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Medicaid Coverage of Pregnancy-Related Services: Findings from a 2021 State Survey

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Table of Contents

Introduction

The Medicaid program finances more than four in ten (42%) births in the United States, and more than half of births in several states. In recent years, policymakers have devoted new attention to maternal health in response to rising rates of pregnancy-related deaths and the substantially higher rates experienced by Black and American Indian and Alaska Native (AIAN) people. This is a particular concern for the Medicaid program, which finances approximately two-thirds of births among Black and AIAN individuals nationally.

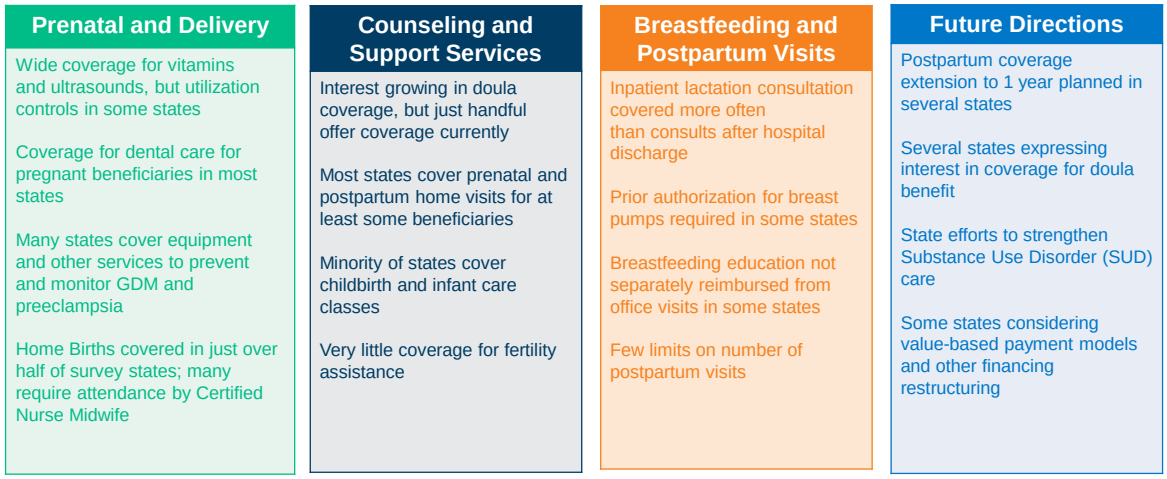
The range of pregnancy-related services that states cover is shaped by many factors, with federal law setting the following baseline requirements that states must follow:

- **Income eligibility**—All states must provide Medicaid coverage for pregnant individuals with incomes up to 138% of the federal poverty level (FPL), but many states set their eligibility thresholds considerably higher than the federal minimum requirement. The federal standard requires that coverage last through 60 days postpartum, but states have options to extend the postpartum coverage period, which is discussed more later in this report.
- **Cost-sharing**—States are prohibited from imposing cost sharing requirements on beneficiaries for pregnancy-related services.
- **Benefits**—Federal law does not generally define the services that states must cover for pregnant beneficiaries, beyond inpatient and outpatient hospital care, leaving states with discretion to determine the scope of services that they will offer. However, states that have expanded eligibility under the Affordable Care Act must cover services that fall under the federal requirements for coverage of preventive services established by the ACA. This includes many prenatal screening tests, folic acid supplements, and breastfeeding services .

While federal law establishes a floor for benefits and eligibility, states have significant latitude to set income eligibility levels, define specific maternity care services, and apply utilization controls such as prior authorization and preferred drug lists (PDL). To understand how states cover reproductive health services under Medicaid, KFF (Kaiser Family Foundation) and Health Management Associates (HMA) conducted a survey of states between June 2021 and October 2021 about the status of Medicaid benefit policies across the nation. This report presents findings on states' coverage of maternity care services under Medicaid as of July 2021. Forty-one states and the District of Columbia responded to the survey. States that did not respond to the survey are: Arkansas, Georgia, Kentucky, Minnesota, Nebraska, New Hampshire, New Mexico, Ohio, and South Dakota. Key themes from the survey findings are summarized in **Figure 1**. A companion report with findings on coverage of family planning benefits is available here.

Figure 1

Medicaid Coverage of Pregnancy-Related Benefits: Key Themes



SOURCE: KFF and Health Management Associates Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

Key Findings

Prenatal and Delivery Services

- **All responding states cover prenatal visits, vitamins and ultrasounds, but some impose utilization controls on these services. Coverage for other prenatal and delivery services, such as group prenatal care, varied**. Standard prenatal care includes a slate of services such as prenatal visits, vitamins, and ultrasounds. Ten states reported limits on the number of ultrasounds they would cover, and six states have a preferred drug list for coverage of certain brands of prenatal vitamins. Group prenatal care, a newer model of prenatal visits, is only covered in 12 of the responding states.
- **Most of the responding states are taking steps to prevent and monitor preeclampsia and gestational diabetes.** Most responding states (31 of 41) cover blood pressure monitors for home use as a pregnancy-related service, but only nine states reported covering scales to monitor weight gain during pregnancy. The majority of states also reported covering continuous glucose monitors and nutritional counseling to support pregnant people with gestational diabetes.
- **More than half of responding states cover home births under Medicaid.** While clinicians, maternal health researchers, and birthing parents have been discussing home births for decades, interest has grown since the start of the COVID pandemic. Of the 25 states that cover home births, several have prior authorization requirements or require that the birth be attended by a physician or nurse midwife.

Counseling and Support Services

- **State coverage varies for support services typically provided outside the medical setting.** For example, fewer than half of responding states reported that they cover childbirth and parenting classes.

Conversely, most states reported covering home visiting services during and after pregnancy, but some limit services to high-risk beneficiaries.

- **Most of the responding states cover dental services for pregnant Medicaid enrollees, however, five of these states limit coverage to emergency dental services and do not cover preventive dental care.** There is some evidence that pregnant people are at higher risk for periodontal disease during pregnancy and that a mother's dental health status is linked to her child's future dental health.
- **While just three of the survey states reported covering doula services as of July 2021, several more states are considering adding doula coverage or are testing pilot programs.** Indiana, New Jersey, and Oregon reported that they were covering doula services as of July 1, 2021. Minnesota, which did not respond to this survey, also covers doula services through their state Medicaid program. Several other states said that they have plans to begin coverage in 2022 or are considering adding doula benefits in the future.
- **Most states cover services for pregnant and postpartum individuals with substance use disorder (SUD) beyond federally-required minimum benefits.** Federal law requires that states cover Medication Assistance Treatment (MAT) for pregnant and postpartum people with SUD. However, a variety of other services, including residential and inpatient treatment, may be recommended for people with SUD. Of the 42 responding states, 36 reported offering expanded SUD benefits beyond the required benefit of MAT. Additionally, eight states mentioned they are developing initiatives to address substance use or mental health services for pregnant or postpartum beneficiaries.
- **The majority of states do not offer any coverage for fertility assistance services.** Coverage for fertility care is a major gap in Medicaid. Just 11 states cover diagnostic testing related to fertility for women, and some of those states limit coverage to medical diagnoses. Furthermore, while states are required to cover most prescription medications under Medicaid, there is an exception that allows states to exclude coverage for fertility medications. Just four states (CA, IL, NY, WI) reported coverage of fertility medications.

Breastfeeding and Postpartum Services

- **The full array of breastfeeding services and supports– classes, pumps, lactation consultations--are covered by about one-third of the states under Medicaid.** Several states indicated that breastfeeding education, such as an instructor led class, is covered as part of an office visit or global maternity fee, rather than through a separate reimbursement. Lactation consultation services are more commonly covered in the hospital setting, compared to outpatient and home visits after discharge. Most states cover manual and electric breast pumps, but some require prior authorization. In total, 15 of the survey states reported Medicaid coverage for all of the breastfeeding supports we asked about: educational classes, lactation consultations in the hospital, outpatient, and home settings, and electric and manual breast pumps.
- **The majority of responding states (35 of 41) reported no limits on the number of covered postpartum visits.** Seven of the states that responded to the survey reported limits on the number of postpartum visits or on reimbursements for postpartum visits. ACOG and other professional organizations recommend that postpartum individuals have contact with their obstetric care providers

within the first three weeks postpartum, with ongoing care as needed through one year after pregnancy. Several states have extended the postpartum period beyond 60 days or are considering extending Medicaid pregnancy eligibility through 12 months postpartum as allowed by an option in the federal American Rescue Plan Act (ARPA).

New Directions

Several states are considering efforts to enhance maternity benefits, particularly extending the postpartum coverage period, adding doula benefits, and developing targeted initiatives to address substance use disorders for pregnant and postpartum beneficiaries. Under federal Medicaid rules, pregnancy-related coverage lasts through 60 days postpartum, but in recent years, there has been interest in extending coverage through the first year postpartum among policymakers at the federal and state levels. Extending postpartum Medicaid coverage was the most commonly reported new initiative that states are considering with regard to maternal health. KFF is tracking state activity on this policy, and the most up to date information is available in this tracker.

While few states had doula benefit in place as of July 2021, at least 11 other states are considering adding coverage for doula benefits, including four states reporting they planned to begin coverage by the end of 2022. A number of states also reported that they are trying to strengthen care for pregnant and postpartum beneficiaries with substance use disorders, with a focus on improving access to treatment services.

Detailed Findings

Introduction

Medicaid covers more than four in ten births nationally and the majority of births in several states. This survey asked states about the specific maternity services they cover. The range of pregnancy-related services that states cover is shaped by many factors, and states have significant latitude to set income eligibility levels, define specific maternity care services, and apply utilization controls such as prior authorization and preferred drug lists (PDL).

While states can vary in the benefits they provide to some pregnant individuals depending on their eligibility status, the vast majority of states provide the full Medicaid package to all pregnant beneficiaries. A majority of states contract with managed care organizations (MCOs) under a capitated structure to deliver Medicaid services, and plans may vary in their coverage of specific services. This survey's questions focused on state Medicaid policies and coverage under fee-for-service, and these policies typically form the basis of coverage for MCOs.

In addition to benefits, states also have discretion regarding reimbursement methodologies which also affect beneficiaries' access to maternity care services. For example, maternity care is often reimbursed as a bundled payment that covers all professional services provided during the perinatal period, including prenatal care, labor and delivery, and postpartum care, and a separate facility fee. This kind of payment for an episode of care can help states manage costs and also provide incentives for coordination of

comprehensive care across maternity providers. Bundled payments, however, also make it more difficult to track the delivery of component services that may be included in the bundle, such as health education or counseling.

This report presents detailed survey findings from 41 states and DC on fee-for-service coverage and utilization limits for Prenatal care and Delivery, Fertility Services, Counseling and Support Services, Substance Use Disorder Services, and Breastfeeding Supports and Postpartum Care.

Prenatal Care

Prenatal care services monitor the progress of a pregnancy and identify and address potential problems before they become serious for either the mother or baby. Increasing the share of pregnant women who begin care in the first trimester is one of the national objectives of the federal government's Healthy People 2030 initiative. Routine prenatal care encompasses a variety of services, including provider counseling, assessment of fetal development, screening for genetic anomalies, prenatal vitamins that contain folic acid and other nutrients, and ultrasounds, which provide important information about the progress of the pregnancy. Access to routine prenatal care provides an opportunity to identify any problems with the pregnancy early on and is associated with lower rates of some pregnancy-related complications.

PRENATAL VITAMINS AND ULTRASOUNDS

All responding states reported covering prenatal vitamins and ultrasounds for pregnant people, but some states impose utilization controls. While states are not required to cover over-the-counter drugs, they must cover nonprescription prenatal vitamins. The majority of states reported that coverage for prenatal vitamins and ultrasounds aligned across coverage eligibility groups, with exception of Oklahoma (for prenatal vitamins) and Utah and Mississippi (for ultrasounds).

States reported using utilization controls to manage the benefit for prenatal vitamins such as days limits, generic requirements, and inclusion on a Preferred Drug List (PDL) (Table 1). Two states, **Iowa** and **Pennsylvania,** require prior authorization, although **Pennsylvania** noted that it was only required for non-preferred prenatal vitamins. **Alaska** and **Wyoming** reported they require prescriptions for Medicaid to cover prenatal vitamins. **Washington** reported that not all formulations of vitamins are covered. The state also noted that there may be coverage variation between MCOs.

Quantity limits and medical necessity requirements were the most common utilization controls states reported for ultrasounds. Most states reported that ultrasounds were limited to two or three per pregnancy, with additional allowed if medically necessary. **Pennsylvania** only covers one ultrasound per pregnancy, while **Utah** allows for 10 ultrasounds in a 12-month period. **Oklahoma** covers two ultrasounds per pregnancy but allows one additional to identify or confirm a suspected fetal or maternal anomaly. Two states, **Indiana** and **West Virginia**, only cover ultrasounds with "medical necessity." **Indiana** does not cover routine ultrasounds or ultrasounds for sex determination, and **West Virginia** covers ultrasounds in accordance with criteria for high-risk pregnancies established by ACOG.

Table 1

State Utilization Controls for Prenatal Vitamins and Ultrasounds

Service	Limitations/ Utilization Controls
Prenatal Vitamins	PDL: 6 states (CO, CT, ME, OK, PA, TX) Prior authorization: 2 states (IA, PA) Prescription required: 2 states (AK, WY) Generic requirements: 2 states (AK, KS) Quantity Limits: 4 states (AK, CA, KS, LA) Age limitations: 2 states (FL, MT)
Ultrasounds	Quantity Limits: 10 states (CO, FL, LA, MO, NV, OK, PA, TX, UT, WA) Medical necessity to exceed state quantity limits: 7 states (CO, LA, MO, NV, NY, TX, WA) Coverage for High Risk Pregnancies only: 2 states (IN, WV) Prior Authorization: 1 state (MS)

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

CHILDBIRTH AND PARENTING CLASSES

There are a variety of support services that can aid pregnant and postpartum individuals with pregnancy, delivery, and childrearing. These include childbirth education classes, infant and parenting education classes, and group prenatal care.

Less than half of responding states reported that they cover childbirth and parenting education for pregnant people. Fifteen states provide coverage for childbirth education classes through their Medicaid program, and 14 cover infant care/parenting education classes (Table 2). Eleven states cover both services—**Arizona**, **Colorado**, **DC**, **Delaware**, **Hawaii**, **Illinois**, **Indiana**, **Michigan**, **Oregon**, **Pennsylvania**, and **Wisconsin**. States that cover these classes report aligning coverage across all eligibility coverage pathways available in the state.

Most states that cover these programs provide separate reimbursements to providers. Eleven states reimburse separately for childbirth education, and five reimburse as an office visit component, while seven reimburse separately for infant care/parenting classes. **Colorado** limits childbirth and parenting education to provision during routine prenatal visits. **Wisconsin** only provides childbirth and parenting education to women if they are enrolled in the state's Prenatal Care Coordination program for those at higher risk of adverse pregnancy outcomes.

Table 2

State Coverage of Educational Classes and Group Prenatal Care

Service	Covered Under Medicaid	Reimbursed separately or as part of office visit?
Childbirth Education Classes	15 out of 42	Office Component: 5 states (AZ, CO, NY, OR) Separately Reimbursed: 11 states (DC, DE, IL, IN, MI, NC, PA, VT, WA, WI) No Answer: 1 State (HI)
Infant Care/ Parenting Classes	14 out of 42	Office Component: 6 states (AZ, CO, ND, NV, OR, UT) Separately Reimbursed: 7 states (DC, DE, IL, IN, MI, PA, WI) No Answer: 1 state (HI)
Group Prenatal Care	12 out of 41^	States Covering: AZ, CA, CO, IL, IN, MI, MT, NJ, OR, SC, TX, UT Limit number of visits or hours: CA, TX, UT

NOTE: ^HI did not answer this question.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

Only twelve of the responding states reported covering group prenatal care for their Medicaid population. Group prenatal care typically involves a group of eight to ten pregnant people meeting with a health provider over ten visits for about 90 minutes to two hours to discuss questions and concerns. Research suggests that pregnant people who participate in group prenatal care have more knowledge about prenatal care, feel more prepared for labor and delivery, have lower rates of premature births and babies with higher birth weights, and are more likely to begin breastfeeding. Three states, **California**, **Texas**, and **Utah,** limit the number of visits or hours for group prenatal care. **Texas** limits group prenatal care to a maximum of 10 visits per 270 days and counts group visits toward the total combined limit of 20 prenatal visits per pregnancy. **Utah** maintains a limit of eight sessions in a 12-month period. **California** Medi-Cal will cover up to 27 hours. **Colorado** specified that group prenatal care is only covered for individuals enrolled in special programs for beneficiaries with higher risk pregnancies **Maryland** currently does not cover group prenatal care but reported the state is working towards it for 2022.

DENTAL SERVICES FOR PREGNANT ENROLLEES

Thirty-nine of the responding states cover dental services for pregnant Medicaid enrollees. Five of these states limit coverage to emergency dental services. There is some evidence that pregnant people are at higher risk for periodontal disease during pregnancy and that a mother's dental health status is linked to her child's future dental health status. While state Medicaid programs must cover dental services for children, including oral health screenings and diagnosis and treatment services, federal law does not require states to cover dental benefits for adults. States can choose to cover dental benefits and have considerable discretion in defining Medicaid adult dental benefits. In 2021, federal legislation was introduced that would require state Medicaid and CHIP programs (and some private plans) to cover dental health services for pregnant and postpartum individuals, but currently there is no national requirement.

Prior authorization, spending limits, and limiting coverage to emergency dental services were common utilization controls reported by states (Table 3). **Arizona**, **Hawaii, Maine, Texas** and **West Virginia** reported that they only cover *emergency* dental care. In addition, **Hawaii** also covers procedures needed to control or relieve pain, bleeding, elimination of infections, and management of trauma.

Table 3

Medicaid Coverage of Dental Services for Pregnant Adults

	Covered Under Medicaid (n = 42)	Limitations/ Utilization controls
Dental Services	39	**No Coverage**: 3 states (AL, LA, TN) **Prior Authorization**: 2 states (NV, PA) **Limited to Dental Emergencies**: 5 states (AZ, HI, ME, TX, WV) **Spending Cap**: 2 states (DE, WV)

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

LOW-DOSE ASPIRIN

The majority of the responding states (36 out of 40) reported covering low-dose aspirin for pregnant people under their Medicaid Programs. The United States Preventive Services Task Force (USPSTF) recommends low-dose aspirin as a preventive medication for pregnant people at risk for preeclampsia, a serious health condition characterized by high blood pressure and signs of damage to organ systems like kidneys and liver that occurs after the 20th week of pregnancy. Worldwide, preeclampsia is the second cause of maternal morbidity and mortality, and it affects one in five pregnancies beyond 20 weeks in the United States. During 2014–2017, hypertensive disorders of pregnancy accounted for 6.6% of maternal deaths in the United States.

