Strengthening Maternity Coverage for Women in Rural Communities

Alina Salganicoff, PhD
Vice President, Kaiser Family Foundation

A Conversation on Maternal Health Care in Rural Communities
June 12, 2019
Strengthening Maternity Coverage for Women in Rural Communities

- How maternity care is financed in the US and the coverage issues for rural women
- How private insurance works in covering maternity care and key coverage requirements
- Medicaid’s role in financing maternity care for women rural communities and how services and eligibility vary by state
- Opportunities to strengthen and improve coverage and scope of services for rural and low-income women
## Regional Distribution of Rural Adults by Race and Ethnicity, 2012-2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>West</th>
<th>South</th>
<th>Midwest</th>
<th>Northeast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>49%</td>
<td>32%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>44%</td>
<td>37%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>94%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>59%</td>
<td>15%</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Asian or NHPI</strong>*</td>
<td>37%</td>
<td>26%</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native</strong></td>
<td>33%</td>
<td>25%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

NOTES: Estimates not reported because relative standard error was >30%.

States with largest share of women living in rural areas are not the same as those with largest number

Share of reproductive aged women living in rural areas

<table>
<thead>
<tr>
<th>&lt;25% (26 states, including DC)</th>
<th>25% - 49% (15 states)</th>
<th>50% - 74% (6 states)</th>
<th>≥75% (4 states)</th>
</tr>
</thead>
</table>

United States = 18%

States with more than 400,000 reproductive aged women living in rural areas

- Texas
- Georgia
- North Carolina
- Ohio
- Kentucky
- Missouri
- Tennessee
- Michigan
- Virginia
- Indiana
- New York

NOTES: Rural defined using the 2010 Index of Relative Rurality (IRR) measure, a continuous measure of a county’s degree of rurality based on population size and density, extent of urbanized area, and distance to the nearest metro area. The quintile with the highest degree or rurality was defined as rural. Includes reproductive aged women ages 15-49. Totals may not sum to 100% due to rounding.

National Averages Mask Diversity Within Rural Communities:
Share of Women of Color (15-49) living in a Rural Area in 2017

NOTE: Rural defined using the 2010 Index of Relative Rurality (IRR) measure, a continuous measure of a county’s degree of rurality based on population size and density, extent of urbanized area, and distance to the nearest metro area. The quintile with highest degree of rurality was defined as rural. Includes reproductive aged women ages 15-49.

Southern States have the Largest Share of Black Women Living in a Rural Area

United States = 8%

NOTE: Rural defined using the 2010 Index of Relative Rurality (IRR) measure, a continuous measure of a county’s degree of rurality based on population size and density, extent of urbanized area, and distance to the nearest metro area. The quintile with highest degree of rurality was defined as rural. Includes reproductive aged women ages 15-49.

States in the West and Southwest have the Largest Share of Hispanic Women Living in a Rural Area

NOTE: Rural defined using the 2010 Index of Relative Rurality (IRR) measure, a continuous measure of a county’s degree of rurality based on population size and density, extent of urbanized area, and distance to the nearest metro area. The quintile with highest degree or rurality was defined as rural. Includes reproductive aged women ages 15-49.

What Maternity Care Services Does Private Insurance Cover?

**Private Insurance**

- Many women have private insurance coverage through employers or purchase individual coverage through ACA Marketplaces or brokers.
- Pregnancy can no longer be defined as a pre-existing condition in individual market;
- Maternity, newborn care, and preventive care defined as essential benefit in plans;
- Prenatal care and screening services, and breastfeeding support and post-partum depression screening covered without cost-sharing in most private plans (applies to Medicaid expansion also).

Insurance coverage of women in rural communities, 2017

- Private: 61%
- Medicaid/Other Public: 26%
- Uninsured: 13%

NOTE: Rural defined using the 2010 Index of Relative Rurality (IRR) measure, a continuous measure of a county’s degree of rurality based on population size and density, extent of urbanized area, and distance to the nearest metro area. The quintile with highest degree of rurality was defined as rural. Includes reproductive aged women ages 15-49.

Health Insurance Status of Reproductive Aged Women in Rural Areas Varies by Race and Ethnicity

**NOTES:** Rural defined using the 2010 Index of Relative Rurality (IRR) measure, a continuous measure of a county’s degree of rurality based on population size and density, extent of urbanized area, and distance to the nearest metro area. The quintile with highest degree or rurality was defined as rural. Includes reproductive aged women ages 15-49. Totals may not sum to 100% due to rounding. Race/ethnicity includes non-Hispanic White, non-Hispanic Black, Hispanic, and non-Hispanic individuals of other races.

