Georgetown University
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CENTER FOR CHILDREN AND FAMILIES

Medicaid and CHIP Coverage for Pregnant Women: Federal Requirements, State Options

by Maggie Clark

Introduction

Medicaid and the Children's Health Insurance Program (CHIP) are key supports for pregnant women and new mothers,[1] as well as their children in the critical early years of life. Medicaid pays for nearly half of all births in the United States, including a greater share of births in rural areas, among young women, and women of color.[2] Medicaid and CHIP also cover close to half of the nation's children under age 3, making it the largest source of coverage for infants and toddlers.[3]

Federal minimum standards and state expansions have created public health coverage pathways that give millions of women improved access to essential prenatal, birth-related, and postpartum care. But more can be done to ensure that Medicaid and CHIP coverage for pregnant women provides affordable, comprehensive care that supports optimal pregnancy outcomes for mothers and babies, and helps build the foundation for a strong, nurturing relationship between mother and child. This brief describes the existing Medicaid and CHIP eligibility pathways for pregnant women and outlines federal minimum standards and state options to expand coverage to more pregnant women and opportunities to better align maternal and infant health coverage.

Medicaid and CHIP Eligibility Pathways for Pregnant Women

Medicaid and CHIP coverage for pregnant women is a patchwork of federal mandatory minimum requirements and state options that have evolved since the 1980s. As a result, Medicaid and CHIP income eligibility thresholds, program structures, enrollment procedures, and benefit packages for pregnant and postpartum women vary by state. Every state has opportunities to raise coverage standards for pregnant and postpartum women, expand eligibility pathways, and streamline enrollment processes. States also have the tools to better align maternal coverage with eligibility and access to care for babies and young children.

▶Medicaid

Many low-income women are enrolled in Medicaid prior to pregnancy, which allows opportunities to improve their health using preconception care.[4] Women with health coverage at the time they become pregnant face fewer barriers to early prenatal care, such as enrolling in coverage and subsequent managed care plans, or finding a provider.[5]

States are required to cover any pregnant woman who has a household income up to 138 percent FPL in Medicaid who meets certain immigration requirements.[6, 7] The pregnancy coverage lasts from the date of application to 60 days after the pregnancy ends (see Figure 2).[8, 9] Before coverage ends, states must determine if the pregnant woman is eligible for another Medicaid coverage category or for other insurance affordability programs before she is disenrolled.[10, 11]

States can also go beyond the federal minimum income eligibility limits to increase the number of pregnant women eligible for Medicaid or CHIP. As of early 2020, 47 states had Medicaid eligibility levels beyond the federal 138 percent FPL minimum, ranging as high as 380 percent FPL in Iowa (see Figure 1).[12] The median income eligibility level for Medicaid pregnancy coverage was 200 percent FPL in 2020.

Figure 1. Upper Income Eligibility Levels in Medicaid or CHIP for Pregnant Women

- 138% FPL (2 states)
- 139%-204% FPL (20 states)
- 205%-299% FPL (23 states)
- 300% FPL (5 states and D.C.)

Note: Median income eligibility across Medicaid and CHIP is 205% FPL.

Source: T. Brooks, et al., "Medicaid and CHIP Eligibility, Enrollment and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey," Georgetown University Center for Children and Families and the Kaiser Family Foundation (March 2020), available at http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf.

Pregnant women who are not citizens may be eligible for Medicaid if they have a qualified immigration status (e.g., lawful permanent resident, refugee, asylee, etc.), though some groups must have such status for at least five years before becoming eligible. States can opt to disregard the five-year waiting period for qualified lawfully residing immigrant pregnant women so that the women can be eligible for pregnancy and postpartum coverage in Medicaid or CHIP sooner.[13] As of January 2020, 29 states covered lawfully-residing immigrant pregnant women without a five-year waiting period (25 states in Medicaid, four of six states covering pregnant women in CHIP). (See Table 1.)[14]

For those who would be eligible for Medicaid but for their immigration status, Medicaid must cover labor and delivery costs.[15] Women eligible for such "emergency Medicaid" coverage[16] include both lawfully residing women who do not meet the specific immigration rules required by Medicaid (e.g., do not have "qualified status" or have not had such status for five years) and women who are undocumented.[17] Six states and Washington, D.C. use state-only dollars to provide some services not covered by emergency Medicaid to some pregnant or post-partum women not otherwise eligible due to immigration status.[18]

