

Association of the COVID-19 Medicaid Coverage Provisions with Continuous Postpartum and Infant Coverage and Racial-Ethnic Enrollment Disparities in Rhode Island

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Research Objective: The Families First Coronavirus Response Act (FFCRA) included “the continuous coverage requirement,” which prevented state Medicaid disenrollment from March 2020 to April 2023. As a result, pregnancy Medicaid eligibility was extended beyond the previous termination at sixty days postpartum, which had led to postpartum Medicaid loss that was disproportionately higher among birthing people of color. Previous research has also found associations between parental and children’s coverage patterns. This study’s research objective was to assess the association between the Medicaid continuous coverage requirement and continuous Medicaid coverage for postpartum individuals and their infants and racial-ethnic postpartum coverage disparities.

Study Design: This study used the Rhode Island All Payer Claims Database (RI APCD) linked with birth records for the years 2015-2021 to examine continuous monthly postpartum and infant Medicaid coverage in the year after birth. We used interrupted time-series analysis to estimate the change in the rates of continuous Medicaid coverage among birthing parents and infants in the postpartum year after the FFCRA overall and by maternal race/ethnicity. Models included delivery month fixed effects with covariates for maternal education, age, marital status, and parity. Autocorrelation in the models was accounted for through Newey-West standard errors and adjustments for serial correlation observed at specific lag orders for each model.

Population Studied: The population included all birthing parents covered by Medicaid in the delivery month (N=23,073) and their infants (N=26,214) in the RI APCD.

Principal Findings: Among birthing parents with Medicaid in the delivery month, the March 2020 FFCRA was associated with an immediate increase in the rate of continuous Medicaid coverage in the postpartum year by 10.76 percentage points (95% CI: 7.06-14.47) from a baseline of 80% in the pre-FFCRA period. The March 2020 FFCRA Medicaid provisions were associated with an increase of 3.93 percentage points (95% CI: 2.05-5.82) from a baseline of 94% of infants with continuous Medicaid coverage pre-FFCRA period. In stratified models, the FFCRA was associated with larger increases in continuous Medicaid coverage in the postpartum year among non-Hispanic Black [12.58 percentage points (95% CI: 7.08-18.09)] and Hispanic birthing parents [10.67 percentage points (95% CI: 6.21-15.14)] than among non-Hispanic White birthing parents [8.51 percentage points (95% CI: 4.51-12.50)].

Conclusions: Continuous eligibility for Medicaid under the March 2020 FFCRA provisions led to increases in continuous Medicaid enrollment among postpartum people and their infants in the year after childbirth. The increase was larger for new parents than for their infants, and among parents, the increase was larger among non-Hispanic Black and Hispanic birthing parents.

Implications for Policy or Practice: The unwinding of the FFCRA’s continuous coverage policy began April 2023, and has been associated with dramatic increases in uninsurance following Medicaid coverage loss. These results suggest that postpartum Medicaid extensions, implemented in Rhode Island and 40 other states to extend Medicaid eligibility through the postpartum year, are needed to maintain gains under the FFCRA. Additionally, these findings indicate that continuous postpartum Medicaid extensions could potentially address racial and ethnic disparities in postpartum Medicaid coverage among birthing parents in Rhode Island.