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McCourt School of Public Policy
CENTER FOR CHILDREN
AND FAMILIES

Johnson Policy Consulting

Medicaid Connections: Maternal and Infant Health and Justice

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JULY 21, 2026

MEDICAID CONNECTIONS

WEBINAR SERIES

Every Third Tuesday
AT 2PM ET

Medicaid Connections Series

Medicaid is the invisible backbone of advocacy, promoting health and well-being for low-income people. It covers birthing for moms and babies, comprehensive benefits for children, coverage for low-income adults, and it helps keep the lights on at many hospitals that accept all types of insurance. Deep cuts to the program could significantly affect people's lives.

Medicaid Connections webinars are a place for those who are not long-time health advocates, as well as those who are, to come together to help ensure all people can access and benefit from the services they need to improve their health and well-being.

Meet our Speakers

Moderator:
Tanesha Mondestin
Research Associate, Georgetown CCF

Kay Johnson
President, Johnson Policy Consulting

Madeline Morcelle
Senior Attorney, National Health Law Program

Dr. Jamila Perritt
President & CEO, Physicians for Reproductive Health

Lourdes Rivera
President, Pregnancy Justice

Outline

1. Brief History of Medicaid & Women's Health
2. Medicaid's role in the health of women and mothers
3. Medicaid financing
4. Overview of major threats to Medicaid
5. Panel Discussion
6. Audience Q & A

Medicaid MCH Milestones: 1965-2009 *CHAP TO CHIP*

1965-1966

Medicare & Medicaid created. Despite more universal CHAP proposals, only poorest kids and mothers qualified for AFDC cash assistance gain Medicaid coverage.

1967-1983

EPSDT child health benefit created (1967). Family planning required (1972). Hyde Amendment limits abortion funds (1977).

1984-1990

Six incremental expansions of Medicaid for maternal & infant, and all poor children. EMTALA (1986). EPSDT amendment (1989).

1991-2009

Gingrich Revolution block grant, Clinton veto (1995). Family planning waivers. CHIP enacted (1997), and CHIPRA (2009).

Johnson K. Medicaid and CHIP Coverage for Women and Children: Politics and Policy. Chapter 20. In Russell S. Kirby and Sarah Verbiest, Editors, *Kotch's Maternal and Child Health: Programs, Problems and Policy in Public Health*, Fourth Edition. Burlington, MA: Jones and Bartlett Learning, 2022.

Medicaid MCH Milestones: 2010-2026

2010-2016

Affordable Care Act (2010). Medicaid 133 FPL mandate becomes ACA expansion option (2012). Women's Preventive Services.

2017-2019

Trump Administration and Congress push for Medicaid block grant and repeal of ACA, but fail.

2020-2023

COVID PHE protections on coverage. Postpartum extension option. Incentive for states to adopt ACA Medicaid expansion.

2023-2024

Unwinding COVID PHE protections. Nearly all states extend postpartum coverage. More states pay for doulas and CHW.

2025-26

OBBBA adds Medicaid work requirements, limits provider taxes & directed payments, more hurdles for eligibility & enrollment.

What are protections and challenges in EMTALA

When more people are uninsured, hospital "dumping" violations are more common and EMTALA protections are most needed.

- **Emergency Medical Treatment and Active Labor Act (EMTALA)** was enacted in 1986 (Social Security Act (SSA)Section 1867; 42 USC §1395dd)
  - EMTALA imposes obligations on Medicare-participating hospitals that offer emergency services/emergency departments (ED), particularly concerning individuals who:
    - come to a hospital ED and request examination or treatment for medical conditions, and
    - apply to all of these individuals, regardless of whether or not they are beneficiaries of any program under the SSA (and regardless of ability to pay).
  - Required to provide **medical screening** of conditions, and necessary **stabilizing treatment or appropriate transfer** – without delay.
- For 40 years, EMTALA aimed to protect the ability of all people to receive stabilizing and life-saving care in emergency situations, including those who are pregnant and need emergency abortions or other stabilizing care and/or transfers.
- Since SCOTUS *Dobbs* decision regarding abortion legal battles have led to confusion and delays in care that put both mothers and infants at heightened risk for death.

Medicaid's Role in Maternal and Infant Health

An estimated
99%
of children in foster care have Medicaid coverage.

Medicaid finances
more than
4 in 10
births across the nation

Medicaid covers
more than
1 in 4
childcare staff in the US

INFANTS & TODDLERS WITH DISABILITIES ENROLLED IN MEDICAID AND PART C:

- Show improvements in early development
- Show reduced need for school special education
- Grow up with better health
- Have less severe disabilities as adults

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NEARLY HALF
of adult women ages 19-49 &
MORE THAN 60%
of older women ages 50-64 covered by Medicaid are enrolled under the Medicaid expansion.

An estimated
42%
of young children (birth to age 6) rely on Medicaid Coverage

See Georgetown CCF fact sheets for more information: https://ccf.georgetown.edu/tag/fact-sheets/

MEDICAID

PAYS FOR

41%

OF BIRTHS

Doula Care
Home Visiting
Midwifery

AMAZING

Medicaid

IS ESSENTIAL

Single largest payer of behavioral health care

Supports rural and urban hospitals

Medicaid along Continuum of Reproductive and Pregnancy Health

Family planning & preconception services

– Required coverage of family planning services

– Most cover all FDA approved contraceptives, plus testing & counseling for STI, HIV, cervical cancer

- Provider choice assured

- Infertility tests not required

Prenatal services

– Prenatal care

– Case management

– Smoking cessation

– Prenatal vitamins

- Prescriptions

– Home visiting

– Genetic services

– Substance use treatment

Birth services

– Birth facility labor & delivery, and newborn

– Care for maternal and infant complications (NICU)

