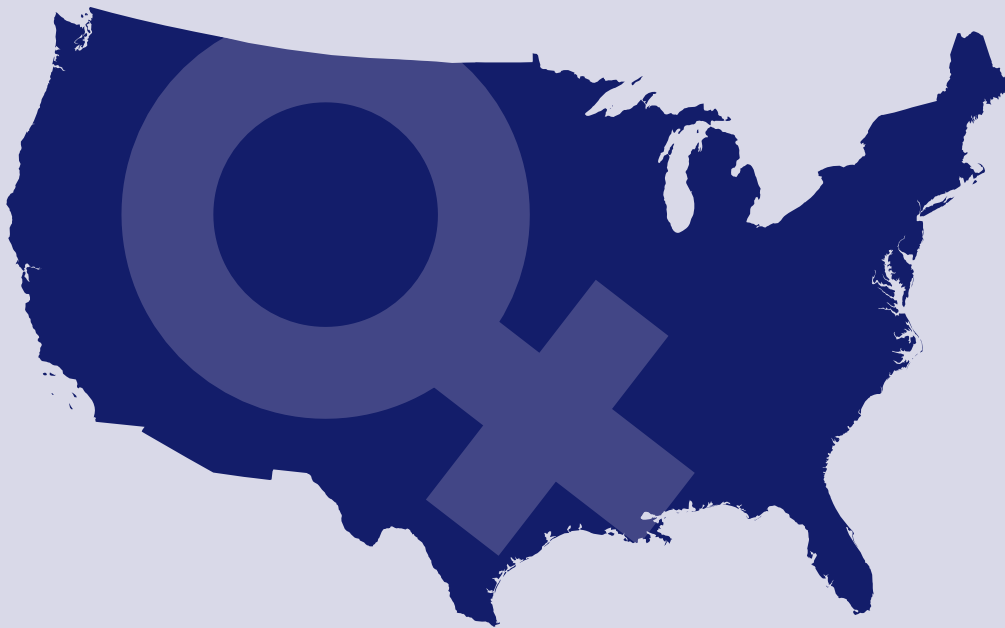


State Medicaid Coverage of Perinatal Services:



Summary of State Survey Findings

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The Kaiser Family Foundation

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INTRODUCTION

Over the past two decades, Medicaid has evolved into the nation's largest payor of maternity related services. Medicaid, the nation's principal safety-net health insurance program, covers health and long-term care services for 59 million low-income Americans, including children and parents, pregnant women, people with disabilities, and seniors. Today, nearly two-thirds of adult women covered by Medicaid are of childbearing age. Coverage of maternity-related care for low-income women is a central function of the Medicaid program, and the range and scope of perinatal services that Medicaid covers has major implications for maternal health and birth outcomes.¹ Today, Medicaid pays for more than four in ten births nationwide, and in several states, covers more than half of total births.²

The Medicaid program is jointly financed between the federal and state governments. Each state administers its own program and determines which specific benefits will be covered under broad federal guidelines. There is considerable state to state variation in eligibility policy and scope of coverage. This brief highlights selected findings from the 2007/2008 *Kaiser Family Foundation/George Washington University State Survey of Reproductive Health Services Under Medicaid*, and examines coverage of perinatal services in states across the nation.

Federal law requires states to extend eligibility for pregnancy-related care to pregnant women with incomes up to 133% of the federal poverty level and allows states to cover pregnant women with higher incomes as well. For these women, Medicaid must cover pregnancy-related services, services for other conditions that might complicate the pregnancy, delivery, and post-partum care.³ Medicaid defines pregnancy-related services as those that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of the pregnancy. These services include, but are not limited to, prenatal care, delivery, postpartum care, family planning, and other services that a complicated pregnancy demands.⁴ The flexibility in program design results in broad variation across states in terms of what perinatal care services they cover.

¹ The March of Dimes defines perinatal health and care as a set of medical and ancillary interventions that are specific to pregnancy. The term refers to the entire or parts of the period immediately surrounding conception and through an infant's first year of life. Early, comprehensive, and risk-appropriate perinatal care has contributed to improved pregnancy outcomes and child health.

² The Kaiser Family Foundation. "Medicaid's Role for Women." October 2007.

³ Medicaid Program: General Information, Technical Summary, page last modified 12/05. Available at: http://www.cms.hhs.gov/MedicaidGenInfo/03_TechnicalSummary.asp. Medicaid coverage for pregnant women extends at least through 60 days post-partum.

⁴ C.F.R. 42 § 440.210 (a)(2)(i-ii).

METHODS

The Kaiser Family Foundation and the George Washington University, School of Public Health and Health Services, Department of Health Policy, developed a survey to assess states' Medicaid coverage policies regarding reproductive health services. The survey instrument was based on a prior survey administered by the Kaiser Family Foundation in 1999.⁵ The survey included more than 50 questions on states' Medicaid coverage of family planning, perinatal, and adult vaccine services. Questions detailing managed care arrangements, enrollment activities, and other beneficiary support services were also included. A sample questionnaire is included in available on the Kaiser Family Foundation website.

From Spring 2007 through Winter 2008, George Washington University researchers sent the survey to representatives from all Medicaid programs operating in the fifty states and the District of Columbia by mail. Researchers conducted extensive follow-up by telephone. In most states, the survey was completed by more than one respondent. Of the fifty-one jurisdictions queried, 44 jurisdictions responded to the survey. The states that did not respond to the survey are Delaware, Georgia, Hawaii, New Jersey, Rhode Island, South Dakota, and Tennessee. Staff of the Kaiser Family Foundation and George Washington University analyzed the data and prepared this report of survey findings. Most of the data presented are collected from the survey, but in a few cases, data from external sources are included in the tables and noted accordingly.

SUMMARY OF KEY FINDINGS

Medicaid Eligibility: Federal law requires that all states offer Medicaid coverage to pregnant women with family incomes up to 133% of the federal poverty level (FPL) or go higher, which many do. Income eligibility limits for pregnant women range from 133% FPL to 300% FPL. Federal rules also permit states to simplify the Medicaid enrollment process for pregnant women. Of the 44 states responding to the survey, most have taken up these options by disregarding assets like houses or cars when determining eligibility for pregnant women (36 states and DC); employing continuous eligibility, which eliminates the need for eligibility re-determination during the course of pregnancy (42 states and DC); and instituting presumptive eligibility, which allows health care providers to grant immediate, temporary Medicaid coverage to women who meet certain criteria (25 states and DC).

Medicaid Enrollment: States use a range of techniques to encourage eligible women to enroll in Medicaid including: a shortened application (35 states and DC); acceptance of applications at hospitals, clinics, and doctors' offices (39 states and DC); stationing eligibility workers at hospitals or health clinics (32 states and DC), combining application forms for Medicaid with other program such as Food Stamps, WIC, and TANF (37 States); allowing pregnant women to apply by mail (39 states and DC) ; and having an application form available in multiple languages.

