

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

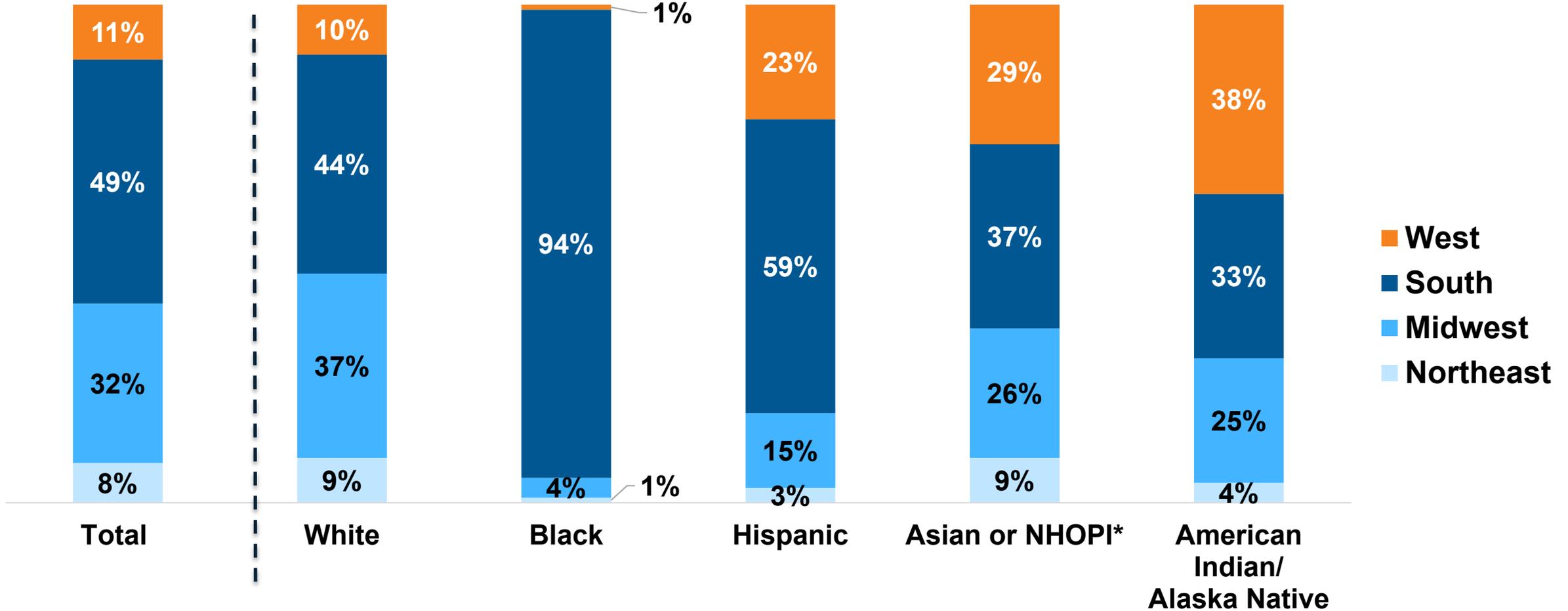


Filling the need for trusted information on national health issues.

