CAHC's Policy Perspective

Preserving and Expanding Health Care Access

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Healthcare Affordability and Maternal Health; Nationwide and in Maine

Even though global rates of maternal mortality have decreased by 43% since 1990, maternal mortality in the United States is increasing. Rates of maternal mortality in this country are also far worse than those of peer nations: In 2022 there were approximately 22 maternal deaths for every 100,000 live births in the United States — far above rates for other high-income countries such as in Korea, Canada, and France, each of which had fewer than 9 deaths for every 100,000 live births. There appears to be something about the United States uniquely affecting the health of pregnant individuals.

In recent years, much of the conversation surrounding maternal mortality in the US has rightfully focused on racial disparities. Black women are three times more likely to die from a pregnancy-related cause than their White counterparts. The cause of such high disparity depends on who you ask. Some people will point to predisposition to certain conditions; some will cite structural racism; and some will refer to social determinants of health (SDOH). For example, preeclampsia is cited as the leading cause of Black maternal mortality in the US. These higher rates of preeclampsia are associated with higher likelihood of diabetes, obesity, and high blood pressure amongst Black birthing people before a pregnancy. These conditions can be caused or worsened by stress – such as the stress associated with racism and discrimination. This example illustrates the undeniable importance of addressing conditions such as preeclampsia in conjunction with the conditions that create racial disparities in health outcomes (such as the SDOH and structural and interpersonal racism).

In examining the SDOH for birthing people, access to affordable, quality healthcare plays a role in shaping health outcomes for pregnant people.

Race, income, and geography, along with other SDOH, all influenced by the structural racism in our institutions, undoubtedly impact health outcomes. There is so much to be done to address the shamefully high rates of maternal mortality, especially for Black people in this country. Access to affordable healthcare is just one piece of this puzzle that can have an impact.

The following blog will explore the correlation between access to affordable healthcare and maternal health outcomes nationwide and in Maine, including an exploration of policies on both the federal and state level which focus on healthcare coverage for pregnant people.

Nationwide

When paired with quality, culturally sensitive care, we know access to affordable and accessible healthcare has a positive impact on health outcomes for pregnant people. It follows that any expansion of eligibility for healthcare coverage has the potential to ensure more pregnant people can qualify, enroll, and stay covered, and therefore may have better health outcomes as a result.
As of 2021, Medicaid covered about 41% of all births in the United States. States like Maine, which implemented the expansion of Medicaid (MaineCare in Maine) in 2019, have also reduced rates of maternal mortality overall (with an estimated reduction in maternal deaths of about 7 per 100,000 in expansion states). This reduction is a testament to the positive impact affordable and accessible coverage can have.
There have been other efforts at the federal level to make coverage more accessible, such as increasing and expanding premium tax credits (subsidies that help pay monthly premiums) under the Inflation Reduction Act, which have increased birthing people's access to critical care, especially if they are over income for Medicaid (MaineCare) but still struggle to access an affordable plan on the state-based marketplace.

President Biden, in his Blueprint for Addressing the Maternal Health Crisis, urged states to take advantage of the American Rescue Plan option which provides 12 months of postpartum coverage. Almost all states, including Maine, have done so. You can see other plans to address the crisis here.

In 2023 the Centers for Medicare and Medicaid Services (CMS) announced its plans for the Transforming Maternal Health (TMaH) Model. This 10-year payment and care-delivery model aims to support participating state Medicaid agencies in developing and implementing a holistic approach to pregnancy, childbirth, and postpartum care for women with Medicaid and Children's Health Insurance Program (CHIP) coverage.[1] Learn more about the program here.

In Maine

Maternal mortality rates vary by state and by many factors, some of which are easier to track than others (such as population or race). Still, we continue to see alarming national trends reflected in most states, including Maine. The most recent report from the Maine Maternal, Fetal, and Infant Mortality Review (MFIMR) Panel, found that in 2021, there were 9 pregnancy-associated deaths among Maine birthing persons. Other states, such as Texas, have a rate of 43 maternal deaths per 100,000 births. The Texas statistic highlights the significance of those 9 deaths in Maine, which has a smaller population and ranks low in fertility compared to other states. The panel also found more than half of the 29 pregnancy-associated deaths from 2018 to 2021 occurred among birthing people with a high school diploma or less education. Additionally, the panel noted that infant mortality risk also varies by demographic, geographic, socioeconomic, and maternal health factors.

Maine policy makers have taken multiple steps to improve access to coverage for pregnant people. Maine expanded Medicaid in 2019. Between 2019 and 2021, Maine's uninsured rate decreased from 8 percent to 5.7 percent — the biggest improvement over that period for any state. By 2021, 38% of births in Maine were covered by MaineCare. We also know that from 2016-2020, MaineCare was the primary payer for three in four births to Black Mainers, and for more than three in five births to American Indian/Alaska Natives, Native Hawaiian or Other Pacific Islanders, and for people who identify as being of two or more races.

Additionally, MaineCare now covers pregnant people regardless of immigration status, ensuring that pregnant immigrants with low income in Maine are able to access the prenatal care they need. MaineCare has also extended postpartum Medicaid coverage from 60 days to 12 months, ensuring more birthing people have access to uninterrupted coverage in the year following birth.

In Maine, pregnancy qualifies someone for a Special Enrollment Period on the state-based marketplace, CoverMe.gov, which provides pregnant higher income Mainers flexibility and opportunity to enroll in a Marketplace plan that makes sense for them.

The aforementioned MFIMR Panel was established in 2005 and is tasked with identifying factors that contribute to maternal, fetal, and infant mortality. The Panel is also charged with assessing strengths and weaknesses of the current maternal/infant health care delivery system, while making recommendations to decrease the rate of maternal, fetal, and infant mortality in Maine. See their reports here.

In Conclusion

It cannot be overstated that maternal mortalities and racial disparities are the result of nationwide structural and interpersonal racism. While at times access to affordable health care may appear further removed from systemic racism, it is important and relevant to our understanding of both maternal mortality and identification of potential solutions.

Maine has taken important steps to ensure more birthing people can access affordable, uninterrupted coverage, yet there is undoubtedly more work to be done. This Racial Disparities in Prenatal Access in Maine report, provided to the Maine State Legislature by The Permanent Commission on the Status of Racial, Indigenous & Tribal Populations, offers some concrete and important recommendations on how to address barriers to prenatal, maternal care in Maine – especially amongst particularly vulnerable populations and communities. Recommendations include addressing structural inequities, supporting community led education, and enhancing statewide data collection to better serve communities.

For more information on how Maine ranks based on the social determinants of health for birthing people, explore the Maternal Vulnerability Index.

[1] Transforming Maternal Health (TMaH) Model

About the Author

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