



FLORIDA HEALTH  
JUSTICE PROJECT

# Maternal Health in Florida: Poor Outcomes Made Worse by Lack of Medicaid Expansion

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## BACKGROUND: THE MATERNAL HEALTH CRISIS IN THE U.S. AND FLORIDA

The United States is reckoning with a maternal health crisis, the devastation of which is suffered disproportionately by Black women. Despite advances in health care, and counter to international trends, the number of reported pregnancy-related deaths in the United States has increased steadily from 7 deaths per 100,000 live births in 1987 to 17 deaths per 100,000 live births in 2016.<sup>1</sup> These outcomes have been attributed to a handful of causes, including unaddressed chronic health issues such as diabetes and heart conditions, along with lack of healthcare coverage. Systemic and individual racism, as well as the accumulation of stress and trauma that these cause, also play key roles in the outcomes of Black women.<sup>2</sup>

Outcomes for women and infants in Florida, which are particularly bleak, are characterized by stark racial disparities. In 2018, non-Hispanic Black women experienced pregnancy related mortality at a rate nearly three times that of non-Hispanic White women: 32 per 100,000 live births, as compared with 13 per 100,000 respectively.<sup>3</sup> Further, of Florida's 36 recorded pregnancy-related deaths that same year, 49% were among non-Hispanic Black women.<sup>4</sup> Similarly, the rate of infant deaths is more than twice as high for Black babies as it is for White babies (10.9 versus 4.4 per 1,000 live births).<sup>5</sup> So too, preterm birth, one of the leading causes of infant mortality, is marked by intolerable racial disparities in Florida: 7% of non-Hispanic White moms had a preterm birth, as compared with 12% of non-Hispanic Black moms.<sup>6</sup>

## THE COVERAGE LANDSCAPE FOR FLORIDA'S LOW-INCOME WOMEN AND WOMEN OF COLOR

Florida ranks 47<sup>th</sup> of the 50 states for the percent of women aged 19-44 who are uninsured—a full one-fifth of women.<sup>7</sup> It should be unsurprising, then, that on a

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<sup>1</sup> Center for Disease Control and Prevention, *Reproductive Health: Pregnancy Mortality Surveillance System*, (Feb. 4, 2020) <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm#:~:text=Since%20the%20Pregnancy%20Mortality%20Surveillance,100%2C000%20live%20births%20in%202016>.

<sup>2</sup> Center for American Progress, *Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint*, May 2019, <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>. See also National Institute for Children's Health Quality, *The Impacts of Institutional Racism on Maternal and Child Health*, <https://www.nichq.org/insight/impact-institutional-racism-maternal-and-child-health>

<sup>3</sup> Florida Department of Health, *Florida's Pregnancy Associated Mortality Review 2018 Update*, May 2020, [http://www.floridahealth.gov/statistics-and-data/PAMR/\\_documents/pamr-2018-update.pdf](http://www.floridahealth.gov/statistics-and-data/PAMR/_documents/pamr-2018-update.pdf)

<sup>4</sup> *Ibid.*

<sup>5</sup> Florida Department of Health, Florida Health Charts: Infant Death, <http://www.flhealthcharts.com/charts/DataViewer/InfantDeathViewer/InfantDeathViewer.aspx>

<sup>6</sup> Florida Department of Health, *Pregnancy Risk Assessment Monitoring System 2015 Surveillance Data Book*, 2018, [http://www.floridahealth.gov/statistics-and-data/survey-data/pregnancy-risk-assessment-monitoring-system/\\_documents/reports/prams2015.pdf](http://www.floridahealth.gov/statistics-and-data/survey-data/pregnancy-risk-assessment-monitoring-system/_documents/reports/prams2015.pdf)

<sup>7</sup> *Id.*

measure of the portion of women aged 18 to 44 who avoided care due to cost, Florida ranked 46<sup>th</sup>. Further, Florida ranked 49<sup>th</sup> for access to healthcare for women, and 44<sup>th</sup> for adequate prenatal care.<sup>8</sup> Without the ability to access care during these years, too many women head into pregnancy with uncontrolled health conditions and significant risks.