Five states impose utilization controls on low-dose aspirin. **Kansas** and **Louisiana** have quantity limits, while **Connecticut** covers aspirin as a pharmacy benefit with a diagnosis of preeclampsia. **Iowa** requires prior authorization, and **Wyoming** requires a prescription for coverage. **Alaska**, **Florida**, **Oklahoma**, and **Virginia** do not cover low-dose aspirin under their programs (Table 4).

BLOOD PRESSURE MONITOR & SCALES

Most responding states (31 of 41) cover Blood Pressure (BP) monitors for home use as a pregnancy-related service, while few states cover scales to monitor weight. These tools can be helpful for monitoring the health of the pregnancy, particularly for people at risk for preeclampsia, gestational diabetes, or other pregnancy-related conditions**.** Five states (**Alaska**, **California**, **Missouri**, **Mississippi** and **North Carolina**) noted coverage was subject to medical necessity, and two states have limited coverage to one blood pressure monitor every five years (**Pennsylvania**) or every three years (**North Carolina**). **Arizona**, **Colorado**, **Connecticut**, and **Mississippi** require prior authorization for blood pressure monitor coverage, although **Connecticut** noted that it only requires prior authorization for

wrist monitors, not upper arm monitors. **New Jersey** reported they require a prescription to cover monitors. All but two states, **Utah** and **West Virginia**, indicated that coverage policies were aligned across eligibility groups. While both blood pressure monitors and scales can be useful for pregnant people to monitor their health, only nine states—Arizona, California, Delaware, Michigan, Mississippi, North Carolina, Oregon, Utah, and Vermont, cover weight scales for pregnant people.

Table 4

State Coverage of Aspirin, Blood Pressure Monitors and Scales

Service	Covered Under Medicaid	Limitations/ Utilization Controls
Low Dose Aspirin	36/40^	No coverage: 4 states (AK, FL, OK, VA) Quantity Limits: 2 states (KS, LA) Prior Authorization: 1 state (IA) Prescription Required: 1 state (WY)
Blood Pressure Monitors	31/41*	No Coverage: 10 states (FL, KS, LA, MT, OK, SC, TN, WA, WV, WY) Prior Authorization: 4 states (AZ, CO, CT, MS) Prescription Required: 1 state (NJ) Medical Necessity: 5 states (AK, CA, MO, MS, NC) Quantity limits: 2 states (NC, PA)
Scales	9/41*	Prior Authorization: 2 states (MI, MS) Medical Necessity: 2 states (CA, NC) Quantity: 1 state (NC)

NOTE: ^HI and MD did not respond to the question. *HI did not respond to the question.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

GESTATIONAL DIABETES SERVICES AND SUPPLIES

The majority of states cover continuous glucose monitors and nutritional counseling to support pregnant people with gestational diabetes. Gestational diabetes is a type of diabetes that appears during pregnancy for the first time. In the United States,10% to 20% of all pregnancies are affected by gestational diabetes, which can increase a pregnant person's risk of having high blood pressure during pregnancy and developing Type 2 Diabetes after pregnancy. Both the USPSTF and HRSA recommend that pregnant people get screened for gestational diabetes at around 24 weeks gestation.

Thirty-five of the responding states reported covering continuous glucose monitors (Table 5). Six states, **Alaska**, **Connecticut**, **Florida**, **Kansas**, **Oregon**, and **Wisconsin** do not cover them. **Mississippi, North Carolina**, **Nevada**, **Oklahoma**, **Texas**, and **Washington** require prior authorization to cover glucose monitors, and three states—**California**, **Louisiana**, and **Montana**—have medical necessity requirements. **Louisiana** covers monitors for adults with poorly controlled Type 1 Diabetes, while **Montana** will cover them for those with a gestational diabetes or diabetes mellitus diagnosis.

Thirty-four responding states cover nutritional counseling for pregnant people. Five of these states (**Colorado**, **Connecticut**, **Illinois**, and **Texas**) reported that they covered nutritional counseling as part of

a routine prenatal care visit with a medical provider, not as a separate visit with a nutritional counselor. **Maine** covers these visits only when they are provided by a physician, dietician, or family planning agencies. **Alaska**, **North Carolina**, **Nevada**, **Oklahoma**, **Pennsylvania**, and **Utah** limit the number of visits or hours that they cover.

Table 5

Medicaid Coverage of Diabetes Services

	Covered Under Medicaid	Limitations/ Utilization Controls
Continuous Glucose Monitor	35/41^	Prior Authorization: 6 states (MS, NC, NV, OK, TX, WA) Medical Necessity: 3 states (CA, LA, MT) Quantity Limits: 2 states (NC, PA)
Nutritional Counseling	34/40*	Covered as part of routine prenatal visit: 5 states (CO, CT, IL, MO, TX) Limited visits/hours: 6 states (AK, NC, NV, OK, PA, UT) Limited providers: 1 state (ME)

NOTE: ^HI did not answer question. * HI and MD did not answer question.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

Delivery and Postpartum Care

HOME BIRTHS

More than half of responding states (25 of 42) cover home births under Medicaid. While clinicians, maternal health researchers, and birthing parents have been discussing home births for decades, interest has grown since the start of the COVID pandemic. **New Jersey** reported coverage for home births, but only in two of its MCOs. One state (**Texas**) reported requiring a prior authorization request from a physician during the third trimester for a delivery by a Certified Nurse Midwife (CNM) indicating that the patient is not at high risk for complications and is suitable for a home delivery. Several states also commented on provider requirements, stating that home births must be attended by a physician or certified nurse midwife (CNM).

POSTPARTUM VISITS

The majority of responding states (35 of 41) reported no limits on the number of covered postpartum visits. Guidelines for postpartum care have evolved over time. ACOG and other professional organizations recommend that postpartum individuals have contact with their obstetric care providers within the first three weeks postpartum, with ongoing care as needed. This means that multiple visits may be needed for many people after delivery. However, in many states, pregnancy coverage ends 60 days postpartum. In states that have adopted the Medicaid expansion, many people can remain on Medicaid after that time as parents or qualify for subsidies to purchase private insurance in the Marketplace. In non-expansion states however, many postpartum people lose coverage after pregnancy Medicaid ends, falling into the coverage gap because their income is too high to qualify for Medicaid as a parent but too

low to qualify for subsidies in the Marketplace, cutting off access to postpartum visits and other health care services just two months after childbirth. (Note: Disenrollment from Medicaid has been suspended during the Public Health Emergency).

Six states reported limits on postpartum visits (Table 6). **Rhode Island** reported a limit of five postpartum visits, while **Alabama** reported a limit of two visits, and four states (**Kansas**, **Louisiana**, **South Carolina**, and **Vermont**) reported a one-visit limit. Of the four states reporting a one-visit limit, **Vermont** indicated that the limit did not apply in the case of a twin delivery. **Louisiana** reported the state covers one visit defined as a postpartum visit but that there were no limitations on additional visits. While Texas and North Carolina reported no limits on the number of postpartum visits, Texas indicated having one postpartum procedure code that could be reimbursed once per pregnancy that covers all postpartum care regardless of the number of visits provided. Similarly, North Carolina reported that postpartum care is billed under a global postpartum package code, regardless of the number of visits provided.

Table 6

State Medicaid Coverage of Home Births and Postpartum Visits

	Covered Under Medicaid	Notes
Cover Home Births	25/42	No coverage: AL, DC, DE, HI, IA, IL, IN, KS, MA, ME, MI, MS, MT, NC, ND, OK, TN
No limits on postpartum visits	35/41^	Limited to: 5 visits: RI 4visits: AL 1 visit: KS, LA, SC, VT

NOTE: ^HI did not respond.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

POSTPARTUM DEPRESSION SCREENING AND TREATMENT

Almost all responding states reported that they cover postpartum depression screening and treatment. Rhode Island was the only state that reported that it doesn't cover postpartum depression screening, and **Virginia** was the only state reporting no coverage of postpartum depression treatment. More than half of the states reporting coverage of postpartum screening indicated that screening services were reimbursed separately while the rest reported that screening was reimbursed as a component of an office visit. **Maine** indicated that screening can be reimbursed either way depending on the provider that is billing. Only a few states mentioned imposing utilization controls on depression screenings: **California** (two per year per pregnant or postpartum enrollee); **Iowa** (limit of two screenings); **Kansas** (three prenatal and 5 postpartum); and **Pennsylvania** (one per day). Three states (**Oklahoma**, **Texas**, and **Washington**) noted that postpartum depression screenings are covered as part of an infant or child Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening. Several states noted that utilization controls on postpartum depression treatment would depend on the behavioral health treatment service provided. For example, **Mississippi** noted that inpatient stays required prior authorization. Two

states (**Oklahoma**, **Pennsylvania**) also noted prior authorization requirements for non-preferred medications or a generic requirement.

DOULAS

Only three states—Indiana, New Jersey, and Oregon—reported covering doula services as of July 1, 2021. **Minnesota**, which did not respond to this survey, has also covered doula services through their state Medicaid program since 2014. A doula is a trained non-clinician who assists a pregnant person before, during and/or after childbirth, by providing physical assistance, labor coaching, emotional support, and postpartum care. Pregnant women who receive doula support have been found to have shorter labors and lower C-sections rates, fewer birth complications, are more likely to initiate breastfeeding, and their infants are less likely to have low birth weights. In recent years, there has been growing interest in expanding coverage of doula services through Medicaid, in part due to the high rates of maternal mortality and morbidity in the United States and the disproportionately high rates of poor maternal outcomes experienced by Black and Native American pregnant people. Federal legislation has been introduced to expand coverage of doula services through Medicaid, and some states are taking steps to include coverage through their state programs.

Medicaid policy requires states to cover certified medical professionals. Many doulas are trained by community-based organizations (CBOs), but most states do not recognize doula certification by CBOs. The three states that reported covering doulas have taken different approaches (Table 7). **Indiana** reported they cover doula services through community health workers and cover approximately 12 hours per month. **New Jersey** covers eight visits during the perinatal period, but if the pregnant person is under the age of 20, the state covers 12 visits. **Oregon** covers a minimum of two visits and has no maximum number of visits. Oregon includes doulas who have completed a training program in their state registry of certified health workers, while neither **Indiana** nor **New Jersey** has a doula registry. The states have also approached reimbursements differently. **Oregon** reimburses doulas directly, while **Indiana** provides reimbursements indirectly, through their billing or supervising provider. **New Jersey** allows for both direct and indirect billing. There is a wide range in how much state Medicaid programs are reimbursing doulas for their services. **Oregon** pays a flat fee of $350 per pregnancy, while **Indiana** reported that the state pays $2,095 per pregnancy.

Four additional states reported that they would begin covering doula services in 2022. **Massachusetts** plans to submit a State Plan Amendment (SPA); **Virginia** will begin coverage on April 1, 2022 (and will have a state registry); and **Maryland** is moving towards having doula coverage in 2022. **Nevada** began coverage on January 1, 2022 and reported additional details which can be found below in Table 7. Furthermore, several states reported that they are considering adding doula benefits under Medicaid, which is discussed later in this report in the section entitled, “New Initiatives.”

Table 7

State Coverage of Doula Services, as of July 1, 2021

State	Max # of doula visits allowed	Reimbursed directly or through a supervisor?	Does state maintain a registry?	Max reimbursement per pregnancy
Indiana	24 units of community health worker per month (1 unit = 30 mins) *OR* 12 hours/month	Indirect through billing/ supervising provider	No	$2,095.20
New Jersey	8 visits; 12 visits for pregnant women <20 years	Both direct and indirect allowed	No	$1,166
Oregon	Minimum 2 visits, no max # of visit	Reimbursed Directly	Yes	$350
Nevada (coverage began 1/1/2022)	5 visits	Both direct and indirect billing	No	$350

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

FERTILITY SERVICES

Very few states cover fertility-related services under Medicaid. Fertility care encompasses a spectrum of services, including counseling, diagnostic, and treatments such as medications, egg freezing, intrauterine insemination (IUI), and in vitro fertilization (IVF). Eleven states reported that they cover fertility counseling outside of a well woman visit (Table 8). Eleven states cover diagnostic testing related to fertility, although some cover tests only for medical reasons other than for fertility. While federal rules require states to cover most prescription medications under Medicaid, there is an exception that allows states to exclude coverage for fertility medications. Just four states (**California, Illinois, New York,** and **Wisconsin**) reported coverage of fertility medications such as HMG for women under their Medicaid programs. Coverage is aligned across eligibility groups for the most part, except that California does not cover fertility services under their family planning SPA. Illinois is the only state that reported coverage for all fertility services asked in the survey under their Medicaid program, including IVF, IUI, and egg freezing.

Table 8

Medicaid Coverage of Fertility Services

	Covered Under Medicaid	Limitations and Comments
Counseling outside of well woman visit	CA, CO, CT, IL, KS, MI, NY, OK, OR, TN, VT	
Diagnostic testing for women	CT, IL, KS, MA, MI, NY, OK, TN	Some other states (CO, MO, WI) cover diagnostics for reasons other than infertility diagnosis and treatment (e.g. endometriosis care)
Diagnostic testing for men	CA, CT, IL, MA, MI, TN, VT	Some other states (CO, MO, WI) cover diagnostics for reasons other than infertility diagnosis and treatment
Medications for women	CA, IL, NY, WI	
Egg freezing	IL	Covers if fertility due to cancer or other condition
Intrauterine Insemination (IUI)	IL	
In vitro fertilization (IVF)	IL	

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

GENETIC SCREENING

Routine prenatal care typically includes ultrasound and blood marker analysis to determine the risk of certain congenital conditions such as down syndrome. While these tests are effective screening tools to determine risk, they are not diagnostic. If the results of screening tests are abnormal, genetic counseling is recommended and additional testing such as chorionic villus sampling (CVS) or amniocentesis may be needed.

Most responding states (38 of 40) cover 1st trimester genetic screening for pregnant women. Many of the states require prior authorization and specific medical conditions must be met such as high-risk pregnancy conditions and age-related risk (Table 9). Several states noted specific medical necessity requirements for the relatively new cell-free DNA tests. **Nevada** reported that they do not cover cell-free DNA tests.

All responding states reported covering amniocentesis, and most states (39 of 42) cover Chorionic Villus Sampling (CVS). Some states provide coverage for these screening tests subject to medical necessity requirements. **California** limits CVS to individuals in the first and/or second trimester of pregnancy. **New Jersey** covers CVS for those 35 years or older. **Alabama**, **Indiana**, and **Mississippi** reported that they do not cover CVS.

Most responding states (32 of 42) cover genetic counseling. Most states reported that they cover genetic counseling during pregnancy, but some states, such as **Alaska** and **Connecticut**, report that they

cover it as part of an office visit. This may be in part because genetic counselors are not recognized as a provider type in some states. Several states also report that they provide coverage subject to medical necessity requirements such as high-risk pregnancy. **Washington** limits coverage to one initial prenatal genetic counseling encounter and two follow-up encounters per pregnancy to occur not later than 11 months after conception.

Table 9

Coverage of Perinatal Genetic Screening Services.

Service	Covered Under Medicaid	Utilization Controls
Genetic Screenings	39/41^	High risk or Prior authorization: 13 states (AK, CT, HI, LA, MI, KS, NC, NY, OK, TX, WA, WI, WV) No coverage for cell-free fetal DNA test: 1 state (NV)
Amniocentesis	42/42	Prior authorization: 1 state (WV) Medical necessity: 9 states (AL, AZ, CA, CO, MO, NC, NJ, TX, WV)
CVS	38/41^	Prior authorization: 1 state (WV) No coverage: 3 states (AL, IN, MS)
Genetic counseling	32/41^	Medical necessity: 6 states (MS, NC, NJ, OK, TX, WI) Prior authorization: 3 states (AZ, MS, WI) No coverage: 7 states (AL, FL, MO, ND, RI, UT, WV)

NOTE: ^HI did not respond to question.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

COUNSELING AND SUPPORT SERVICES

There is a range of services outside of traditional obstetric care that can support low-income people during pregnancy. Case management is a Medicaid benefit that provides assistance with coordinating and obtaining external supports such as nutritional counseling and educational classes. Medicaid's non-emergency medical transportation (NEMT) benefit facilitates access to care for low-income beneficiaries who otherwise may not have a means of getting to health care appointments. A broad range of transportation services, such as taxicabs, public transit buses and subways, and van programs, are eligible for federal Medicaid matching funds.

Most responding states provide case management services to at least some pregnant beneficiaries. Several states noted that case management services were limited to high-risk pregnancies, qualifying conditions, targeted populations, and/or first-time mothers, and a few states reported specific service limits, such as a certain number of units or hours per month (Table 10). Two states (**California** and **Utah**) reported that service limits were determined by "medical necessity," and one state (**Connecticut**) noted that case management was covered as part of overall prenatal reimbursement and not reimbursed separately. Four states—**Arizona**, **Louisiana**, **Michigan**, and **Nevada**—reported that they did not provide case management services to pregnant women. Of the 36 states covering case management services for pregnant women, the vast majority (34) indicated that coverage policies were

aligned across eligibility groups. Two states reporting coverage only in the case of high-risk pregnancies (**Alaska** and **Mississippi**) indicated that their coverage policies were not aligned.

All responding states reported covering NEMT services for pregnant beneficiaries, as is federally required. Only four states (**Alaska**, **Iowa**, **Mississippi**, and **Utah**) reported that NEMT coverage policies were not aligned across eligibility groups including **Mississippi**, which provides an NEMT benefit only to beneficiaries with full Medicaid benefits, and **Iowa**, which does not cover NEMT services for ACA expansion adults. A few states noted that NEMT services were subject to prior authorization, limited to 300 miles per day (**Pennsylvania**), limited to medical providers within 125 miles (**West Virginia**), or must be requested by a provider (**Massachusetts**).