⁵ Schwalberg et al., Medicaid Coverage of Perinatal Services: Results of A National Survey, 2000.

Prenatal and Screening Services: In addition to paying for basic prenatal care and delivery, states cover a variety of pregnancy-related services designed to improve maternal and infant health outcomes. All of the responding states cover major medical services associated with pregnancy, including prenatal care visits and lab tests, however, only 36 states and DC cover genetic screening services, 40 states and DC cover chorionic villus sampling (CVS) and 42 and DC cover amniocentesis.

Delivery and Post-partum Care: All of the participating jurisdictions cover basic delivery services that take place in hospitals, such as vaginal and cesarean delivery, anesthesia, and postpartum care. In comparison to states' coverage of hospital deliveries, coverage of birth centers (29 states and DC) and home birth services (16 states delivery) is far less common. Only five states allow Medicaid to cover childbirth support services such as doulas or labor coaches.

Counseling and Support Services: In many states, the range of benefits offered to pregnant women has expanded to include a number of non-medical services as well. Of the 44 responding states, 38 states and DC cover nutrition counseling and psychosocial counseling, 23 states and DC cover genetic counseling, and 13 states cover preconception counseling. Although most states cover home visits, some restrict the circumstances under which it is covered, limiting coverage to those that are homebound or high-risk. Despite the negative impact of tobacco, drugs and alcohol, only 33 states cover smoking cessation treatment and 34 cover substance abuse treatment.

Educational Services: Educational services are covered to much lesser degree than pregnancy related medical care services. For example only 27 of the 44 responding states cover childbirth education classes and 31 states cover infant care education service.

Breastfeeding Support Services: Despite the recognition of the importance of breastfeeding in improving women's health and infant health, coverage of breastfeeding support services for low-income women is far from universal: 25 of the responding states cover breastfeeding education services, 15 states cover individual lactation consultations and 31 states cover equipment rentals, such as pumps. Alabama, DC, Florida, Louisiana, Mississippi, Nevada, North Carolina, South Carolina, and Virginia do not cover any of these breastfeeding support services.

State Eligibility Levels and Enrollment Policies for Pregnant Women

All states are required to offer Medicaid coverage to pregnant women with family incomes up to 133% of the federal poverty level (FPL), although states have the option of setting higher income limits so that more low-income pregnant women may qualify for coverage. Income eligibility limits for pregnant women range from 133% FPL to 300% FPL. Most states have extended eligibility to pregnant women beyond the federal minimum requirement (Figure 1).

In addition to increasing income eligibility levels, states may also take steps to simplify the process for pregnant women to enroll in Medicaid. States have the option of disregarding assets when determining eligibility for pregnant women. Another simplification strategy is continuous eligibility, which eliminates the need for eligibility re-determination during the course of pregnancy. To do this, states may provide continuous coverage to women during pregnancy and through 60 days postpartum, regardless of changes in income. States may also institute presumptive eligibility, which allows providers to grant immediate, temporary Medicaid coverage to women who meet certain criteria while a formal eligibility determination is being made, giving them access to some health services right away.

- Of the 44 responding states, six cover pregnant women at the minimum level of 133% FPL.
- Thirty-eight states set income eligibility limits for pregnant women above 133% FPL, and of these, 17 states and DC extend coverage above 185% FPL.
- 36 states and DC have dropped the asset test for pregnant women.
- 42 states and DC provide continuous coverage through 60 days postpartum.
- 25 states and DC have implemented presumptive eligibility policies.

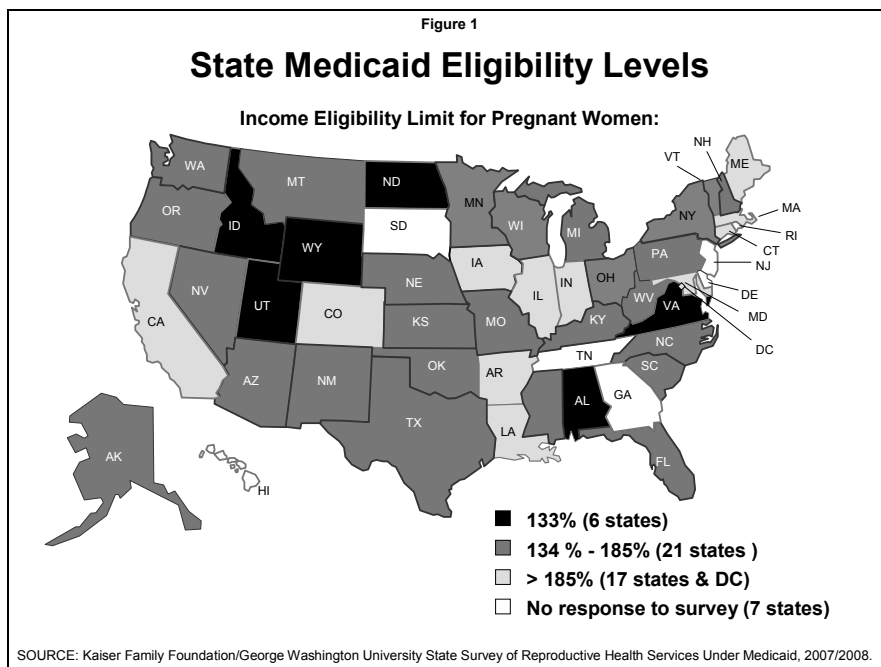


Table 1: Medicaid Eligibility Levels and Enrollment Policies for Pregnant Women

State	Income Eligibility Limit for Pregnant Women (% FPL)	No Asset Test	Continuous Coverage Through 60 Days Postpartum	Presumptive Eligibility
Alabama	133	✓	✓	
Alaska	175	✓	✓	
Arizona	150	✓	✓	
Arkansas	200		✓	✓
California	200	✓	✓	✓
Colorado	200 [^]	✓	✓	✓
Connecticut	250	✓	✓	✓
D.C.	300	✓	✓	✓
Florida	185	✓	✓	✓
Idaho	133 [^]		✓	✓
Illinois	200 *	✓	✓	✓
Indiana	200	✓	✓	
Iowa	200		✓	✓
Kansas	150	✓	✓	
Kentucky	185 [^]	✓	✓	✓
Louisiana	200	✓	✓	
Maine	200 [^]	✓	✓	✓
Maryland	250	✓	✓	
Massachusetts	200	✓	✓	✓
Michigan	185	✓	✓	✓
Minnesota	275	✓	✓	
Mississippi	185 [^]	✓	✓	
Missouri	185	✓ [^]	✓	✓
Montana	150		✓	✓
Nebraska	185	✓	✓	✓
Nevada	185 [^]	✓	✓	
New Hampshire	185	✓	✓	✓
New Mexico	185	✓	✓	✓
New York	200	✓	✓	✓
North Carolina	185 [^]	✓	✓	✓
North Dakota	133 [^]	✓ [^]	✓	
Ohio	200	✓	✓	
Oklahoma	185	✓	✓	✓
Oregon	185	✓	✓	
Pennsylvania	185 [^]	✓	✓	✓
South Carolina	185		✓	
Texas	185	✓	✓	✓
Utah	133		✓	✓
Vermont	200 [^]	✓	✓	
Virginia	133 **	✓	✓	
Washington	185	✓	✓	
West Virginia	150 [^]	✓	✓	
Wisconsin	300 [^]	✓	✓	✓
Wyoming	133 [^]	--	--	✓ [^]
Total (✓)		37/44	43/44	26/44

✓ = Policy in place.