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

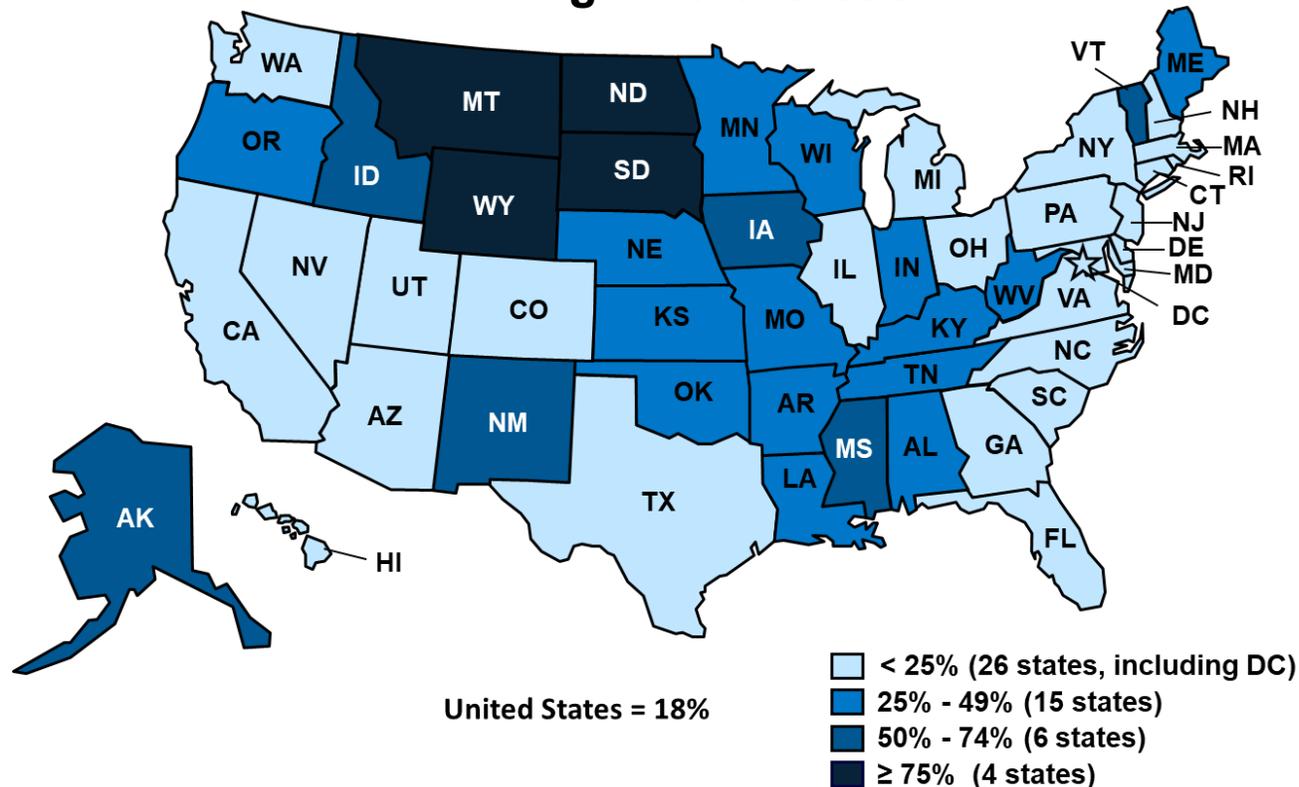


NOTES: Estimates not reported because relative standard error was >30%.

SOURCE: James CV, Moonesinghe R, Wilson-Frederick SM, Hall JE, Penman-Aguilar A, Bouye K. [Racial/Ethnic Health Disparities Among Rural Adults — United States, 2012–2015](#). MMWR Surveill Summ 2017;66(No. SS-23):1–9

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



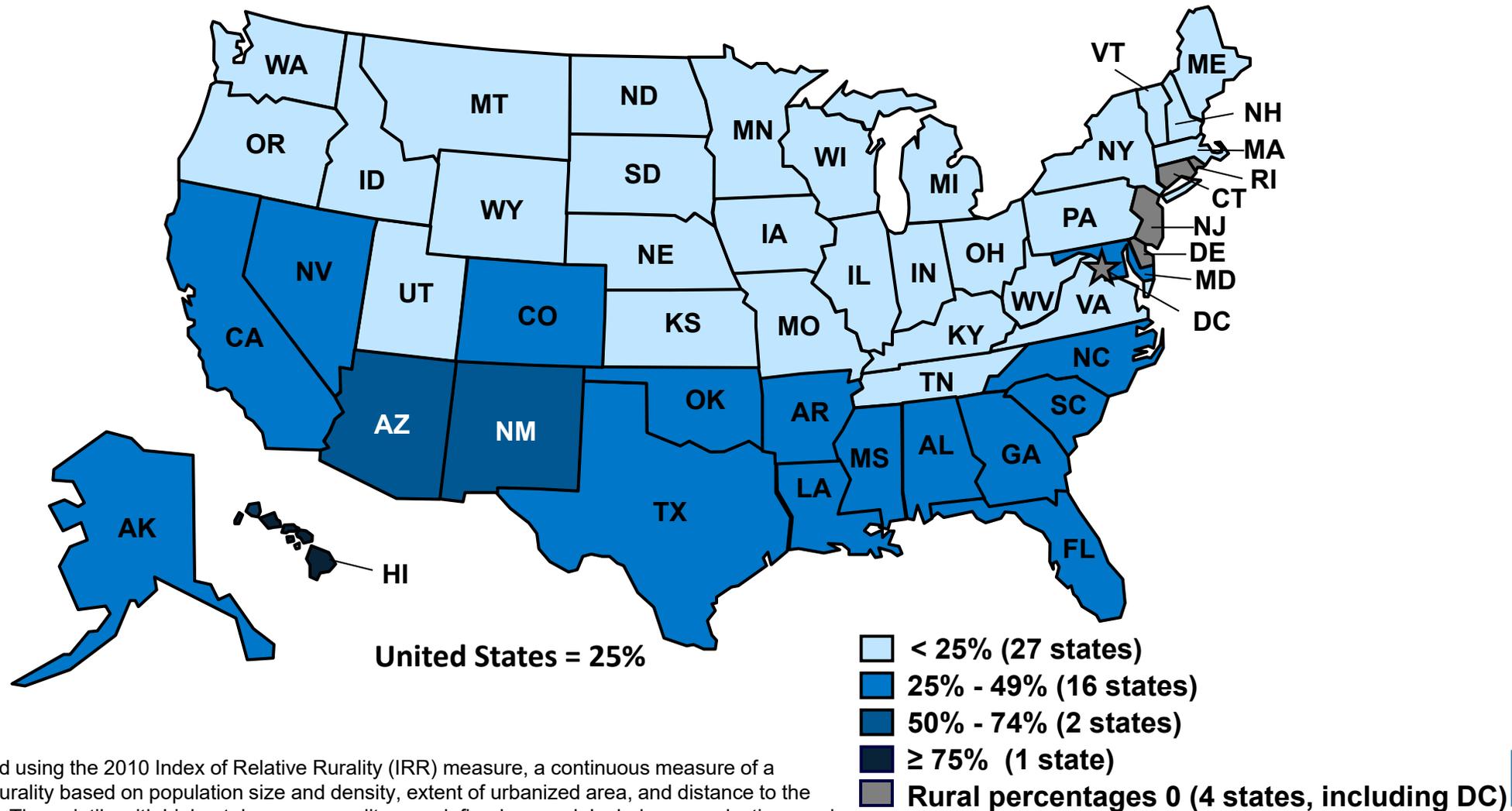
States with more than 400,000 reproductive aged women living in rural areas

- 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 highest degree of rurality was defined as rural. Includes reproductive aged women ages 15-49. Totals may not sum to 100% due to rounding.