Most responding states cover both prenatal and postpartum home visits. Home visits are typically visits by nurses or other clinicians to pregnant and postpartum people to provide support with medical, social, and childrearing needs. There are a number of different models of home visiting programs, and some are associated with improvements in birth outcomes and early childhood measures. There are multiple streams of financing for home visiting programs in states, including through Medicaid, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and state public health departments.

Several of the responding states noted that home visiting benefits were limited to high-risk beneficiaries, subject to prior authorization, or as part of a Nurse Family Partnership program for first-time mothers **Oklahoma, South Carolina**. In contrast, **Indiana** reported that both prenatal and postpartum home visits were provided through community health workers, and **Michigan** reported that, in addition to medically necessary prenatal and postpartum home visits, every pregnant and infant beneficiary is eligible for the Maternal Infant Health Program (MIHP) – an evidence-based preventive home visiting program. **New York** allows all Medicaid beneficiaries who have given birth at least one postpartum home visit.

Five states (**Florida, Montana, Tennessee, Vermont**, and **Wyoming**) reported that they did not cover prenatal or postpartum home visits, although **Tennessee** indicated that while not required, MCOs provided varying levels of coverage, and **Wyoming** reported that the Department of Public Health covers postpartum visits.

Table 10

State Coverage of Support Services

Service	Covered Under Medicaid	Limitations/ Utilization Controls
Case Management	37/42	Limited to certain conditions or populations: CO, ME, MS, NC, NY, TX, VT Service limits: FL, MO, NC, PA, TX No Coverage: AZ, LA, MD, MI, NV
Non-Emergency Medical Transportation	42/42	Prior Authorization or requested by provider: MA, TX, VT, WY Distance Limit: PA, WV
Prenatal & Postpartum Home Visits	36/42	Prior Authorization or limited to high risk: CT, DE, MS, NC, PA, TX

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

SUBSTANCE USE DISORDERS (SUD)

There is growing attention to the impact of substance use on pregnant and postpartum people as well as their infants. The federal Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act requires that states provide certain services for pregnant and postpartum people, including Medication Assistance Treatment (MAT), which includes medications such as buprenorphine and naloxone. In addition to MAT, the American Society of Addiction Medicine (ASAM) recommends a variety of other services to support the treatment and recovery of people with substance use disorder, but states are not required to cover these under Medicaid. The SUPPORT Act also established a new state plan option to make Medicaid-covered inpatient or outpatient services available to infants with Neonatal Abstinence Syndrome (NAS) at a residential pediatric recovery center (RPRC).

Most responding states offer some SUD benefits to pregnant people beyond what is required by the SUPPORT Act. Of the 42 responding states, 36 reported offering expanded SUD benefits beyond the required benefit of MAT mandated by the federal SUPPORT Act. Of these 36 states, 27 reported offering all or most of the ASAM-defined levels of care,[21] including residential care (Table 11). Five states reported covering outpatient SUD services, but not residential services, and two states did not specify the expanded services covered. As of July 1, 2021, ten states reported covering residential pediatric services for infants with NAS.

All but two of the responding states (**Iowa** and **Maine**) reported that coverage policies for SUD services for pregnant women were aligned across all Medicaid eligibility pathways: **Iowa** indicated that ACA expansion adults may receive SUD services only through the state's MCO model if the member is determined to be "medically frail," and **Maine** reported that its Maternal Opioid Misuse (MOM) program was specific to individuals who are pregnant or postpartum.

Table 11

State Medicaid Coverage of Substance Use Disorder (SUD) Services for Pregnant Adults, as of July 1, 2021

	Number of States	States
States offering full ASAM continuum of SUD services	15/42	AZ, CA, CO, CT, KS, MI, NC, NY, OK, OR, PA, TN, VA, WI, WV
States offering most ASAM continuum of SUD services including residential	12/42	AK, FL, IN, LA, MA, ME, MT, NJ, TX, UT, VT, WA
States covering outpatient, but not residential SUD services	5/42	AL, ID, NO, NV, WY
States offering expanded, but unspecified, SUD services	2/42	DE, RI
States not offering expanded SUD services	6/42	DC, IA, IL, MS, ND, SC
Cover Residential Pediatric Recovery Centers (RPRCs)	10/39^	CO, CT, DC, IL, IN, MA, NV, OR, WA, WV

NOTE: ^AK, HI, MD did not respond.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

BREASTFEEDING SUPPORTS

A range of supports can help parents initiate and maintain breastfeeding, including breast pumps, lactation counseling by certified consultants, and educational programs, which can begin during pregnancy and continue after the birth of a child. States are required to cover breast pumps and consultation services for Medicaid expansion beneficiaries under the ACA's preventive services requirement. For non-expansion states, there is no federal requirement for coverage of breastfeeding services.

Some states include coverage for breastfeeding education and lactation consultation as part of global maternity care payments and do not reimburse for them as separate services. Several states indicated that breastfeeding education is covered as part of an office visit or global maternity fee, rather than reimbursing separately, for example, for an instructor-led class. **Nevada** reported the service may be reimbursed either separately or as part of a physician office visit or daily hospital per diem rate. Three states reported limits to breastfeeding education: **Wisconsin** indicated that individuals must be enrolled in the state's Prenatal Care Coordination program to receive covered breastfeeding education; **North Carolina** covers breastfeeding education only as a part of childbirth education classes; and **Utah** limits breastfeeding education to eight 1-hour units during a 12-month period. **Indiana** notes that breastfeeding education is provided through community health workers.

Lactation consultation services are more commonly covered in the hospital setting, compared to outpatient and home visits. Lactation support can be provided in multiple settings in the postpartum period, including in the hospital before discharge, at outpatient visits, or at home. States most frequently

reported covering services in the hospital (Table 12). States also differ in whether the service is included as part of the global maternity feel or paid separately. Among states that cover hospital-based individual lactation consultants, 23 cover them as part of a DRG/global fee component, and four reimburse them separately. Slightly more than half of states (13) that cover outpatient/clinic based individual lactation consultants separately reimburse them compared to the 11 that include them as an office visit component. Home visits can be particularly helpful for new parents trying to breastfeed, care for a newborn, and recover from childbirth. Among states that cover lactation consultants as part of a home visit, roughly half (9 of 19) separately reimburse the service instead of including it as part of a home visit component. **Washington** only covers hospital-based lactation consultants, noting that many Medicaid beneficiaries receive lactation support from WIC clinics, which are funded separately from Medicaid, and **Wyoming** noted that although Medicaid does not cover them, home visits are covered under the state's public health department. **New Jersey** reported that in FY2022, the state will allow lactation professionals to enroll as new providers, expanding lactation support services.

Several states use utilization controls such as quantity limits to manage these services: **Michigan** (two clinic- or home-based lactation visits per pregnancy), **Oklahoma** (six clinic- or home-based sessions per pregnancy), and **North Carolina** (six 15-minute clinic-based units a day with a lifetime maximum of 36 units if the infant has a chronic, episodic, or acute condition). Eight states reported that they do not cover any breastfeeding education and lactation consultation services (**Arizona, Florida, Louisiana, Mississippi, North Dakota, Rhode Island, Tennessee**, and **Texas**).

Table 12

State Medicaid Coverage for Breastfeeding Services

Service	States Covering Service	No Coverage
Breastfeeding education	31 states: AK, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KS, MA, MD, ME, MI, MO, NC, NJ, NV, NY, OK, OR, PA, SC, UT, VA, VT, WA, WI, WY	11 states: AL, AZ, FL, LA, MS, MT, ND, RI, TN, TX, WV
Lactation consultation—inpatient	30 states: AL, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KS, MA, MD, ME, MI, MO, MT, NJ, NV, NY, OK, OR, SC, UT, VT, WA, WI, WV, WY Separate payment: DC, HI, ID, IN, KS, MT	12 states: AK, AZ, FL, LA, MS, NC, ND, PA, RI, TN, TX, VA
Lactation consultation—outpatient	27 states: CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KS, MD, ME, MI, MO, NC, NV, NY, OK, OR, SC, UT, VA, VT, WI, WV, WY Separate payment: CA, DC, DE, HI, ID, IN, KS, MI, NC, NY, OK, OR, VA, VT, WI	15 states: AK, AL, AZ, FL, LA, MA, MS, MT, ND, NJ, PA, RI, TN, TX, WA
Lactation consultation—home visit	20 states: CA, CO, CT, DC, IA, ID, IL, IN, MD, ME, MI, MO, NV, NY, OK, OR, UT, VT, WI, WV	22 states: AK, AL, AZ, DE, FL, HI, KS, LA, MA, MS, MT, NC, ND, NJ, PA, RI, SC, TN, TX, VA, WA, WY

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

A majority of responding states cover both electric and manual breast pumps, but some report using various utilization controls such as prior authorization or quantity limits. All but five of the responding states cover electric breast pumps, and 32 of 42 responding states cover manual pumps. Of the states that do not cover breast pumps in the Medicaid program, three—**Nevada, Oklahoma,** and **South Carolina**—report that pumps are provided through the state's Women, Infants, and Children (WIC) program.

Eight states impose quantity limits on the coverage of pumps, ranging from one every six months to one per lifetime. Several states require prior authorization for coverage of at least one type of breast pump: **California, Colorado, Connecticut, Iowa, Massachusetts, Mississippi, Missouri, Texas,** and **Washington**. **Colorado** only covers pumps for premature infants and those in critical care if the infant is anticipated to be hospitalized for more than 54 days.

Table 13

State Coverage of Breast Pumps

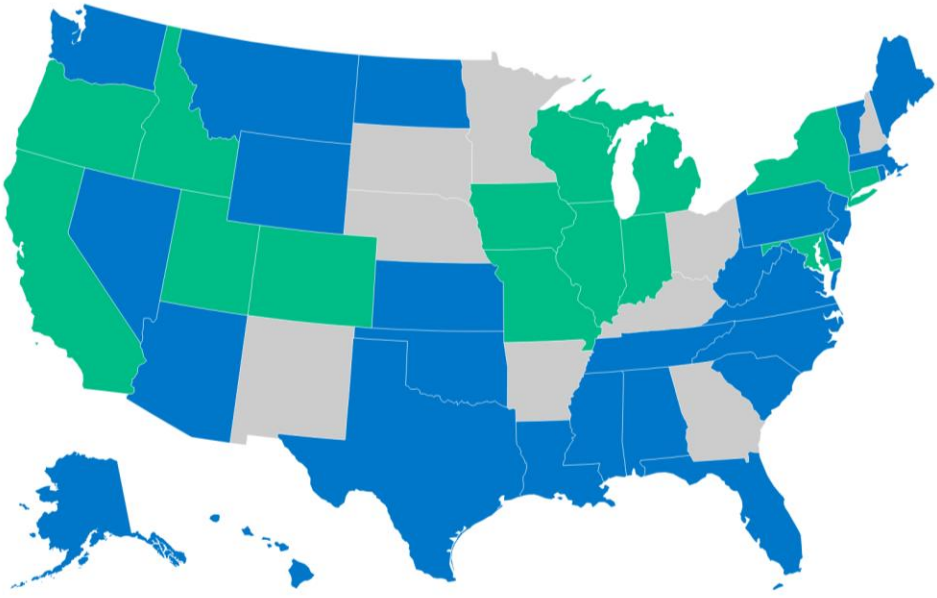
Service	States	Utilization Controls
Electric breast pump	37/42	Prior authorization: 9 states (CA, CO, CT, DE, HI, IA, MA, MO, MS) Quantity limits: 8 states (AZ, CT, KS, LA, MA, MI, PA, WA)
Manual breast pump	32/42	Prior authorization: 3 states (CA, IA, MS) Quantity limits: 8 states (AZ, CT, KS, MA, MI, PA, TX, WA)

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

Of the responding states, 15 reported that they offer all of the breastfeeding supports that the survey asked about: breastfeeding education, lactation consultations in the hospital, outpatient, and home settings, and electric and manual breast pumps (**Figure 2**).

Figure 2

State Coverage of Breastfeeding Support Services, as of July 1, 2021



SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

New Initiatives

More than half of states reported that they are planning to implement at least one Medicaid initiative to address birth outcomes and/or maternal health in FY2022. Given the Medicaid program's large role in maternity care, states have many opportunities to strengthen the health of pregnant and postpartum people as well as newborns.

The most commonly reported new initiatives that states reported were related to extending pregnancy eligibility through 12 months postpartum (Table 14) as allowed by an option in the American Rescue Plan Act (ARPA). Federal policy requires that pregnancy-related eligibility last through 60 days postpartum, but states have options to extend coverage beyond that time period. Medicaid eligibility levels for pregnant individuals are higher than eligibility levels for parents in most states, so women may lose Medicaid coverage at the end of the 60-day postpartum period, particularly in states that have not implemented the ACA Medicaid expansion, where eligibility for parents remains very low. A provision in ARPA, that went into effect on April 1, 2022, allows states to now extend pregnancy coverage through 12 months postpartum by filing a state plan amendment (SPA). There has been a extensive activity at the state level since this survey was fielded, and the most up to date information is available in the online KFF Tracker on Medicaid Postpartum Coverage (Note: Currently postpartum people covered by Medicaid can remain

on the program beyond 60 days because of a continuous enrollment requirement enacted in 2020 that lasts through the COVID public health emergency.)

To date, more than half of states have taken steps toward lengthening the postpartum coverage period beyond 60 days. This includes several states that have not yet opted to expand full Medicaid to all adults under the ACA, where the likelihood of losing coverage two months after delivery is higher than in expansion states. However, not all of these extensions meet the criteria for the ARPA option. For example, **Missouri** is extending postpartum coverage only for those with substance use disorders, whereas the ARPA option requires extension for all postpartum beneficiaries. Conversely, some states are proposing more expansive coverage extensions. **Massachusetts, California**, and **Illinois** are all proposing postpartum coverage extension for individuals regardless of immigration status, and **Washington** state has enacted legislation that would extend postpartum coverage for individuals otherwise are not federally qualified and for those who were not on the state's Medicaid program during pregnancy. In addition to coverage extension, some states reported other efforts to strengthen postpartum care such as raising rates of postpartum visits among Medicaid beneficiaries, but they did not provide details about how they would do this.

Eleven states reported that they are considering adding doula services as a covered benefit. Most of these initiatives are in early stages, with some states piloting the benefit in selected counties and some states still in the planning stage. However, some states are further along with providing this benefit. This survey asked states to report benefits implemented as of July 1, 2021. In addition to the three states that already cover doula services, **Maryland**, **Nevada** and **Virginia** reported that their doula benefits would begin in 2022.

Eight states explicitly mentioned initiatives to address substance use or mental health services for pregnant or postpartum beneficiaries. For example, **Colorado** and **Maine** reported plans to implement a Maternal Opioid Misuse (MOM) model to integrate substance use treatment and obstetric services for pregnant and parenting individuals. In addition, six states reported that they are in the process of implementing or expanding home visiting benefits, which may be designed for higher risk pregnancies.

Other types of new initiatives reported by more than one state include: adoption and implementation of Medicaid MCO or provider performance measures/incentives to improve maternal health outcomes value-based purchasing arrangements or bundled maternity payments; community health workers (**California** and **Nevada**), and telehealth services for prenatal and postpartum care (**North Carolina**); multi-agency collaboration to address maternal health outcomes and disparities (**Arizona**, **Missouri**, **Oklahoma**, **Texas**); and addressing social determinants of health (**New York**, **Oklahoma**). At least two states (**Arizona**, **Montana**) have efforts under way to provide supports for maternal mental health. A couple of states have planned initiatives to expand contraceptive access, either allowing over-the-counter access to (**Illinois**) and authorizing pharmacists to dispense self-administered hormonal contraceptives without a prescription (**Nevada**). This is discussed in more depth in a related report. **Virginia** reported that the state has launched the FAMIS Prenatal Coverage for uninsured pregnant individuals who don't qualify for other full-benefit coverage groups because of their immigration status. Applicants do not need to provide

immigration documents or a Social Security number to enroll in this new coverage, but do need to meet other eligibility criteria, including income level.

Table 14

State Medicaid Initiatives Planned to Address Maternal & Infant Health

Initiative	States
Postpartum coverage extension	For latest information please see KFF Tracker
Doula coverage (11 states)	CA, DC, IL, MA, MD, MI, NV, NY, RI, VA, WI Coverage to begin in 2022: MD, NV, VA
Addressing mental health and/or substance use disorders (8 states)	AZ, CO, ME, MO, MT, SC, TN, TX,
Bundled payments or value based-purchasing (6 states)	CO, CT, FL, NJ, PA, WA

SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

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This survey was conducted at a time of greater national attention to the state of maternal health, an area where Medicaid has long played a major role. On the whole, this survey finds that states offer broad coverage for basic pregnancy-related services, but that some impose utilization controls. Coverage for services outside of the medical setting is mixed, with most states covering home visits but limited coverage for educational classes and home-base lactation consultations. Very few states offer any coverage for fertility assistance services.

Most states also reported that they are working on ways to strengthen Medicaid coverage of maternity services. In particular, some states have already extended the postpartum coverage period to one year, while several others are considering this option. Several states have also expressed interest in covering doula benefits and better integration of substance use treatment services for pregnant and postpartum people. Many of these issues have also been raised by clinical groups as priority areas for improving maternal health.

