

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 221
(A-19)

Introduced by: American College of Obstetricians and Gynecologists,
American Psychiatric Association, New Jersey, Illinois

Subject: Extending Medicaid Coverage to 12-Months Postpartum

Referred to: Reference Committee B
(Charles Rothberg, MD, Chair)

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- 1 Whereas, Medicaid is the largest single payer of maternity care in the United States, covering
2 42.6 percent of births and playing a critical role in ensuring healthy moms and babiesⁱ; and
3
4 Whereas, Medicaid is a women’s health success story and is the pathway to jobs and financial
5 stability for women and girls. Girls enrolled in Medicaid as children are more likely to attend
6 college, and Medicaid coverage during pregnancy and a newborn’s first year of life increases
7 the likelihood that the child will experience upward mobilityⁱⁱⁱⁱⁱ; and
8
9 Whereas, Medicaid pregnancy coverage lapses at the end of the month after 60-days
10 postpartum; and
11
12 Whereas, The postpartum period is simultaneously a time of vulnerability and maternal health
13 risk, and a transition period with often unmet maternal health needs^{iv,v}; and
14
15 Whereas, The American College of Obstetricians and Gynecologists emphasize the importance
16 of the “fourth trimester” and optimizing postpartum care to improve maternal health outcomes
17 and support ongoing health and well-being^{vi}; and
18
19 Whereas, The United States is the only industrialized nation with a rising maternal mortality
20 rate^{vii}; and
21
22 Whereas, A report from nine maternal mortality review committees estimated that more than 60
23 percent of maternal deaths are preventable^{viii}; and
24
25 Whereas, Findings from state maternal mortality review committees reveal a growing number of
26 maternal deaths linked to cardiovascular disease, cardiomyopathy, and overdose and suicide,
27 with many of these deaths occurring during the postpartum period^{ix}; and
28
29 Whereas, Missouri was the first state to pass legislation extending Medicaid coverage to 12-
30 months postpartum for women in active treatment for a substance use disorder^x; and
31
32 Whereas, The Texas Maternal Mortality and Morbidity Task Force recommended extending
33 Medicaid coverage to 12-months postpartum to ensure that “medical and behavioral health
34 conditions can be managed and treated before becoming progressively severe.^{xi}; and
35
36 Whereas, Legislation in several states, including Texas, Illinois, California, and New Jersey, has
37 been introduced in 2019 to extend Medicaid coverage to 12-months postpartum; and

1 Whereas, Federal legislation has been introduced in 2019 to extend Medicaid coverage to 12-
2 months postpartum; therefore be it

3
4 RESOLVED That our American Medical Association support and actively work toward
5 enactment of state legislation, Section 1115 waiver applications, and federal legislation to
6 extend Medicaid coverage to 12-months postpartum. (Directive to Take Action)

Fiscal Note: Not yet determined

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ⁱ Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, and Drake P. Births: Final Data for 2016. National vital statistics reports; vol 67 no 1. Hyattsville, MD: National Center for Health Statistics. 2018. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf.

ⁱⁱ National Women's Law Center. Medicaid at 50: Celebrating Medicaid's Contributions to Women's Economic Security (July 2015). Retrieved from https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2015/08/final_nwlc_medicaid50th_whitepaper_3.pdf.

ⁱⁱⁱ Brown, DW, Kowalski, AE, and Lurie, IZ (2015). Medicaid As an Investment in Children: What Is the Long-Term Impact on Tax Receipts?, National Bureau of Economic Research Working Paper, 20835. Retrieved from <http://www.nber.org/papers/w20835>.

^{iv} Spelke B and Werner E. The Fourth Trimester of Pregnancy: Committing to Maternal Health and Well-Being Postpartum. R I Med J (2013). 2018 Oct 1;101(8):30-33.

^v Tully KP, Stuebe AM, and Verbiest SB. The fourth trimester: a critical transition period with unmet maternal health needs. Am J Obstet Gynecol. 2017 Jul;217(1):37-41.

^{vi} Optimizing postpartum care. ACOG Committee Opinion No. 736. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e140-50.

^{vii} MacDorman MF, Declercq E, Cabral H, Morton C. Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends From Measurement Issues. Obstet Gynecol. 2016;128(3):447-55.

^{viii} Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from http://reviewtoaction.org/Report_from_Nine_MMRCs.

^{ix} Ibid.

^x Vestal, Christine. "For Addicted Women, the Year After Childbirth Is the Deadliest." Pew Stateline. 14 Aug 2018. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/08/14/for-addicted-women-the-year-after-childbirth-is-the-deadliest>.

^{xi} Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, September 2018. Retrieved from <https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf>.