[^] Data not collected in survey. Based on external source.

-- = Data not available.

* No income limit for pregnant women under age 19.

** The income eligibility for FAMIS MOMS, a separate Virginia state program for uninsured, pregnant women is 185% FPL.

Streamlining Application for Pregnant Women

States use a range of other streamlining techniques in order to make the eligibility process less cumbersome for applicants and encourage eligible women to enroll in Medicaid: (1) a shortened application to make the process of applying less onerous; (2) acceptance of applications at sites other than the state Medicaid office, such as hospitals, clinics, and doctors' offices; (3) stationing eligibility workers at places other than the welfare office such as hospitals or health clinics so that it is more convenient for people to complete the eligibility and enrollment process; (4) combining application forms for Medicaid with those for other public assistance programs such as Food Stamps, WIC, and Temporary Assistance for Needy Families (TANF); (5) eliminating the requirement for a face-to-face interview and allowing pregnant women to apply for Medicaid by mailing in their applications; and (6) preparing and distributing applications in languages other than English.

- 35 states and DC use a shortened application form.
- 39 states and DC accept applications at sites other than the state Medicaid office.
- 31 states and DC outstation eligibility workers.
- 37 states use a combined application form with other public programs.
- 39 states and DC allow mail-in applications.
- 36 states and DC have multi-lingual application forms.

Table 2: Methods Employed to Streamline Application Process for Pregnant Women

State	Short Application	Forms Submitted At Other Sites	Out-Stationed Eligibility Workers	Combined Application Form	Mail-In Application	Multi-Lingual Forms
Alabama	✓	✓	✓	✓	✓	✓
Alaska	✓	✓	✓		✓	
Arizona	✓	✓		✓	✓	✓
Arkansas	✓	✓	✓	✓		
California	✓	✓	✓	✓	✓	✓
Colorado	✓	✓	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓	✓	✓
D.C.	✓	✓	✓		✓	✓
Florida	✓	✓		✓	✓	✓
Idaho	✓			✓	✓	✓
Illinois	✓	✓		✓	✓	✓
Indiana	✓	✓	✓	✓	✓	✓
Iowa	✓	✓	✓	✓	✓	✓
Kansas	✓	✓	✓		✓	✓
Kentucky	✓	✓		✓		✓
Louisiana	✓	✓	✓	✓	✓	✓
Maine	✓			✓	✓	
Maryland	✓	✓	✓		✓	✓
Massachusetts		✓	✓	✓	✓	✓
Michigan	✓	✓	✓	✓	✓	✓
Minnesota		✓	✓	✓	✓	✓
Mississippi		✓	✓		✓	✓
Missouri	✓	✓	✓	✓	✓	✓
Montana				✓	✓	*
Nebraska	✓	✓	✓	✓	✓	✓
Nevada	✓	✓		✓	✓	✓
New Hampshire		✓	✓	✓	✓	✓
New Mexico	✓	✓	✓	✓	✓	✓
New York	✓	✓	✓	✓		✓
North Carolina	✓	✓	✓	✓	✓	✓
North Dakota	✓	✓		✓	✓	✓
Ohio	✓	✓	✓	✓	✓	✓
Oklahoma	✓	✓	✓	✓	✓	✓
Oregon		✓	✓	✓	✓	✓
Pennsylvania	✓	✓		✓	✓	✓
South Carolina	✓	✓	✓	✓	✓	✓
Texas	✓	✓	✓	✓	✓	✓
Utah		✓	✓	✓	✓	✓**
Vermont	✓	✓		✓	✓	
Virginia	✓	✓	✓	✓	✓	✓
Washington	✓	✓	✓		✓	✓
West Virginia	✓	✓	✓	✓	✓	
Wisconsin	✓	✓	✓	✓	✓	✓
Wyoming	--	--	--	--	--	--
Total (✓)	36/44	40/44	32/44	37/44	40/44	37/44

✓ = Policy in place.
 -- = Data not available.
 * = Languages are in development.
 ** = Also use multilingual telephone service.

Basis of Income Eligibility for Pregnant Teenagers

In the case of pregnant teenagers, determining Medicaid eligibility can be complicated. Depending on specific living arrangements, different sources of income are counted to determine income eligibility, including the teen's, the teen's parents, and the teen's spouse. Many states attach income eligibility criteria for pregnant teenagers to the teen's residence. For example, Arizona considers the income of the pregnant teen's parents if the teen is less than 18 years of age, lives with a parent, and is not married; however, if the pregnant teen does not live with a parent, is over 18, or is married, then her own income is counted. Furthermore, if the pregnant teen is married, her spouse's income is also included in determining income eligibility. In some states, such as Florida and Idaho, both the income of the parents and the pregnant teen's own income are counted, no matter the teen's residence.

In order to determine income eligibility for pregnant teenagers:

- 30 states and DC consider the income of the pregnant teenager's parents;
- 33 states and DC consider the pregnant teenager's own income; and
- 3 states respond that they consider the income of the pregnant teenager's spouse (if the teenager is married).

