

# Postpartum Medicaid Expansion in Illinois for Undocumented Immigrants

In 2015, 93 Illinois women died within a year of their pregnancy. Leading experts on maternal mortality and morbidity have suggested expanding Medicaid coverage from 60 days postpartum to 12 months to increase access to care and ultimately decrease maternal deaths and severe morbidity.

In Illinois, any pregnant or postpartum person who meets Medicaid income guidelines is eligible to receive health coverage through 60 days postpartum from the Moms and Babies Program, regardless of immigration status. However, the majority of maternal deaths in Illinois occur after 43 days postpartum, and no birth parent should be cut off of health care coverage 60 days after giving birth.

Public Act 101-0010 directed HFS to expand Medicaid coverage from 60 days to 12-months postpartum, but the planned implementation is inequitable and leaves out people who are undocumented.

## what's at stake

- Experts have found that 72% of the pregnancy-related deaths and 93% of violent pregnancy-associated deaths in Illinois were preventable.<sup>1</sup>
- Non-Hispanic black women in Illinois are six times as likely to die of a pregnancy-associated cause compared to white women, and three times as likely to experience severe maternal morbidity.<sup>2</sup>
- Women earning low incomes are eleven times more likely to experience postpartum depression<sup>3</sup>
- Immigrant women are more likely to experience postpartum depression than US-born women.<sup>4</sup>



**To ensure equitable access to health care, the Pritzker Administration and HFS must ensure that all individuals who otherwise qualify for Moms and Babies coverage are able to experience the benefits of 12 months of postpartum care.**

Providing coverage to all throughout the entire postpartum period will save lives and ensure their access to necessary mental health, substance use, and medical care that keeps birth parents and their children healthy. In fact, children whose parents have insurance are more likely to be insured themselves,<sup>5</sup> and research has shown that expanding Medicaid for parents reduces low birth weight and preterm birth for their children.<sup>6</sup>

While expanding postpartum coverage for undocumented birthing parents from 60 days to 12 months requires an upfront investment by the state, covering birthing parents through the vulnerable postpartum could create overall cost savings and most importantly, save lives.

**We urge Governor Pritzker to include \$30 million in his 2021 budget proposal to provide health coverage to undocumented individuals throughout the entire postpartum period.**

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<sup>1</sup> See 2018 Report by the Illinois Department of Public Health <http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf>

<sup>2</sup> Ibid

<sup>3</sup> Goyal, D., Gay, C., & Lee, K. A. (2010). How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first-time mothers?. *Women's health issues : official publication of the Jacobs Institute of Women's Health*, 20(2), 96–104. doi:10.1016/j.whi.2009.11.003. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2835803/>

<sup>4</sup> Tobin, C. L., Di Napoli, P., & Beck, C. T. (2018). Refugee and Immigrant Women's Experience of Postpartum Depression: A Meta-Synthesis. *Journal of Transcultural Nursing*, 29(1), 84–100. <https://doi.org/10.1177/1043659616686167>. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/1043659616686167>

<sup>5</sup> DeVoe, J. E., Marino, M., Angier, H., O'Malley, J. P., Crawford, C., Nelson, C., ... Gold, R. (2015). Effect of expanding Medicaid for parents on children's health insurance coverage: lessons from the Oregon experiment. *JAMA pediatrics*, 169(1), e143145. doi:10.1001/jamapediatrics.2014.3145. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918752/>

<sup>6</sup> Brown CC, Moore JE, Felix HC, et al. Association of State Medicaid Expansion Status With Low Birth Weight and Preterm Birth. *JAMA*. 2019;321(16):1598–1609. doi:10.1001/jama.2019.3678. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2731179>