SOURCE: KFF analysis of 2017 American Community Survey, 1-Year Estimates.

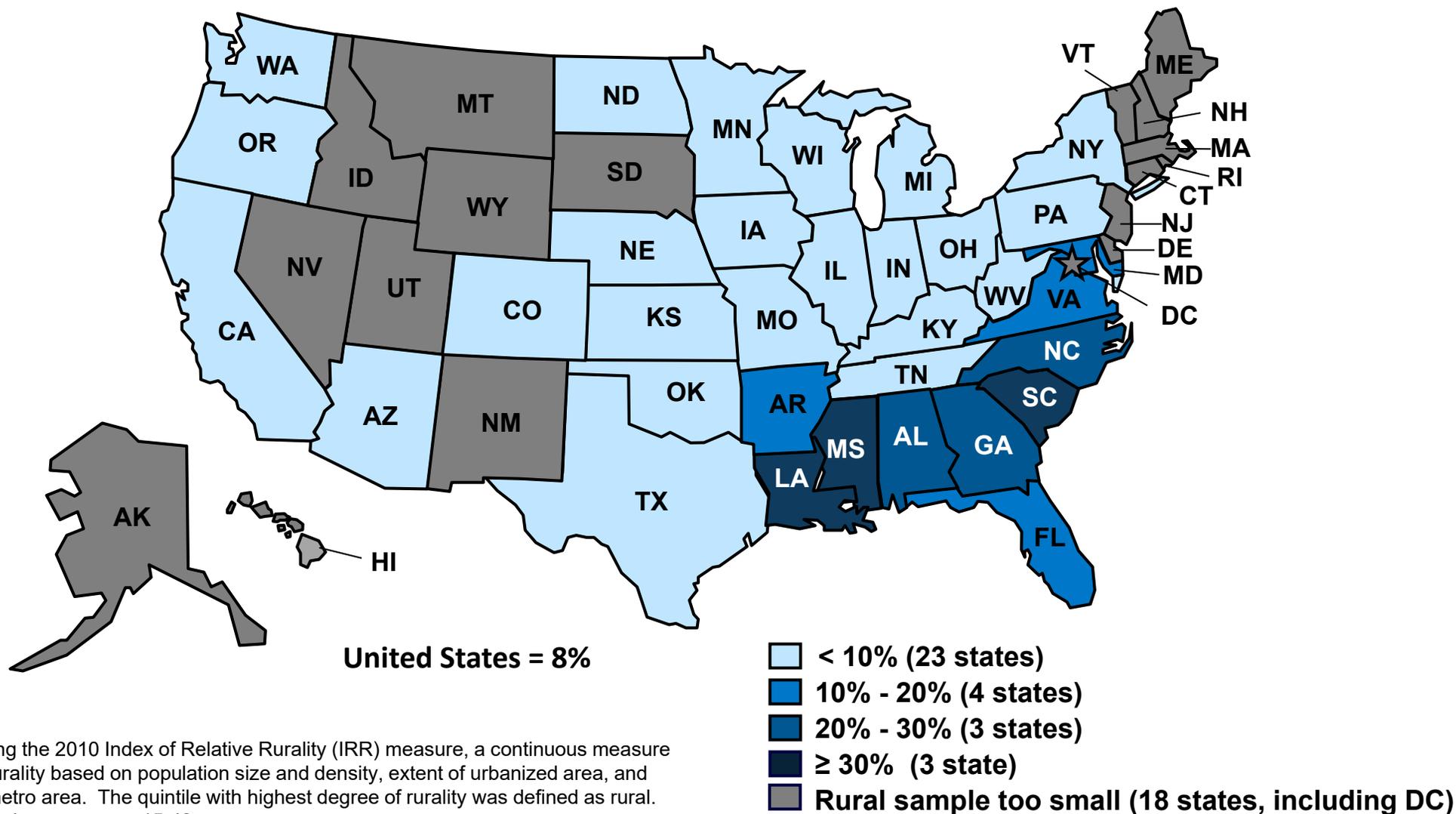
National Averages Mask Diversity Within Rural Communities: Share of Women of Color (15-49) living in a Rural Area in 2017



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 or rurality was defined as rural. Includes reproductive aged women ages 15-49.

SOURCE: KFF analysis of 2017 American Community Survey, 1-Year Estimates.

Southern States have the Largest Share of Black 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 of rurality was defined as rural. Includes reproductive aged women ages 15-49.