Table 3: Basis of Income Eligibility for Pregnant Teens

State	Income of the Pregnant Teen's Parents	Pregnant Teen's Own Income
Alabama		✓
Alaska		✓
Arizona	✓ (If teen is <18, lives with parent, and is not married)	✓ (If teen does not live with parent) *
Arkansas		✓ **
California	✓ ***	✓
Colorado	✓ (If teen lives with parent and is not married)	✓ (If teen does not live with parent) *
Connecticut	✓ (If teen is <21 and lives with parent)	
D.C.	✓	✓
Florida	✓	✓
Idaho	✓	✓
Illinois	✓	
Indiana	✓ (If teen is <21 and lives with parent)	
Iowa	✓	^
Kansas	✓	
Kentucky	✓	✓
Louisiana	✓	✓
Maine	✓ (If teen lives with parent)	--
Maryland		✓
Massachusetts		✓
Michigan		✓
Minnesota	✓ (Combined income of teen and parent)	✓ (Combined income of teen and parent)
Mississippi		✓
Missouri	✓	✓
Montana	✓ (If teen is <19 and lives with parent)	✓ (If teen does not live with parent)
Nebraska		✓
Nevada	✓	✓
New Hampshire	✓ (If teen lives with parent)	✓ (If teen does not live with parent)
New Mexico	✓ (If teen is <21 and lives with parent)	✓ (If teen does not live with parent)
New York		✓
North Carolina		
North Dakota	✓	✓
Ohio	✓ (If teen is <18)	✓ (If teen is 18 or 19)
Oklahoma	✓	✓
Oregon	✓	✓
Pennsylvania	✓	✓
South Carolina	✓	✓
Texas	✓	
Utah	✓ (Combined income of teen and parent)	✓ (Combined income of teen and parent)
Vermont	--	--
Virginia	✓ (If teen is <21, lives with parent, and is not married)	✓ (If teen does not live with parent) *
Washington	✓	✓
West Virginia		✓
Wisconsin	✓ (If teen lives with parent)	✓ (If teen is emancipated) ^^
Wyoming	--	--
Total (✓)	31/44	34/44

✓ = Policy is in place; -- = Data not available.

* = If the teen is married, then both the income of the teen and the income of the spouse is counted.

** = Applicants declaration of income is accepted without verification.

*** = For the 200% program and the minor consent program, the parent's income is asked for but is disregarded if it affects the beneficiary's eligibility. For the PE Program, the income of the teen and/or parent is not verified. For all other MediCal programs, the parent's income is counted.

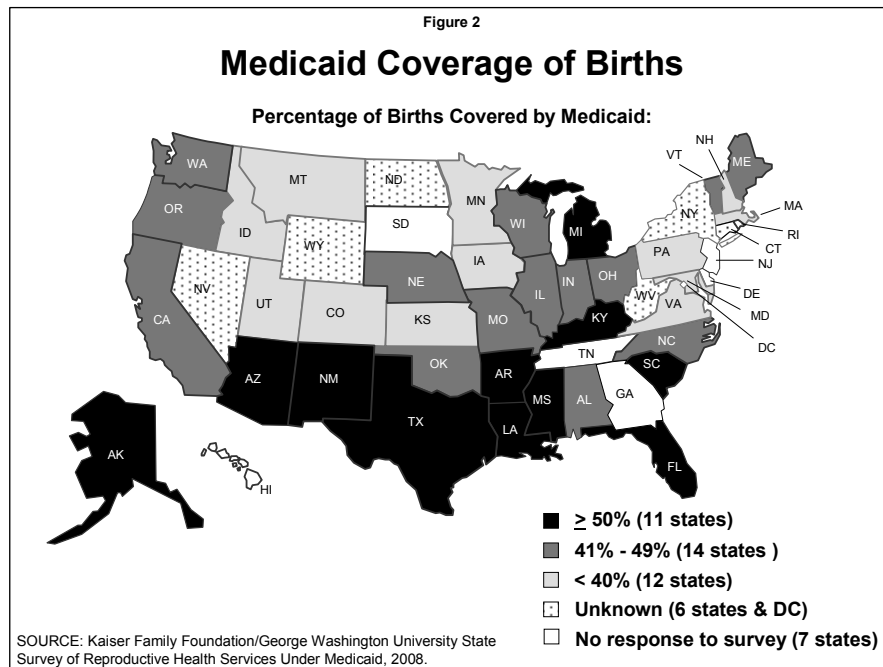
**** = If parents are over income limit, teen's income is reviewed.

^ = State does not count the income of a teen who is a fulltime student in high school or in an equivalent program; ^^ = Some exceptions apply.

Percentage of Births Covered by Medicaid

Medicaid finances at least four in ten of all births nationally.⁶ This survey asked Medicaid representatives to report the percentage of births in their states that were paid for by Medicaid. States reported data for the most recent year they had available, ranging from 2002 to 2007.

- During this time period, the percentage of births covered by Medicaid ranged from a low of 23% in New Hampshire to a high of 63% in Louisiana.
- In 11 of the 44 reporting states, Medicaid accounted for at least half of total births (Figure 2).



⁶ The Kaiser Family Foundation. "Medicaid's Role for Women." October 2007.

Table 4: Percentage of Births Covered by Medicaid

State	Percent Of Births Covered By Medicaid	
	Percentage	Year reported
Alabama	48	2006
Alaska	51	2005
Arizona	52	2006
Arkansas	51	2005
California	46	2005
Colorado	35	2005
Connecticut	--	--
D.C.	--	--
Florida	51	2004
Idaho	38	2006
Illinois	49	2004
Indiana	43	2005
Iowa	32	2004
Kansas	34	2006
Kentucky	50	2007
Louisiana	63	2004
Maine	47	2003
Maryland	33	2005
Massachusetts	30	2003
Michigan	52	2007
Minnesota	37	2004
Mississippi	55	--
Missouri	47	2006
Montana	32	--
Nebraska	44	2006
Nevada	--	--
New Hampshire	23	2004
New Mexico	54	2005
New York	--	--
North Carolina	48	2006
North Dakota	--	--
Ohio	41	2006
Oklahoma	48	2002
Oregon	41	--
Pennsylvania	37	2005
South Carolina	57	2005
Texas	56	2005
Utah	34	2006
Vermont	48	2003
Virginia	32	2005
Washington	47	2006
West Virginia	--	--
Wisconsin	44	2005
Wyoming	--	--
-- = Data not available.		

Prenatal Services

The goal of prenatal care is to monitor the progress of a pregnancy and to identify and address potential problems before they become serious for either the mother or baby. Prenatal care is more likely to be effective if women begin receiving care early and continue throughout pregnancy. Women who see a health care provider on a regular basis during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.⁷ For low-income women, state Medicaid programs provide access to a broad range of prenatal care services that increase their odds of having a healthy pregnancy and birth outcome. A national objective, as outlined in the federal government's Healthy People 2010 initiative is for 90% of pregnant women to begin care in the first trimester of pregnancy.⁸

During prenatal visits, the health care provider teaches the woman about pregnancy; monitors any medical conditions she might have; tests for problems with the woman and baby; and refers the woman to other services such as support groups, the WIC program or childbirth education classes. Other prenatal services that Medicaid covers in many states include: prenatal vitamins, which contain folic acid and important nutrients needed during pregnancy; psychosocial and medical risk assessments, which can identify and mitigate potential risks created by behavioral factors and medical conditions; and ultrasounds, which provide important information about the health of the fetus and conditions in the uterus.