States may not impose waiting periods, pre-existing condition restrictions, enrollment caps, or cost sharing for preventive or pregnancy-related services for any pregnant women covered in Medicaid or CHIP.[19]

▶CHIP

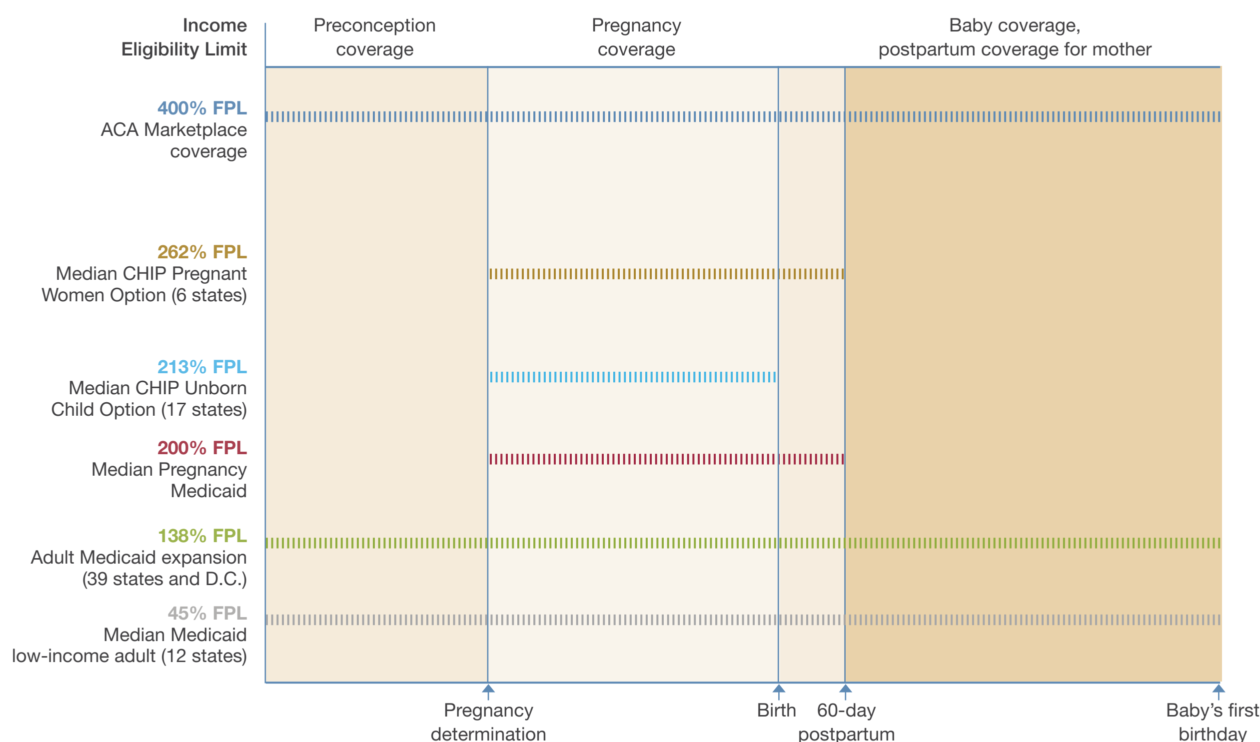
Options to expand pregnancy coverage in CHIP build on Medicaid's foundation by allowing states to extend coverage to women at higher income levels while receiving the higher CHIP federal matching rate. To offer full pregnancy and postpartum benefits under CHIP, a state must raise its pregnancy Medicaid income eligibility level to at least 185 percent FPL.[20] Any state meeting this prerequisite can then set its CHIP income eligibility limit for pregnant women up to, but not above, the state's CHIP income eligibility limit for children.[21] Currently, six states offer CHIP pregnancy coverage through this pathway (see Table 1).[22]

States can also use CHIP funds to offer coverage from conception to birth when the mother is not eligible for Medicaid.[23] The so-called "unborn child" option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage, which allows pregnant women regardless of their immigration status to receive prenatal care and labor and delivery services.

