

PROTECT OUR CARE

Running Through the Tape: Protect Our Care Calls on Congress to Improve Health Coverage As They Consider an End of Year Package

2022 has been a monumental year in making health care more affordable, accessible, and equitable for the American people. By signing the Inflation Reduction Act into law, President Biden has delivered lower prescription drug costs and Affordable Care Act (ACA) premiums for tens of millions of families. Under this new law, Medicare is finally able to negotiate lower drug prices, seniors' out-of-pocket drug costs are capped at \$2,000 annually, and big drug companies will finally be held accountable for outrageous price hikes.

The administration has also taken critical steps to stop surprise billing, fix the “family glitch,” strengthen maternal care, and reduce racial disparities in our health care system. Taken together, these measures have made health care more affordable and resulted in an all-time high insured rate nationwide.

While Democratic lawmakers have been laser-focused on delivering lower costs to the American people, Republicans have unanimously opposed the Inflation Reduction Act and other steps by the Biden administration to make health care more accessible, affordable, and equitable. Republican lawmakers in the states have also refused Medicaid expansion.

The Congressional end of year package provides a critical opportunity to strengthen coverage for children, moms, and everyone on Medicaid. Republicans should join Democrats and prioritize protecting and strengthening Medicaid and the Children's Health Insurance Program (CHIP) as they negotiate an end of year package to prevent coverage loss, support rural hospitals, improve health outcomes, advance equity, and save lives. These actions are particularly important as states anticipate coverage losses resulting from the unwinding of the Public Health Emergency (PHE). Specifically, Congress should act quickly to:

- Ensure additional states expand postpartum coverage
- Require 12 months of “continuous coverage” in Medicaid and CHIP for children
- Permanently reauthorize CHIP funding
- Address the maternal mortality crisis by passing the Black Maternal Health Momnibus Act of 2021
- Strengthen Medicaid coverage in Puerto Rico

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KEY PRIORITIES

Expanding Postpartum Coverage. As part of the American Rescue Plan Act of 2021, Congress allowed states to [extend Medicaid postpartum coverage](#) to 12 months. This new option took effect on April 1, 2022 and is available to states for five years. To date, [33 states and the District of Columbia](#) have taken advantage of this provision and extended coverage to an estimated [330,000](#) people. In order to help improve maternal health, promote coverage stability, and address racial disparities in health outcomes, Congress should require a full year of Medicaid postpartum coverage for all states.

- **Medicaid Is The Largest Payer Of Maternity Care.** [31 million](#) adult women rely on Medicaid for coverage. Women comprise the majority of adult Medicaid enrollees, and in 2020, Medicaid covered [16 percent](#) of nonelderly women in the United States. Medicaid covers [more than 40 percent](#) of births across the country, making Medicaid a critical program in ensuring healthy care for mothers and babies. If all 50 states expand postpartum Medicaid coverage, an [estimated 720,000](#) additional people will gain coverage for 12 months after birth.
- **Medicaid Is A Major Source Of Coverage For Women Of Color.** Due to systemic inequality, women of color are [disproportionately](#) likely to be covered by Medicaid. Nearly 33 percent of Black Americans, 30 percent of Hispanic or Latino individuals, nearly 15 percent of Asian and Pacific Islanders, and 34 percent of American Indian and Alaska Native individuals are enrolled in Medicaid, compared with 15 percent of white individuals. In [1915](#), the maternal mortality rate for Black women was 1.8 times higher than for white women, with disparities increasing in subsequent decades. In 2018, the maternal mortality rate for Black women was [3.2 times higher](#) than for white women — the same disparity recorded 80 years ago. American Indian and Alaska Native women have a maternal mortality rate [2.3 times](#) higher than white women. For Black, American Indian, and Alaska Native women over 30, the rate of maternal mortality is [four to five times higher](#) than for their white counterparts.
- **Rural Americans Have A Higher Chance Of Maternal Mortality Than Urban Americans.** Rural mothers are [9 percent](#) more likely to suffer from severe maternal morbidity or die during birth. Rural Americans face [more difficulty](#) with transportation, getting time off shift work, and accessing social services, leaving them less able to attend prenatal and postpartum appointments to ensure healthy birth outcomes. Ensuring postpartum coverage through Medicaid will help rural Americans afford the care they need after birth.

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Preventing Widespread Coverage Loss. In order to maintain current coverage levels, Congress should require 12 months of “continuous coverage” in Medicaid and [CHIP](#) for children and permit, if not require, states to provide continuous eligibility for adults. Continuous coverage means letting people keep their Medicaid coverage for a set period, in this case 12 months, irrespective of changes in their circumstances. This has been proven to be the best practice at maintaining insured levels, reducing churn, improving health, and reducing administrative burden for states. At the beginning of the COVID-19 pandemic, Congress passed a continuous coverage provision preventing states from terminating people’s Medicaid coverage during the PHE. This expiration could take effect as early as January 2023, meaning Congress must act quickly to prevent widespread coverage loss.