### **One-fifth of Florida women aged 19 to 44 have no health insurance. That's worse than 46 other states.<sup>9</sup>**

Florida's shamefully high rate of uninsured women can be partly explained by the restrictive eligibility guidelines for the state's Medicaid program. Unless they are disabled, women in their reproductive years without minor children are not eligible for Medicaid in Florida, no matter how low their income. When pregnant, women become eligible for the state's Pregnancy Medicaid coverage if they earn up to \$2,816 monthly, or \$33,792 annually for a first-time single mother.<sup>10</sup> But this coverage ends just 60 days post-partum if the same mom's income is above a mere \$459 monthly, or \$5,508 *annually* for a new single mom and baby (32% of the Federal Poverty Level). As a result, too many women remain uninsured unless/until they again become pregnant.

The Affordable Care Act (ACA) expanded Medicaid eligibility so that it would cover all uninsured adults (with qualifying immigration status) aged 19 to 64, with incomes of up to 138% of the Federal Poverty Level. But the Supreme Court subsequently ruled that the decision to expand Medicaid would be left to the states. Florida is now one of just 12 states that have opted not to expand Medicaid,<sup>11</sup> and remains adherent to incomprehensibly stringent Medicaid eligibility standards.

At the same time, private health insurance remains out of reach for many. Government subsidies, intended to make ACA marketplace insurance plans affordable, are available only to those earning between 100 and 400% of the Federal Poverty Level (FPL). That means that many are stuck in the "coverage gap"—earning too much to qualify for Medicaid but too little to qualify for a subsidy to purchase a private plan. This is the case for a significant portion of the uninsured women of reproductive age.

### **CONTINUITY OF CARE IS KEY TO MATERNAL HEALTH**

There is growing consensus that improving maternal and infant health outcomes depends on consistent access to care not just during pregnancy, but also during the

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<sup>8</sup> United Health Foundation, America's Health Rankings, Health of Women and Children: Florida, 2020, [https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/IMR\\_MCH/state/FL](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/IMR_MCH/state/FL)

<sup>9</sup> *Id.*

<sup>10</sup> FL Department of Children and Families, Family Related Medicaid Income Limits, [https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a\\_07.pdf](https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a_07.pdf)

<sup>11</sup> Kaiser Family Foundation, Status of State Medicaid Expansion Decisions: Interactive Map, (October 21, 2020) <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

important periods of preconception and interconception.<sup>12</sup> Consistent care before and between births allows for the control of chronic conditions that may impact pregnancy outcomes, and offers an opportunity to identify and modify environmental exposures and psychosocial risks that are associated with negative pregnancy outcomes.<sup>13</sup>

As noted a dozen years ago in the American Journal of Obstetrics & Gynecology, “A comprehensive preconception care program has the potential to benefit women who desire pregnancy by reducing risks, promoting healthy lifestyles, and increasing readiness for pregnancy. For women who do not desire pregnancy, a preconception care program can reduce personal health risks and the risk of an unwanted pregnancy.”<sup>14</sup> This is why the Centers for Disease Control<sup>15</sup> and the American College of Obstetricians and Gynecologists<sup>16</sup> have urged that preconception care is a critical strategy in improving maternal and infant health.

Yet for people who lack health coverage, preconception health is often out of reach. By extending coverage to low-income individuals, Medicaid expansion affords this essential consistency in access to care by reducing churning – the recurrent loss and regaining of coverage that results from periodic changes in income, or from changes in categorical eligibility to Medicaid.<sup>17</sup>

#### **MEDICAID EXPANSION IMPROVES ACCESS TO CARE AND DECREASES CHURN**

Study after study has shown that Medicaid expansion improves access to care.<sup>18</sup> This holds true in the critical reproductive years. People of childbearing age in nonexpansion states are uninsured at nearly twice the rate of their counterparts in states that have expanded Medicaid (16% and 9%, respectively).<sup>19</sup> Expansion has been demonstrated to increase Medicaid enrollment both before and after pregnancy, allowing for improved prenatal, post-partum, and intra-partum care.

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<sup>12</sup> See, e.g. H. Atrash et al, *Where is the “W”oman in MCH?*, American Journal of Obstetrics & Gynecology, 199 (6 supplement 2), 2008.