– Required coverage of midwifery care and freestanding birth centers

– Doula services

Postpartum services

– Postpartum visits

– Family planning

– Breastfeeding support

– Maternal depression and other mental health

– Case management

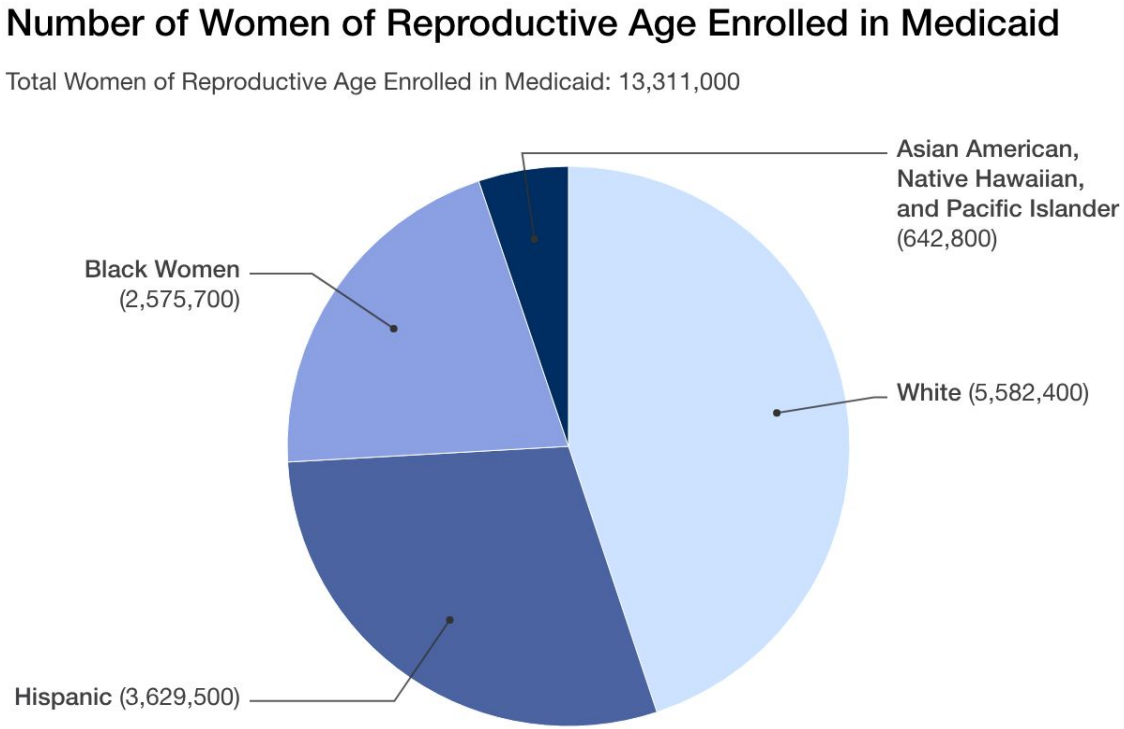
– Doula & CHW services

– Interconception care coordination for high risk

-Substance use disorder treatment

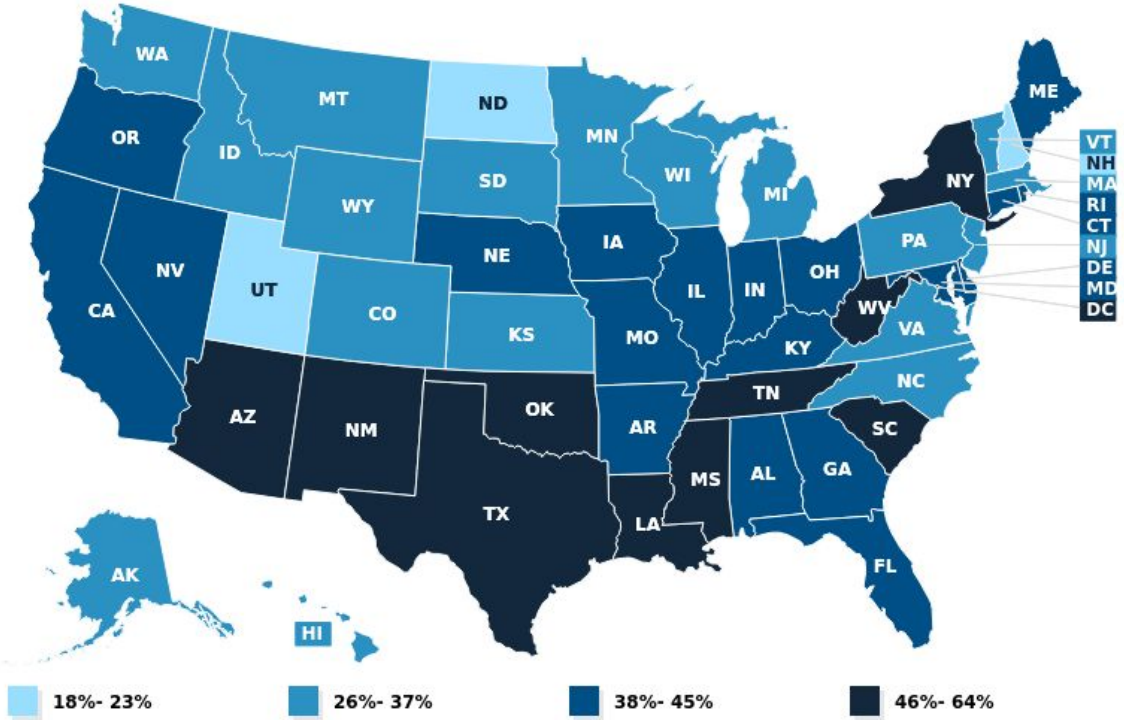
Medicaid Coverage for Women of Reproductive Age

- 13.3 million women ages 19-49 had Medicaid coverage in 2023.
- One in 5 women of reproductive age.



National Partnership for Women & Families. Calculations using American Community Survey 2023 data. Totals may differ from administrative data. (https://nationalpartnership.org/wp-content/uploads/medicaid-vital-for-womens-lifelong-health.pdf)

Percentage of Births Paid by Medicaid, 2023

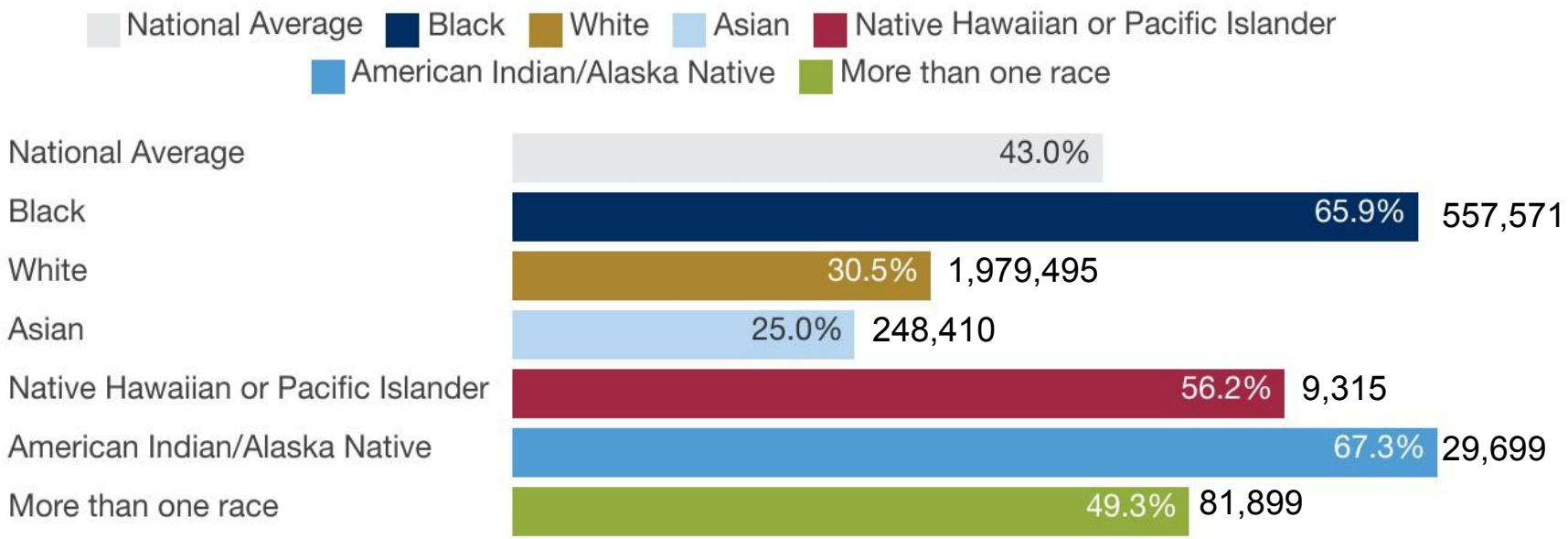


U.S. = 41%

States with 50% or more births financed by Medicaid:
Louisiana (64%), Mississippi (57%), New Mexico (55%), Oklahoma (52%)