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Appendix A: Detailed Tables

Table 1: State Medicaid Coverage of Prenatal Vitamins & Ultrasounds, as of July 1, 2021			
States	**Prenatal Vitamins (n = 42) ✓ = 42**	**Ultrasounds (n = 42) ✓ = 42**	**Utilization Controls and Comments**
Alabama	✓	✓	Prenatal vitamins are covered by prescription; generic preference, 90 days.
Alaska	✓	✓	
Arizona	✓	✓	
California	✓	✓	OTC products are limited in high/low range for individuals vitamins contained in the product. 300 per pregnancy. Ultrasounds during pregnancy are reimbursable only when used for the diagnosis or treatment of specific medical conditions
Colorado	✓	✓	PDL inclusion for Rx products. Two ultrasounds per pregnancy, with more allowed if medically necessary. No coverage for 3D or 4D ultrasounds, nor for an ultrasound requested for gender identity.
Connecticut	✓	✓	Prenatal vitamins: covered under pharmacy. PDL class. Ultrasound: No limits beyond medical necessity
Delaware	✓	✓	
DC	✓	✓	
Florida	✓	✓	Prenatal vitamins: Minimum age 12. Ultrasound: Up to 3 obstetrical ultrasounds per pregnancy; Up to 3 transvaginal obstetrical ultrasounds for recipients with high-risk pregnancy
Hawaii	✓	✓	Ultrasound for the sole purpose of gender determination is not covered
Idaho	✓	✓	
Illinois	✓	✓	
Indiana	✓	✓	Ultrasound covered if medically necessary; not covered for routine ultrasounds or for gender confirmation
Iowa	✓	✓	Prenatal Vitamins: Prior authorization required
Kansas	✓	✓	Prenatal Vitamins: Days supply and generic requirements, akin to general drugs covered. But a diagnosis required for claim to pay.
Louisiana	✓	✓	Prenatal vitamins: 30-day supply or 100 units, whichever is greater
Maine	✓	✓	Prenatal vitamins: preferred products managed through PDL
Maryland	✓	✓	
Massachusetts	✓	✓	
Michigan	✓	✓	
Mississippi	✓	✓	Ultrasound covered when medically necessary; services are subject to prior authorization based on medical necessity.
Missouri	✓	✓	Three per rolling year. Any ultrasound over three per rolling year must be medically necessary.
Montana	✓	✓	Prenatal vitamins: covered for women up to age 50 without a prior authorization.
Nevada	✓	✓	2 ultrasounds per pregnancy without prior authorization
New Jersey	✓	✓	
New York	✓	✓	Medical necessity: 1st trimester, 2nd trimester, and for other/additional tests as medically indicated.
North Carolina	✓	✓	
North Dakota	✓	✓	
Oklahoma	✓	✓	Prenatal vitamins only available for female members age 10 to 50. One abdominal or vaginal ultrasound covered in first trimester and one ultrasound after the first trimester; one additional ultrasound is allowed to identify or confirm a suspected fetal/maternal anomaly when performed by a board certified Maternal Fetal Specialist or OB with documented specialty training.
Oregon	✓	✓	
Pennsylvania	✓	✓	Prenatal vitamins: Numerous products preferred on PDL; non-preferred products available through prior authorization. 1 ultrasound per pregnancy
Rhode Island	✓	✓	

Table 1: State Medicaid Coverage of Prenatal Vitamins & Ultrasounds, as of July 1, 2021			
States	**Prenatal Vitamins (n = 42) ✓ = 42**	**Ultrasounds (n = 42) ✓ = 42**	**Utilization Controls and Comments**
South Carolina	✓	✓	
Tennessee	✓	✓	Benefits and UM criteria vary according to each MCO coverage policy
Texas	✓	✓	Prenatal vitamins: PDL inclusion Obstetric ultrasounds limited to 3 per pregnancy. Prior authorization required for greater than 3.
Utah	✓	✓	Prenatal vitamins: coverage limited to products containing folate and DHA. Ultrasounds: covers up to 10 in a 12-month period
Vermont	✓	✓	
Virginia	✓	✓	
Washington	✓	✓	Not all formulations are covered but there are prenatal vitamins for Medicaid clients. There may be variation between our 5 MCOs in terms of limits but a 30-day supply dispensed at a time is a limit for at least some of our plans. Prenatal vitamins are covered in the postpartum period as well. One 1st trimester ultrasound and a 2nd ultrasound between 16 and 22 weeks are covered for all. Additional ultrasounds are covered when medically necessary and are subject to post payment review.
West Virginia	✓	✓	Prenatal vitamins: Currently limited to females Ultrasounds and fetal non-stress tests are covered when medically necessary in accordance with the criteria for high-risk pregnancies established by ACOG
Wisconsin	✓	✓	
Wyoming	✓	✓	Prenatal vitamins covered with prescription.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.			

Table 2: State Medicaid Coverage of Childbirth Classes, Parenting Classes, and Group Prenatal Care, as of July 1, 2022				
States	**Childbirth Education (n = 42) ✓ = 15 No = 27**	**Infant care/ Parenting Classes (n= 42) ✓ = 14 No = 28**	**Group Prenatal Care (n = 41) ✓ = 12 No = 29**	**Utilization Controls and Comments**
Alabama	No	No	No	
Alaska	No	No	No	
Arizona	✓	✓	✓	Childbirth education: Covered as part of office visit component Infant/parenting classes: Covered as part of office visit component All three included in OB package and part of the hospital DRG
California			✓	Group prenatal classes: $11.24/patient/hour (up to 27 hours). Covered by California Department of Public Health, Comprehensive Perinatal Services Program (CPSP) for Medi-Cal enrollees.
Colorado	✓	✓	✓	Childbirth education: Covered as part of office visit component Infant/parenting classes: Covered as part of office visit component Lamaze not separately covered. Group prenatal care: In special programs (Prenatal Plus for High Risk Pregnant People; Nurse Family Partnership for first time mothers) and through Regional Accountable Entities
Connecticut	No	No	No	
Delaware	✓	✓	No	Childbirth education: Separately reimbursed Infant/parenting classes: Separately reimbursed
DC	✓	✓	No	Childbirth education: Separately reimbursed Infant/parenting classes: Separately reimbursed
Florida	No	No	No	
Hawaii	✓	✓	No answer	
Idaho				
Illinois	✓	✓	✓	Childbirth education: Separately reimbursed Infant/parenting classes: Separately reimbursed
Indiana	✓	✓	✓	Childbirth education: Separately reimbursed Infant/parenting classes: Separately reimbursed Childbirth education and infant/parenting classes available through community health worker
Iowa	No	No	No	
Kansas	No	No	No	
Louisiana	No	No	No	
Maine	No	No	No	
Maryland	No	No	No	In 2022, state is working towards covering group prenatal classes
Massachusetts	No	No	No	
Michigan	✓	✓	✓	Childbirth education: Separately reimbursed Infant/parenting classes: Separately reimbursed
Mississippi	No	No	No	
Missouri	No	No	No	
Montana	No	No	✓	Must be an approved provider
Nevada	No	✓	No	Infant/parenting classes: Can be covered as part of office visit component or reimbursed separately.
New Jersey	No	No	✓	
New York	✓	No	No	Childbirth education: Covered as part of office visit component
North Carolina	✓	No	No	Childbirth education: Separately reimbursed Group class limited to 10; telehealth eligible; maximum 4 hours of instruction per day and max 10 hours per pregnancy.
North Dakota	No	✓	No	Infant/parenting classes: Covered as part of office visit component
Oklahoma	No	No	No	
Oregon	✓	✓	✓	Childbirth education: Covered as part of office visit component Infant/parenting classes: Covered as part of office visit component
Pennsylvania	✓	✓	No	Childbirth education: Separately reimbursed Infant/parenting classes: Covered as part of office visit component

Table 2: State Medicaid Coverage of Childbirth Classes, Parenting Classes, and Group Prenatal Care, as of July 1, 2022				
States	**Childbirth Education (n = 42) ✓ = 15 No = 27**	**Infant care/ Parenting Classes (n= 42) ✓ = 14 No = 28**	**Group Prenatal Care (n = 41) ✓ = 12 No = 29**	**Utilization Controls and Comments**
				Childbirth education & infant/parenting classes: 1 series under PA Healthy Beginnings Plus Expanded Maternity Program Group exercise prenatal series are covered but are not the same as group prenatal care (exercise classes with a non-physician provider.)
Rhode Island	No	No	No	
South Carolina	No	No	✓	
Tennessee	No	No	No	Benefits vary according to each MCO coverage policy
Texas	No	No	✓	Limited to a maximum of 10 visits per 270 days for any provider. Group visits count toward the total combined limit of 20 prenatal visits per pregnancy.
Utah	No	✓	✓	Infant/parenting classes: Covered as part of office visit component Group prenatal care limited to 8 units in a 12-month period
Vermont	✓	No	No	Childbirth education: Separately reimbursed VT Medicaid allows 1 unit that is intended to cover the entire span of the childbirth education/classes and be reimbursed at one rate of $125.
Virginia	No	No	No	
Washington	✓	No	No	Childbirth education: Separately reimbursed Childbirth education is covered under our First Steps program. First Steps is a program that helps low-income pregnant individuals get the health and social services they may need and covers a variety of services for pregnant individuals and their infants. First Steps is available as soon as an individual knows they are pregnant and is covered by Washington Apple Health (Medicaid). Specific infant care/parenting classes are not covered but under WA's First Steps program, both Maternity Support Services and Infant Case Management have infant care and parenting education and support components. These services are delivered 1:1, not in a group or class setting.
West Virginia	No	No	No	
Wisconsin	✓	✓	No	Childbirth education: Separately reimbursed Infant/parenting classes: Separately reimbursed Must be enrolled in Prenatal Care Coordination Program
Wyoming	No	No	No	
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.				

Table 3: State Medicaid Coverage of Dental Services for Pregnant Adults, as of July 1, 2021		
State	**Covered? (n = 42) ✓ = 39 No = 3**	**Utilization Controls and Comments**
Alabama	No	
Alaska	✓	
Arizona	✓	Emergency services only
California	✓	
Colorado	✓	
Connecticut	✓	
Delaware	✓	$1500/year with possible $1000 emergency benefit
DC	✓	
Florida	✓	
Hawaii	✓	Emergency services only
Idaho	✓	
Illinois	✓	
Indiana	✓	
Iowa	✓	
Kansas	✓	
Louisiana	No	Members over 21 are only eligible for adult denture program
Maine	✓	Emergency services only
Maryland	✓	
Massachusetts	✓	
Michigan	✓	
Mississippi	✓	
Missouri	✓	
Montana	✓	
Nevada	✓	Prior Authorization Required
New Jersey	✓	
New York	✓	
North Carolina	✓	Coverage for MPW for MPW through day of delivery
North Dakota	✓	
Oklahoma	✓	As of 7/1/2021, will cover exams, x-rays, cleanings, periodontal scaling, restorations (fillings), and full & partial dentures for all adults, including pregnant women.
Oregon	✓	
Pennsylvania	✓	Adult dental benefits are limited to oral exams (1 per 180 days), dental prophylaxes (1 per 180 days), and mandible or panoramic-maxilla single film (1 per 5 years). The services require benefit limit exception or prior authorization. Supporting documentation for benefit limit exception requests may not be required if condition was previously identified on a claim.
Rhode Island	✓	
South Carolina	✓	
Tennessee	No	TennCare Benefits for pregnant and postpartum adults will begin on 4/1/2022
Texas	✓	Emergency services only, only for life threatening conditions
Utah	✓	
Vermont	✓	
Virginia	✓	
Washington	✓	
West Virginia	✓	Emergency Services only; $1000 adult dental cap
Wisconsin	✓	
Wyoming	✓	
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.		

Table 4: State Medicaid Coverage of Aspirin, Blood Pressure Monitors, and Scales				
States	**Low-Dose Aspirin (n = 40) ✓ = 36 No = 4**	**Blood pressure monitor for home use (n = 41) ✓ = 32 No = 9**	**Scales (n = 41) ✓ = 9 No = 32**	**Utilization Controls and Comments**
Alabama	✓	✓	No	
Alaska	No	✓	No	Conditional coverage—medical justification must be submitted
Arizona	✓	✓	✓	Blood pressure monitor requires prior authorization
California	✓	✓	✓	Blood pressure monitor covered when medically necessary
Colorado	✓	✓	No	Blood pressure monitor requires prior authorization
Connecticut	✓	✓	No	Low-dose aspirin covered under pharmacy with a diagnosis restriction Upper arm blood pressure monitors covered without prior authorization; wrist monitor require prior authorization
Delaware	✓	✓	✓	As a DME [Durable Medical Equipment] with a provider order
DC	✓	✓	No	
Florida	No	No	No	
Hawaii	n/a	n/a	No	
Idaho	✓	✓	No	
Illinois	✓	✓	No	
Indiana	✓	✓	No	
Iowa	✓	✓	No	Prior authorization required for low-dose aspirin
Kansas	✓	No	No	Low-dose aspirin covered as for any other indication. 31 day supply per fill.
Louisiana	✓	✓	No	Low-dose aspirin: 30-day supply or 100 units whichever is grater
Maine	✓	✓	No	Low-dose aspirin is a covered OTC not limited by indication
Maryland	n/a	✓	n/a	
Massachusetts	✓	✓	No	
Michigan	✓	✓	✓	
Mississippi	✓	✓	✓	Blood pressure monitor and scales covered when medically necessary; services are subject to prior authorization based on medical necessity
Missouri	✓	✓	No	Blood pressure monitor covered under the Durable Medical Equipment Program and must be medically necessary
Montana	✓	No	No	
Nevada	✓	✓	No	
New Jersey	✓	✓	No	Blood pressure monitor require prescription
New York	✓	✓	No	
North Carolina	✓	✓	✓	Blood pressure monitor and scaled each covered once every 3 years for medical necessity.
North Dakota	✓	✓	No	
Oklahoma	No	No	No	
Oregon	✓	✓	✓	
Pennsylvania	✓	✓	No	One blood pressure monitor covered every 5 years
Rhode Island	✓	✓	No	
South Carolina	✓	No	No	
Tennessee	✓	No	No	Blood pressure monitor not state required, benefits vary by MCO.
Texas	✓	✓	No	Blood pressure monitor may be subject to prior authorization if not billed with certain diagnosis codes.
Utah	✓	✓	✓	
Vermont	✓	✓	✓	
Virginia	✓	✓	No	
Washington	✓	No	No	
West Virginia	✓	No	No	
Wisconsin	✓	✓	No	
Wyoming	✓	No	No	Low-dose aspiring covered with a prescription
NOTE: “n/a” = no answer. SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.				

Table 5: State Medicaid Coverage of Diabetes Services, as of July 1, 2021				
States	**Continuous Glucose Monitoring (n = 41) ✓ = 35 No = 6**	**Nutritional Counseling (n = 40) ✓ = 34 No = 6**	**Type 2 Diabetes Screening Post-Pregnancy (n = 41) ✓ = 39 No = 2**	**Utilization Controls and Comments**
Alabama	No	No	✓	
Alaska	✓	✓	✓	Nutritional counseling limited to 1 initial assessment and up to 12 hours of counseling services per calendar year; additional coverage is available if prior authorized by the department Type 2 Diabetes screening conditionally covered when medically necessary.
Arizona	✓	✓	✓	
California	✓	✓	✓	Continuous glucose monitoring coverage based on medical necessity
Colorado	✓	✓	✓	GDM nutrition education provided as part of global OB-related services
Connecticut	No	✓	✓	Nutritional counseling covered as part of the prenatal visit when billed by a physician, APRN, PA, or CNM For Type 2 diabetes screening, state Medicaid has not published guidance but claim would not be denied.
Delaware	✓	✓	✓	Continuous glucose monitoring covered as a DME with provider order
DC	✓	✓	✓	
Florida	No	No	No	
Hawaii	n/a	n/a	n/a	
Idaho	✓	✓	✓	
Illinois	✓	✓	✓	Continuous glucose monitoring covered with prior authorization; criteria based on science and available technology. Nutritional counseling available as a part of evaluation and management visit; Work in progress to expand provider options
Indiana	✓	✓	✓	
Iowa	✓	✓	✓	Continuous glucose monitoring requires prior authorization
Kansas	No	No	✓	
Louisiana	✓	No	✓	Continuous glucose monitoring covered for poorly controlled type 1 diabetics evident by recurrent unexplained hypoglycemic episodes, hypoglycemic unawareness or postprandial hyperglycemia, or recurrent diabetic ketoacidosis.
Maine	✓	✓	✓	Nutritional counseling coverage is limited to certain provider types: Physicians, Dieticians, and Family Planning Agency's.
Maryland	✓	n/a	✓	
Massachusetts	✓	✓	✓	
Michigan	✓	✓	✓	
Mississippi	✓	✓	✓	Continuous glucose monitoring covered when medically necessary. Services are subject to prior authorization based on medical necessity
Missouri	✓	✓	✓	Nutritional counseling covered under prenatal visits
Montana	✓	✓	✓	Continuous glucose monitoring covered with gestational diabetes or diabetes mellitus diagnosis Nutritional counseling covered through Targeted Case Management for High Risk Pregnant women
Nevada	✓	✓	✓	Continuous glucose monitoring requires prior authorization. 10 hours of nutritional counseling covered without prior authorization
New Jersey	✓	✓	✓	Type 2 diabetes screening covered if medically indicated
New York	✓	✓	✓	
North Carolina	✓	✓	✓	Continuous glucose monitoring requires prior authorization, 31-day supply per calendar month Nutritional counseling: Four units of service/ date of service and can't exceed 20 units per 365 calendar days
North Dakota	✓	✓	✓	
Oklahoma	✓	✓	✓	Continuous glucose monitoring requires a prior authorization, must submit documentation of all of the following: 1) diagnosis of Gestational Diabetes, 2) member has been using a blood glucose monitor (BGM) for frequent testing (four or more times per day),

Table 5: State Medicaid Coverage of Diabetes Services, as of July 1, 2021				
States	**Continuous Glucose Monitoring (n = 41) ✓ = 35 No = 6**	**Nutritional Counseling (n = 40) ✓ = 34 No = 6**	**Type 2 Diabetes Screening Post-Pregnancy (n = 41) ✓ = 39 No = 2**	**Utilization Controls and Comments**
				3) member is insulin-treated with multiple daily injections (three or more) or using insulin pump therapy, 4)member's insulin treatment regimen requires frequent adjustment on the basis of BGM results, 5) recent history of two or more level II hypoglycemic or one level III episode in spite of appropriate therapy, 6) recent face-to-face visit with treating provider, 7) the member has participated in education, training, and support prior to beginning CGM. Maximum of 6 hours of medically necessary nutritional counseling per year by a licensed registered dietician.
Oregon	No	✓	✓	
Pennsylvania	✓	✓	✓	Per state, CGMs need to be replaced every 3 to 7 days depending on model, so they limit to 21 per calendar month Nutritional counseling: 1 unit is 15 minutes; 1-96 unit limit
Rhode Island	✓	No	✓	
South Carolina	✓	No	✓	
Tennessee	✓	✓	✓	Benefits vary according to each MCO coverage policy
Texas	✓	✓	✓	Continuous glucose monitoring subject to prior authorization. Nutritional counseling covered when performed by a provider billed with E/M codes. Group diabetes education may be billed with certain diagnosis codes for clients with pre-existing Type I/II diabetes up to a maximum of four per year for any provider. Type 2 Diabetes screening subject to retrospective review of medical record and recoupment of payment if documentation does not support the service billed
Utah	✓	✓	✓	Nutritional counseling limited to 1 hour for initial assessment. May be provided by a Registered Dietician
Vermont	✓	✓	✓	
Virginia	✓	✓	No	
Washington	✓	✓	✓	Continuous glucose monitoring requires Expedited Prior Authorization (EPA). Code based limitations are also in place under the EPA. For example, K0554 is allowed with Limit: 1 receiver per client every 3 years. State covers group diabetes education which likely contain info on nutritional counseling, but it is not required to have a dietician facilitating - it must be led by a physician or ARNP but can have other staff. Must be an hour, limited to 4 within a calendar year. Groups have other criteria in terms of content outlined in our billing guide.
West Virginia	✓	✓	✓	
Wisconsin	No	✓	✓	Must be enrolled in Prenatal Care Coordination program
Wyoming	✓	✓	✓	
NOTE: “n/a” = no answer SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.				