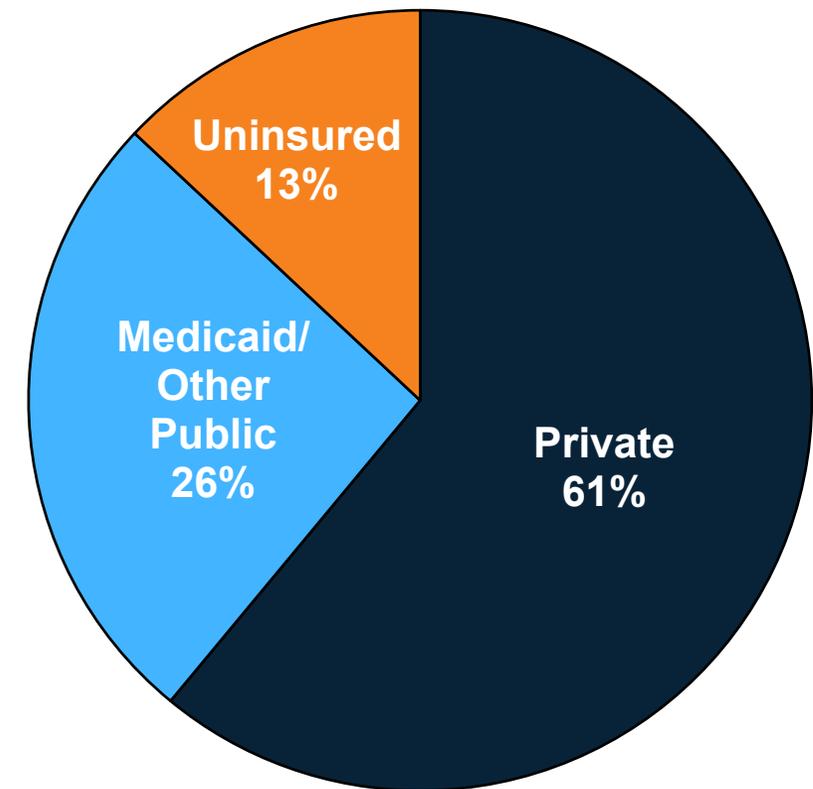
SOURCE: KFF analysis of 2017 American Community Survey, 1-Year Estimates.

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)

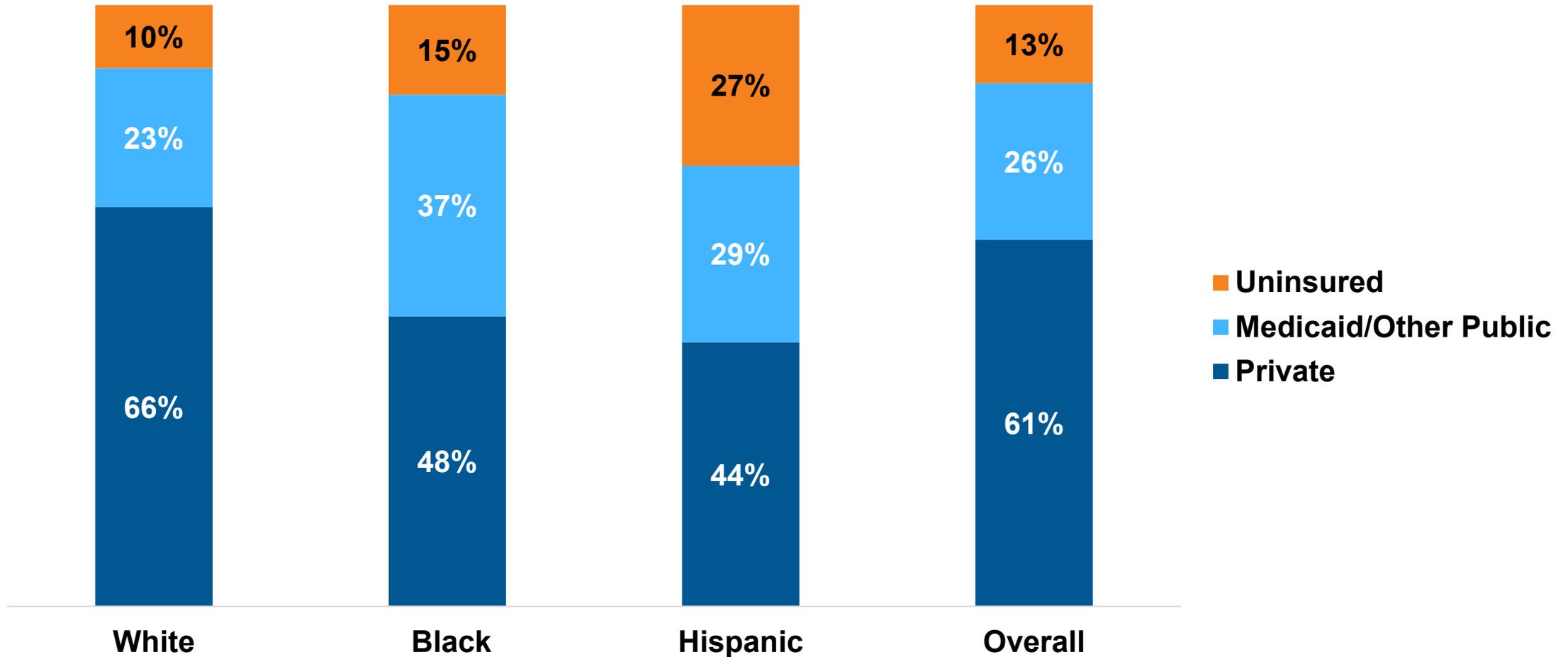
Insurance coverage of women in rural communities, 2017



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.