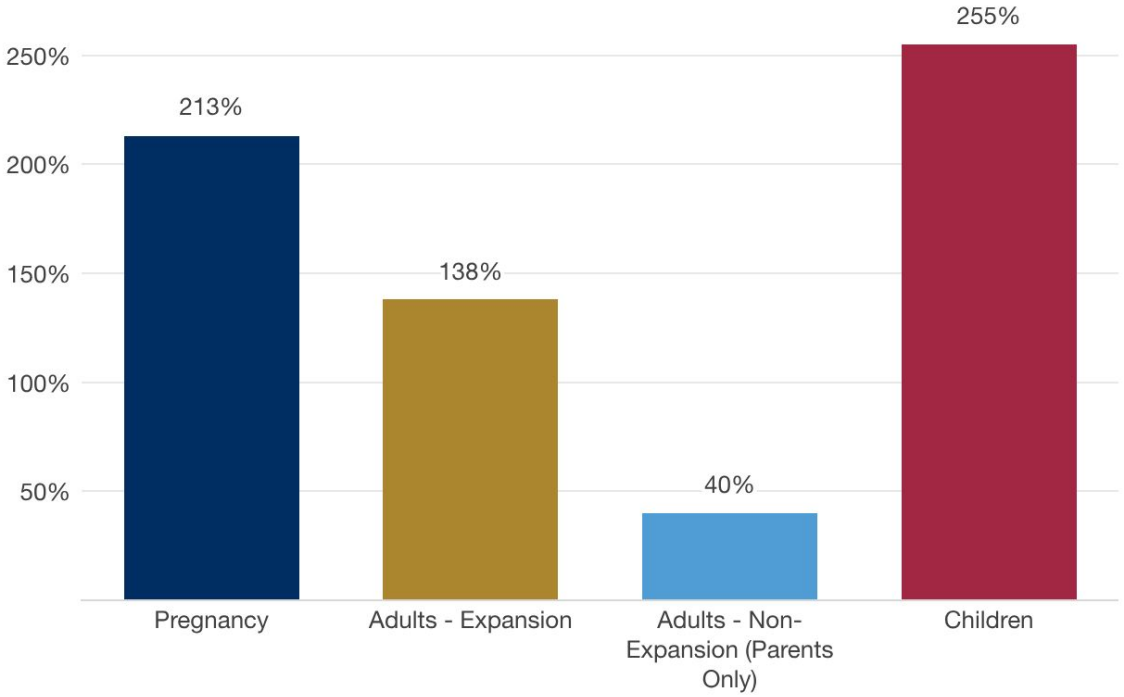
KFF. (2025, January 15). *Births Financed by Medicaid | KFF* [Review of *Births Financed by Medicaid | KFF*]. KFF. https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?activeTab=map&currentTimeframe=0&selectedDistributions=percent-of-births-financed-by-medicaid&sortModel=%7B%22colId%22:%22Location%22

Share of Births by Race for People Covered in Medicaid for Pregnancy, 2018

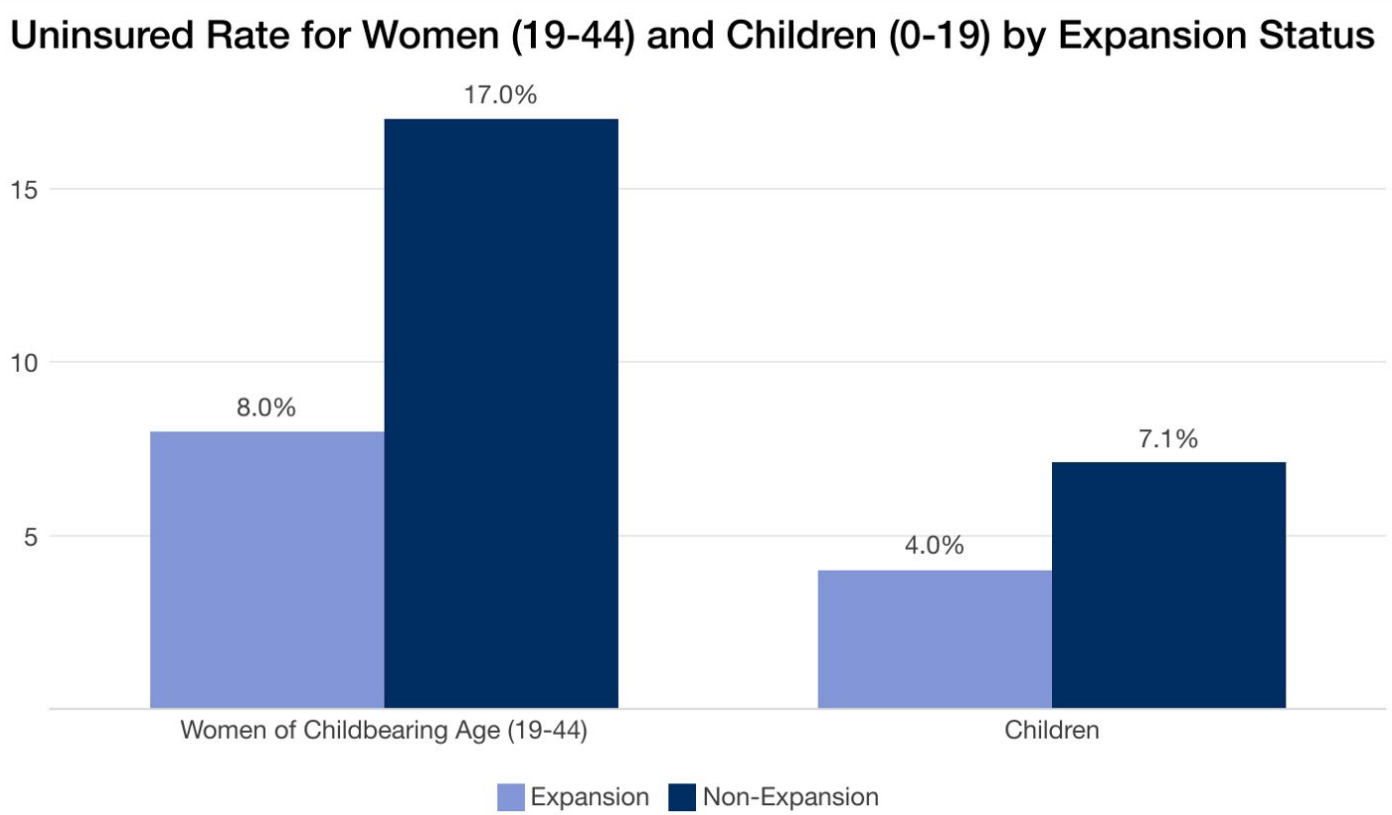


MACPAC. (2020). *Advising Congress on Medicaid and CHIP Policy* [Review of *Advising Congress on Medicaid and CHIP Policy*]. https://www.macpac.gov/wp-content/uploads/2020/01/Medicaids-Role-in-Financing-Maternity-Care.pdf

Median Medicaid Income Eligibility, April 2026



Source: T. Brooks, et. al, "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Resume Routine Operations," (Washington: KFF and Georgetown Center for Children and Families), April 30, 2026, available here.



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2022 American Community Survey Public Use Microdata Sample (ACS PUMS) and "Health Insurance Coverage in the United States: 2021," U.S. Census Bureau, Current Population Survey, 2021 and 2022 Annual Social and Economic Supplements (CPS ASEC), available here.