Table 6: State Medicaid Coverage of Home Births, as of July 1, 2021		
State	**Covered? (n = 42) Yes = 25 No = 17**	**Utilization Controls and Comments**
Alabama	No	
Alaska	✓	
Arizona	✓	
California	✓	Performed by Licensed Midwife (LM). LMs may bill for vaginal delivery with CPT codes 59400 or 59409 with modifier U9.
Colorado	✓	Performed by MD/DOs or CNMs with malpractice insurance covering home births.
Connecticut	✓	No limitations beyond medical necessity
Delaware	No	
DC	No	
Florida	✓	1 in 300 days
Hawaii	No	
Idaho	✓	
Illinois	No	
Indiana	No	
Iowa	No	
Kansas	No	
Louisiana	✓	
Maine	No	
Maryland	✓	
Massachusetts	No	
Michigan	No	
Mississippi	No	
Missouri	✓	If a managed care member elects a home birth, the member may be disenrolled from the managed care program at the request of the managed care health care plan. The disenrolled member then receives all services through the fee-for-service program. The member is re-enrolled in a health plan six weeks post-partum.
Montana	No	
Nevada	✓	
New Jersey	✓	Covered by 2 NJ Medicaid MCOs
New York	✓	
North Carolina	No	
North Dakota	No	
Oklahoma	No	
Oregon	✓	
Pennsylvania	✓	Physician or Certified Nurse Midwife for home births
Rhode Island	✓	
South Carolina	✓	
Tennessee	No	
Texas	✓	Service must be provided by physician or CNM. If delivering provider is a CNM, requires prior authorization request during third trimester of pregnancy. Prior Authorization request must include statement from physician who has examined patient during the third trimester and determined at the time of examination client is not at high risk for complications & is suitable for a home delivery. Licensed midwives cannot be reimbursed for home delivery.
Utah	✓	
Vermont	✓	
Virginia	✓	
Washington	✓	
West Virginia	✓	Services by a Certified Nurse Midwife are eligible for reimbursement inpatient, outpatient, free-standing birthing centers and the member's home setting.
Wisconsin	✓	
Wyoming	✓	
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.		

Table 7: State Medicaid Coverage of Postpartum Depression Screening and Treatment, as of July 1, 2021				
State	**Postpartum Depression Screening (n = 42) Yes = 41 No = 1**	**Reimbursed Separately or as an Office visit component? Office = 14 Separately = 23**	**Postpartum Depression Treatment**	**Utilization Controls and Comments**
Alabama	✓	Office	✓	
Alaska	✓	Separately	✓	
Arizona	✓	n/a	✓	
California	✓	Separately	✓	Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum recipient: once when the recipient is pregnant and once when she is postpartum. The combined total claims for screening pregnant or postpartum recipients using HCPCS codes G8431 and/or G8510 may not exceed two per year, per recipient, by any provider of prenatal or postpartum care. Providers of well-child and episodic care for infants may submit claims for maternal depression screening up to four times during the infant's first year of life, consistent with Bright Futures recommendations. When a postpartum depression screening is provided at the infant's medical visit, the screening must be billed with the infant's Medi Cal ID. Treatment covered by psychological services or psychiatric Care
Colorado	✓	Separately	✓	
Connecticut	✓	Separately	✓	Prior authorization for treatment may apply depending on service order. For example, some higher-level care behavioral health services require prior authorization.
Delaware	✓	Separately	✓	
DC	✓	Office	✓	
Florida	✓	Office	✓	1 unit per claim
Hawaii	✓	n/a	✓	
Idaho	✓	Separately	✓	
Illinois	✓	Office	✓	
Indiana	✓	Separately	✓	
Iowa	✓	Separately	✓	Limit of two for screening
Kansas	✓	Separately	✓	Screening: 3 prenatal and 5 postpartum
Louisiana	✓	Separately	✓	
Maine	✓	No answer	✓	
Maryland	✓	No Answer	✓	
Massachusetts	✓	Separately	✓	
Michigan	✓	Separately	✓	
Mississippi	✓	Separately	✓	Treatment is covered for 60 days postpartum under pregnancy Medicaid or under full Medicaid with continued coverage. Limitations or utilization controls would be based on the service and follow the same guidelines and criteria for treatment for postpartum depression as it would be for any Medicaid beneficiary needing treatment for depression. For example, inpatient stays require prior authorization, so if a post-partum beneficiary required an inpatient stay it would require prior authorization.
Missouri	✓	Separately	✓	
Montana	✓	Separately	✓	
Nevada	✓	Office	✓	Treatment limitations w/out prior authorization based on LOCUS score. An adult can receive up to 18 psychotherapy sessions (based on their LOCUS score) per calendar year, but these limitations may be exceeded based upon medical necessity via a prior authorization. The number of services a recipient may receive is based on their level of care (LOCUS) determination and may be exceeded based upon medical necessity via a prior authorization.
New Jersey	✓	Office	✓	
New York	✓	Office	✓	For treatment, medical necessity required; no prior authorization.
North Carolina	✓	Separately	✓	
North Dakota	✓	Separately	✓	
Oklahoma	✓	Separately	✓	Screening covered when provided during the child's EPSDT screening.

Table 7: State Medicaid Coverage of Postpartum Depression Screening and Treatment, as of July 1, 2021				
State	**Postpartum Depression Screening (n = 42) Yes = 41 No = 1**	**Reimbursed Separately or as an Office visit component? Office = 14 Separately = 23**	**Postpartum Depression Treatment**	**Utilization Controls and Comments**
				For treatment, medications are covered; generics required; tier structure applied
Oregon	✓	Office	✓	
Pennsylvania	✓	Office	✓	For screening, 1 per day For treatment, numerous products preferred on PDL; Non-preferred products available through prior authorization
Rhode Island	No	—	✓	
South Carolina	✓	Separately	✓	Screening covered with code 96161
Tennessee	✓	Separately	✓	
Texas	✓	Office	✓	For screening office visit billing guidelines apply. For treatment, billing requirements and limits depend on type of treatment
Utah	✓	Office	✓	Treatment depends upon the course of treatment.
Vermont	✓	Office	✓	
Virginia	✓	Office	No	For screening, state covers these services but global code and based on how they bill the service
Washington	✓	Separately	✓	This is actually yes and no. Depression screening is required as part of standard OB care - both prenatally and PP - and we generally pay that with an OB global payment. So, there is not an additional reimbursement in the context of OB care. We reimburse with a separate add on payment for pediatric providers to screen parent/s of infants less than six (6) months. 96161 with an EPA is used and this screening is required per our billing guide. For treatment, must be done within the coverage period postpartum - currently last day of the month containing the 60th day PP for Pregnancy Medicaid coverage.
West Virginia	✓	Office	✓	
Wisconsin	✓	Separately	✓	
Wyoming	✓	Separately	✓	
NOTE: “n/a” = no answer SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.				

Table 8: State Medicaid Coverage of Fertility Counseling and Diagnostic Testing, as of July 1, 2021						
	Fertility Counseling Outside of Well Woman Visit		Diagnostic Testing for Women		Diagnostic Testing for Men	
State	Covered? (n = 42) Yes (✓) = 12 No = 30	Utilization Controls and Comments	Covered? (n = 42) Yes (✓) = 18 No = 24	Utilization Controls and Comments	Covered? (n = 41) Yes (✓) = 11 No = 30	Utilization Controls and Comments
Alabama	No		No		No	
Alaska	No		No		No	
Arizona	No	Fertility services not covered	No	Fertility services not covered	No	Fertility services not covered
California	✓		No		✓	Covered for males 18 and over
Colorado	✓	General fertility counseling associated with family planning visits covered but no coverage for infertility related services	✓	General family planning related, and medically necessary tests are covered, but not testing for infertility diagnosis	✓	Simple Semen/sperm analysis to confirm effective sterilization procedures covered
Connecticut	✓	Covered as part of the overall medically necessary visit	✓	No limitations beyond medical necessity	✓	No limitations beyond medical necessity
Delaware	No		No		No	
DC	No		No		No	
Florida	No		No		No	
Hawaii	✓		✓		✓	
Idaho	No		No		No	
Illinois	✓		✓		✓	
Indiana	No		No		No	
Iowa	No		No		No	
Kansas	✓		ü		No	
Louisiana	No		No		No	
Maine	No		No		No	
Maryland	No		✓		n/a	
Massachusetts	No		✓		✓	
Michigan	✓		✓		✓	
Mississippi	No		No		No	
Missouri	No		✓	Covered if the diagnostic tests are for medical reasons, not fertility services. Diagnostic testing for women such as lab, ultrasounds, HSGs, laparoscopy could be for problems such as endometriosis which could cause pain, ultrasounds to look for any problems the woman is having such a ovarian cysts, labs to check hormone levels.	✓	Covered if the diagnostic tests are for medical reasons, not fertility services. Diagnostic testing for men could include tests for hormone levels if a man is having issues with low testosterone, to make sure a vasectomy worked.
Montana	No		No		No	
Nevada	No		No		No	
New Jersey	No		No		No	

Table 8: State Medicaid Coverage of Fertility Counseling and Diagnostic Testing, as of July 1, 2021						
	Fertility Counseling Outside of Well Woman Visit		Diagnostic Testing for Women		Diagnostic Testing for Men	
State	Covered? (n = 42) Yes (✓) = 12 No = 30	Utilization Controls and Comments	Covered? (n = 42) Yes (✓) = 18 No = 24	Utilization Controls and Comments	Covered? (n = 41) Yes (✓) = 11 No = 30	Utilization Controls and Comments
New York	✓		✓	Not all diagnostic tests are covered	No	
North Carolina	No		No		No	
North Dakota	No		No		No	
Oklahoma	✓		✓		No	
Oregon	✓	Can be part of a standalone reproductive health visit	No		No	
Pennsylvania	No		No		No	
Rhode Island	No		✓		No	
South Carolina	No		✓		No	
Tennessee	✓		✓		✓	
Texas	No		No	UM criteria vary according to each MCO coverage policy	No	
Utah	No		No		No	
Vermont	✓		✓		✓	
Virginia	No		✓		No	
Washington	No		No		No	
West Virginia	No		✓		No	
Wisconsin	No		✓	Covered when they are for purposes other than the treatment or diagnosis of fertility-related conditions	✓	Covered when they are for purposes other than the treatment or diagnosis of fertility-related conditions
Wyoming	No		No		No	

NOTE: “n/a” = no answer.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021

Table 9: State Medicaid Coverage of Fertility Services, as of July 1, 2021					
State	**Medication for women (e.g. HMG) (n = 42) Yes (✓) = 5 No = 37**	**Intrauterine Insemination (IUI) (n = 42) Yes (✓) = 2 No = 40**	**In-vitro fertilization (IVF) (n = 42) Yes (✓) = 2 No = 40**	**Egg freezing (n = 41) Yes (✓) = 1 No = 40**	**Utilization controls and Other Comments**
Alabama	No	No	No	No	
Alaska	No	No	No	No	State does not cover fertility services
Arizona	No	No	No	No	Fertility services are not covered
California	✓	No	No	No	Medications as medically indicated FP SPA program does not cover fertility services
Colorado	No	No	No	No	
Connecticut	No	No	No	No	
Delaware	No	No	No	No	
DC	No	No	No	No	
Florida	No	No	No	No	Fertility services are non-covered services
Hawaii	No	No	No	No	All drugs and procedures used for the purpose of inducing ovulation and enhancing fertility are not covered.
Idaho	No	No	No	No	
Illinois	✓	✓	✓	✓	Egg freezing is covered if fertility [is impacted] due to cancer
Indiana	No	No	No	No	
Iowa	No	No	No	No	
Kansas	No	No	No	No	
Louisiana	No	No	No	No	
Maine	No	No	No	No	Treatments and procedures that are usually performed for the sole purpose of evaluation or treatment of infertility require utilization review to document medical necessity of the procedure for reasons other than the treatment of infertility.
Maryland	✓	✓	✓	n/a	
Massachusetts	No	No	No	No	
Michigan	No	No	No	No	
Mississippi	No	No	No	No	
Missouri	No	No	No	No	
Montana	No	No	No	No	Medications FDA approved for fertility are not covered. Drugs used for fertility, but FDA approved for a different indication may not have limits in place.
Nevada	No	No	No	No	
New Jersey	No	No	No	No	
New York	✓	No	No	No	
North Carolina	No	No	No	No	
North Dakota	No	No	No	No	
Oklahoma	No	No	No	No	
Oregon	No	No	No	No	
Pennsylvania	No	No	No	No	
Rhode Island	No	No	No	No	
South Carolina	No	No	No	No	
Tennessee	No	No	No	No	
Texas	No	No	No	No	Letrozole is a Texas Medicaid covered benefit for medical necessity other than fertility. Coverage of fertility drugs are excluded per TAC RULE §354.1923.
Utah	No	No	No	No	
Vermont	No	No	No	No	Medications for breast cancer [patients] only.
Virginia	No	No	No	No	
Washington	No	No	No	No	Fertility services are a noncovered benefit.
West Virginia	No	No	No	No	
Wisconsin	✓	No	No	No	
Wyoming	No	No	No	No	

NOTE: “n/a” = no answer
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021

Table 10: State Medicaid Coverage Policies for Perinatal Genetic Screening Services, as of July 1, 2021					
State	**Genetic Counseling (n = 41) Yes = 32 No = 9**	**Chorionic Villus Sampling (n = 41) Yes = 38 No = 3**	**Amniocentesis (n = 42) Yes = 42 No = 0**	**Prenatal Genetic Screening (n = 41) Yes = 39 No = 2**	**Utilization Controls and Comments**
Alabama	No	No	✓	✓	Non-invasive prenatal testing covered only
Alaska	✓	✓	✓	✓	Genetic Counseling covered through office visit with provider acting within scope of their practice. AK Medicaid does not enroll or acknowledge a genetic counselor provider type. Universal prenatal genetic screening covered for first trimester screen; cell-free fetal DNA test for high risk pregnancies is covered with conditions
Arizona	✓	✓	✓	✓	CVS, amniocentesis, and prenatal genetic screening require prior authorization
California	✓	✓	✓	✓	CVS should be performed only by a physician experienced in this procedure, and billable with certain provisions. At 15 to 20 weeks gestation and if positive, the CVS would need to be followed up by amniocentesis to rule out this genetic abnormality Amniocentesis reimbursable only once for women in the first and/or second trimester of pregnancy, including women with Presumptive Eligibility for Pregnant Women (PE4PW) benefits and can include any combination of the five analytes. Women with positive screen results also may receive specialized follow-up services and diagnostic tests that are authorized only through GDSP. Prenatal genetic screening covered under California Department of Public Health's Prenatal Screening Program (PNS). Limit to once per pregnancy.
Colorado	✓	✓	✓	✓	Genetic counseling, CVS, and amniocentesis covered when clinically indicated in accordance with nationally recognized standards of care. Genetic screening coverage available for women with a singleton gestation & one or more of the following conditions: >35 yrs at delivery, Fetal US indicating increased risk of aneuploidy; prior pregnancy with a trisomy; + test result for aneuploidy &/or Parental balanced Robertsonian translocation & risk of trisomy 13 or 21.
Connecticut	✓	✓	✓	✓	Genetic Counseling covered when rendered as part of an office visit by physician, APRN, PA or CNM For amniocentesis, no limits beyond medical necessity. Prior authorization for genetic testing with the exception of those tests used for cystic fibrosis screening (CPT codes 81220-81224) and fetal aneuploidy screening (CPT codes 81420 and 81507) during pregnancy.
Delaware	✓	✓	✓	✓	
DC	✓	✓	✓	✓	
Florida	No	✓	✓	✓	CVS, Amniocentesis, and prenatal genetic testing: 1 unit per claim
Hawaii	n/a	n/a	✓	n/a	Medicaid covers amniocentesis and chromosome analysis when medically indicated. Testing that require authorizations include but are not limited to: - On fetal cells by amniocentesis between the 16th and 20th week of gestation (confirmed by ultrasound) when: a) the mother is 35 or older, b) a parent has a previous child with a known or strongly suspected chromosome abnormality, c) either parent has a known chromosome disorder, or d) there is a family history of a hereditary disorder diagnosable by chromosome analysis. Prior authorization is not required for amniocentesis. Claims must document the reason(s) for performing the amniocentesis. Amniocentesis alone is covered when: • An assessment of fetal lung maturity is necessary because pre-term delivery is either imminent or necessary. • The determination of amniotic fluid bilirubin levels is necessary to assess fetal involvement in hemolytic diseases of the newborn."
Idaho	No	✓	✓	✓	

Table 10: State Medicaid Coverage Policies for Perinatal Genetic Screening Services, as of July 1, 2021					
State	**Genetic Counseling (n = 41) Yes = 32 No = 9**	**Chorionic Villus Sampling (n = 41) Yes = 38 No = 3**	**Amniocentesis (n = 42) Yes = 42 No = 0**	**Prenatal Genetic Screening (n = 41) Yes = 39 No = 2**	**Utilization Controls and Comments**
Illinois	✓	✓	✓	✓	
Indiana	✓	No	✓	✓	
Iowa	✓	✓	✓	✓	Prenatal genetic testing requires prior authorization
Kansas	✓	✓	✓	✓	Genetic counseling may be included in office visits. Prenatal genetic testing covered for high risk pregnancies only.
Louisiana	✓	✓	✓	✓	Genetic counseling included in E&M visit NIPT [Noninvasive prenatal testing] is considered medically necessary once per pregnancy for women over the age of 35, and for women of all ages who meet one or more of the high-risk criteria outlined in policy.
Maine	✓	✓	✓	✓	
Maryland	✓	✓	✓	✓	
Massachusetts	✓	✓	✓	✓	Genetic counseling coverage applies to antepartum genetic counseling for high-risk women. Prenatal genetic screening requires prior authorization
Michigan	✓	✓	✓	✓	No limits applicable to conventional blood chemistry serum testing. Prior authorization required on cell-free fetal DNA test. Coverage is limited to beneficiaries who meet Genetic Testing policy requirements.
Mississippi	✓	No	✓	✓	Genetic counseling and prenatal genetic screening are covered when medically necessary; services are subject to prior authorization based on medical necessity.
Missouri	No	✓	✓	✓	CVS & Amniocentesis: Clinical documentation is required for some procedures. Clinical documentation is required for some prenatal genetic testing procedures.
Montana	No	✓	✓	✓	
Nevada	✓	✓	✓	✓	First trimester screen covered. Cell-free fetal DNA test currently not covered.
New Jersey	✓	✓	✓	✓	CVS and amniocentesis offered to all >35 years of age and if medically indicated. Prenatal genetic screening requires medical indication.
New York	✓	✓	✓	✓	For Genetic counseling: ESO 07 exception (limited coverage; Cytogenetic studies codes 88245, 88267 and 88269 must be billed in combination with code 88280 to report a 2-karyotype chromosome analysis as described in the quality control standards for cytogenetic licensure. Prenatal Genetic Screening covered for pregnant women age 35+ and/or with associated risk factors
North Carolina	✓	✓	✓	✓	Genetic counseling covered before and after genetic testing when policy specific criteria are met. CVS and amniocentesis covered under policy specified medical necessity criteria Cell-free testing covered for specified high risk categories.
North Dakota	No	✓	✓	✓	
Oklahoma	✓	✓	✓	✓	Three hours of genetic counseling allowed per pregnancy; coverage reasons include but are not limited to: 1) advanced maternal age, 2) abnormal maternal first or second serum screening, 3) previous child or current fetus/infant with an abnormality, 4) consanguinity/incest, 5) parent is a known carrier or has a family hx of a genetic condition, 6) parent exposed to a known or suspected reproductive hazard, 7) previous fetal demise, still birth, or neonatal death involving known/suspected abnormalities, 8) history of recurrent pregnancy loss, 9) parent(s) are in an ethnic or racial group associated with an increased risk for specific genetic conditions. CVS: covered for ages 12 to 9999.