Medicaid Plays an Important Role Across the Course of Women’s Reproductive Lives

• Family Planning
  – Covered in all states
  – No cost sharing
  – Federal government pays 90% costs
  – Half of states have family planning programs for uninsured women (many who lose coverage postpartum)

• Pregnancy
  – Minimum eligibility for pregnant women 133% FPL (pre-ACA); higher thresholds in many states
  – Pregnancy-related services covered without cost sharing; includes prenatal visits, screening tests, labor and delivery
  – No cost sharing
  – Wide variation in other benefits (doula, home visits, education services)

• Postpartum
  – Medicaid coverage for all newborns who lack acceptable coverage
  – Pregnancy-related coverage for women ends 60 days postpartum in non-expansion states; many became uninsured
  – In expansion states, continuous coverage provides access to follow up care and services for ongoing chronic conditions
36 States and DC have Adopted a Medicaid Expansion which Extends Coverage to Poor Women Regardless of Their Pregnancy Status

States that have not adopted Medicaid Expansion (14 states)

States that have adopted Medicaid Expansion (36 states & DC)

NOTES: Expansion has been adopted but not implemented in ID, NE, & UT. “WI did not adopt Medicaid expansion under the ACA, but extends coverage to adults up to 100% FPL.

In Expansion States, Many New Mothers Can Continue on Medicaid or Obtain Subsidies to Purchase Private Insurance

Medicaid eligibility thresholds for pregnant women in expansion states, 2019

Eligibility in expansion states - 138% FPL

NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child option. For “Parents,” eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2019, the FPL was $21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.
Medicaid Eligibility Is Much More Restrictive for Parents than Pregnant Women, Especially in States that Have Not Expanded Medicaid

Medicaid eligibility thresholds for pregnant women compared to parents (family of three, 2019)

<table>
<thead>
<tr>
<th>State</th>
<th>Pregnant Women</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX</td>
<td>17% 3,626</td>
<td>18% 207%</td>
</tr>
<tr>
<td>AL</td>
<td>26% 4,438</td>
<td>21% 146%</td>
</tr>
<tr>
<td>MO</td>
<td>32% 5,214</td>
<td>35% 225%</td>
</tr>
<tr>
<td>MS</td>
<td>38% 6,452</td>
<td>42% 201%</td>
</tr>
<tr>
<td>FL</td>
<td>35% 7,466</td>
<td>38% 210%</td>
</tr>
<tr>
<td>GA</td>
<td>38% 9,555</td>
<td>42% 210%</td>
</tr>
<tr>
<td>KS</td>
<td>42% 11,518</td>
<td>42% 201%</td>
</tr>
<tr>
<td>NC</td>
<td>49% 13,978</td>
<td>49% 210%</td>
</tr>
<tr>
<td>OK</td>
<td>54% 16,306</td>
<td>54% 201%</td>
</tr>
<tr>
<td>SD</td>
<td>67% 21,330</td>
<td>67% 306%</td>
</tr>
<tr>
<td>WI</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>SC</td>
<td>95% 19,685</td>
<td>95% 255%</td>
</tr>
<tr>
<td>TN</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child. For “Parents,” eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2019, the FPL was $21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.
Medicaid Expansion Results in Fewer Uninsured Women Pre and Post Pregnancy, Case Example: Texas and Ohio

Texas: More Rural Non-Expansion

<table>
<thead>
<tr>
<th></th>
<th>Pre-pregnancy</th>
<th>During Pregnancy</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>12%</td>
<td>3%</td>
<td>14%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>52%</td>
<td>47%</td>
<td>37%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>36%</td>
<td>3%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Ohio: More Rural Expansion

<table>
<thead>
<tr>
<th></th>
<th>Pre-pregnancy</th>
<th>During Pregnancy</th>
<th>Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>60%</td>
<td>29%</td>
<td>11%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>58%</td>
<td>38%</td>
<td>4%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>56%</td>
<td>40%</td>
<td>4%</td>
</tr>
</tbody>
</table>

States Vary in Coverage of Maternity Benefits

Number of Respondent States that Cover in Traditional Medicaid:

- Doula: 3
- Prenatal and postpartum home visits (out of 41): 20
- Genetic counseling (out of 41): 33
- Amniocentesis (out of 41): 39
- Ultrasounds (out of 41): 41
- Childbirth Education (out of 41): 14

Access to Postpartum Services Varies by State

Postpartum Services Covered by Traditional Medicaid (2015):

<table>
<thead>
<tr>
<th>Service</th>
<th>Count (out of 41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum Visit</td>
<td>41</td>
</tr>
<tr>
<td>Home Postpartum Visit</td>
<td>33</td>
</tr>
<tr>
<td>Electric and manual breast pumps</td>
<td>31</td>
</tr>
<tr>
<td>Breastfeeding Education</td>
<td>27</td>
</tr>
<tr>
<td>In-Patient Lactation Consult</td>
<td>26</td>
</tr>
</tbody>
</table>

Strengthening Maternity Coverage for Women in Rural Communities

- Rural communities are more diverse than people think
- Medicaid plays a critical role financing maternity care for women rural communities
- The ACA coverage expansion, Essential Health Benefits, and preventive services requirements provide coverage for a critical set of benefits for women with private coverage and Medicaid
- States that have expanded Medicaid offer a pathway to coverage for poor post-partum women either through Medicaid or subsidies for private coverage available through the ACA exchanges.
- Scope of covered services varies by states, and even if they covered, they not always available to women in rural communities
Thank you