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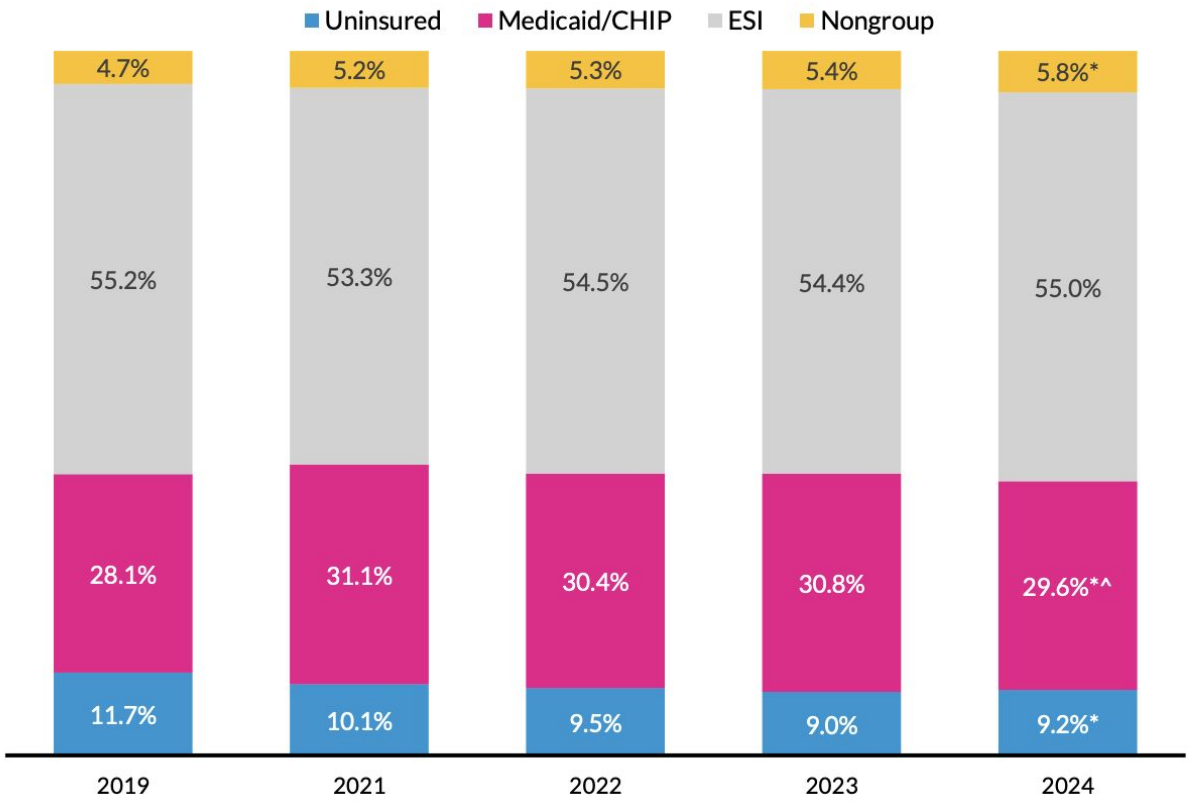
Expansion

Increased coverage rates for women of childbearing age AND children

Better outcomes and overall health for families

FIGURE 3

Type of Health Insurance Coverage Among New Mothers Ages 19 to 44, 2019–24

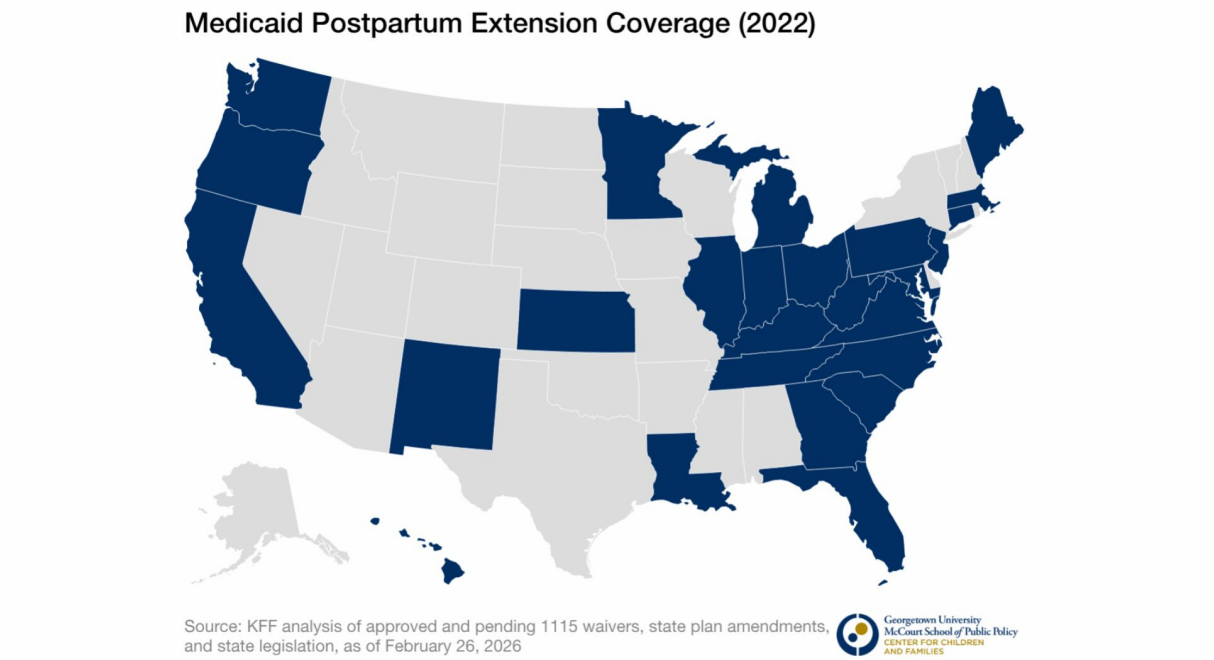


URBAN INSTITUTE

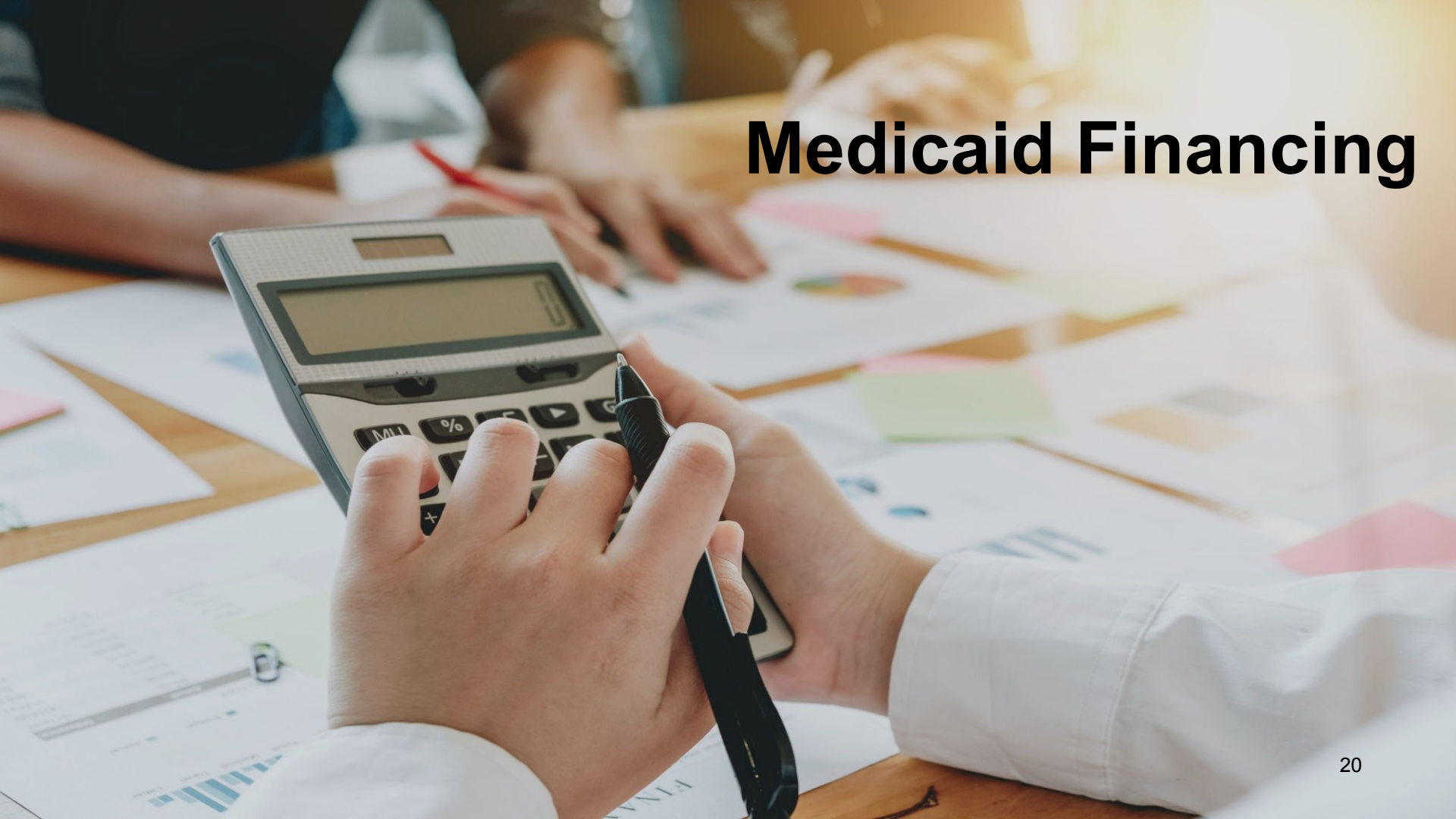
Source: Urban Institute analysis of American Community Survey data from the University of Minnesota IPUMS, 2019 and 2021–24.