Table 10: State Medicaid Coverage Policies for Perinatal Genetic Screening Services, as of July 1, 2021					
State	**Genetic Counseling (n = 41) Yes = 32 No = 9**	**Chorionic Villus Sampling (n = 41) Yes = 38 No = 3**	**Amniocentesis (n = 42) Yes = 42 No = 0**	**Prenatal Genetic Screening (n = 41) Yes = 39 No = 2**	**Utilization Controls and Comments**
					Amniocentesis allowed to be billed separately—it is not included in global OB payment. Non-invasive prenatal testing for trisomy 21, 18, and 13 may be considered medically necessary for pregnant women at high risk of aneuploidy as defined by one or more of the following criteria: 1) Maternal age 35 years or older at delivery 2) Fetal ultrasound finding indicating an increased risk of aneuploidy, specifically for trisomies 13, 18, or 21 3) History of prior pregnancy with a trisomy detectable by cfDNA screening (trisomies 13, 18, or 21) 4) Positive screening results for aneuploidy including a first trimester, sequential, integrated, or quadruple screen 5) Parental balanced Robertsonian translocation with increased risk of fetal trisomy 13 or 21 6) Non-invasive prenatal testing for any indication beside trisomy 21, 18, and 13 is not considered medically necessary."
Oregon	✓	✓	✓	✓	
Pennsylvania	✓	✓	✓	✓	CVS, Amniocentesis and Prenatal Genetic Screening: 1 unit pregnancy
Rhode Island	No	✓	✓	No	
South Carolina	✓	✓	✓	✓	Prenatal genetic screening requires prior authorization
Tennessee	✓	✓	✓	✓	UM criteria for genetic screening vary according to each MCO coverage policy
Texas	✓	✓	✓	✓	Genetic counseling, CVS & amniocentesis are subject to retrospective review of medical record and recoupment of payment if documentation does not support the service billed. For genetic counseling, certain E/M codes subject to limit of once per year to once per four years or once per pregnancy when billed by a Geneticist. Cell-free fetal DNA limited to certain high-risk criteria & subject to prior authorization and retrospective review of medical record and recoupment of payment if documentation does not support the service billed. First trimester screen and other conventional aneuploidy screening subject to retrospective review of medical record and recoupment of payment if documentation does not support the service billed.
Utah	No	✓	✓	No	CVS & Amniocentesis: 19-64
Vermont	✓	✓	✓	✓	Prenatal genetic screening limited to those with high risk
Virginia	✓	✓	✓	✓	Prenatal genetic screening requires prior authorization
Washington	✓	✓	✓	✓	Covered for genetic counseling: One initial prenatal genetic counseling encounter. This encounter must be billed in 30-minute increments and cannot exceed 90 minutes. • Two follow-up prenatal genetic counseling encounters per pregnancy. The encounters must occur no later than 11 months after conception. These encounters must be billed in 30-minute increments and cannot exceed 90 minutes. Some genetic testing procedure codes require PA or EPA. Cell-free DNA requires EPA or PA.
West Virginia	✓	✓	✓	✓	Genetic counseling included in E&M visit All genetic testing must be medically necessary and has prior authorizations requirements on specific codes.
Wisconsin	✓	✓	✓	✓	Genetic counseling covered when testing is part of either routine or targeted clinical routine or targeted clinical screening that has been determined to have clinically useful impact on health outcomes. Requires prior authorization Prenatal genetic screening limited to high risk women.
Wyoming	✓	✓	✓	✓	
NOTE: “n/a” = no answer SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.					

Table 11: State Medicaid Coverage of Counseling & Support Services, as of July 1, 2021					
State	**Case Management (n = 42) ✓ = 37 No = 5**	**Non-Emergency Medical Transportation (n = 42) ✓ = 42**	**Prenatal Home Visits (n = 42) ✓ = 36 No = 6**	**Postpartum Home Visits (n = 42) ✓ = 36 No = 6**	**Utilization Controls and Comments**
Alabama	✓	✓	✓	✓	
Alaska	✓	✓	✓	✓	Case management is available for high-risk members in need of support if Medicaid is their sole payment provider
Arizona	No	✓	✓	✓	
California	✓	✓	✓	✓	Case management covered per medical necessity. NEMT is covered only when a recipient's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab, or another form of public or private conveyance. Transport is not covered if the care to be obtained is not a Medi-Cal benefit. Postpartum home visit covered within first 60 days postpartum.
Colorado	✓	✓	✓	✓	Case management covered in special programs (Prenatal Plus- Hi-Risk moms, Nurse Family Partnership-first time mothers) and through Regional Accountable Entities. Prenatal home visits: One initial, comprehensive, PN visit including history and physical exam & subsequent PN visits at frequency of nationally recognized standards of care
Connecticut	✓	✓	✓	✓	Case management covered as part of the overall prenatal reimbursement, not separately reimbursed No specific limits beyond the standard requirements for NEMT: the service must be medically necessary and covered under Medicaid For home visits, patient must be high-risk; prior authorization required for more than 2 visits during the prenatal period
Delaware	✓	✓	✓	✓	Home visits requires prior authorization
DC	✓	✓	✓	✓	
Florida	✓	✓	No	No	For case management, no limits for managed care health plan enrollees; targeted case management available for qualifying managed care and non-managed care recipients, 344 15-minute units per month
Hawaii	✓	✓	✓	✓	Home visits covered only by Medicaid providers, a nurse midwife could, but otherwise must be a Medicaid provider.
Idaho	✓	✓	✓	✓	
Illinois	✓	✓	✓	✓	
Indiana	✓	✓	✓	✓	Home visits available through community health workers
Iowa	✓	✓	✓	✓	Home visits for antepartum care are billed in the same way as office visits for antepartum care.
Kansas	✓	✓	✓	✓	Case management provided by MCOs. Home visits covered per home health orders.
Louisiana	No	✓	✓	✓	
Maine	✓	✓	✓	✓	For case management, members must have qualifying conditions; case management services are covered under various avenues. Within our MaineCare Benefits Manual you could reference the following sections for varying eligibility criteria: Targeted Case Management Services, Community Support Services, Health Home Services, Behavioral Health Home Services, and Opioid Health Home Services. Transportation to services that are Medicaid covered. Home visits covered when medically necessary
Maryland	No	✓	No	No	

Table 11: State Medicaid Coverage of Counseling & Support Services, as of July 1, 2021					
State	**Case Management (n = 42) ✓ = 37 No = 5**	**Non-Emergency Medical Transportation (n = 42) ✓ = 42**	**Prenatal Home Visits (n = 42) ✓ = 36 No = 6**	**Postpartum Home Visits (n = 42) ✓ = 36 No = 6**	**Utilization Controls and Comments**
Massachusetts	✓	✓	✓	✓	Requires provider request for transportation
Michigan	No	✓	✓	✓	
Mississippi	✓	✓	✓	✓	Case management available to women and infants in high-risk management program NEMT available to Medicaid beneficiaries with full Medicaid benefits. Home visits available to women and infants in high-risk management program
Missouri	✓	✓	✓	✓	Case Management for Pregnant Women is limited to one per participant per provider for in office and one per provider per participant for at home. For postpartum home visits MO HealthNet reimburses up to two post-discharge skill nurse visits in the home within two weeks of an early inpatient discharge for a stay of less than 48 hours for a vaginal delivery and a stay of less than 96 hours for a cesarean section delivery when provided by a home health agency.
Montana	✓	✓	No	No	Targeted case management
Nevada	No	✓	✓	✓	
New Jersey	✓	✓	✓	✓	
New York	✓	✓	✓	✓	Case management available for first time moms & newborns Prenatal visits covered as ordered by provider based on identified need Postpartum home visits covered as ordered by provider, medical necessity - All Medicaid enrollees who give birth are eligible for one visit; additional visits covered if medically indicated; provider to order visit to be authorized by managed care plan
North Carolina	✓	✓	✓	✓	MH/SUD; 1 unit per week; may not be provided with services that have case management component Prenatal home visits covered under policy specific high risk indications. Up to 2 visits per month. More visits can be allowed per support of medical necessity documentation. One postpartum home visit per pregnancy
North Dakota	✓	✓	✓	✓	
Oklahoma	✓	✓	✓	✓	Home visits Provided by the Children's First program, limit of 5 services per month
Oregon	✓	✓	✓	✓	
Pennsylvania	✓	✓	✓	✓	Case management: 1 unit is 15 minutes; 1-96 unit limit NEMT up to 300 miles per day Prenatal home visits are based on need and risk level in Medicaid Managed Care home visiting program 2 postpartum home visits in Pennsylvania's Healthy Beginnings Plus Expanded Maternity Program: no visit limit for home visiting in Medicaid Managed Care
Rhode Island	✓	✓	✓	✓	
South Carolina	✓	✓	✓	✓	Transportation must be for a Medicaid covered visit, service or product Prenatal home visits limited to Nurse Family Partnership waiver
Tennessee	✓	✓	No	No	Home visits not state required, benefits vary by MCO

Table 11: State Medicaid Coverage of Counseling & Support Services, as of July 1, 2021					
State	**Case Management (n = 42) ✓ = 37 No = 5**	**Non-Emergency Medical Transportation (n = 42) ✓ = 42**	**Prenatal Home Visits (n = 42) ✓ = 36 No = 6**	**Postpartum Home Visits (n = 42) ✓ = 36 No = 6**	**Utilization Controls and Comments**
Texas	✓	✓	✓	✓	Case management limited to pregnant women who have a high-risk condition, one contact per day per person. NEMT subject to prior authorization Home visits may be subject to prior authorization, depending on counseling and support service provided. Case management & home visits subject to retrospective review of medical record and recoupment of payment if documentation does not support the service billed.
Utah	✓	✓	✓	✓	Case management limits determined by medical necessity NEMT open for Trad to the nearest provider who can provide services Home visits limited to 6 visits during 12-month period
Vermont	✓	✓	No	No	Case management for targeted populations NEMT requires prior authorization. Additional conditions can be found in the administrative rule.
Virginia	✓	✓	✓	✓	
Washington	✓	✓	✓	✓	The most broadly offered case management program is under the First Steps benefit - in the Maternity Support Services program during pregnancy and 2 months postpartum. All pregnant clients on Medicaid in WA are eligible for this program. There are a host of other case management programs that pregnant persons may be eligible for and are supported at least in part by Medicaid dollars. Criteria typically would be chronic conditions - either physical health or behavioral health related. Also, our 5 MCOs offer enhanced services to pregnant persons or sub-populations within their members and these programs may include case management. Prenatal home visits: As noted above, the most broadly offered program to pregnant clients on Medicaid is Maternity Support Services. These services may be home/community or office/clinic based and varies by both client preference and organization delivering the services. Also as above there are more targeted programs with explicit criteria that offer home visiting. Lastly, many Medicaid clients are eligible for the suite of intensive home visiting programs run out of a separate state agency, our Department of Children, Youth and Families Postpartum home visits: Same as above. Except Maternity Support Services extends until 2 months postpartum and then the Infant Case Management (ICM) program is available from that time until the last day of the month when the infant turns one year old. ICM services may be delivered in home/community settings or office/clinic settings.
West Virginia	✓	✓	✓	✓	Only transported to an enrolled Medicaid provider within 125 miles
Wisconsin	✓	✓	✓	✓	
Wyoming	✓	✓	No	No	NEMT must be prior authorized. Public Health covers postpartum home visits.
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.					

Table 12: State Medicaid Coverage of Substance Use Disorder Services, as of July 1, 2021			
State	**Expanded SUD benefits covered? (n = 42) ✓ = 36 No = 6**	**Expanded SUD services description**	**Residential Recovery Centers covered? (n = 39) ✓ = 10 No = 29**
Alabama	✓	Rehabilitative Options and SBIRT	No
Alaska	✓	Alaska has a 1115 Waiver for SUD services which includes pregnant members in need of SUD services.	n/a
Arizona	✓	Offer full continuum of care including outpatient, intensive outpatient, residential, and inpatient services. For more information on covered services, please see AHCCCS medical policy manual 310-B: https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf	No
California	✓	According to the California Code of Regulations, Title 22, Sec 51341, perinatal clients receive the full ASAM continuum of care of SUD services. DHCS also requires that perinatal service providers follow the Perinatal Practice Guidelines when planning for and implementing SUD treatment services specifically for pregnant and parenting women.	No
Colorado	✓	State offers the full continuum of SUD services for all SUD diagnoses	✓
Connecticut	✓	The full array of ASAM continuum of care.	✓
Delaware	✓		No
DC	No		✓
Florida	✓	Outpatient medical, pharmacy, and counseling services, and inpatient general hospital services are available through the state plan. Intensive outpatient, detox, and inpatient residential services are available through Medicaid managed care in-lieu-of-services program	No
Hawaii	✓		n/a
Idaho	✓	Offer the full continuum, except non-inpatient residential care.	No
Illinois	No		✓
Indiana	✓	Intensive outpatient treatment, partial hospitalization, outpatient services, crisis services, and residential treatment for ASAM levels 3.1 and 3.5.	✓
Iowa	No	Note: ACA expansion adults may receive SUD services only through the MCO model and if member is determined medically frail.	No
Kansas	✓	Full range of benefits as above [outpatient services, intensive outpatient services, residential/inpatient services, etc.]	No
Louisiana	✓	LA additionally offer the following ASAM levels: 2-WM, 3.1, 3.2-WM, 3.3, 3.5, 3.7, 3.7-WM and 4-WM.	No
Maine	✓	Outpatient services, IOP, residential/inpatient services, case management, and additional programs would be Maine Opioid Health Home and Maternal Opioid Model (MOM)	No
Maryland	✓	Full ASAM	n/a
Massachusetts	✓	SUD benefits for pregnant women include ASAM Levels 4, 3.7, 3.5, 3.1, 2.1, and 1.0"	✓
Michigan	✓	The state offers the full range of ASAM continuum of care services, including residential inpatient services that welcome children and dependents as well. The state also provides childcare for children of those receiving services. Transportation is covered. Additional supports are available to SUD clients with children, such as transportation for child(ren) to attend therapy appointments or visitation with client. Pregnant individuals with SUD are considered 1st priority and receive a residential placement above any other individual on a waitlist.	No
Mississippi	No		No
Missouri	✓	All benefits are available to pregnant women as with other populations in SUD treatment including all CSTAR services in the SPA including CSTAR Level 1-3.	No
Montana	✓	All SUD services covered in MT Other Rehab SPA (OP therapy, ASAM 2.1, ASAM 2.5, ASAM 3,5, ASAM 3.7, Certified Behavioral Health peer support)	No
Nevada	✓	Nevada Medicaid offers a full ASAM continuum of care except residential inpatient services.	✓

Table 12: State Medicaid Coverage of Substance Use Disorder Services, as of July 1, 2021			
State	**Expanded SUD benefits covered? (n = 42) ✓ = 36 No = 6**	**Expanded SUD services description**	**Residential Recovery Centers covered? (n = 39) ✓ = 10 No = 29**
New Jersey	✓	Full ASAM continuum of care except halfway houses	No
New York	✓	Offer full continuum including crisis, inpatient, residential, outpatient, IOS, Opioid Treatment, and Peer services.	No
North Carolina	✓	Pregnant beneficiaries covered for Substance Abuse Intensive Outpatient Program (SAIOP) and Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) per ASAM criteria. Inpatient and Outpatient.	No
North Dakota	No		No
Oklahoma	✓	Full ASAM continuum of care including residential	No
Oregon	✓	Offer full continuum of care, using ASAM criteria under the SUD rehabilitation state plan and SUD 1115 waiver authority.	✓
Pennsylvania	✓	Offer full ASAM continuum of care	No
Rhode Island	✓	Outpatient treatment, intensive outpatient, inpatient services.	No
South Carolina	No		No
Tennessee	✓	Offer full ASAM continuum of care	No
Texas	✓	SUD services include: assessment, group and individual counseling, peer specialist services, residential treatment, outpatient withdrawal management, residential withdrawal management, and inpatient (hospital-based) withdrawal management. Texas does not cover the full ASAM continuum of care; intensive outpatient and partial hospitalization are not covered services.	No
Utah	✓	ASAM 1.0 through ASAM 4.0	No
Vermont	✓	VT covers residential detoxification, residential post detox services, residential extended post detox, and nonresidential professional services	No
Virginia	✓	Addiction and Recovery Treatment Services (ARTS) Benefit for Pregnant Members (ARTS) benefit supports members by aligning with the ASAM Criteria to ensure they are matched to the right level of care to meet their evolving needs as they enter and progress through treatment.	No
Washington	✓	The Chemical-Using Pregnant Women (CUP) program offers withdrawal management and medical stabilization and treatment services for up to 26 days in an inpatient hospital setting. There are currently four (4) approved hospitals in the state who offer these services. The Pregnant and Parenting Women (PPW) program includes both outpatient substance use disorder services and residential SUD treatment for women and their children under the age of six for up to six months.	✓
West Virginia	✓	Yes, offer full continuum of care	✓
Wisconsin	✓	All ASAM residential levels of care for individuals who are pregnant with SUD Disorder; outpatient services, intensive outpatients (IOP) and residential services for PPW. Several residential programs are tailored for postpartum and pregnant women.	No
Wyoming	✓	Outpatient services and intensive outpatient services	No
NOTE: “n/a” = no answer SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.			