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> Centers for Disease Control, MMWR, *Recommendations to Improve Preconception Health and Health Care--United States* (a report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. Morbidity and Mortality Weekly Report). 55: RR-6, April 21, 2006, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

<sup>16</sup> American College of Obstetricians and Gynecologists, *Committee Opinion Number 762: Prepregnancy Counseling*, January 2019, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/01/prepregnancy-counseling>

<sup>17</sup> Georgetown Center for Children and Families, Adam Searing & Donna Cohen Ross, *Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies*, Center for Children and Families, May 2019, <https://ccf.georgetown.edu/wp-content/uploads/2019/05/Maternal-Health-3a.pdf>.

<sup>18</sup> Kaiser Family Foundation, *The Effects of Medicaid Expansion Under the ACA: Updated Findings from a Literature Review*, March 2020, <https://www.kff.org/report-section/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-report/>

<sup>19</sup> *Medicaid Expansion Fills Gaps in Maternal Health Coverage*.

A 2018 study from Ohio found that subsequent to Medicaid expansion there, Medicaid enrollment among first-time mothers *prior to pregnancy* rose by nearly 12 percentage-points.<sup>20</sup> Further research found that Ohio's Medicaid expansion was associated not just with pre-pregnancy coverage, but also post-partum coverage. Specifically, researchers found expansion was associated with a significant increase in the probability of women's continuous enrollment in Medicaid through 6 months postpartum.<sup>21</sup>

A multi-state study similarly found that in states that expanded Medicaid, the uninsurance rate among postpartum women fell by more than 50% (from 15% in 2013 to 7% in 2016), while in non-expansion states the decline in uninsurance among the same group was less than 30% (from 25% in 2013 to 18% in 2016). As a result, by 2016, post-partum women in non-expansion states were uninsured at more than twice the rate of those in expansion states (18% percent versus 7%).<sup>22</sup>

### **New mothers in non-expansion states were uninsured at more than twice the rate of those in expansion states.**

In other words, during the critical pre-pregnancy and post-partum months, new mothers in Medicaid expansion states have access to needed physical and mental healthcare that their counterparts in non-expansion states cannot count on. Without health coverage, people of reproductive age and new mothers in the coverage gap are forced to rely on a patchwork system of underfunded public clinics and hospitals where high copays and limited services may amount to no care at all.

Researchers have found, relatedly, that Medicaid expansion reduces churning. A 2020 study found that Medicaid expansion resulted in a 28% decrease in churning between insurance and uninsurance for low-income women in the perinatal period (spanning preconception, delivery and post-partum).<sup>23</sup> The authors noted that "(n)ational rates of perinatal insurance churn would be significantly reduced if all states adopted the

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<sup>20</sup> Esther Kathleen Adams, Anne L. Dunlop, Andrea E. Strahan, et al, *Prepregnancy Insurance and Timely Prenatal Care for Medicaid Births: Before and After the Affordable Care Act in Ohio*. *Journal of Women's Health*, 28:5, May 2019.

<sup>21</sup> Anne L. Dunlop, et al, *Postpartum Medicaid Coverage and Contraceptive Use Before and After Ohio's Medicaid Expansion Under the Affordable Care Act*, *Women's Health Issues Journal*, publication forthcoming.

<sup>22</sup> Stacey McMorrow, Genevieve Kenney, *Despite Progress Under The ACA, Many New Mothers Lack Insurance Coverage*, *Health Affairs Blog*, September 19, 2018. <https://www.healthaffairs.org/doi/10.1377/hblog20180917.317923/full/>

<sup>23</sup> Jamie Daw, Tyler Winkelman, Vanessa Dalton, et. al., *Medicaid Expansion Improved Perinatal Insurance Continuity for Low-Income Women*. *Health Affairs*, 39:9, September 2020. See also Mark A. Clapp, Kaitlyn E. James, Anjali J. Kaimal, and Jamie R. Daw, *Preconception Coverage Before and After the Affordable Care Act Medicaid Expansions*, *Obstetrics & Gynecology*, Volume 132:6, December 2018, which looked at the association between Medicaid expansion and insurance in the month before conception across 15 states. The authors observed that among women with prenatal Medicaid coverage, those in expansion states experienced a 10 percentage point increase in preconception Medicaid coverage relative to those in nonexpansion states. They conclude: this increase "suggests that Medicaid expansion was associated with greater continuity of Medicaid coverage from the preconception to pregnancy period for these women."

Medicaid expansion.”<sup>24</sup> Said simply, Medicaid expansion improved continuity of coverage. With continuous coverage comes consistent access to care, and with continuous access to care before pregnancy and postpartum come better birth outcomes.