Coverage for pregnancy-related services ends for the mother after the birth of the child and does not include postpartum care, unless the postpartum services are included in a payment bundle that includes prenatal, labor and delivery, and postpartum care.[24, 25]

As of January 2020, 17 states have adopted the unborn child option, effectively covering pregnant women with a median income eligibility level of 213 percent FPL (see Table 1).[26]

Figure 2. Medicaid and CHIP Pregnancy Coverage Timeline



Source: T. Brooks, et al., "Medicaid and CHIP Eligibility, Enrollment and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey," Georgetown University Center for Children and Families and the Kaiser Family Foundation (March 2020), available at http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf.

Extending Postpartum Medicaid and CHIP Coverage

Policymakers in more than 20 states are working to extend postpartum coverage for at least some pregnant women beyond the current 60-day statutory limit.[27] In many cases, they are seeking a solution to the alarming U.S. maternal mortality and morbidity crisis. About 700 women die each year due to pregnancy-related complications, and the rate is continuing to rise.[28] But the crisis is not experienced equally. Black women and American Indian/Alaska Native women are two to three times more likely to die from a pregnancy-related cause than White women.[29]

About 24 percent of all pregnancy-related deaths occur between 43 to 365 days after birth, well beyond the time when Medicaid and CHIP pregnancy coverage ends, according to a recent review of maternal mortality data.[30] There is growing evidence that covering women for longer periods of time can reduce preventable maternal deaths, particularly among Black women.[31]

Extending postpartum Medicaid and CHIP coverage to one year after delivery has the potential to help at least 200,000 low-income uninsured mothers retain coverage.[32] Twelve months of continuous postpartum coverage would also bring mothers' enrollment in line with the one year of coverage federal law guarantees for infants whose birth was paid for by Medicaid or CHIP.[33, 34]

Currently, some states are covering postpartum extensions with state-only funds.[35] Extending pregnancy Medicaid and CHIP coverage beyond 60 days postpartum with a federal match is currently only available to states by requesting section 1115 demonstration authority from the federal Centers for Medicare and Medicaid Services (CMS).

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2 to 3X

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While four states (Illinois, New Jersey, Missouri, and Georgia) have applied to CMS to extend postpartum coverage for at least some pregnant women, none have so far been approved. Congress has proposed measures to allow or require states to extend postpartum coverage while receiving federal matching funds,[36] and the Trump administration included extending postpartum coverage for 12 months only for women with substance use disorder in its fiscal year 2021 budget request for the Department of Health and Human Services.[37]

The Affordable Care Act's (ACA) Medicaid expansion is a comprehensive long-term coverage solution that has been shown to reduce maternal mortality, with the greatest benefit for non-Hispanic Black mothers, suggesting that expansion could be contributing to decreasing racial disparities in maternal mortality.[38, 39] However, 12 states have not yet taken the critical first step to expand Medicaid to low-income parents and adults with incomes below 138 percent of the federal poverty level under the ACA,[40] a step which ensures that more women have sustained coverage and access to comprehensive care before, during, and after pregnancy.[41, 42]

Enrollment Options

States have options to streamline the Medicaid and CHIP enrollment process for eligible pregnant women. Just as for children, states can choose to adopt presumptive eligibility for pregnant women in Medicaid or CHIP.[43] The option permits states to authorize specific types of "qualified entities," such as federally qualified health centers, hospitals, and local health departments, to screen a pregnant woman's eligibility based on her gross income and temporarily enroll her in coverage. Presumptive eligibility serves a dual purpose of providing immediate access to needed health care services while putting people on a path to ongoing coverage.[44]

Thirty states have adopted presumptive eligibility for pregnant women in Medicaid and three of the six states that have expanded full CHIP coverage to pregnant women have adopted the presumptive eligibility option for this group as well.[45] Once a woman is enrolled in Medicaid or CHIP pregnancy coverage, the coverage is effective as of the date of application and typically covers any costs incurred for care while she was waiting to have her coverage approved.

ACA Marketplaces may cover pregnant women who do not qualify for Medicaid or CHIP

For pregnant women with incomes higher than their state's Medicaid and CHIP eligibility levels, the ACA's health insurance Marketplaces may provide an important coverage avenue, though without many of the consumer protections provided by Medicaid and CHIP. Marketplace plans must cover prenatal, labor and delivery, and postpartum care.[46]

Birth of a child triggers a special enrollment period for the new parents (including the parent not physically giving birth) as well as for the new child, up to 60 days after birth.[47] However, while birth is a qualifying event allowing for a special enrollment period, pregnancy is not.[48] Women who become pregnant outside of the Marketplace's annual open enrollment period cannot enroll in Marketplace coverage until after the birth of their child, leaving them exposed to thousands in out of pocket medical costs if they do not otherwise have coverage.[49] However, five state-based Marketplaces—New York[50], Connecticut[51], Vermont[52], Maryland[53], and D.C.[54]—have changed their rules to allow pregnancy to be a qualifying event for a special enrollment period.