Progress in Maternal Health Coverage & Providers

- Postpartum extension
- Doula Medicaid Reimbursement
- Maternal Mental Health wins
- Non-Nurse Midwife Medicaid Reimbursement
- Home visiting Medicaid Reimbursement



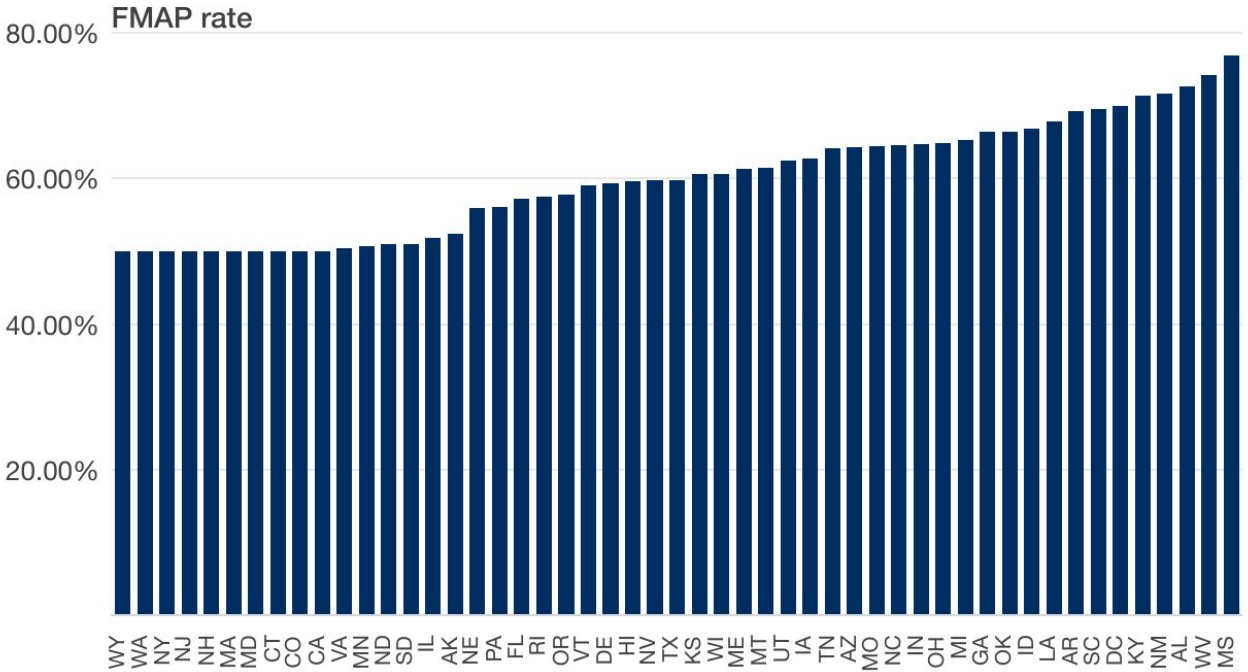
Medicaid Financing



Overview of Current Medicaid Financing

- Mandatory federal funding not subject to annual Congressional appropriations
- Open-ended entitlement funding
- Federal government covers a percentage of state Medicaid costs – Federal matching rate (FMAP) – varies by state based on per capita income
- Federal-state partnership requires state matching contributions

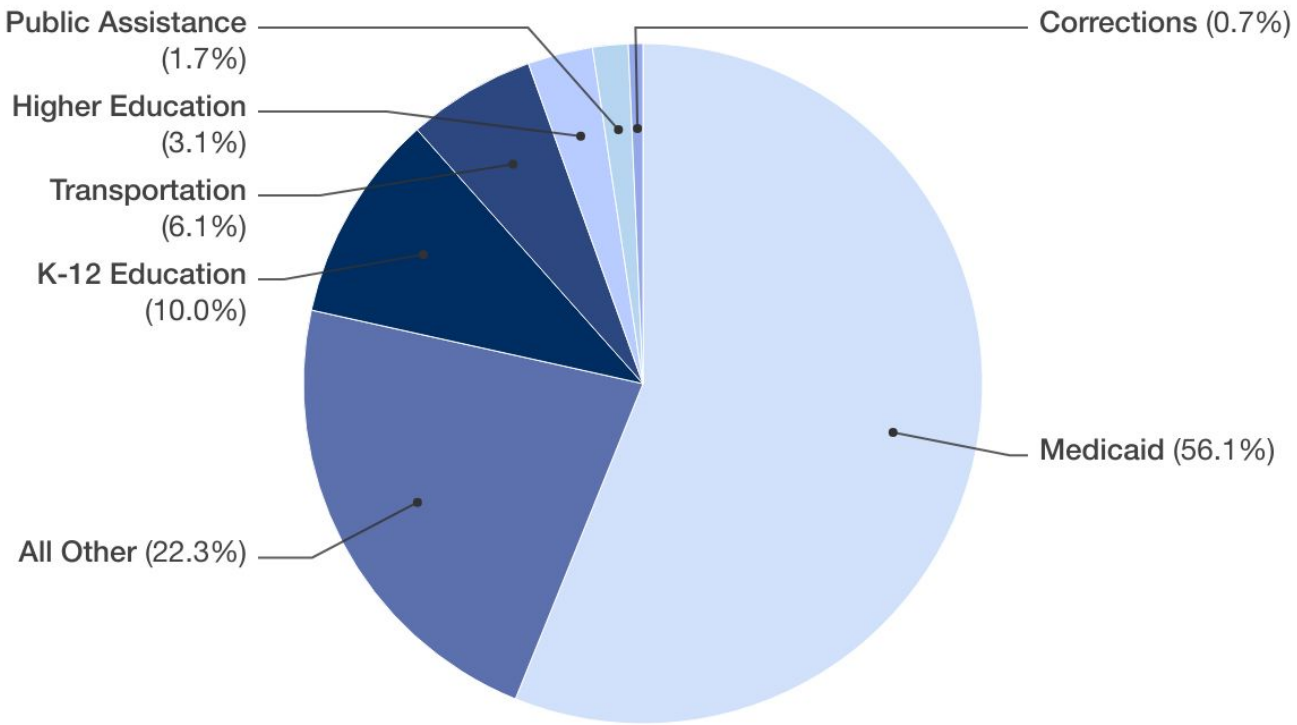
FMAP Rates by State, FY2026



US federal minimum FMAP is 50%.