- All responding states and DC cover prenatal care visits and ultrasounds.
- 43 states and DC cover prenatal vitamins.
- 39 states and DC cover psychosocial risk services.
- 42 states and DC cover medical risk services.

⁷ March of the Dimes. "Prenatal Care." May 2008.

⁸ Healthy People 2010: Volume II (second edition), 16-26, from <http://www.healthypeople.gov/Publications/>.

Table 5: Medicaid Coverage of Prenatal Services

State	Prenatal Care Visits	Prenatal Vitamins	Psychosocial Risk	Medical Risk	Ultrasound
Alabama	✓	✓	✓	✓	✓
Alaska	✓	✓	✓	✓	✓
Arizona	✓	✓	✓	✓	✓
Arkansas	✓	✓	✓	✓	✓
California	✓	✓	✓	✓	✓
Colorado	✓	✓	✓	✓	✓
Connecticut	✓	✓			✓
D.C.	✓	✓	✓	✓	✓
Florida	✓	✓	✓	✓	✓
Idaho	✓	✓	✓	✓	✓
Illinois	✓	✓	✓	✓	✓
Indiana	✓	✓	✓	✓	✓
Iowa	✓	✓	✓	✓	✓
Kansas	✓	✓	✓	✓	✓
Kentucky	✓	✓	✓	✓	✓
Louisiana	✓	✓		✓	✓
Maine	✓	✓	✓	✓	✓
Maryland	✓	✓	✓	✓	✓
Mass	✓	✓	✓	✓	✓
Michigan	✓	✓	✓	✓	✓
Minnesota	✓	✓	✓	✓	✓
Mississippi	✓	✓	✓	✓	✓
Missouri	✓	✓	✓	✓	✓
Montana	✓	✓		✓	✓
Nebraska	✓	✓	✓	✓	✓
Nevada	✓	✓	✓	✓	✓
New Hampshire	✓	✓	✓	✓	✓
New Mexico	✓	✓	✓	✓	✓
New York	✓	✓	✓	✓	✓
North Carolina	✓		✓	✓	✓
North Dakota	✓	✓	✓	✓	✓
Ohio	✓	✓	✓	✓	✓
Oklahoma	✓	✓	✓	✓	✓
Oregon	✓	✓	✓	✓	✓
Pennsylvania	✓	✓	✓	✓	✓
South Carolina	✓	✓		✓	✓
Texas	✓	✓	✓	✓	✓
Utah	✓	✓	✓	✓	✓
Vermont	✓	✓	✓	✓	✓
Virginia	✓	✓	✓	✓	✓
Washington	✓	✓	✓	✓	✓
West Virginia	✓	✓	✓	✓	✓
Wisconsin	✓	✓	✓	✓	✓
Wyoming	✓	✓	--	--	✓
Total (✓)	44/44	43/44	39/44	42/44	44/44

✓ = Service covered by state Medicaid program.

-- = Data not available.

* = Covered only for individuals in the Prenatal Plus Program (PNP).

Lab and Genetic Screening Services

During the course of pregnancy, many tests are recommended to screen for or identify genetic, chronic, or acute conditions for both the mother and baby. Common conditions that are screened for during pregnancy include: Down Syndrome, high blood pressure, and gestational diabetes. The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women regardless of age be offered a screening test for Down syndrome and certain other chromosomal birth defects. ACOG also recommends that all pregnant women have the option of choosing a diagnostic test for birth defects, instead of a screening test.⁹ Unlike screening tests, which evaluate risk, diagnostic tests, such as chorionic villus sampling (CVS) and amniocentesis, can diagnose or rule out certain birth defects, genetic and chromosomal abnormalities. Amniocentesis involves examining a small sample of amniotic fluid which is extracted from the amniotic sac usually between 15 to 20 weeks. CVS can diagnose most of the same birth defects, but it is performed earlier in pregnancy (usually 10 and 12 weeks) and it consists of testing a tiny tissue sample from outside the sac where the fetus develops.

- All jurisdictions (44) cover lab services.
- 36 states and DC cover genetic screening services.
- 40 states and DC cover chorionic villus sampling (CVS).
- 42 states and DC cover amniocentesis.

⁹ American College of Obstetricians and Gynecologists (ACOG). "Screening for Fetal Chromosomal Abnormalities." ACOG Practice Bulletin, number 77. January 2007.

Table 6: Medicaid Coverage of Lab and Genetic Screening Services

State	Lab	Genetic Screening	Chorionic Villus Sampling	Amniocentesis
Alabama	✓	✓	✓	✓
Alaska	✓	✓	✓	✓
Arizona	✓	✓	✓	✓
Arkansas	✓	✓	✓	✓
California	✓	✓	✓	✓
Colorado	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓
D.C.	✓	✓	✓	✓
Florida	✓	✓	✓	✓
Idaho	✓	✓ *	✓	--
Illinois	✓		✓	✓
Indiana	✓	✓	✓	✓
Iowa	✓	✓	✓	✓
Kansas	✓	✓	✓	✓
Kentucky	✓	✓	✓	✓
Louisiana	✓	✓	✓	✓
Maine	✓		✓	✓
Maryland	✓	✓	✓	✓
Massachusetts	✓	✓	✓	✓
Michigan	✓	✓	✓	✓
Minnesota	✓	✓	✓	✓
Mississippi	✓	✓	✓	✓
Missouri	✓	✓		✓
Montana	✓	✓	✓	✓
Nebraska	✓	✓	✓	✓
Nevada	✓	✓	✓	✓
New Hampshire	✓	✓	✓	✓
New Mexico	✓		✓	✓
New York	✓	✓	✓	✓
North Carolina	✓	✓	✓	✓
North Dakota	✓		✓	✓
Ohio	✓	✓	✓	✓
Oklahoma	✓	✓	✓	✓
Oregon	✓		✓	✓
Pennsylvania	✓	✓	✓	✓
South Carolina	✓	✓	✓	✓
Texas	✓	✓	✓	✓
Utah	✓		✓	✓
Vermont	✓	✓	✓	✓
Virginia	✓	✓	✓	✓
Washington	✓	✓	✓	✓
West Virginia	✓			✓
Wisconsin	✓	✓	✓	✓
Wyoming	✓	✓	--	✓
Total (✓)	44/44	37/44	41/44	43/44
✓ = Service covered by state Medicaid program. -- = Data not available. * = Genetic Screening is not available for preconception care.				

Delivery and Postpartum Care

All of the participating jurisdictions cover basic delivery services that take place in hospitals, such as vaginal and cesarean delivery, anesthesia, and postpartum care. Postpartum care services are meant to ensure that the woman is healthy after her delivery and equipped with as much information as possible to take care of her newborn. In comparison to states' coverage of hospital deliveries, fewer states cover alternative delivery options such as birth centers and home births. Even fewer states cover support services during childbirth, such as a doula or a labor coach, which provide various forms of non-medical support (physical and emotional) during labor.