Benefit Provisions under Medicaid and CHIP Coverage for Pregnant Women

▶Medicaid

Most states provide full Medicaid benefits for pregnant women regardless of eligibility pathway, but states are able to offer fewer benefits for these women if they choose. Should a state decide to offer a more limited benefit package to pregnant women than for other adults in Medicaid, the state must receive CMS approval for determining which services are not pregnancy related.[55, 56] Four states (Arkansas, New Mexico, North Carolina, and South Dakota) limit benefits to pregnancy-related coverage.[57] Federal guidance has clarified that such pregnancy coverage includes services beyond just prenatal care, stating that "it is difficult to identify what is 'pregnancy-related' because the health of a pregnant woman is intertwined with the health of her expected child."[58]

Pregnancy Medicaid coverage includes prenatal, labor and delivery, postpartum, and family planning services, as well as an array of services which may include prenatal vitamins, genetic counseling, prenatal care coordination, doula services, and childbirth education classes.[59] In addition, states routinely now cover the women's preventive services included under the Affordable Care Act, such as smoking cessation, HIV screening and counseling, depression screening and referrals, domestic violence screening and counseling, and breastfeeding support and supplies.

Emergency Medicaid only reimburses medical professionals for labor and delivery services provided to women who would otherwise be eligible for Medicaid but for their immigration status.[60] Neither prenatal care nor other preventive services are covered under emergency Medicaid.[61]

▶CHIP

States have additional flexibility to design benefits in separate CHIP programs, with the option to base benefits on existing coverage models, called benchmarks, or define another set of benefits with approval of the federal HHS Secretary.[62] In effect, the six states with separate CHIP programs serving pregnant women have opted to provide them with full CHIP benefit packages for the perinatal period.

Most states with separate CHIP programs covering pregnant women through the "unborn child" option also offer full CHIP benefits for prenatal care and labor and delivery services (12 of 17 states).[63, 64] States electing the unborn child option may also cover postpartum care for the woman in several ways, including potentially using CHIP Health Services Initiative funding, or paying for the services through a global fee that includes prenatal, labor and delivery, and postpartum care for 60 days after the end of the pregnancy.[65]

Additionally, as a result of the SUPPORT Act, passed in 2018, states must also cover behavioral health services to both children and pregnant women covered in separate CHIP programs, including those covered via the "unborn child" pathway.[66] This includes screenings and treatment for tobacco and opioid abuse, depression, and other mental health and substance abuse services, all of which help to ensure a healthy start for mother and child together.[67]

Conclusion

Medicaid and CHIP are the largest source of coverage for pregnant women, new mothers, and their young children, in the United States. States have many options in these programs to ensure that eligibility, enrollment, and benefits help new mothers and their children get the care they need during this critical window for early childhood development and maternal health.

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Figure 3. Features of Pregnancy Coverage