SOURCE: KFF analysis of 2017 American Community Survey, 1-Year Estimates.

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 of 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.

SOURCE: KFF analysis of 2017 American Community Survey, 1-Year Estimates.

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**

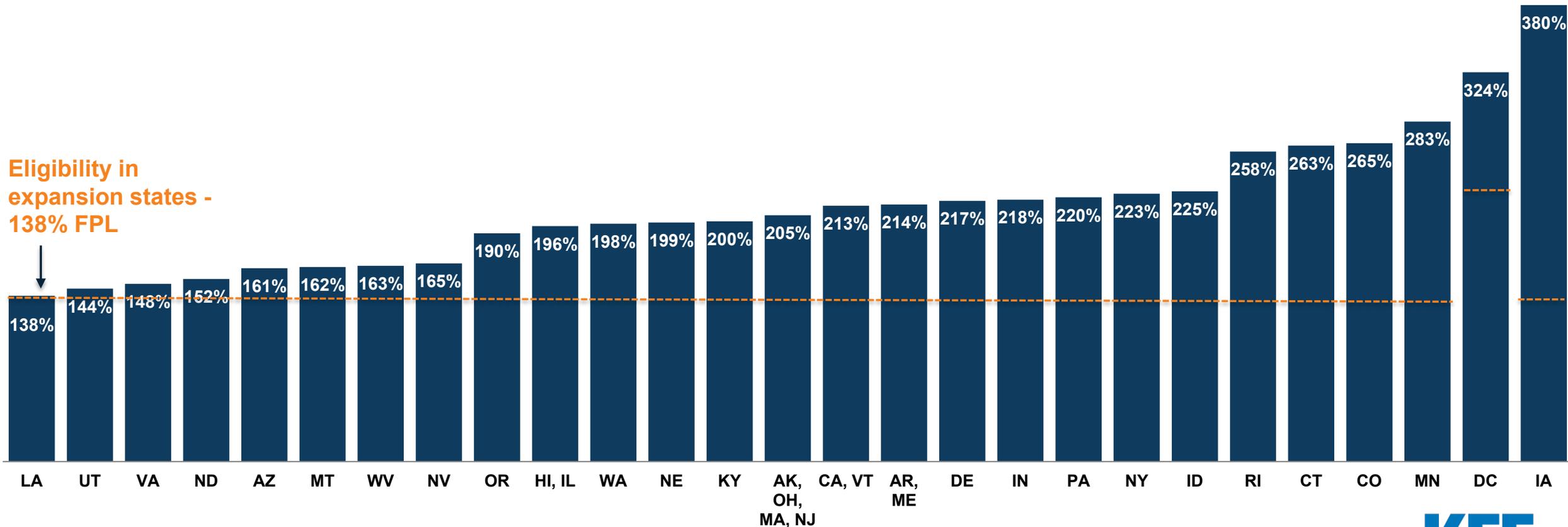
- Medicaid coverage for all newborns who lack acceptable coverage
- Pregnancy-related coverage for women ends 60 days postpartum in non-expansion states; many became uninsured
- In expansion states, continuous coverage provides access to follow up care and services for ongoing chronic conditions

