

# Extending Medicaid coverage after birth may increase postpartum treatment for depression, anxiety

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Extending postpartum Medicaid eligibility extensions may increase treatment for perinatal mood and anxiety disorders (PMADs), a leading

cause of perinatal illness and mortality, according to a new study led by Boston University School of Public Health (BUSPH) and Brown University researchers.

[Published](#) in the journal *Health Affairs*, the study found that retaining Medicaid coverage after birth increased outpatient mental health and medication treatment for PMADs by 20.5 percentage points, compared to birthing people who received commercial coverage. Retaining postpartum Medicaid also appeared to significantly lower patients' out-of-pocket spending for mental health care.

The majority of US states have now extended postpartum Medicaid coverage to 12 months through the American Rescue Plan Act, but the new findings provide critical data and insight into the role of Medicaid coverage on perinatal mental health, and why Medicaid extensions are so important for the health of low-income birthing people postpartum. Without this coverage, many people would otherwise become uninsured or struggle to pay for high-cost commercial insurance and medical care.

Untreated PMADs can increase birthing people's risk of substance use, depression, anxiety, and suicide, as well as developmental delays among their newborns. Estimates show that one in three pregnancy-related deaths occur between six weeks and one year after childbirth.

"We know that maternal mental health conditions are a leading cause of maternal morbidity and mortality, and postpartum mood and [anxiety disorders](#) are the most commonly occurring maternal mental health condition," says study lead and corresponding author Dr. Sarah Gordon, assistant professor of health law, policy & management at BUSPH, and who served as a senior advisor on [health policy](#) for the US Department of Health and Human Services from 2021-2024.

"Evidence-based treatments are available and effective, but

underutilized. Insufficient health insurance coverage is one reason for low treatment rates among the postpartum population that extending postpartum Medicaid coverage can address," Dr. Gordon continued.

For the study, Dr. Gordon and colleagues utilized data on insurance claims and income, as well as [birth records](#) in Colorado between 2014-2019, before Colorado extended Medicaid eligibility. The researchers compared postpartum PMAD treatment among patients with incomes at or below 138% of the [federal poverty level](#) (FPL) and who were eligible to remain in Medicaid after 60 days postpartum, to patients with incomes above 138% of the FPL, who were ineligible to receive Medicaid beyond 60 days postpartum and enrolled in commercial insurance.

Compared to birthing people with commercial health insurance, remaining on Medicaid for 12 months postpartum was also linked to a 16 percentage point increase in patients filling a [prescription medication](#) for depression or anxiety, and a 7.3 percentage point increase in patients receiving at least one outpatient mental health visit. Retaining Medicaid beyond 60 days postpartum was associated with almost a 20 percentage point increase in "continuous" postpartum treatment, which is considered three or more outpatient mental health visits or prescription refills.

This extended Medicaid coverage also alleviated [health care costs](#) for birthing people, lowering out-of-pocket costs by \$40.84 for outpatient mental health visits, and by \$3.24 for each prescription refill, compared to costs for commercially insured birthing people.

Medicaid-insured birthing people may have higher PMAD treatment rates because of more affordable care, and fewer gaps in coverage that likely occur among birthing people who became ineligible for Medicaid. The researchers say these findings underscore the fact that commercial insurance is not an equal alternative for low-income postpartum people,

and losing Medicaid eligibility can be detrimental to both health and finances.

"Our findings suggest that postpartum Medicaid extensions are likely an important policy lever to promote postpartum maternal mental health by lowering barriers to accessing treatment," Dr. Gordon says. "However, mental health screening and referrals, availability of providers, and quality of mental health care are also critical to supporting the [mental health](#) of [postpartum](#) people."

**More information:** Sarah H. Gordon et al, Extended Postpartum Medicaid In Colorado Associated With Increased Treatment For Perinatal Mood And Anxiety Disorders, *Health Affairs* (2024). [DOI: 10.1377/hlthaff.2023.01441](https://doi.org/10.1377/hlthaff.2023.01441)

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