	Pregnancy Medicaid	CHIP Pregnant Women Option	CHIP Unborn Child Option	Marketplace
Where is this coverage available?	All states and Washington, D.C.	6 states	17 states	All states and Washington, D.C.
What's covered?	Most states provide full Medicaid benefits for pregnant women. This comprehensive coverage must include all prenatal, labor and delivery, and postpartum care. Emergency Medicaid reimburses medical professionals for labor and delivery services provided to women who would otherwise be eligible for Medicaid but for their immigration status.	The full CHIP benefit package includes all prenatal, labor and delivery, and postpartum care.	Most states with separate CHIP programs covering pregnant women through the "unborn child" option offer full CHIP benefits for prenatal care and labor and delivery services. Coverage for pregnancy-related services ends for the mother after the birth of the child.	Coverage includes prenatal, labor and delivery, and postpartum care, and continues beyond the posptartum period. Coverage begins following an open enrollment period or special enrollment period.
Who's eligible?	States are required to cover any pregnant woman who has a household income up to 138% FPL in Medicaid who meets certain immigration requirements. The median income eligibility limit is 200% FPL.	States have the option to offer full CHIP benefits to pregnant women with higher incomes than are eligible for Medicaid who meet certain immigration requirements. The median income eligibility limit is 262% FPL.	The "unborn child" option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage, which allows pregnant women regardless of their immigration status to receive prenatal care and labor and delivery services. The median income eligibility limit is 213% FPL.	Women receive tax credits for coverage based on income up to 400% FPL. The coverage may require co-pays, premiums, and an annual deductible. Certain immigration requirements apply.
What options do states have?	States can opt to disregard the five-year waiting period for qualified lawfully residing immigrant pregnant women so that the women can be eligible for pregnancy and postpartum coverage in Medicaid sooner (24 states and Washington, D.C. in Medicaid).	States can opt to disregard the five-year waiting period for qualified lawfully residing immigrant pregnant women so that the women can be eligible for pregnancy and postpartum coverage in CHIP sooner (4 of 6 states covering pregnant women in CHIP).	States may cover postpartum care for the woman in several ways, including potentially using CHIP Health Services Initiative funding, state-only funds, or paying for the services through a global fee that includes prenatal, labor and delivery and postpartum care.	States that operate their own state-based marketplaces can allow pregnancy to be a qualifying event for a special enrollment period.

Source: T. Brooks, et al., "Medicaid and CHIP Eligibility, Enrollment and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey," Georgetown University Center for Children and Families and the Kaiser Family Foundation (March 2020), available at http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf.

Table 1. Medicaid and CHIP Coverage for Pregnant Women, January 2020

State	Income Eligibility Limits for Pregnant Women (percent of FPL)			Lawfully-Residing Immigrants Covered without 5-Year Wait		Presumptive Eligibility in Medicaid and CHIP for Pregnant Women	
	Medicaid	CHIP	Unborn Child Option	Medicaid	CHIP	Medicaid	CHIP
Median or Total	200%	262%	213%	25	4	30	3
Alabama	146%				N/A		N/A
Alaska	205%				N/A		N/A
Arizona	161%				N/A		N/A
Arkansas	214%		214%	Y	N/A		N/A
California	213%		322%	Y	N/A	Y	N/A
Colorado	200%	265%		Y	Y	Y	Y
Connecticut	263%			Y	N/A	Y	N/A
Delaware	217%			Y	N/A		N/A
District of Columbia	324%			Y	N/A	Y	N/A
Florida	196%				N/A	Y	N/A
Georgia	225%				N/A	Y	N/A
Hawaii	196%			Y	N/A		N/A
Idaho	138%				N/A	Y	N/A
Illinois	213%		213%		N/A	Y	N/A
Indiana	218%				N/A	Y	N/A
Iowa	380%				N/A	Y	N/A
Kansas	171%				N/A	Y	N/A
Kentucky	200%				N/A	Y	N/A
Louisiana	138%		214%		N/A		N/A
Maine	214%			Y	N/A	Y	N/A
Maryland	264%			Y	N/A		N/A
Massachusetts	205%		205%	Y	N/A		N/A
Michigan	200%		200%		N/A	Y	N/A
Minnesota	283%		283%	Y	N/A		N/A
Mississippi	199%				N/A		N/A
Missouri	201%	305%	305%			Y	Y
Montana	162%				N/A	Y	N/A
Nebraska	199%		202%	Y	N/A	Y	N/A
Nevada	165%				N/A		N/A
New Hampshire	201%				N/A	Y	N/A
New Jersey	199%	205%		Y	Y	Y	Y
New Mexico	255%			Y	N/A	Y	N/A
New York	223%			Y	N/A	Y	N/A
North Carolina	201%			Y	N/A	Y	N/A
North Dakota	162%				N/A		N/A
Ohio	205%			Y	N/A	Y	N/A
Oklahoma	138%		210%		N/A		N/A
Oregon	190%		190%		N/A		N/A
Pennsylvania	220%			Y	N/A	Y	N/A
Rhode Island	195%	258%	258%				
South Carolina	199%			Y	N/A	Not reported	Not reported
South Dakota	138%		138%		N/A		N/A
Tennessee	200%		255%		N/A	Y	N/A
Texas	203%		207%		N/A	Y	N/A
Utah	144%				N/A	Y	N/A
Vermont	213%			Y	N/A		N/A
Virginia	148%	205%		Y	Y		
Washington	198%		198%	Y	N/A		N/A
West Virginia	190%	305%		Y	Y	Y	N/A
Wisconsin	306%		306%	Y	N/A	Y	N/A
Wyoming	159%			Y	N/A	Y	N/A

Source: T. Brooks, et al., "Medicaid and CHIP Eligibility, Enrollment and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey," Georgetown University Center for Children and Families and the Kaiser Family Foundation (March 2020), available at http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf.

