic deficiencies in access to care.⁵ For low-income and BIPOC parents - particularly those who are uninsured, underinsured, undocumented, or otherwise underrepresented in the health care system - the link between access to affordable health care and pregnancy-related death is clear.

On average, 70 Arizonans annually die within a year of being pregnant.⁶
Nearly a thousand more experience severe, life-threatening complications.

These tragedies are classified by whether pregnancy was a direct factor in the death ("pregnancy-related") or an indirect one ("pregnancy-associated"). Over 80% of pregnancy-related deaths in Arizona could likely have been prevented with appropriate intervention. Roughly 35% of pregnancy-related deaths in Arizona occurred between 42 days and one year after delivery.

Though Medicaid Expansion helped many Arizonans find affordable, high-quality health coverage, a disproportionate number of BIPOC people of childbearing age are likely eligible for coverage but uninsured. Indigenous Arizonans are almost four times as likely, Black Arizonans nearly 2 times as likely, and Latinx, Asian/Pacific Islander, and uninsured Arizonans more than 1.5 times as likely to die during or after pregnancy. In Arizona, about 40% of women aged 19-44 are Latina.⁷ Despite comprising a large proportion of the childbearing population and being more likely to live in working households, Latinx individuals are less likely to have access to employer-sponsored health coverage. As a result, Latinas in Arizona are more than twice as likely to be uninsured during pregnancy.

Medicaid coverage during and after pregnancy

In any given year, the Arizona Health Care Cost Containment System ("AHCCCS,") pays for roughly half of births across the state. Though the state has significant flexibility to meet the health care needs of Arizonans, Arizona's Medicaid program imposes stringent eligibility requirements for care during and after pregnancy. AHCCCS is required by federal law to cover eligible pregnant people for 60 days postpartum. The program covers individuals who earn less than 161% of the federal poverty level (just under \$21,000 per year for an individual or about \$42,665 per year for a family of four). This is significantly lower than the median household income in Arizona (about \$62,000 per year) or median per capita income (\$34,000 per person).⁷ For those who are ineligible based on residency, citizenship, or immigration status, coverage begins and ends when the individual enters the hospital. People who do not meet income or residency requirements are barred from enrolling in AHCCCS for prenatal or postpartum care, though AHCCCS could provide coverage using state-only funds.

The bottom line

It's now easier than ever for our Arizona's Medicaid program to provide coverage to low-income Arizonans for a full year after pregnancy ends. We urge our leaders and lawmakers to take action to extend postpartum AHCCCS coverage in Arizona.

⁵ (Arizona Department of Health Services, 2019)

⁶ (Arizona Department of Health Services, 2020)

⁷ (US Census Bureau, 2019; US Census Bureau, 2019)