

**A Healthy Start for West Virginia Families:  
Expanding Coverage for Pregnant Women and New Mothers**

**SB 564**

The health of a mother and her child's health are intertwined. To have a healthy start for a child born in West Virginia, women need comprehensive health services during pregnancy – including prenatal services - and new mothers need health services to stay healthy as they take on the responsibility of care for their newborn baby.

As our state confronts a growing drug epidemic, the importance of providing health services to this population has never been more important.

West Virginia was the first state to take advantage of a SUD 1115 Medicaid waiver to expand the scope of substance use disorder services available to Medicaid enrollees.

It is time for West Virginia to continue our leadership and expand comprehensive Medicaid and CHIP coverage for uninsured pregnant women up to 300 percent of the federal poverty level (FPL), and for the new mother to have coverage for at least 60 days with the possibility of extending coverage up to two years postpartum for all eligible women depending on feasibility under federal law.

**What West Virginia Provides Now and How Coverage Changes Under the *Healthy Start for West Virginia Families* Proposal**

***Under Current Law***

**Up through 138% FPL** - Medicaid provides coverage to all adults including pregnant women up to 138% of the Federal Poverty Level (FPL). Pregnant women and new mothers receive a comprehensive range of services, including behavioral health services, with very low , copayments.

**139 - 163% FPL** – Medicaid provides prenatal care/delivery/60 days postpartum care to pregnant women.

**164 – 185% FPL** – Maternal and Child Health (MCH) federal block grant funds provide only prenatal care and delivery services to pregnant women, not comprehensive coverage.

***Under Proposal***

**Up through 138% FPL** - Medicaid provides coverage to all adults through 138% of the Federal Poverty Level (FPL). Pregnant women and new mothers receive a comprehensive range of services, including behavioral health services, with very low premiums and copayments.

**139 - 185% FPL** - Medicaid provides prenatal care/delivery/60 days to 2 years postpartum care for pregnant women.

**186 - 300% FPL** - CHIP provides prenatal care/delivery/60 days to 2 years postpartum care for pregnant women

**Above 300% FPL** - Maternal and Child Health (MCH) federal block grant funds provide otherwise uninsured pregnant women prenatal care/delivery/60 days post-partum care

### **Why Many West Virginia Pregnant Women Fall into a Coverage Gap**

West Virginia has not followed other states to expand Medicaid coverage to pregnant women and new mothers at higher income levels. In our state, many pregnant women are in an uninsured gap that remains even with MCH block grant maternity services, CHIP, and the Affordable Care Act.

First, MCH block grant maternity services and CHIP do not cover all the health care a pregnant woman may need, and the program does not provide coverage to new mothers.

Second, because of a provision known as the ACA “family glitch,” some women may be uninsured. If an employee’s share of their health insurance premium for *worker-only* coverage is affordable under ACA rules (costs no more than 9.5% of total family income), then *all* family members are ineligible for financial assistance – even if spouse or family coverage through the employer costs far more. Thus, women who cannot afford coverage offered through a family member’s employer are NOT eligible for insurance through the ACA marketplace.

Third, lower-income women who are eligible for Marketplace coverage may remain uninsured because they cannot afford their share of their ACA marketplace premiums, even with the premium subsidy.

### **Why West Virginia Should Expand Coverage for Pregnant Women to 300% FPL**

Lower-income pregnant women need comprehensive health care coverage so that they can get all the health care services they need to be healthy during pregnancy, so they can stay healthy as they take on the responsibility of a new child. **This investment in state dollars will save our state money in the long run through:**

#### **Better Birth Outcomes**

Women who receive health care during pregnancy have fewer costly medical complications during pregnancy, and their babies also tend to experience a lower risk of health problems during infancy and long-term benefits throughout their growth and development. Women who receive prenatal care are more likely to seek well-child visits and immunizations for their child.

#### **Fewer Children at Risk of Out-of-Home Placement**

A new mother must take care of herself to be able to take care of her baby. Mothers can get help identifying and treating post-partum depression, quitting smoking, preventing violence, and treating substance use disorders. New mothers on Medicaid can get help from professionals who visit them at home and provide parenting education and extend help to mothers.

### **Federal MCH Block Grant Dollars Freed-Up for Other MCH Initiatives**

West Virginia uses federal Maternal and Child Health Block Grant funds to pay for prenatal care for pregnant women for incomes between 164 – 185% FPL. West Virginia does not lose these federal dollars if we cover pregnant women under Medicaid. The state can divert these dollars to other needed programs that benefit mothers and children.

### **New Federal Dollars Pulled Into West Virginia to Stimulate Economy**

Expanding Medicaid and CHIP to additional pregnant women and new mothers will bring in *additional new federal dollars* to West Virginia that will stimulate our economy and job creation. For every \$1 that the state invests, the federal government will provide \$2.99 in federal Medicaid matching funds. The WVU Bureau of Business & Economic Research used macro-economic modeling to quantify positive impact of Medicaid on WV economy. Every \$10 million in Medicaid state spending generates at least \$49 million in overall annual economic output, 520 jobs, and \$1.8 million in state tax revenue. The federal match is even higher for the CHIP program. In fact, 18 states use CHIP money to provide coverage for pregnant women. West Virginia is leaving CHIP dollars on the table by not joining other states to ensure a healthy start for West Virginia mothers and babies.