Source: KFF estimates of increased FY 2026 FMAPs based on Federal Register, November 29, 2024 (Vol 89, No. 230), pp 94742-94746.

Federal Funds for States, FY2024



Medicaid is the Largest Source of Federal Funds to States (FY 2024)

Source: CCF analysis of National Association of State Budget Officers (NASBO) data for state fiscal year 2024 (estimated).

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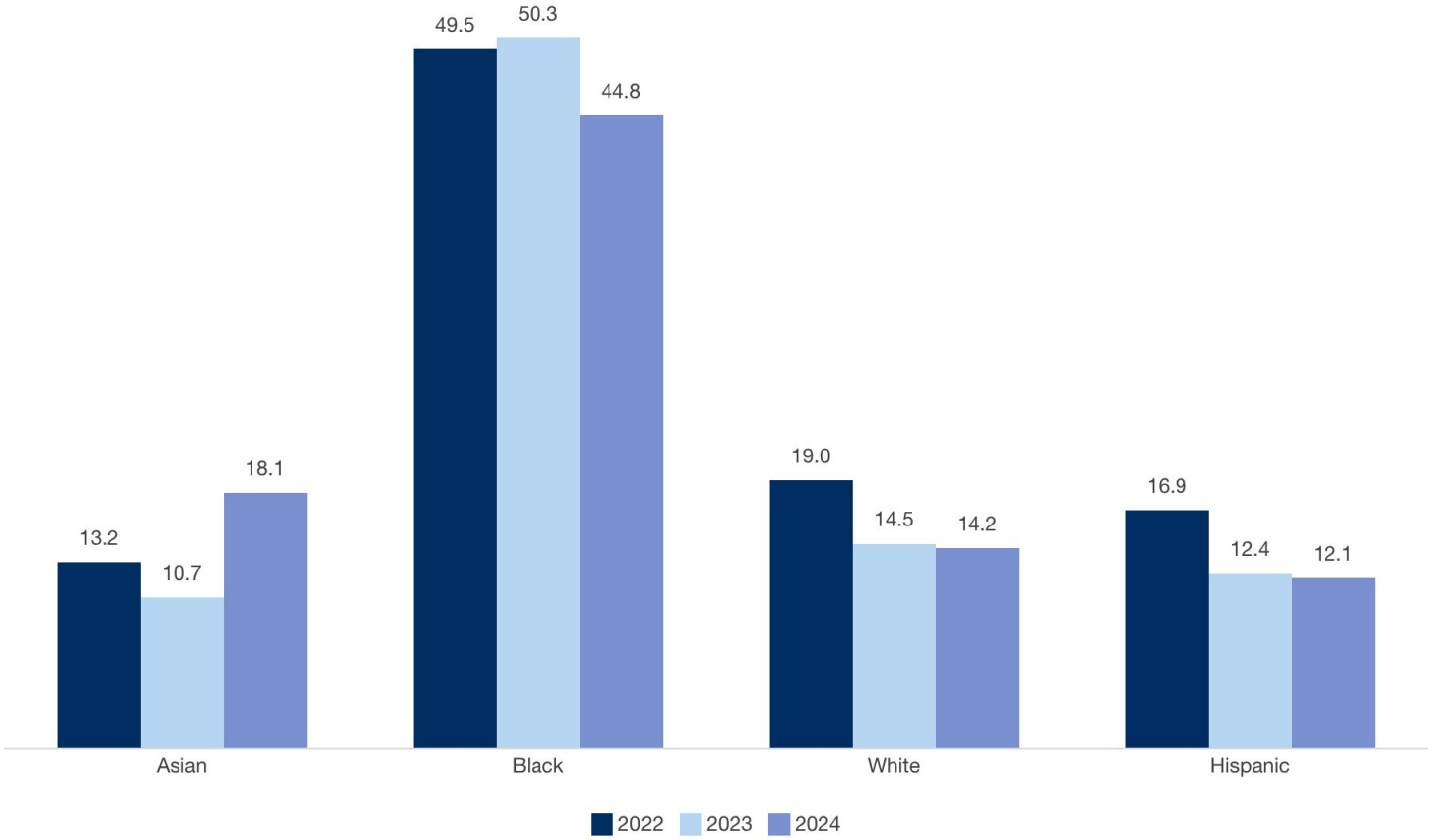
Threats to Medicaid

Maternal Mortality Rate by Race and Ethnicity, 2022-2024

Rates shown as deaths per 100,000 live births.



Source: Hoyert, Donna L., "Maternal Mortality Rates in the United States, 2024" (National Center for Health Statistics: March 2026).

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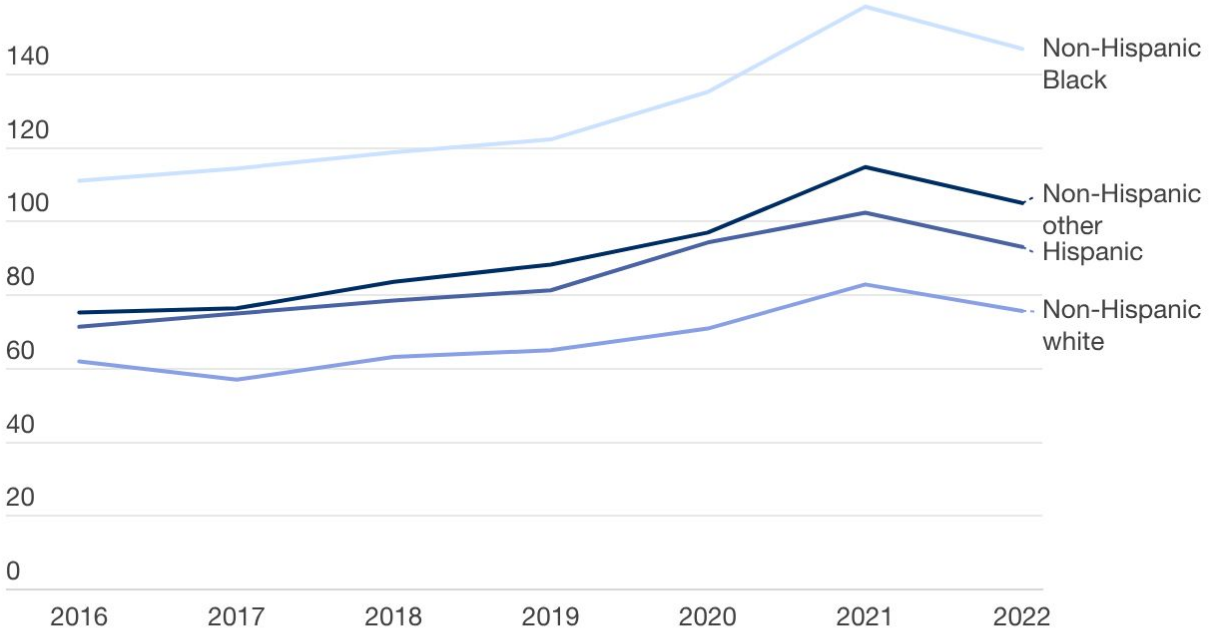
Severe Maternal Morbidity (SMM) Rates in the U.S. Across Racial and Ethnic Groups

SMM rate per 10,000 hospital deliveries



Data: Healthcare Cost and Utilization Project, "HCUP Fast Stats," Agency for Healthcare Research and Quality, June 2026.