The study’s authors further note that Medicaid expansion “could disproportionately improve the stability of perinatal insurance for non-Hispanic Black and Hispanic pregnant women, who are more likely than non-Hispanic White women to experience perinatal insurance discontinuity, reside in Medicaid nonexpansion states, and have incomes less than 138 percent of the federal poverty level.”<sup>25</sup>

## **MEDICAID EXPANSION IS ASSOCIATED WITH IMPROVED MATERNAL AND INFANT HEALTH OUTCOMES**

Increasing access to care results, quite logically, in improved health outcomes. In the case of maternal health, this is in part because routine access to care allows individuals of reproductive age the ability to manage preexisting and chronic conditions like diabetes and hypertension. Uncontrolled, these can lead to poor outcomes.

One recent study found that Medicaid expansion was significantly associated with lower maternal mortality by 7 maternal deaths per 100,000 live births, relative to nonexpansion states.<sup>26</sup> A comparable drop in Florida’s maternal deaths would cut the state’s rate of 16 deaths per 100,000 live births<sup>27</sup> nearly by half. The researchers further found that effects were greatest for non-Hispanic Black mothers, indicating once again that Medicaid expansion plays a role in decreasing racial disparities.<sup>28</sup>

### **Medicaid expansion is significantly associated with lower maternal mortality.**

The 2018 Ohio study found that subsequent to Medicaid expansion, first-time mothers experienced improved access to recommended prenatal care in the first 16 weeks of pregnancy, a key health benchmark. They further found significant increases in the rate of pregnant people receiving all recommended health screens as well as prenatal vitamins, which help prevent neural tube defects.<sup>29</sup> The follow-up research in Ohio, that looked at the post-partum period, found that with continuous enrollment came improved utilization of family planning services, particularly that expansion was associated with a significant increase in the probability of women’s use of long-acting

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<sup>24</sup> *Medicaid Expansion Improved Perinatal Insurance Continuity.*

<sup>25</sup> *Id.*

<sup>26</sup> Erica L. Eliason, MPH, *Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality*, *Women’s Health Issues*, 30:3, 2020.

<sup>27</sup> *Florida’s Pregnancy Associated Mortality Review.*

<sup>28</sup> *Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality.*

<sup>29</sup> *Prepregnancy Insurance and Timely Prenatal Care for Medicaid Births.*

reversible contraceptives postpartum.<sup>30</sup> These outcomes mean that Medicaid expansion has concrete dividends for maternal and family health.

Improved infant health outcomes, and reductions in infant health disparities are also associated with Medicaid expansion. One study that reviewed records from 35 states and Washington DC found that in Medicaid expansion states compared with nonexpansion states, disparities for Black infants relative to White infants declined for preterm births and low birth weight births,<sup>31</sup> two of the top causes of infant mortality. And in fact, additional research has found that while infant mortality has declined nationwide in recent years, the decline has been greatest in states that have expanded Medicaid. Further, the decline in the infant mortality rate among African-American infants in Medicaid expansion states was more than twice the decline in African-American infants in non-Medicaid expansion states.<sup>32</sup> Medicaid expansion, then, improves the health of both mothers and infants, and is a powerful tool to address disparities in outcomes among moms and babies.

## CONCLUSION

If Florida is committed to improving maternal health outcomes, expanding Medicaid *must* be a key strategy. And if we are serious about reducing racial disparities, we must put Medicaid expansion to work. Admittedly, Medicaid expansion will not end Florida's maternal health crisis, nor will it end systemic racism, and associated maternal health outcomes. But the impact of Medicaid expansion on maternal health outcomes is plain, and its role in diminishing disparities is also clear. Florida's mothers and babies cannot wait any longer.

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<sup>30</sup> Anne L. Dunlop, et al, *Postpartum Medicaid Coverage and Contraceptive Use Before and After Ohio's Medicaid Expansion Under the Affordable Care Act*, Women's Health Issues Journal, publication forthcoming.

<sup>31</sup> Clare C. Brown et al., *Association of State Medicaid Expansion Status With Low Birth Weight and Preterm Birth*, JAMA, 321:16, 2019.

<sup>32</sup> Chintan B. Bhatt and Consuelo M. Beck-Sagué, *Medicaid Expansion and Infant Mortality in the United States*, American Journal of Public Health, 108:4, April 2018.