Endnotes

[1] Female pronouns are used throughout the paper, but the policies apply to all birthing people enrolled in coverage programs, regardless of gender.

[2] Medicaid and CHIP Payment and Access Commission, "Medicaid's Role in Financing Maternity Care," (January 2020), available at https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf (accessed October 20, 2020).

[3] Unpublished Georgetown University Center for Children and Families analysis of the 2008-2018 Integrated Public Use Microdata Series (IPUMS) American Community Survey data. Note: Change is significant at the 90 pecent confidence level. See Georgetown University Center for Children and Families, "Rate of Uninsured Infants and Toddlers on the Rise," (March 2020), available at https://ccf.georgetown.edu/wp-content/uploads/2020/04/Under-3-Increase-in-Uninsured-v4.pdf (accessed October 16, 2020).

[4] Y. J. Taylor, T. L. Liu, and E. A. Howell, "Insurance Differences in Preventive Care Use and Adverse Birth Outcomes Among Pregnant Women in a Medicaid Nonexpansion State: A Retrospective Cohort Study," *Journal of Women's Health*, 1: 29-37 (2020), available at https://pubmed.ncbi.nlm.nih.gov/31397625/ (accessed October 19, 2020).

[5] M. A. Clapp, et al., "Association of Medicaid Expansion With Coverage and Access to Care for Pregnant Women," *Obstetrics and Gynecology*, 134(5): 1066-1074 (2019), available at https://pubmed.ncbi.nlm.nih.gov/31599841/ (accessed October 19, 2020).

[6] States are required to cover any income-eligible citizen or refugee/asylee pregnant woman with incomes at or below 138 percent FPL in Medicaid. Women with other immigration statuses can receive Medicaid and CHIP benefits at state option or have their labor and delivery services covered by emergency Medicaid. See also "Non-citizens," Medicaid and CHIP Payment and Access Commission, available at https://www.macpac.gov/subtopic/noncitizens/ (accessed October 16, 2020).

[7] In some states, pregnant women must be covered up to 185 percent FPL because the state had already expanded to these levels when legislation was enacted in 1989 to mandate coverage up to at least 133 percent FPL. States are required to maintain these higher preexisting thresholds. See also "Pregnant women," Medicaid and CHIP Payment and Access Commission, available at https://www.macpac.govs/subtopic/pregnant-women/ (accessed October 16, 2020).

[8] Throughout the paper, when we refer to pregnancy coverage, we are being inclusive of the 60 days postpartum period, unless otherwise stated.

[9] 42 C.F.R § 435.17 (2016).

[10] A. Chen and E. Hayes, "Q&A on Pregnant Women's Coverage Under Medicaid and the ACA," National Health Law Program, available at https://healthlaw.org/resource/qa-on-pregnant-womens-coverage-under-medicaid-and-the-aca/ (accessed October 16 2020).

[11] 42 C.F.R. § 435.916 (2019) and 435.1200(e) (2019).

[12] Idaho, Louisiana, Oklahoma, and South Dakota only cover pregnant women to 138 percent. See Table 3, T. Brooks, et al., "Medicaid and CHIP Eligibility, Enrollment and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey," Georgetown University Center for Children and Families and the Kaiser Family Foundation (March 2020), available at http://files.kff.org/attachment/Report-Medicaid-and-CHIP-Eligibility,-Enrollment-and-Cost-Sharing-Policies-as-of-January-2020.pdf (accessed October 16, 2020).

[13] Known as the Immigrant Children's Health Improvement Act (ICHIA) option, this is the same pathway used to remove the five year bar for immigrant children's eligibility for Medicaid and CHIP. See Georgetown Center for Children and Families, "Health Coverage for Lawfully Residing Children," (May 2018), available at https://ccf.georgetown.edu/wp-content/uploads/2018/05/ichia_fact_sheet.pdf (accessed October 16, 2020).

[14] Op. cit. (12)

[15] 42 C.F.R. § 440.255 (2019).