- **Continuous CHIP Coverage Reduces Churn.** As of January 2022, [32 states](#) provide 12-month continuous eligibility for all children in Medicaid and/or CHIP and four states provide continuous eligibility for adults. States that don’t provide continuous coverage experience [increased churn](#), or children who dis-enrolled and re-enrolled in coverage within the same year. Continuous coverage would help reduce racial and income disparities as [nearly 14 percent](#) of Hispanic, 12 percent of Black, and [13 percent](#) of children in low or moderate income households faced uninsurance for all or part of the year. These households are the most likely to qualify for/be enrolled in Medicaid and CHIP.
- **Unwinding Continuous Coverage Will Disproportionately Impact People of Color.** When the PHE ends, Medicaid enrollees will have to re-enroll or find coverage another way without continuous coverage provisions. This will disproportionately affect communities of color who make up [over 50 percent](#) of those enrolled in Medicaid and are most likely to face income fluctuations. When the PHE ends, [4.6 million](#) Latinos and 2.2 million Black Americans are predicted to lose Medicaid coverage.
- **Income Fluctuation Is Common For Low Income Enrollees.** [70 to 80 percent](#) of parents with young children work hourly jobs with fluctuating wages that temporarily put them above the Medicaid wage threshold. Low income households’ incomes [fluctuate](#) between falling more than 25 percent below the average for 2.5 months of the year, and rising more than 25 percent above average for 2.6 months. Continuous coverage would ensure that these families maintain coverage during the months where their income is above the Medicaid wealth threshold and when it drops belows.
- **Rural Americans Benefit From Continuous Coverage.** Nearly [14 million](#) Medicaid beneficiaries reside in rural areas. Continuous coverage is necessary for rural Americans as they have worse health outcomes, tend to be poorer, older, and sicker than those in urban areas. Medicaid is a lifeline for rural Americans who are less likely to get insurance through their work. If Congress ensures continuous coverage, rural families won’t have to worry about not being covered to get the care they need.

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Protecting Children's Coverage. CHIP is a block grant program, meaning Congress must act periodically to extend funding for the program. This leaves coverage for [over 9 million](#) children vulnerable to political attacks. In 2018, after allowing funding for CHIP to lapse for an unprecedented 114 days, Congress extended CHIP funding through federal fiscal year (FFY) 2023. As a way to mitigate coverage loss when the COVID-19 PHE ends and provide children stable coverage permanently, Congress should permanently authorize CHIP.

Taking Other Steps to Address the Maternal Mortality Crisis. Congress should pass the [Black Maternal Health Momnibus Act of 2021](#), which addresses key and preventable elements of the maternal health crisis. These measures include: addressing social determinants of health contributing to maternal mortality, growing and diversing the perinatal workforce, providing health care workers with the tools and training necessary to confront discriminatory and biased practices, improving data collection processes and quality measures, and promoting innovative and coordinated perinatal care.

- **The United States has the highest maternal mortality rate of the industrialized world.** Women in the United States suffer from maternal mortality at a rate twice that of other industrialized nations, with health outcomes worsening over the last two decades. In 2020, the maternal mortality rate in the United States [rose](#) to 861 deaths, up from 754 in 2019.
- **Women of color are acutely impacted by the maternal mortality crisis.** Systemic racism and its direct impacts on the health care system create dangerous and deadly outcomes for women of color, particularly Black, American Indian, and Alaska Native women. The racial disparities in maternal health between Black and white women are at the same rate recorded in the 1940s.
- **Most Pregnancy-Related Deaths Are Preventable.** The Centers for Disease Control and Prevention (CDC) reports nearly [two thirds](#) of pregnancy-related deaths could have been prevented. In order to [prevent](#) pregnancy-related deaths, it is essential women have access to care, so medical professionals are able to recognize early maternal warning signs, provide an accurate and timely diagnosis, and deliver quality medical care.
- **Addressing Late Maternal Deaths.** Maternal deaths occurring between [42 and 365 days](#) following delivery are categorized as late maternal deaths. Cardiomyopathy and other cardiovascular conditions accounted for [27 percent](#) of maternal deaths from 2014 to 2017, with [cardiomyopathy](#) serving as the leading cause of late maternal deaths. American women experience a [higher rate](#) of late maternal death than their counterparts in other industrialized nations. [Insurance enrollment](#) is a critical element in preventing premature death, by ensuring these conditions, specifically [cardiomyopathy](#), are identified early and treated appropriately.

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Strengthening Coverage In Puerto Rico. Congress recently increased the federal government's share of Medicaid costs paid in U.S. Territories from 55 percent to 76 percent for Puerto Rico and to 83 percent for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands. Medicaid serves more than 1.6 million people in the territories, many of whom are from communities of color and diverse backgrounds. 90 percent of these beneficiaries live in Puerto Rico. This federal Medicaid funding for the U.S. Territories is set to expire December 13. Congress should make the higher match rate permanent for Puerto Rico and all of the territories to prevent significant coverage loss.

- **Vulnerability To Natural Disasters Makes Strengthening Coverage Paramount.** It is critical that Congress makes the higher match rate permanent in Puerto Rico to allow for continuous Medicaid funding for its [49 percent](#) of residents that benefit from Medicaid. The prevalence of hurricanes and other natural disasters make having accessible health care paramount for Puerto Ricans. With the latest disaster, Hurricane Fiona in September 2022, President Biden and the Centers for Medicare and Medicaid services (CMS) provided [emergency funds](#) to keep hospitals and other health care facilities open to allow for access to care to those affected by the storm. Strengthening Medicaid in Puerto Rico ensures nearly half of residents will have coverage, including during natural disasters.