- All states and DC cover vaginal and cesarean delivery, anesthesia, and postpartum care.
- 29 states and DC cover birth centers.
- 16 states cover home births.
- 5 states cover childbirth support services.

Table 7: Medicaid Coverage of Delivery and Postpartum Care

State	Vaginal Delivery	C-Section	Anesthesia (Labor and Delivery)	Birth Centers	Home Births	Childbirth Support	Postpartum Care
Alabama	✓	✓	✓				✓
Alaska	✓	✓	✓	✓			✓
Arizona	✓	✓	✓	✓	✓		✓
Arkansas	✓	✓	✓	✓	✓		✓
California	✓	✓	✓	✓	✓*	✓	✓
Colorado	✓	✓	✓	✓			✓
Connecticut	✓	✓	✓	✓			✓
D.C.	✓	✓	✓	✓			✓
Florida	✓	✓	✓	✓	✓		✓
Idaho	✓	✓	✓	✓	✓		✓
Illinois	✓	✓	✓	✓**			✓
Indiana	✓	✓	✓				✓
Iowa	✓	✓	✓	✓	✓	***	✓
Kansas	✓	✓	✓	✓			✓
Kentucky	✓	✓	✓				✓
Louisiana	✓	✓	✓		✓		✓
Maine	✓	✓	✓	✓			✓
Maryland	✓	✓	✓	✓	✓		✓
Massachusetts	✓	✓	✓	✓			✓
Michigan	✓	✓	✓				✓
Minnesota	✓	✓	✓		✓		✓
Mississippi	✓	✓	✓				✓
Missouri	✓	✓	✓	✓	✓		✓
Montana	✓	✓	✓	✓			✓
Nebraska	✓	✓	✓		✓		✓
Nevada	✓	✓	✓				✓
New Hampshire	✓	✓	✓				✓
New Mexico	✓	✓	✓	✓	✓	✓****	✓
New York	✓	✓	✓	✓			✓
North Carolina	✓	✓	✓	✓			✓
North Dakota	✓	✓	✓	✓			✓
Ohio	✓	✓	✓			✓	✓
Oklahoma	✓	✓	✓	✓			✓
Oregon	✓	✓	✓	✓	✓	✓	✓
Pennsylvania	✓	✓	✓	✓	✓		✓
South Carolina	✓	✓	✓	✓			✓
Texas	✓	✓	✓	✓		✓	✓
Utah	✓	✓	✓	✓			✓
Vermont	✓	✓	✓	✓			✓
Virginia	✓	✓	✓				✓
Washington	✓	✓	✓	✓	✓		✓
West Virginia	✓	✓	✓	✓			✓
Wisconsin	✓	✓	✓		✓		✓
Wyoming	✓	✓	✓				✓
Total (✓)	44/44	44/44	44/44	30/44	16/44	5/44	44/44

✓ = Service covered by state Medicaid program.
 -- = Data not available.
 * = Via Licensed Midwife.
 ** = Provider paid, but center not covered.
 *** = Not covered as separately payable service.
 **** = Managed Care only.

Counseling Services

Counseling services before and during a pregnancy can improve a woman's health and help reduce risks to her future baby. Information on nutrition, weight, smoking, drinking, and occupational exposures can help to reduce pregnancy risks. Psychosocial counseling, the most widely covered service along with nutrition counseling, is provided to address emotional, situational, and developmental stressors and reduce identified risk factors. Genetic counselors work with women and couples that may be at risk for an inherited disease or abnormal pregnancy outcome, discussing their chances of having children who are affected. Such information helps families to make personal decisions about pregnancy, child care and genetic testing. Similarly, preconception counseling can promote positive health behaviors and screens for potential obstacles to pregnancy, reducing risk factors that might affect future pregnancies. However, fewer states cover preconception counseling and genetic counseling, nutrition counseling.

- Nutrition counseling and psychosocial counseling are the most widely covered services. 38 states and DC cover each of these services.
- 23 states and DC cover genetic counseling services.
- 13 states cover preconception counseling services.

Table 8: Medicaid Coverage of Counseling Services

State	Preconception Counseling	Genetic Counseling	Nutrition Counseling	Psychosocial Counseling
Alabama	✓	✓	✓	✓
Alaska			✓	✓
Arizona	✓		✓	✓
Arkansas	✓		✓	✓
California	✓	✓	✓	✓
Colorado	✓	✓	✓ (PNP, NHVP)	✓ (PNP)
Connecticut		✓		
D.C.		✓	✓	✓
Florida				
Idaho	✓	✓*	✓	✓
Illinois	✓**		✓**	✓**
Indiana		--	✓	✓
Iowa		✓	✓	✓
Kansas		✓	✓	✓
Kentucky	✓	--	✓	✓
Louisiana		✓		
Maine				
Maryland		✓ (as needed)	✓	✓***
Massachusetts	****	✓	✓	✓
Michigan			✓	✓
Minnesota	✓	✓	✓	✓
Mississippi			✓	✓
Missouri			✓	✓
Montana			✓	✓
Nebraska	✓	✓	✓ (for < 21)	✓
Nevada		✓		✓
New Hampshire	✓	✓	✓	✓
New Mexico			✓	✓
New York			✓	✓
North Carolina		✓	✓	✓
North Dakota			✓	✓
Ohio			✓	✓
Oklahoma		✓	✓	✓
Oregon		✓	✓	✓
Pennsylvania		✓	✓	✓
South Carolina			✓	
Texas	✓	✓	✓	✓
Utah			✓	✓
Vermont		--	✓	✓
Virginia		✓^	✓	✓
Washington		✓	✓	✓
West Virginia		✓	✓	✓
Wisconsin	✓	✓	✓	✓
Wyoming			✓	✓
Total (✓)	13/44	24/44	39/44	39/44

✓ = Service covered by state Medicaid program.
 -- = Data not available.
 PNP = Pediatric Nurse Practitioner.
 NHVP = Nurse Home Visitor Program.
 * = Genetic counseling is not available for preconception care. It is only available once a woman is pregnant.
 ** = Components of exam. Not separately reimbursed.
 *** = Provided by local health department.
 **** = Covered as a component of ongoing Perinatal care but not billed/payable as a separate service.
 ^ = If counseling is only service provided by physician and is billed using regular office evaluation and management code, then state would pay claim.