Source: Eugene Declercq and Laurie C. Zephyrin, Beyond Maternal Mortality: How Severe Morbidity Reveals Policy Gaps in Maternal Care (Commonwealth Fund, June 2026). https://doi.org/10.26099/gn8r-3y56

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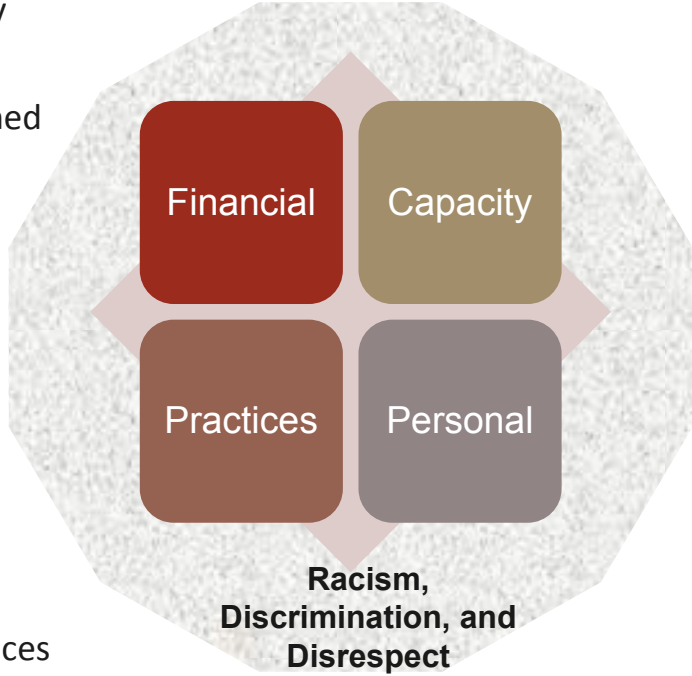
Barriers reported by mothers enrolled in Medicaid

- In 1988, the IOM/NAS identified four categories of obstacles to timely prenatal care.
- Recent systematic review (34 studies) found most frequently mentioned barriers to prenatal and postpartum care were **structural**.
  - Delay for enrollment in Medicaid
  - Challenge finding providers who accept Medicaid
  - Lack of provider continuity
  - Transportation and childcare hurdles
  - Legal system concerns.
- Individual-level / personal factors also interfered with timely use of prenatal and postpartum care.
- Among those who accessed care, racism and discrimination, experiences of disrespect related to race, insurance status, age, substance use, and language were common. Coercive counseling also reported.



Bellerose M, Rodriguez M, Vivier PM. A systematic review of the qualitative literature on barriers to high-quality prenatal and postpartum care among low-income women. *Health Services Research*. 2022;57(4):775-785; Institute of Medicine, Committee to Study Outreach for Prenatal Care. *Prenatal Care: Reaching Mothers, Reaching Infants*. Brown SS, editor. Washington DC: National Academies Press. 1988.

Where were we BEFORE the One Big Beautiful Bill Act (OBBBA) / H.R.1?

- **Unprecedented progress in Medicaid maternal health coverage**

AND

- **Existing/persistent maternal health, maternal mental health, and maternal health care access crises**
  - States facing budget shortfalls - already Medicaid cuts
  - Rural hospital/OB closures
  - Provider burnout and workforce shortages
  - Discrimination and bias in the healthcare system

OBBBA: What was preserved

- Medicaid entitlement - NO CAP
  - Funding for states, benefit for individuals
  - Including pediatric benefit (EPSDT)
- Federal 90% matching rate for Medicaid expansion
- Strong public support for Medicaid

OBBA: Major Medicaid Provisions

- Nearly $1 trillion in Medicaid cuts over the next decade
- Cuts targeting the Affordable Care Act (ACA) Medicaid Expansion – notably new work reporting requirements
- Restrictions on states' ability to finance Medicaid through provider taxes
- Red tape enrollment/renewal barriers for all
- Immigrant eligibility rollbacks

E. Park and S. Corlette, "Medicaid, CHIP, and Affordable Care Act Marketplace Cuts and Other Health Provisions in the Budget Reconciliation Law, Explained, (Washington: Center for Children and Families), available here.

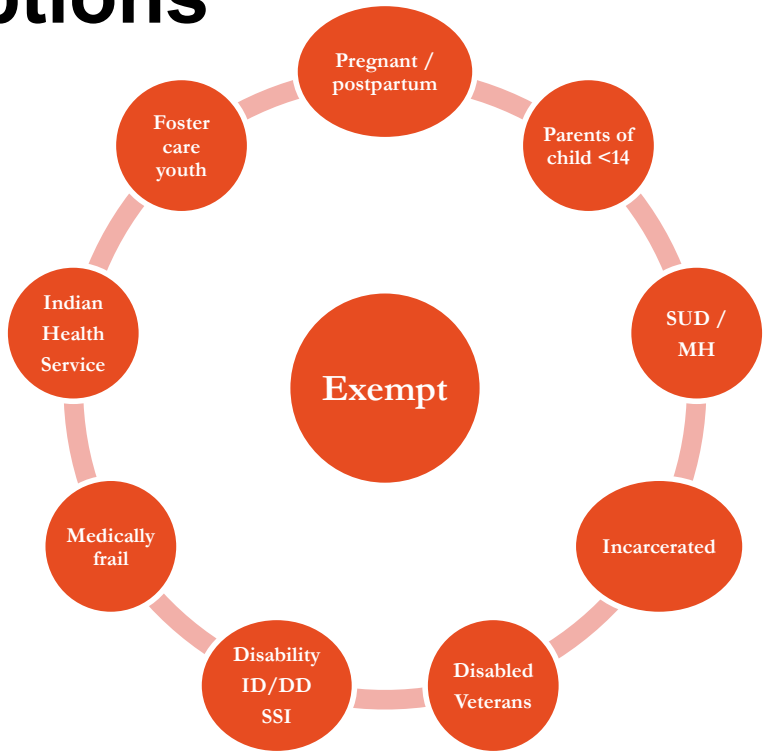
Why Medicaid Work Requirements Will Matter

- Policy is intentionally designed to reduce the number of people covered under Affordable Care Act (ACA) Medicaid expansions.
- Work requirement exemptions are complex, not all well defined or aligned with eligibility categories.
- ***Estimated that more than half of adults in ACA expansion (5 million people) will become uninsured as a result of new Medicaid work reporting requirements.***

Sara Rosenbaum. A 'Shift in Kind': A Medicaid Work Requirement Would Radically Change Health Policy. Health Affairs Forefront. June 16, 2025. DOI 10.1377/forefront.20250612.628094
Joan Alker. CMS Guidance on Medicaid Work Requirements Leaves States Hanging. Center for Children and Families. December 11, 2025. https://ccf.georgetown.edu/2025/12/11/cms-guidance-on-medicaid-work-requirements-leaves-states-hanging/; KFF. Medicaid: What to Watch in 2026. January 23, 2026. https://www.kff.org/medicaid/medicaid-what-to-watch-in-2026/?utm_campaign=KFF-Medicaid&utm_medium=email&_hsenc=p2ANqtz--_kmx4QXYz8ss%25E2%2580%25A6

Work Requirement Exemptions

- Despite exemptions, people will lose coverage due to administrative barriers.
  - Everyone has to verify work or exemption status at application or renewal of eligibility.
  - Reporting required every 6 months or perhaps monthly.
  - Documentation required for many.
  - States will need to set up systems and technology for efficient processes.
- Parents, pregnant and postpartum people, and others will be affected.