Table 13: State Medicaid Coverage of Breast Pumps, as of July 1, 2021			
State	**Electric Breast Pumps (n = 42) ✓ = 37 No = 5**	**Manual Breast Pumps (n = 42) ✓ = 32 No = 10**	**Utilization Controls and Comments**
Alabama	No	No	
Alaska	✓	✓	
Arizona	✓	✓	Limit of 1 every 6 months
California	✓	✓	Prior authorization required if price exceeds over $100
Colorado	✓	✓	Electric breast pumps require PAR [prior authorization] and limit of 1 every 31 months. Only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 54 days or more. Manual breast pumps only available for use with premature infants and infants in critical care
Connecticut	✓	✓	
Delaware	✓	✓	
DC	✓	✓	
Florida	✓	No	
Hawaii	✓	✓	Manual breast pumps covered if medically necessary.
Idaho	✓	✓	
Illinois	✓	✓	
Indiana	✓	✓	
Iowa	✓	✓	Prior authorization required
Kansas	✓	✓	One per year
Louisiana	✓	No	A new breast pumps covered for every delivery
Maine	✓	No	
Maryland	✓	✓	
Massachusetts	✓	✓	For both electric and manual pumps, a prescription is required. Members get 1 pump every 9 months, excluding the hospital grade E0604, which is a rental only. Prior authorization only required for hospital grade.
Michigan	✓	✓	A double electric breast pump, purchase only, is covered once per five years per beneficiary. Prior authorization is not required when the standards of coverage are met. The rental of a hospital grade breast pump is a covered benefit for a beneficiary with a NICU infant up to 3 months of age with a condition or situation that is specified in policy. Prior authorization is not required when Standards of Coverage are met. Prior authorization is required beyond three months. Limits or utilization controls for the Medicaid expansion group would be dependent upon the beneficiary's Managed Care Organization's requirements. All breast pumps require a physician's order with ICD code related to birth or pregnancy. Specific pump standards are listed in policy. Medicaid will not purchase a personal use double electric breast pump during the rental period of a hospital-grade electric breast pump or if a manual pump was purchased within the Standards or Coverage frequency limits. Purchase includes education for the proper use, care of the equipment, storage of breast milk and supplies necessary for the operation of the pump. One manual pump covered per birth.
Mississippi	✓	✓	Pumps covered when medically necessary; services are subject to prior authorization based on medically necessary.
Missouri	✓	✓	Electric pumps must be prior authorized, and an invoice of cost must be filed with the claim. For manual pump, medical necessity must be one file.
Montana	✓	No	One per pregnancy. Hospital grade pumps rental only.
Nevada	No	No	Pumps available only through WIC or EPSDT; manual and electric pumps are not covered under Medicaid and are only covered under EPSDT. WIC provides them to their participants.
New Jersey	✓	✓	
New York	✓	✓	Rental fee covered for electric pumps.
North Carolina	No	No	
North Dakota	✓	✓	

Table 13: State Medicaid Coverage of Breast Pumps, as of July 1, 2021			
State	**Electric Breast Pumps (n = 42) ✓ = 37 No = 5**	**Manual Breast Pumps (n = 42) ✓ = 32 No = 10**	**Utilization Controls and Comments**
Oklahoma	No	No	Pumps covered through WIC program
Oregon	✓	✓	
Pennsylvania	✓	✓	1 electric pump covered per lifetime. 1 manual pump covered per year.
Rhode Island	✓	✓	
South Carolina	No	No	The SC Medicaid Program does not cover breast pumps through FFS. However, breast pumps are provided through the SC WIC program administered by the SC Department of Health and Environmental Control.
Tennessee	✓	✓	
Texas	✓	✓	Personal-use, (single-user) electric pump reimbursed once within 12 months from the date of birth; Rental of multiple-user, hospital-grade electric pump initial 60-day rental, followed by up to three 90-day rentals within 12 months from the date of birth; subject to prior authorization. Personal-use (single-user) manual pump reimbursed once within 12 months from the date of birth; subject to prior authorization
Utah	✓	✓	Limit one electric pump per year.
Vermont	✓	No	VT Medicaid covers double electric personal use and hospital grade breast pumps when medically necessary and clinically appropriate. See our clinical guidelines policy at https://dvha.vermont.gov/sites/dvha/files/documents/providers/Forms/Breast%20Pumps%2009212020.pdf
Virginia	✓	✓	
Washington	✓	✓	Hospital grade electric pump covered to rent under certain criteria and expediated prior authorization or prior authorization. Electric pump purchase covered with prior authorization and only 1 covered per lifetime. Manual breast pump purchase covered, only 1 per lifetime.
West Virginia	✓	✓	
Wisconsin	✓	✓	
Wyoming	✓	✓	
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.			

Table 14: State Medicaid Coverage of Lactation Consultants, as of July 1, 2021							
State	Hospital-Based Lactation Consultant		OP/Clinic Individual Lactation Consultant		Home Visit Individual Lactation Consultant		Utilization Controls and Comments
	Covered? (n = 42) ✓ = 30 No = 12	Separately reimbursed or DRG/Global fee?	Covered? (n = 42) ✓ = 27 No = 15	Separately reimbursed or Office Visit component?	Covered? (n = 42) ✓ = 20 No = 22	Separately reimbursed or Home Visit component?	
Alabama	✓	DRG/Global	No	—	No	—	
Alaska	No	—	No	—	No	—	
Arizona	No	—	No	—	No	—	
California	✓	DRG/Global	✓	Separately	✓	Separately	
Colorado	✓	DRG/Global	✓	Office	✓	Home visit	Hospital Based: lactation consultants are paid & provide services as part of hospital or global maternity care team. OP/Clinic: covered as service provided by OB team & component of global fee. Home Visit: Covered as part of component of a home visit by OB team
Connecticut	✓	DRG/Global	✓	Office	✓	Home visit	OP/Clinic: Must be provided as part of the overall office visit with a physician, APRN, or PA Home Visit: If provided as part of overall home health agency visit for high risk pregnancy coverage by the RN or LPN
Delaware	✓	DRG/Global	✓	Separately	No	—	
DC	✓	Separately	✓	Separately	✓	Separately	
Florida	No	—	No	—	No	—	
Hawaii	✓	Separately	✓	Separately	No	—	
Idaho	✓	Separately	✓	Separately	✓	Separately	
Illinois	✓	DRG/Global	✓	Office	✓	Home visit	
Indiana	✓	Separately	✓	Separately	✓	Separately	Hospital based consultant available through community health worker
Iowa	✓	DRG/Global	✓	Office	✓	Home visit	
Kansas	✓	Separately	✓	Separately	No	—	
Louisiana	No	—	No	—	No	—	
Maine	✓	DRG/Global	✓	Office	✓	Separately	
Maryland	✓	n/a	✓	n/a	✓	n/a	
Massachusetts	✓	DRG/Global	No	—	No	—	
Michigan	✓	DRG/Global	✓	Separately	✓	Separately	OP/Clinic: Two lactation visits reimbursed per pregnancy Home Visit: Two lactation visits reimbursed per visit
Mississippi	No	—	No	—	No	—	Not covered as a separately reimbursed service
Missouri	✓	DRG/Global	✓	Office	✓	Home visit	Hospital based consultant included in per diem rate
Montana	✓	Separately	No	—	No	—	
Nevada	✓	DRG/Global	✓	Office	✓	Home visit	Hospital based only reimbursed as part of daily hospital per diem rate OP/Clinic and Home Visit: Covered if working in a physician's office. Can be reimbursed as part of office/home visit or

Table 14: State Medicaid Coverage of Lactation Consultants, as of July 1, 2021							
State	Hospital-Based Lactation Consultant		OP/Clinic Individual Lactation Consultant		Home Visit Individual Lactation Consultant		Utilization Controls and Comments
	Covered? (n = 42) ✓ = 30 No = 12	Separately reimbursed or DRG/Global fee?	Covered? (n = 42) ✓ = 27 No = 15	Separately reimbursed or Office Visit component?	Covered? (n = 42) ✓ = 20 No = 22	Separately reimbursed or Home Visit component?	
							reimbursed separately. Not covered for lactation consultant businesses.
New Jersey	✓	DRG/Global	No	—	No	—	OP/Clinic: coverage varies by MCO
New York	✓	DRG/Global	✓	Separately	✓	Home visit	
North Carolina	No	—	✓	Separately	No	—	OP/Clinic covered when the breastfeeding infant has a chronic, episodic or acute condition. Limited to maximum of six units per day with max of 36 units lifetime units. One unit equals 15 minutes
North Dakota	No	—	No	—	No	—	
Oklahoma	✓	DRG/Global	✓	Separately	✓	Separately	OP/Clinic & Home Visit: Limited to 6 sessions per pregnancy
Oregon	✓	DRG/Global	✓	Separately	✓	Separately	
Pennsylvania	No	—	No	—	No	—	
Rhode Island	No	—	No	—	No	—	
South Carolina	✓	DRG/Global	✓	Office	No	—	
Tennessee	No	—	No	—	No	—	Not state required, benefit vary by MCO
Texas	No	—	No	—	No	—	
Utah	✓	DRG/Global	✓	Separately	✓	Home visit	
Vermont	✓	DRG/Global	✓	Separately	✓	Separately	
Virginia	No	—	✓	Separately	No	—	
Washington	✓	DRG/Global	No	—	No	—	OP/Clinic: Many of our Medicaid clients receive breastfeeding education and support from WIC clinics, but these services are funded separately and not by Medicaid. There also are Maternity Support Services providers (both RNs and RDs) who are lactation consultants and provide these services as part of MSS or ICM.
West Virginia	✓	DRG/Global	✓	Office	✓	Home	
Wisconsin	✓	DRG/Global	✓	Separately	✓	Separately	OP/Clinic & Home Visit: must be enrolled in Prenatal Care Coordination program
Wyoming	✓	DRG/Global	✓	Office	No	—	At home visits covered under Public Health Department

NOTE: "n/a" = no answer
SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.

Table 15: FY 2022 Medicaid Initiatives to Address Birth Outcomes and/or Maternal Health	
State	**State Initiatives**
Alabama	1. **Nurse Family Partnership**: Allows home visiting for enrolled pregnant women up to age 2 of child
Alaska	
Arizona	1. **Arizona Department of Health Mortality Action Plan**: Multi state agency collaboration led by Arizona Department of Health Services (ADHS) to address maternal mortality and morbidity including the Medicaid population 2. **Maternal Mental Health Advisory Committee**: Legislatively established to recommend improvements for screening and treating maternal mental health disorders.
California	1. **Doulas**: Effective 1/1/2022*, doula services will be covered benefits in the FFS and managed care delivery system 2. **Community Health Worke**r: Effective 1-1-2022, community health worker services will be covered benefits in the FFS and managed care delivery systems. 3. Expansion of Postpartum Medicaid Coverage to 12 months following pregnancy: Effective April 1, 2022.
Colorado	1. **Maternity Bundled Payment**: Voluntary maternity episode inclusive of all prenatal, delivery, and postpartum care for the mother. The episode has upside and downside risk. 2. **Maternal Opioid Misuse Model**: CMMI Grant awarded to CO to integrate SUD and obstetric services for pregnant and parenting people with OUD. 3. **12-month postpartum expansion**: The state intends to seek federal authority to expand the pregnancy eligibility category from 60 to 365 days postpartum, as recently allowable under ARPA
Connecticut	1. **Maternity Bundle**: CT Medicaid is working on a Maternity Bundle that is proposed to start 2022. It is still in the design phase, but the plan is to address maternal and infant birth outcomes, including addressing racial inequalities and disparities.
Delaware	1. **Breast pump policy**: Amending breast pump policy to cover electric breast pumps without prior authorization. Will include requirement in MCO contracts 2. **Evidence Based Home visiting**: Coverage of evidence-based home visiting. Will include a requirement in MCO contracts 3. **Postpartum extension**: Expansion of postpartum coverage to 1 year.
DC	1. **Doula services**: Provides coverage of doula services under state Medicaid plan. 2. **12-month postpartum coverage**: Adopts 1902(e)(16) of the Social Security Act which gives states the option to extend postpartum coverage from 60 days to 12 months
Florida	1. EXISTING: **Agency-Established Performance Targets: Statewide Medicaid Managed Care Contract**-Exhibit II-A, Section IX.B.3. a) In accordance with Section 409.967, F.S., the Agency has established certain Agency goals that are necessary for the successful operation of the SMMC program and as such intends to hold Managed Care Plans accountable for specific performance standards and expected milestones or timelines for improving performance over the term of the Contract. These goals are to reduce potentially preventable hospital events (PPEs) and improve birth outcomes 2. EXISTING: **Value Based Purchasing Programs: Statewide Medicaid Managed Care Contract**-Exhibit II-A, Section XI.C.9. The Managed Care Plan shall develop and implement a value-based purchasing program to reduce costs associated with potentially preventable events and improved birth outcomes. The Agency reserves the right to develop mandatory program parameters, performance metrics, and alternative payment methodologies at a later date.
Hawaii	1. **Infant and Early Childhood Developmental Services and Supports**: Looking to see how states are incorporating DC: 0-5 infant and early childhood development services and supports into Medicaid, including social risk factors, to support parent-child attachment
Idaho	
Illinois	1. **IL HB0135**: OTC access to all birth control 2. **HFS Quality Strategy**: Maternal child pillar and equity pillar include measures on maternal care, breast and cervical cancer screening 3. **IL HB158**: Increases home visiting and doula services
Indiana	1. **Medicaid expansion**: expanding postpartum care from 60 days to 12 months
Iowa	
Kansas	
Louisiana	
Maine	1. **Maternal Opioid Misuse (MOM)**: MaineMOM aims to improve care for pregnant and postpartum people with opioid use disorder and their infants by integrating maternal and substance use treatment services. No MCO
Maryland	**1. Home visiting** **2. Doulas** **3. Center pregnancy**
Massachusetts	1. **Postpartum Expansion**: We intend to take up the State Plan option, available 4/1/22 to expand postpartum coverage to 12 months. We also have a pending 1115 amendment to implement this expansion prior to 4/1/22 and to expand to all postpartum members, regardless of immigration status
Michigan	1. **Doula Services**: The Michigan Medicaid program is exploring coverage of doula services 2. **12 month expanded postpartum coverage**: The state is committed to expanding postpartum coverage to 12 months and is currently deciding whether to pursue an 1115 demonstration waiver or a State Plan Amendment to start coverage April 2022.
Mississippi	

Table 15: FY 2022 Medicaid Initiatives to Address Birth Outcomes and/or Maternal Health	
State	**State Initiatives**
Missouri	1. **Targeted Benefits for Postpartum Women**: Women eligible for Pregnancy Medicaid and diagnosed with a substance use disorder (SUD) will be eligible for an additional 10 months (after the 60-day postpartum period) of a limited benefit package designed for the treatment of SUD 2. **Postpartum Affinity Group sponsored by CMCS**: Quality improvement project focusing on improving outcomes for postpartum visit rates in disparate populations 3. **Maternal Fetal Infant Health Workgroups**: MO HealthNet convenes several smaller workgroups to address maternal issues within the state through cross-collaboration efforts. Over 40 distinct organizations participate in project planning and implementation in four domains: SUD, NAS, Provider Engagement and social determinants of health
Montana	1. **Perinatal Behavioral Health Initiative (PBHI):** The PBHI is a HRSA grant-funded project that is broken down into two programs that serve pregnant patients, regardless of insurance status: the Meadowlark Initiative, in partnership with the Montana Healthcare Foundation, and the PRISM for Moms psychiatric teleconsultation line. The Meadowlark Initiative is a model of team-based integrated prenatal and behavioral health care, that utilizes teams of care coordinators, prenatal providers and behavioral health providers to provide the right care at the right time for patients and their families. PRISM for Moms is a free teleconsultation service providing psychiatric referrals, interventions, and support for those providing care to patients who are pregnant or in the postpartum period in Montana.
Nevada	1. **Doula Services**: Doula services will be a Nevada Medicaid FFS and MCO benefit effective 01/01/2022 2. **Community Health Workers**: Community health worker services for the prevention and management of chronic disease will be a Nevada Medicaid FFS and MCO benefit effective 01/01/2022 3. **Registered Pharmacist Provider Type**: Pharmacists to dispense self-administered hormonal contraceptives to any patient, regardless on whether the patient has obtained a prescription from a practitioner (i.e., oral contraceptives, contraceptive patch) effective 01/01/2022
New Jersey	1. **Midwives**: Expanding allowable certifications from CNM only to all licensed midwives in the state (CNM, CM, and CPM). 2. **Episode of Care**: 3-year voluntary perinatal episode of care pilot to use an alternative payment model to hold obstetrical providers responsible for the quality and spend associated with perinatal care 3. **Lactation**: Expanding professional lactation support by allowing lactation professionals to enroll as new providers.
New York	1. **Maternal Infant Care Initiative**: Incorporate Social Determinant of Health (SDH) screening, with the support of Peer Family Navigators and licensed providers (LMSW /LMHC), into primary care and obstetrical practices to identify mothers and children with high SDH needs, place and track referrals to the appropriate community resources; Expand 'Universal Light Touch' home visitation; state funded, not a requirement in MCO contracts
North Carolina	1. **Telehealth**: Maternal services offered via PHE (including prenatal and postpartum care, pregnancy risk screen and initial prenatal visit,) will be made permanent in Obstetrics policy. Greater access to care for all beneficiaries should assist in reducing racial and ethnic disparities. 2. **Pregnancy Management Program (PMP) and Care Management for High-Risk Pregnancies (CMHRP)**: Outcome driven initiative, care management program administered as a partnership between PHPs and local maternity care service providers. The program is monitored for specific performance standards to reduce preterm births and low birth weight and improve the overall health of women and newborns across the state. The Care Management for High-Risk Pregnancies (CMHRP) program is the primary vehicle for delivery care management to pregnant women who may be at risk for adverse birth outcomes. 3. **Maternal Support (Baby Love):** Promotes healthy pregnancies and positive outcomes through maternal support programs as follows: Childbirth education, Health and Behavior Intervention, Home visit for Newborn Assessment, Home Visit for Postnatal Assessment and Maternal Care Skilled Nurse
North Dakota	
Oklahoma	1. **Tobacco Cessation Outreach**: Addition of tobacco cessation benefit and 'quit line' language to initial outreach letter to all pregnant women. Goal is to make pregnant women aware of the SoonerCare tobacco cessation benefits and services provided by the Oklahoma Tobacco Hotline. 2. **SDOH Manager**: Agency has just hired for a 'Social Determinants of Health Manager' position, which will be tasked with applying the Model for Improvement and QI techniques to SDOH. This SDOH Manager will work to identify barriers and resolve issues to help SoonerCare members access life skills courses that will help address needs and root causes of SDOH issues. 3. **CMS Improving Postpartum Affinity Group**: OHCA is participating in the CMS Improving Postpartum Affinity Group with nine other states, which began in May 2021. We are in the process of developing a QI project along with partners from the Oklahoma State Health Department- Maternal Child Health Serv
Oregon	
Pennsylvania	1. **April 2022 American Rescue Plan's Option to extend postpartum coverage**: Expansion of Medicaid Postpartum Coverage from 60 days postpartum to 12 months postpartum for mothers 2. **Pennsylvania's Perinatal Quality Collaborative**: Advance maternal-child health, increasing screenings and follow-up services for postpartum depression and improve health and wellbeing of pregnant and postpartum mothers and their children 3. **Maternity Care Bundle**: This value- based purchasing strategy uses a maternity care team to provide care from prenatal through the postpartum period. The initiative consists of quality measures, which includes SDOH and health equity measures. Additional requirements are included in Health Choices Agreement Exhibit B(7) Maternity Care Bundled Payment. 4. **Prenatal and Postpartum Care MCO P4P health equity incentive program**: The MCO P4P program added a health equity incentive payout starting in CY 2021 for two quality measures - Prenatal care in the first trimester and well child visits in the first 15 months of life. A PH-MCO can earn an incentive payout for an incremental improvement for their African

