



EFFECTS OF MEDICAID EXPANSIONS IN LOUISIANA AND VIRGINIA ON MEDICAID ENROLLMENT DURING PREGNANCY, PRENATAL CARE, AND MATERNAL HEALTH OUTCOMES ACROSS RACIAL GROUPS

Daniela Zapata and Siying Liu, American Institutes for Research

BACKGROUND

-  Medicaid plays a key role in providing maternity-related services for women. It pays for about half of all births nationwide and nearly two thirds of births to mothers from racial and ethnic minority groups.
- Limited evidence exists on the effect of the Affordable Care Act (ACA) Medicaid expansions on Medicaid coverage around pregnancy and maternal health outcomes.

RESEARCH OBJECTIVES

-  To investigate the impact of two of the most recent ACA Medicaid expansions (Louisiana and Virginia) on Medicaid enrollment during pregnancy, prenatal care, and maternal health outcomes across races.

SAMPLE


- Women 18–49 years of age with a Medicaid claim in the Transformed Medicaid Statistical Information System (T-MSIS) for a live birth between 2016 and early 2020,

Table 1. Mean Baseline Outcomes Before Medicaid Expansion

	White	Black	Hispanic	Other races
LOUISIANA				
Enrollment in Medicaid during the first trimester	89%	93%	90%	85%
Prenatal care visit during the first trimester	58%	63%	61%	53%
Cesarean delivery	34%	35%	36%	30%
Preterm birth	9%	11%	9%	12%
VIRGINIA				
Enrollment in Medicaid during the first trimester	82%	86%	79%	73%
Prenatal care visit during the first trimester	41%	40%	37%	29%
Cesarean delivery	29%	31%	27%	33%
Preterm birth	7%	9%	7%	5%

Note. Numbers in the table are relative to women who had a birth within the period of analysis within each race category. For example, the first number in the table shows that 89% of White women who had a birth in the period of analysis were enrolled in Medicaid during their first trimester of pregnancy.

METHODOLOGY

-  The research used a difference-in-differences approach and compared each expansion state to a neighboring non-expansion state.
 - Mississippi was the comparison state for Louisiana
 - North Carolina was the comparison state for Virginia.

RESULTS

- Both expansions increased first-trimester enrollment in Medicaid for women from different races.
 - Louisiana’s expansion
 - Increased first-trimester enrollment by 8% from baseline for White women and by 4% for Black women.
 - Virginia’s expansion
 - Increased first-trimester enrollment by 8% from baseline for women of other races and by 3% for Black women.
- Both Medicaid expansions reduced the probability of having a cesarean delivery across women of different races.
 - Louisiana’s expansion
 - Reduced the probability of cesarean delivery by 26% among Black women and by 11% among White women.
 - Virginia’s expansion
 - Reduced the probability of cesarean delivery by 28% among women of other races, by 24% among Hispanic women, and by 20% among White women.
- Only Virginia’s expansion reduced the probability of preterm delivery.
 - Reduced the probability of preterm delivery by 36% among women of other races, by 11% among Black women, and by 10% among White women.
- Both expansions reduced the probability of having first-trimester prenatal care among Hispanic women:
 - By 29% in Louisiana.
 - By 48% in Virginia.

CONCLUSIONS

- Expanding Medicaid can improve maternal health outcomes but may exacerbate existing barriers to obtaining prenatal care for Hispanic women.