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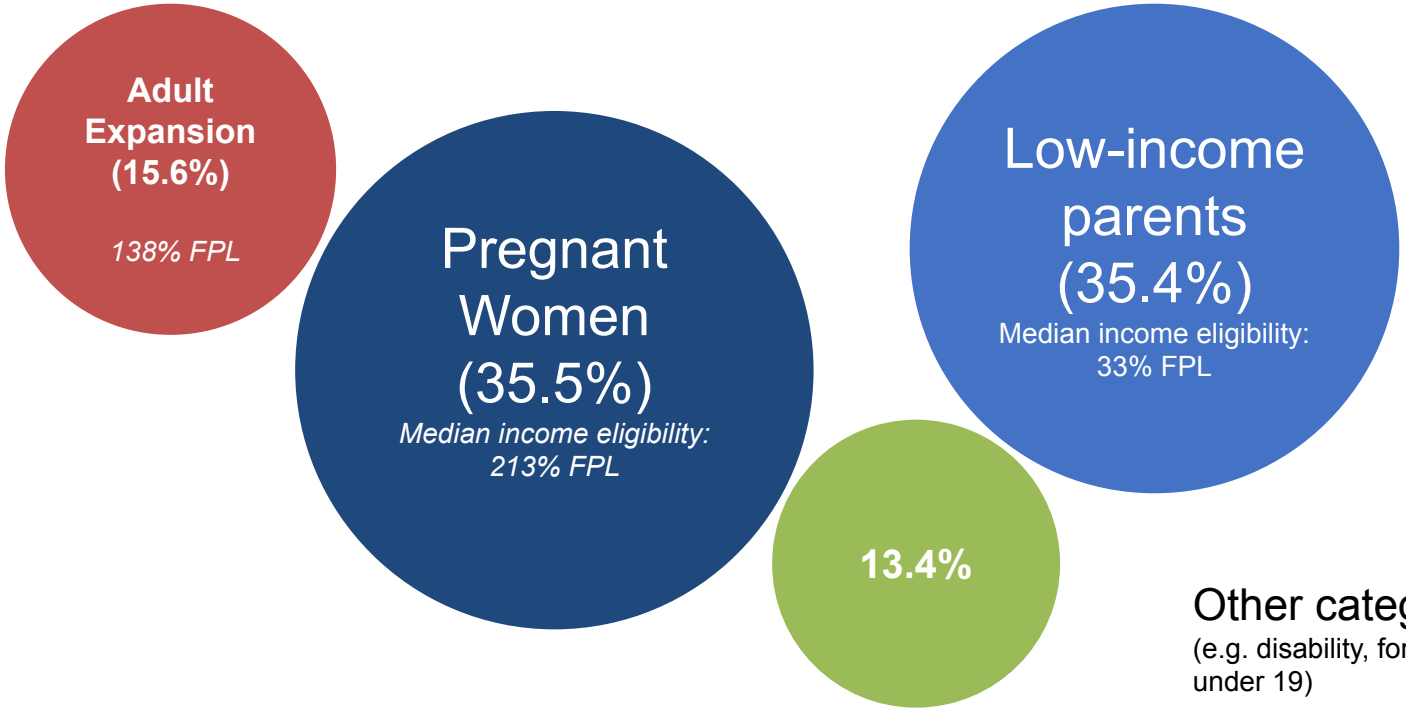
CMS Preliminary Guidance. December 8, 2025. https://www.medicaid.gov/federal-policy-guidance/downloads/cib12082025.pdf

Where are Pregnant Women Covered in Medicaid the month of delivery? (2022, U.S. adult expansion states)



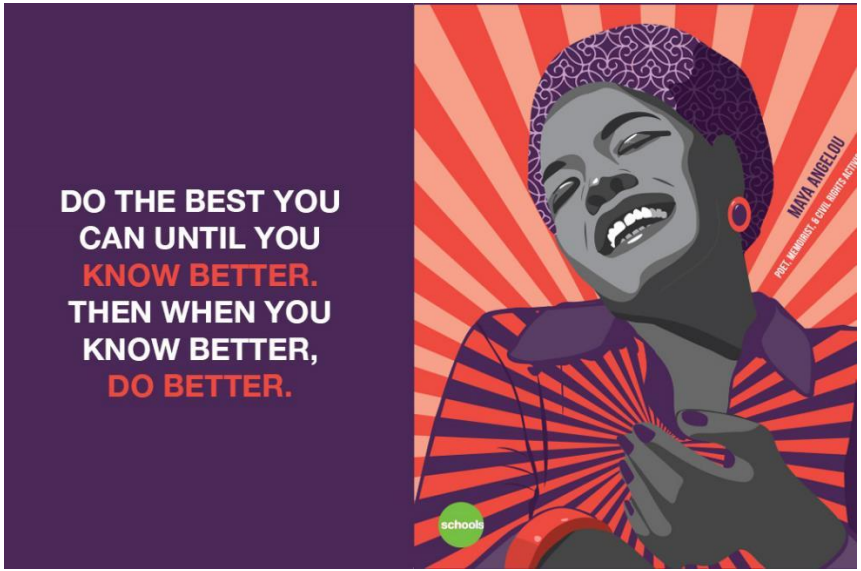
Other categories
(e.g. disability, former foster care youth, child under 19)

L. Barrie Smith et al, "Ensuring Continuous Coverage for Pregnant and Postpartum Medicaid Enrollees Under OBBBA," (Washington: Urban Institute), March 2026.Also see, CCF: **New Report Highlights State Data, Strategies to Protect Pregnant and Postpartum Women from Losing Medicaid Coverage Due to Red Tape**

Medicaid Work Reporting Requirements (WRR) Impact for Pregnant and Postpartum Enrollees

- H.R. 1 statute and Interim Federal Regulations (IFR) clearly state that pregnant and postpartum enrollees are in a category **excluded from Medicaid WRR**.
- ***Under any enrollment pathway, pregnant and postpartum enrollees should not be subject to WRRs throughout their pregnancy and postpartum period*** *(12 months following the end of pregnancy in 49 states and D.C).*
  - For those enrolled in "pregnancy related" coverage, this is clear.
  - For those with a Medicaid financed birth, postpartum coverage clear.
- How will the state know if someone becomes pregnant and protect coverage for others?
  - **Those who have Medicaid expansion coverage and become pregnant**
  - Coverage in other excluded categories (e.g., low-income parent, person with disability & SSI)
  - Postpartum care when pregnancy that does not end in live birth (e.g., stillbirth)?

What You Can Do



- ✔ Educate policymakers and key decision makers about the value of Medicaid, its role for maternal and infant health, and how it affects more than health care (child welfare prevention, jail and prison diversion, employment access and retention, education, etc)
- ✔ Highlight the harmful impacts Medicaid cuts would have on individuals and families, communities, providers, state budgets and economy
- ✔ Leverage coalition tables, partners (including state affiliates or policy groups) to raise awareness and highlight value of Medicaid.
- ✔ Echo key national advocacy groups seeking to keep eligible people enrolled in Medicaid
- ✔ Partner with groups representing the full spectrum of Medicaid beneficiaries to demonstrate that cuts hurt all beneficiaries
- ✔ Partner with groups representing the full spectrum of Medicaid beneficiaries to demonstrate that cuts hurt all beneficiaries
- ✔ STORYTELLING

Now let’s hear from our panel!