Table 15: FY 2022 Medicaid Initiatives to Address Birth Outcomes and/or Maternal Health	
State	**State Initiatives**
	American population. For CY 2022, we are adding postpartum care, in addition to 2 other chronic disease measures to the quality measures a PH-MCO can earn an incentive payout for. Additional information can be found in the HealthChoices Agreement Exhibit B(1) MCO Pay for Performance. 5. **Maternal Home Visiting MCO P4P incentive program**: The MCO P4P program added a maternal home visiting PA specific performance measure in CY 2021. The PH-MCO is eligible to receive an incentive payout for meeting a set of performance goals. The PA specific performance measure is still being finalized. Additional information can be found in the Health Choices Agreement Exhibit B(1) MCO Pay for Performance.
Rhode Island	1. **Doula Services**: Coverage of Doula services, which includes 3 prenatal visits, 1 labor and delivery, and 3 postnatal visits, is currently under leadership review and will be submitted to CMS before 9/30/21 for an effective date of 7/1/21. Covered in managed care contracts.
South Carolina	1. **Postpartum Care**: Increase access to and quality of postpartum care. Measure the timeliness of postpartum care (PPC). The goal is 5% improvement in overall statewide PPC visit rates. Work with managed care organizations on an incentive plan for postpartum care visit compliance. 2. **SBIRT Screenings**: Increase the percent of pregnant women receiving Medicaid benefits who receive an SBIRT screening or brief intervention by 10%. No requirement in MCO contract 3. **LARCs**: Increase the percent of postpartum women inserting a long-acting reversible contraceptive (LARC) by 10%. No requirement in MCO contract
Tennessee	1. **12-month postpartum expansion**: The postpartum eligibility period will change from 60days to 12months for all traditional TennCare eligibility categories. 2. **Maternal Health Quality Payments**: Provider incentives to encourage ACOG recommendations of fourth trimester- a minimum 2 postpartum visits for all maternity and mental health screenings.
Texas	1. **Maternity Level of Care Hospital Designation**: Beginning September 1, 2021, the designation of a maternal level of care (LOC) will be a condition for Texas hospitals to receive Medicaid reimbursement for maternal services. Hospitals maintained or operated by the state or an agency of the state are exempt from this requirement. A hospital that does not meet the minimum requirements for any LOC designation for maternal services will not be eligible to receive reimbursement through the Medicaid program for maternal services, except emergency services required to be provided or reimbursed under state or federal law. 2. **Improving Postpartum Care Affinity Groups**: Improving Postpartum Care Affinity Group is a project with Centers for Medicare & Medicaid Services' Improving Postpartum Care Learning Collaborative. The goal of the Postpartum Care Affinity Group is to improve postpartum care visit rates and quality of care for Medicaid clients through demonstrated performance improvement in the Postpartum Care Adult Core Set. Through this initiative Texas intends to improve access to postpartum services for management of substance use, depression, or hypertension by improving hypertension management and increasing the percent of women utilizing Healthy Texas Women (HTW) Services (FP Waiver) by connecting women with HTW providers prior to their transition from managed care.
Utah	
Vermont	
Virginia	1. **Home visiting**: "The Medicaid home-visiting benefit will support members' health, access to care and health equity. This workgroup will work on the following: Analyze federal and state regulations and funding mechanisms impacting establishment of a Medicaid home visiting benefit; Review home visiting strategies and benefits implemented in other state Medicaid programs; Analyze and make recommendations on appropriate services and rates to be included in a Medicaid home visiting benefit; and Project estimated costs over the next five years. 2. **Doula project**: Virginia Medicaid Benefit for Community Doula Services
Washington	1. **Postpartum Medicaid expansion to 12 months of coverage** for any end of pregnancy outcome and including those who are non-federally qualified as well as those who were not on Apple Health/Medicaid in WA during the pregnancy: Passed in legislation in the 2020/21 session, then signed into law by Governor Inslee. Legislatively directed implementation date is June 2022. 2. Ongoing work on a **Maternity Bundle/Maternity episode of care** that will also include the new context of 12 months of postpartum coverage. This work will be ongoing in 2022, likely will not be implemented until 2023. 3. **IMI 3-year Learning Collaborative on increasing access to midwifery led care:** State was informed on 8/11/21 that we were selected to participate with other states in a 3-year IMI Learning Collaborative on increasing sustainable access to midwifery led care. This work will start in 2021.
West Virginia	
Wisconsin	1. **Doula Project**: Exploration of methods of reimbursing doula services through Medicaid, conducting pilot project to determine feasibility of some methods 2. **HMO Quality**: WI's BadgerCare Plus HMOs are contractually required to complete a Performance Improvement Project (PIP) on reducing disparities in the HEDIS Postpartum Care measure. CY2021 is Year 2 of the PIP. HMOs are required to work with a partner clinic to expand access to non-traditional provider types, improve knowledge about cultural needs of members, and take action to reduce disparities. New in CY2021, HMOs and partner clinics are completing a self-assessment about screening members and addressing drivers of health (aka social determinants), with a goal to identify improvements.
Wyoming	
NOTE: *California has delayed coverage for doula services until January 1, 2023: https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx SOURCE: KFF and Health Management Associates, Survey of States on Medicaid Coverage of Sexual and Reproductive Health Benefits, 2021.	

Appendix B: Questionnaire

Kaiser Family Foundation Survey of Medicaid Sexual and Reproductive Health Services As of July 1, 2021

Health Management Associates is conducting this survey for the Kaiser Family Foundation.

State **Name**

Phone **Email** **Date**

SECTION I: MEDICAID FAMILY PLANNING (FP) BENEFITS

F. Fertility Services	Traditional Medicaid covers as of 7/1/2021?	Describe limits or utilization controls (e.g., if limited to infertility caused by cancer or other condition)	Coverage Policies Aligned all Elig. groups?
1. Fertility counseling outside of a well woman visit	*<choose one>*		*<choose one>*
2. Diagnostic testing for women (e.g., lab testing, ultrasounds, HSGs, laparoscopy)	*<choose one>*		*<choose one>*
3. Diagnostic testing for men (i.e., semen analysis)	*<choose one>*		*<choose one>*
4. Medications for women (clomiphene, letrazole, HMG)	*<choose one>*		*<choose one>*
5. Intrauterine insemination (IUI)	*<choose one>*		*<choose one>*
6. In-vitro fertilization (IVF)	*<choose one>*		*<choose one>*
7. Egg freezing	*<choose one>*		*<choose one>*
Comments on fertility coverage, including any coverage policy variations across different eligibility pathways (i.e., FP Waiver or SPA or for ACA expansion adults):			

SECTION II: MEDICAID AND PREGNANCY-RELATED SERVICES

In **Tables A-F** below, use the drop-down boxes to indicate whether the various pregnancy-related services were covered as of July 1, 2021, for adults 21 and older in the traditional Medicaid program. Describe limits or utilization controls applied by entering text in the space provided and use the drop-down boxes to indicate if coverage policies are aligned across all eligibility groups (i.e., traditional Medicaid, ACA expansion adults, and Pregnancy-only Medicaid). If not aligned, please describe coverage policy variations in the Comment field at the bottom of each table. **Please do NOT include services that are provided by managed care plans as value-added benefits (that is, are not a required state benefit).** Use the comment fields to indicate any coverage policy variations across different eligibility groups.

A. Prenatal Care	Traditional Medicaid covers as of 7/1/2021?	Describe limits or utilization controls	Coverage Policies Aligned all Elig. groups?
1. Ultrasounds	*<choose one>*		*<choose one>*
2. Blood pressure monitor for pregnant individuals for home use	*<choose one>*		*<choose one>*
3. Scales	*<choose one>*		*<choose one>*

4. Childbirth education/Classes (such as birth or Lamaze) a. If covered, separately reimbursed or as a component of an office/clinic visit?	*<choose one>*	*<choose one>*	*<choose one>*
5. Group prenatal care (e.g., CenteringPregnancy)	*<choose one>*		*<choose one>*
6.. Infant care/Parenting education or classes a. If covered, separately reimbursed or as a component of an office/clinic visit?	*<choose one>*	*<choose one>*	*<choose one>*
7. Dental services for pregnant women	*<choose one>*		*<choose one>*
8. Gestational diabetes treatment: a. Continuous glucose monitor b. Nutritional counseling	*<choose one>* *<choose one>*		*<choose one>* *<choose one>*
9. Prenatal vitamins	*<choose one>*		*<choose one>*
10. Low-dose aspirin (i.e. for women at higher risk for preeclampsia	*<choose one>*		*<choose one>*
Comments on Prenatal Care coverage, including whether different coverage policies apply to enrollees served under Pregnancy-only Medicaid or for ACA expansion adults:			

B. Genetic Lab and Counseling	**Traditional Medicaid covers as of 7/1/2021?**	**Describe limits or utilization controls**	**Coverage Policies Aligned all Elig. groups?**
1. Genetic counseling	*<choose one>*		*<choose one>*
2. Chorionic Villus sampling	*<choose one>*		*<choose one>*
3. Amniocentesis	*<choose one>*		*<choose one>*
4. Prenatal genetic screening (e.g., first trimester screen or cell-free fetal DNA test)	*<choose one>*		*<choose one>*
Comments on Genetic Lab and Counseling coverage, including whether different coverage policies apply to enrollees served under Pregnancy Medicaid or for ACA expansion adults:			

C. Counseling and Support Services	**Traditional Medicaid covers as of 7/1/2021?**	**Describe limits or utilization controls**	**Coverage Policies Aligned all Elig. groups?**
1. Case management	*<choose one>*		*<choose one>*
2. Non-emergency medical transportation	*<choose one>*		*<choose one>*
3. Home visits – prenatal	*<choose one>*		*<choose one>*
4. Home visits – postpartum	*<choose one>*		*<choose one>*
6. Substance Use Disorder (SUD) services. a. Does your state offer SUD benefits for pregnant women beyond the required benefit of Medication Assisted Treatment (MAT)? (e.g., outpatient services, intensive outpatient [IOP] services, residential/inpatient services, etc.) i. If "yes," please briefly describe what additional SUD services are offered (for			*<choose one>*

example, "offer full ASAM[1] continuum of care except residential inpatient services"):	
b. Are coverage policies for SUD services for pregnant women aligned across all Medicaid eligibility pathways (i.e., traditional Medicaid, Pregnancy Medicaid, and ACA expansion adults)?	*<choose one>*
i. If not, please briefly describe how coverage varies:	
c. Does your state cover Residential Pediatric Recovery Centers[2] for infants with neonatal abstinence syndrome?	*<choose one>*
Comments on Counseling and Support Services coverage, including any coverage policy variations across different eligibility pathways (i.e., Pregnancy Medicaid or for ACA expansion adults):	

D. Delivery and Postpartum Care	**Traditional Medicaid covers as of 7/1/2021?**	**Describe limits or utilization controls**	**Coverage Policies Aligned all Elig. groups?**
1. Home births	*<choose one>*		*<choose one>*
2. Doula Services If covered: a. Are doula services covered statewide? b. Please indicate the maximum number of prenatal and/or postpartum doula visits allowed (in addition to labor and delivery): *c.* Are doulas reimbursed directly or required to establish a relationship with a billing and supervising provider? d. Does your state maintain a doula registry? e. What is the maximum allowed reimbursement per pregnancy as of July 1, 2021? $	*<choose one>*	*<choose one>* *<choose one>* *<choose one>*	*<choose one>*
3. Postpartum depression screening a. If covered, separately reimbursed or as a component of an office/clinic visit?	*<choose one>*	*<choose one>*	*<choose one>*
4. Postpartum depression treatment	*<choose one>*		*<choose one>*
5. Type 2 diabetes screening after pregnancy (new WPSI[3]	*<choose one>*		*<choose one>*

[1] American Society of Addiction Medicine (ASAM) (https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/)

[2] Section 1007 of H.R.6 - SUPPORT for Patients and Communities Act established a new state plan option to make Medicaid inpatient or outpatient services available to infants with Neonatal Abstinence Syndrome (NAS) at a residential pediatric recovery center (https://www.medicaid.gov/federal-policy-guidance/downloads/cib072619-1007.pdf)

[3] Women's Preventive Services Initiative (WPSI) - A federally supported collaborative program led by The American College of Obstetricians and Gynecologists (ACOG) to review and recommend updates to the current Women's Preventive Services Guidelines in partnership with the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

recommendation)		
6. Does your state limit the number of postpartum visits covered in traditional Medicaid?	*<choose one>*	*<choose one>*
a. If "yes," what is the maximum allowed number of postpartum visits?		*<choose one>*
Comments on Delivery and Postpartum Care coverage, including any coverage policy variations across different eligibility pathways (i.e., Pregnancy Medicaid or for ACA expansion adults) or credentialling requirements related to community-based health workers (e.g. doulas):		

E. Breastfeeding Support Services	**Traditional Medicaid covers as of 7/1/2021?**	**Describe limits or utilization controls**	**Coverage Policies Aligned all Elig. groups?**
1. Breastfeeding education	*<choose one>*		*<choose one>*
2. Individual lactation consultant – hospital-based	*<choose one>*		*<choose one>*
a. If covered, separately reimbursed or as a component of DRG or global fee?		*<choose one>*	
3. Individual lactation consultant – outpatient/clinic	*<choose one>*		*<choose one>*
a. If covered, separately reimbursed or as a component of an office/clinic visit?		*<choose one>*	
4. Individual lactation consultant – home visit	*<choose one>*		*<choose one>*
a. If covered, separately reimbursed or as a component of a home visit?		*<choose one>*	
5. Electric Pump	*<choose one>*		*<choose one>*
6. Manual Pump	*<choose one>*		*<choose one>*
Comments on Breastfeeding Support Services coverage, including any coverage policy variations across different eligibility pathways (i.e., Pregnancy Medicaid or for ACA expansion adults):			

In **Table F,** please briefly describe new or expanded Medicaid initiatives that will be implemented in FY 2022 to improve birth outcomes and/or address maternal health challenges, including efforts to eliminate or reduce racial and ethnic disparities.

FY 2022 Medicaid Initiatives to Address Birth Outcomes and/or Maternal Health	
Initiative Name	**Description (including whether a requirement in MCO contracts, if applicable)**
1.	
2.	
3.	

This completes the survey. Thank you for your participation.

Appendix C: Methods

To understand the scope of Medicaid coverage for sexual and reproductive health services, variations between and within states, and related state Medicaid policies across the nation, the Kaiser Family Foundation (KFF) and Health Management Associates (HMA) conducted a national survey of states about policies in place as of July 1, 2021. The survey addressed three main topics: family planning benefits, pregnancy-related benefits, and services for transgender care. States were asked to answer about coverage policies and limitations under traditional, fee-for-service Medicaid and whether policies are aligned across different eligibility pathways - limited scope family planning programs and Medicaid expansion, where applicable.

The survey instrument was distributed via email to state Medicaid directors and where applicable, Medicaid agency staff working on women's health and reproductive health issues. The survey was conducted between June 2021 and October 2021. With the exception of one state (Hawaii), all of the responding states returned their survey responses via email. For Hawaii, KFF and HMA staff answered as many questions as possible based on publicly available information, and a Hawaii staff member confirmed these responses and answered some of the other survey questions during a telephone interview. KFF and HMA staff reviewed states' survey responses as they were received and sent follow up questions to all of the states. KFF and HMA staff also did outreach to a number of states to encourage them to participate in the survey. In total, 41 states and the District of Columbia responded to the survey. The nine states that did not respond to the survey are: Arkansas, Georgia, Kentucky, Minnesota, Nebraska, New Hampshire, New Mexico, Ohio, and South Dakota.

KFF and HMA conducted a similar survey of states in 2015. Where applicable, there are a few comparisons in this report to results from the 2015 survey.

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