Support Services

There are a wide range of support services that can help pregnant women obtain care and have healthier pregnancies, such as assistance with care coordination, transportation, and cessation of alcohol and tobacco use. Most states cover case management, a collaborative process that emphasizes continuity of care for beneficiaries through the coordination of perinatal care among physicians and other providers. Such coordination can help connect beneficiaries with providers, medical services, and other support services, as needed. Most states also cover transportation services for beneficiaries who need rides to and from medical services. Although many states cover prenatal and postpartum home visiting, several states restrict the circumstances under which home visits are covered. For example, Arkansas, California, and Iowa only cover home visits for high-risk, medically necessary, and homebound cases, and Florida covers visits only for enrollees who are homebound for medical reasons. Many states cover substance abuse programs for drugs and alcohol, although they may not necessarily offer programs specifically for pregnant women.

- 37 states cover prenatal care coordination/case management.
- 41 states and DC cover transportation services.
- 38 states and DC cover prenatal and postpartum home visiting, though several states restrict the circumstances under which home visits are covered.
- 33 states cover substance abuse treatment services for drugs and alcohol.
- 34 states cover smoking cessation services (Figure 3).

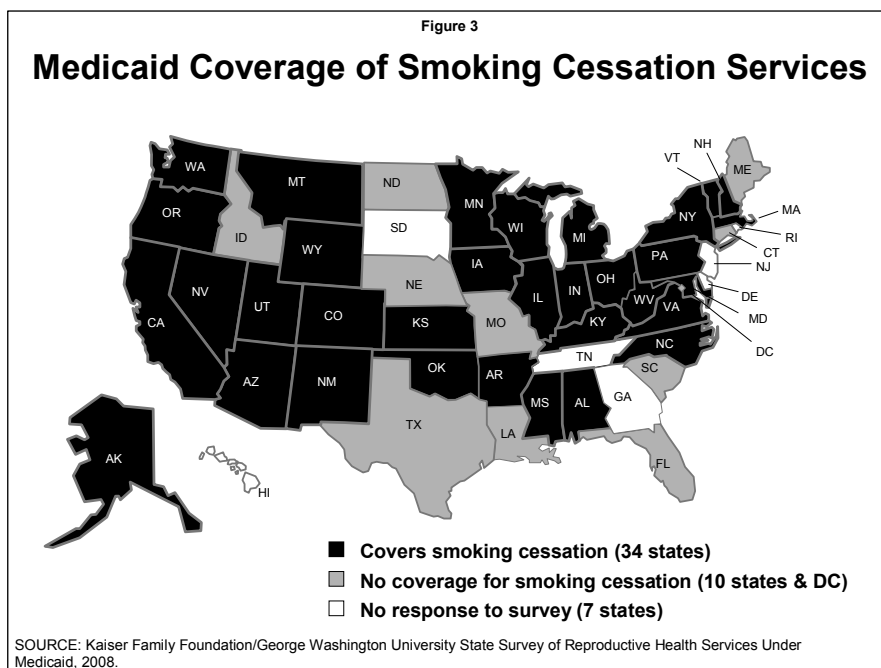


Table 9: Medicaid Coverage of Other Support Services

State	Case Management	Transportation	Home Visits	Substance Abuse Treatment	Smoking Cessation
Alabama	✓	✓	✓	✓	✓
Alaska	✓	✓		✓	✓
Arizona	✓	✓	--	✓	✓
Arkansas	✓	✓	✓*		✓
California	✓	✓	✓*	✓	✓
Colorado	✓ (PNP, NHVP)	✓	✓ (PNP, NHVP)	✓**	✓ (PNP, NHVP)
Connecticut	✓	✓	✓	✓	
D.C.		✓	✓		
Florida		✓	✓***		
Idaho	✓	✓	✓	✓	✓
Illinois	✓	✓	✓	✓	✓**
Indiana	✓	✓	✓	✓	✓
Iowa	✓	✓	✓*	✓	✓
Kansas	✓	✓	✓	✓	✓
Kentucky	✓	✓		✓	✓
Louisiana		✓	✓		
Maine	✓	✓			
Maryland	✓	✓	✓****	✓	✓
Massachusetts	✓	✓	✓	✓	✓
Michigan	✓	✓	✓		✓
Minnesota	✓	✓	✓	✓	✓
Mississippi	✓	✓	✓	✓	✓
Missouri	✓	✓	✓	✓	
Montana	✓	✓	✓	✓	✓
Nebraska		✓	✓ (for < 21)	✓	
Nevada		✓	✓	✓	✓
New Hampshire	✓	✓	✓	✓	✓
New Mexico	✓	✓	✓	✓	✓
New York	✓		✓		✓
North Carolina	✓	✓	✓	✓	✓
North Dakota	✓	✓	✓	✓	
Ohio	✓	✓	✓	✓	✓
Oklahoma	✓	✓	✓		✓
Oregon	✓	✓	✓	✓	✓
Pennsylvania	✓	✓	✓	✓	✓
South Carolina		✓	✓	✓	
Texas	✓	✓	✓		
Utah					✓
Vermont	✓	✓	✓	✓	✓
Virginia	✓	✓	✓	✓	✓
Washington	✓	✓	✓	✓	✓
West Virginia	✓	✓	✓		✓
Wisconsin	✓	✓	✓	✓	✓
Wyoming	✓	✓	✓	✓	✓
Total (✓)	37/44	42/44	38/44	33/44	34/44

✓ = Service covered by state Medicaid program.
 -- = Data not available.
 PNP = Pediatric Nurse Practitioner
 NHVP = Nurse Home Visitor Program
 * = High risk, medically necessary or homebound cases only.
 ** = In Special Connections Program.
 *** = Homebound cases only.
 **** = Provided by local health department.

Education Services

Educational services can provide valuable information to new and expecting parents about childbirth and newborn care. Childbirth education classes provide an overview of the labor and delivery process and teach basic concepts of relaxation, breathing, and other coping skills that can help a woman during labor. These classes aim to improve birth outcomes, including the reduction of cesarean births. Other topics that are covered include the use of drugs and anesthesia during labor and management of emergency situations. In health and infant care education classes, participants receive information about parenting, medical care for infants, such as vaccination schedules, infant CPR, as well as child development, to name a few topics. Just over half of states cover services such as childbirth education, health education, and infant care education.

- 27 states cover childbirth education services.
- 26 states cover health education services.
- 31 states cover infant care education services.