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

Subsidy eligibility in Marketplace - 400% FPL

Eligibility in expansion states - 138% FPL

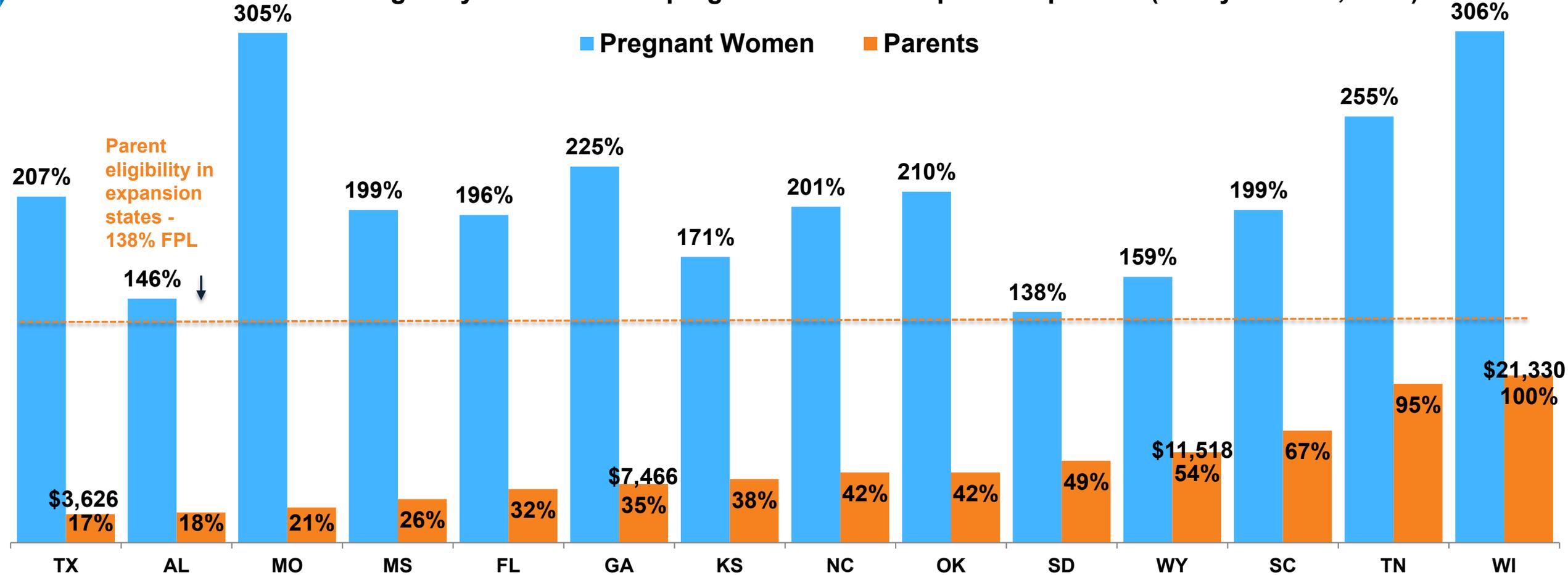


NOTE: For pregnant women, reflects highest eligibility limit for pregnant women under Medicaid, CHIP, or the unborn child [option](#). For “Parents,” eligibility limits calculated as a percent of the Federal Poverty Level (FPL) & are calculated based on a family of three for parents. In 2019, the FPL 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)



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.

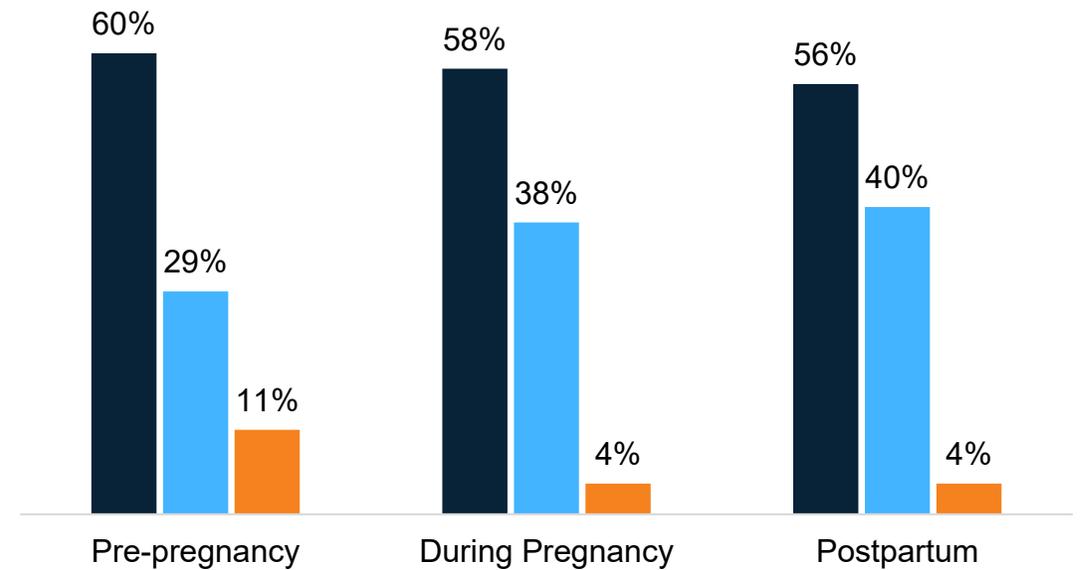
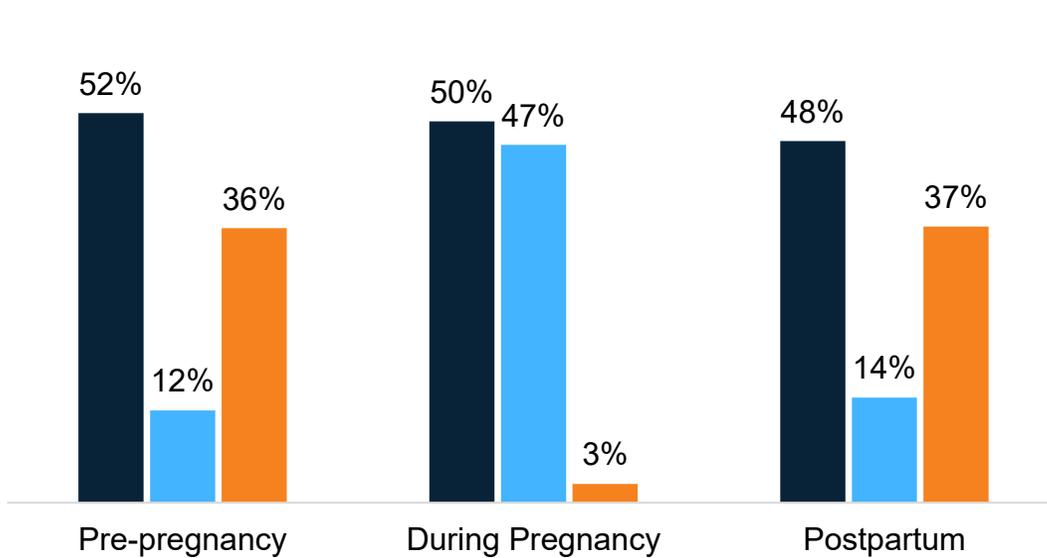
SOURCE: Based on national survey conducted by KFF with the Georgetown University Center for Children and Families, 2019.