[16] 42 C.F.R. § 440.255(c) (2019).

[17] 42 C.F.R. § 435.406(b) (2019).

[18] D.C., Massachusetts, New Jersey, New York, Oregon, Tennessee, and Washington. For more information, see K. Gifford, et.al., "Medicaid Coverage of Pregnancy and Perinatal Benefits: Results from a State Survey," Kaiser Family Foundation (April 2017), available at https://www.kff.org/womens-health-policy/report/medicaid-coverage-of-pregnancy-and-perinatal-benefits-results-from-a-state-survey/ (accessed October 16, 2020).

[19] Center for Medicare & Medicaid Services, State Health Official Letter #09-010 (September 3, 2009), available at https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO090309.pdf (accessed October 16, 2020).

[20] States also must cover children under age 19 in Medicaid and CHIP up to at least 200 percent FPL before expanding CHIP coverage to pregnant women. Only North Dakota and Idaho have eligibility lower than 200 percent FPL for children in Medicaid and CHIP. See Op. cit. (12), Table 1.

[21] Center for Medicare & Medicaid Services, "Questions and Answers Related to Coverage of Pregnant Women in the Children's Health Insurance Program (CHIP)" (September 3, 2009), available at https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO090309.pdf (accessed October 16, 2020).

[22] Op. cit. (12).

[23] 42 C.F.R. § 457.10 (2019).

[24] Op. cit. (19).

[25] Centers for Medicare & Medicaid Services, State Health Official Letter #020-004 (November 12, 2002), available at https://healthlaw.org/wp-content/uploads/2018/09/cms_release_on_prenatal_care_for_fetuses.pdf (accessed October 19, 2020).

[26] Op. cit. (12).

[27] National Academy for State Health Policy, "View Each State's Efforts to Extend Medicaid Coverage to Postpartum Women," (September 29, 2020), available at https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/ (accessed October 16, 2020).

[28] Centers for Disease Control and Prevention, "Pregnancy-Related Deaths Happen Before, During, and Up to a Year After Delivery," Press Release (May 7, 2019), available at https://www.cdc.gov/media/releases/2019/p0507-pregnancy-related-deaths.html (accessed October 26, 2020).

[29] Centers for Disease Control and Prevention, "Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016," available at https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html (accessed October 26, 2020).

[30] N. L. Davis, A. N. Smoots, and D. A. Goodman, "Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017," Centers for Disease Control, available at https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html#table2 (accessed October 20, 2020).

[31] E. L. Eliason, "Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality," *Women's Health Issues*, 30: 147-152 (2020), available at https://www.whijournal.com/article/S1049-3867(20)30005-0/abstract (accessed October 16, 2020).

[32] S. McMorrow et al., "Extending Postpartum Medicaid Coverage Beyond 60 Days Could Benefit Over 200,000 Low-Income Uninsured Citizen New Mothers," available at https://theincidentaleconomist.com/wordpress/extending-postpartum-medicaid/ (accessed October 15, 2020).

[33] K. Johnson, S. Rosenbaum, & M. Handley, "The Next Steps to Advance Maternal and Child Health in Medicaid: Filling Gaps in Postpartum Coverage and Newborn Enrollment," *Health Affairs* (January 2020), available at https://www.healthaffairs.org/do/10.1377/hblog20191230.967912/full/ (accessed October 15 2020).

[34] Medicaid and CHIP Payment and Access Commission, "Medicaid's Role in Maternal Health," (June 2020), available at https://www.macpac.gov/wp-content/uploads/2020/06/Chapter-5-Medicaid%E2%80%99s-Role-in-Maternal-Health.pdf (accessed October 20, 2020).

[35] California DHCS Medi-Cal, "Provisional Postpartum Care Extension," Press Release (July 31, 2020), available at https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30223_01.aspx (accessed October 15, 2020).

[36] U.S. Congress, House, Helping MOMS Act of 2020, H.R. 4996, 116th Congress, 2nd Session (November 8, 2019), available at https://www.congress.gov/bill/116th-congress/house-bill/4996 (accessed October 26, 2020).

[37] Office of Management and Budget "A Budget for America's Future: Budget of the U.S. Government," See Table S-4, (February 10, 2020), available at https://www.whitehouse.gov/wp-content/uploads/2020/02/budget_fy21.pdf (accessed October 19, 2020).

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