Table 10: Medicaid Coverage of Education Services

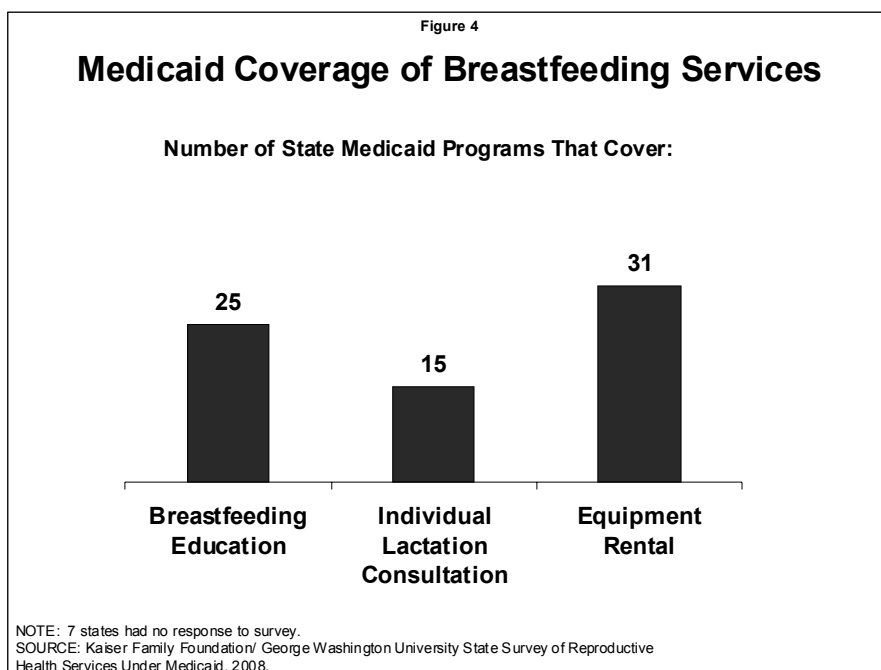
State	Childbirth Education	Health Education	Infant Care Education
Alabama	✓	✓	✓
Alaska			
Arizona	✓	✓	✓
Arkansas	✓	✓	✓
California	✓	✓	✓
Colorado		✓ (PNP, NHVP)	✓ (NHVP)
Connecticut			
D.C.			
Florida			
Idaho			
Illinois	✓*	✓*	✓*
Indiana			
Iowa	✓	✓	✓
Kansas		✓	✓
Kentucky	✓	✓	✓
Louisiana			
Maine	--	--	--
Maryland	✓		
Massachusetts [^]	✓	✓	✓
Michigan	✓	✓	✓
Minnesota	✓	✓	✓
Mississippi			✓
Missouri	✓	✓	✓
Montana			
Nebraska	✓(< 21)	✓(< 21)	✓
Nevada			
New Hampshire	✓	✓	✓
New Mexico	✓	✓	✓
New York	✓	✓	✓
North Carolina	✓		✓
North Dakota	✓	✓	✓
Ohio	✓	✓	✓
Oklahoma			✓
Oregon	✓		✓
Pennsylvania	✓	✓	✓
South Carolina			✓
Texas	✓	✓	✓
Utah	✓		✓
Vermont	✓	✓	✓
Virginia	✓	✓	✓
Washington	✓	✓	✓
West Virginia	✓	✓	✓
Wisconsin		✓	
Wyoming			
Total (✓)	27/44	26/44	31/44

✓ = Service covered by state Medicaid program.
 -- = Data not available.
 ^ = All contracted managed care entities are required to implement maternal and child health program and the services listed are components of their respective care and case management programs.
 PNP = Pediatric Nurse Practitioner
 NHVP = Nurse Home Visitor Program
 * = Part of exam, not separately reimbursed.
 ** = Managed care only.
 *** = Component of PCAP or MOMS.

Breastfeeding Support Services

Research has found that breast milk contains valuable nutrients for healthy growth and development during the first months of life, as well as substances that help protect a baby from many illnesses.¹⁰ The American Academy of Pediatrics recommends that a baby be breastfed for at least 12 months¹¹, and an objective of Healthy People 2010 is to increase the proportion of mothers who breastfeed to 75% by 2010.¹² Many hospitals offer breastfeeding education classes, and after delivery the baby's health care provider can help assure that breastfeeding is going smoothly before the woman leaves the hospital. Of those states that cover breastfeeding education, several reported that it is covered as part of an office visit or postpartum visit, not as a separate service. Lactation consultants can also assist new mothers with breastfeeding, but are covered in less than half of the responding states. Because breastfeeding is a round-the-clock commitment, many mothers, especially those who work, must rely on equipment like breast pumps in order to continue breastfeeding while balancing other responsibilities.

- 25 states cover breastfeeding education services (Figure 4).
- 15 states cover individual lactation consultations.
- 31 states cover equipment rentals, such as pumps.
- Eight states and DC (Alabama, DC, Florida, Louisiana, Mississippi, Nevada, North Carolina, South Carolina, Virginia) do not cover any of these breastfeeding support services.



¹⁰ March of Dimes. "Breastfeeding." http://search.marchofdimes.com/cgi-bin/MsmGo.exe?grab_id=6&page_id=1508608&query=breastfeeding&hiword=BREASTFEED+BREASTFEEDERS+breastfeeding+.

¹¹ American Academy of Pediatrics. "Breastfeeding and the Use of Human Milk: Policy Statement." *Pediatrics* 2005. 115 (2): 496-506.

¹² Healthy People 2010: Volume II (second edition), 16-26, <http://www.healthypeople.gov/Publications/>.

Table 11: Medicaid Coverage of Breastfeeding Support Services

State	Breastfeeding Education	Individual Lactation Consultation	Equipment Rentals
Alabama			
Alaska			✓
Arizona	✓		✓
Arkansas	✓	✓	
California	✓	✓	✓
Colorado			✓
Connecticut			✓
D.C.			
Florida			
Idaho			✓
Illinois	✓*	✓*	✓
Indiana			✓
Iowa	✓	✓	✓
Kansas			✓
Kentucky	✓		✓
Louisiana			
Maine	--	--	--
Maryland	✓	✓**	✓
Massachusetts^	✓	✓	✓
Michigan	✓		✓
Minnesota	✓	✓	✓
Mississippi			
Missouri	✓		✓
Montana			✓
Nebraska	✓(< 21)	✓(< 21)	✓
Nevada			
New Hampshire	✓	✓	✓
New Mexico	✓^^	✓^^	✓
New York	✓***	✓***	✓****
North Carolina			
North Dakota	✓		✓
Ohio	✓		✓
Oklahoma	✓	✓	
Oregon	✓	✓	✓
Pennsylvania	✓	✓	✓
South Carolina			
Texas	✓		
Utah			✓
Vermont	✓		✓
Virginia			
Washington	✓	✓	✓
West Virginia	✓		✓
Wisconsin			✓
Wyoming	✓		✓
Total (✓)	25/44	15/44	31/44

✓ = Service covered by state Medicaid program.

-- = Data not available.

^ = All contracted managed care entities are required to implement maternal and child health program and the services listed are components of their respective care and case management programs.

^^ = Managed care only.

* = Part of exam, not separately reimbursed.

** = Provided by some local health departments.

*** = Component of PCAP or MOMS.

**** = Yes - if eligible, income <100%. No - if income >100-200%.



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