Medicaid Expansion Results in Fewer Uninsured Women Pre and Post Pregnancy, Case Example: Texas and Ohio

Texas: More Rural Non-Expansion

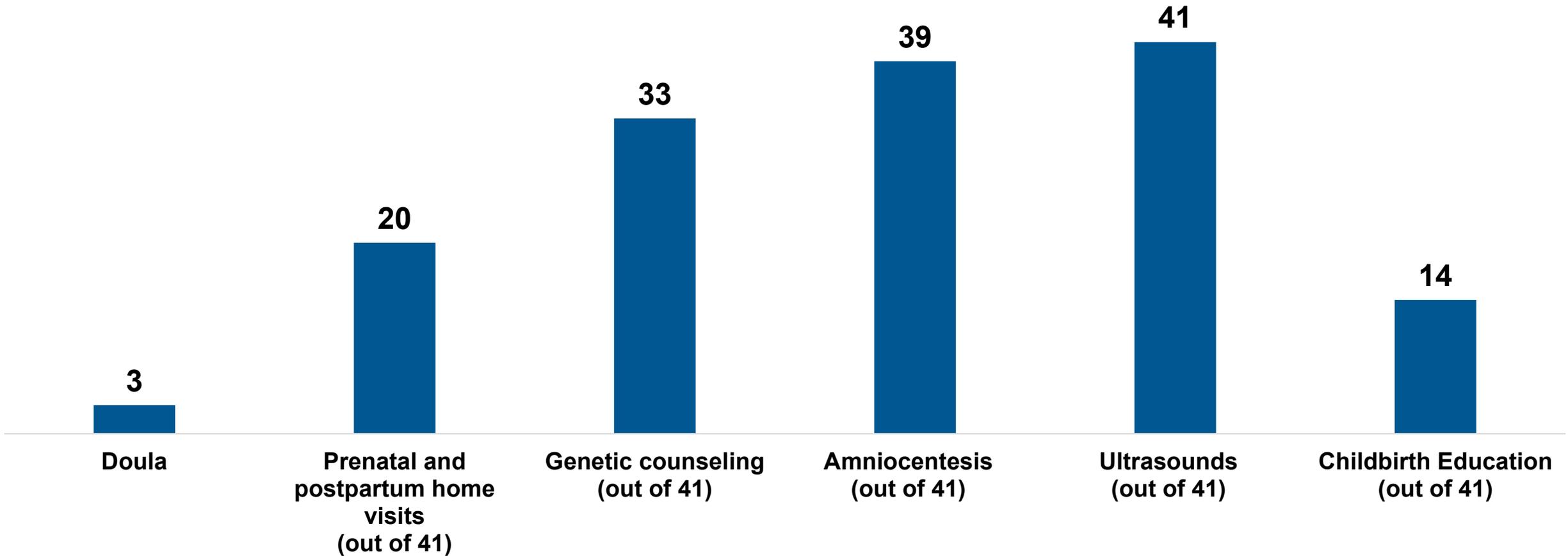
Ohio: More Rural Expansion

■ Private ■ Medicaid ■ Uninsured



States Vary in Coverage of Maternity Benefits

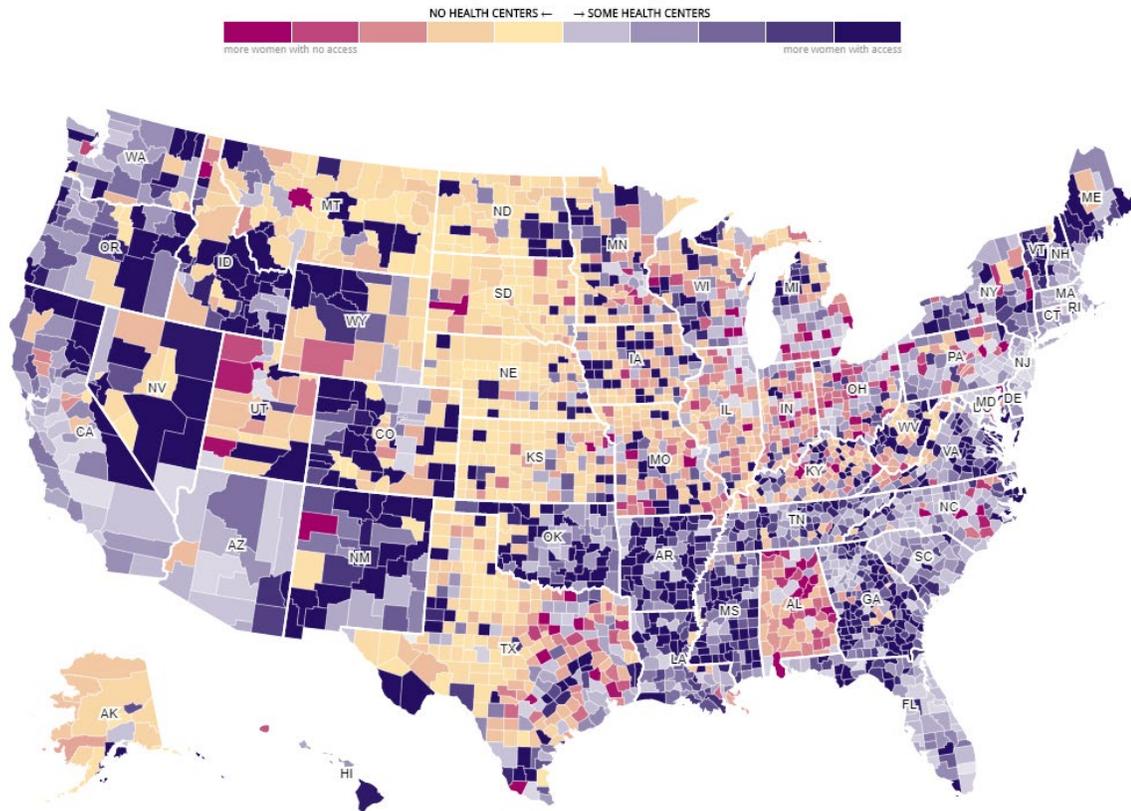
Number of Respondent States that Cover in Traditional Medicaid:



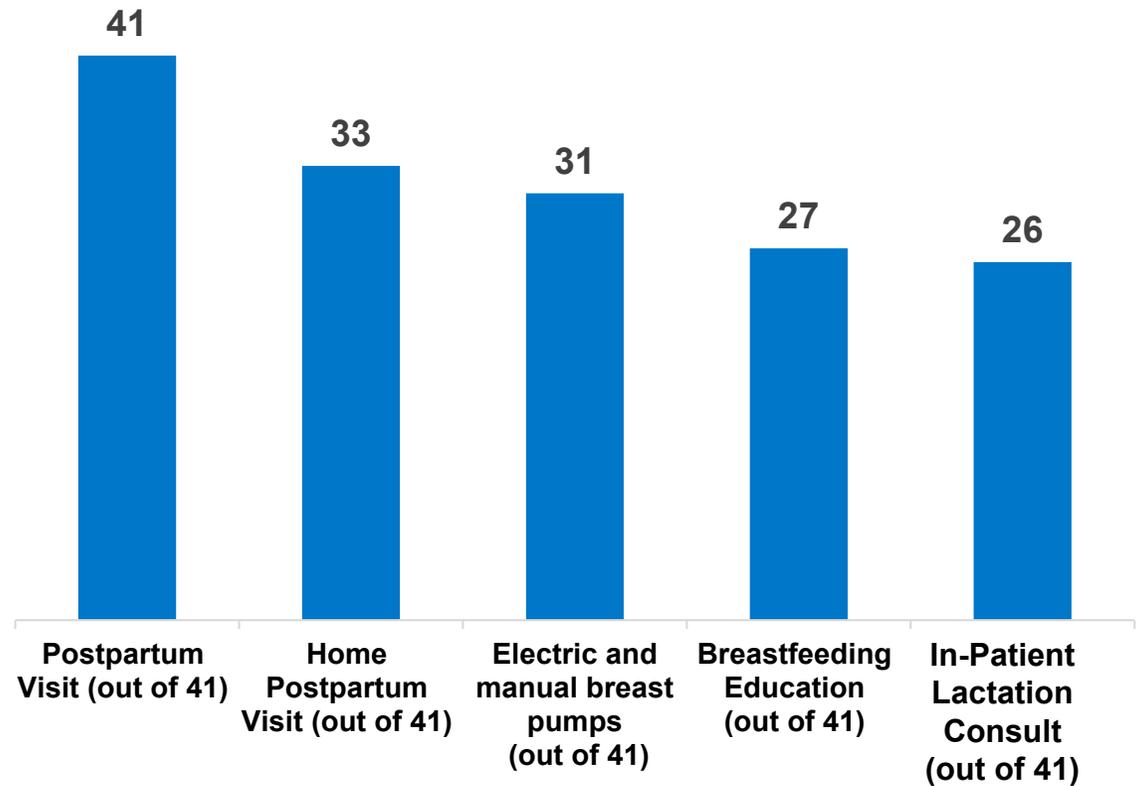
SOURCES: Kaiser Family Foundation and Health Management Associates, [Survey](#) of States on Medicaid Coverage of Family Planning and Perinatal benefits. Quinn, M. "To Reduce Fatal Pregnancies, Some Stats Look to Doulas." *Governing*, December 21, 2018.

Access to Postpartum Services Varies by State

HEALTH CENTERS OFFERING THE FULL RANGE OF BIRTH CONTROL METHODS by state and county



Postpartum Services Covered by Traditional Medicaid (2015):



SOURCE: Power to Decide; Kaiser Family Foundation and Health Management Associates, [Survey of States on Medicaid Coverage of Family Planning and Perinatal Benefits, 2017](#).

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