

June 11, 2021
For Immediate Release

Contact: Jeff Leieritz
(803) 917-1592 (mobile)
communications@scdhhs.gov

SCDHHS Supports Proviso Amendment to Extend Medicaid Coverage to 12 Months Postpartum
*Amendment Introduced by Rep. Herbkersman Supports Agency Initiative Introduced in 2019
to Provide Additional Resources to Low-income, New Mothers*

Columbia, SC – The South Carolina Department of Health and Human Services (SCDHHS) today announced its support of an amendment that would extend Medicaid coverage for women who qualify for Medicaid because they are pregnant or postpartum. The amendment was introduced by Rep. Herbkersman and [amends proviso 33.22](#). SCDHHS Director Robby Kerr released the below statement in support of the amended proviso:

“SCDHHS applauds Rep. Herbkersman for supporting this important public health initiative that will support strong family foundations by providing additional resources for new mothers. The amendment introduced by Rep. Herbkersman aligns with the Healthy Connections Community Engagement Initiative SCDHHS pursued in 2019. Extending postpartum coverage to one-year postpartum will help improve health outcomes for new mothers as a majority of pregnancy-associated deaths occur more than 60 days after delivery and will remove a disincentive to new mothers returning to work.

“As the agency stated in 2019, extending Medicaid coverage for new mothers from 60 days to 12 months postpartum will help address ‘the negative social and public health effects that we bear from poor birth outcomes, particularly those born in rural and traditionally underserved communities.’ This public health initiative will protect taxpayers’ public health investment by providing these resources to populations traditionally served by the Medicaid program, new mothers and their children. SCDHHS encourages the General Assembly to include the amended proviso language in the budget it places before the governor.”

Background

SCDHHS pursued extending full-benefit Medicaid coverage for new mothers who qualified for Medicaid because they were pregnant or postpartum from 60 days to 12 months postpartum in 2019 through its Healthy Connections Community Engagement Initiative.

Non-disabled adults qualify for Medicaid if they have an income of less than 67% of the federal poverty level (FPL). Women who are pregnant or up to 60 days postpartum are eligible for Medicaid coverage if they have an income less than 199% of the FPL. Currently, those who qualify for Medicaid because they are pregnant or postpartum and have an income above 67% of the FPL lose Medicaid coverage on their 61st day postpartum.

In applying for the Healthy Connections Community Engagement Initiative in 2019, SCDHHS sought to extend coverage for those who qualified for Medicaid because they were pregnant or postpartum from 60 days postpartum to 12 months postpartum for Healthy Connections Medicaid members with income up to 199% of FPL. CMS approved a narrower version of this request on Dec. 12, 2019, that would provide coverage to new mothers who have been diagnosed with substance use disorder or a serious mental illness and whose income was below 199% of FPL and pledged to work with South Carolina to authorize extended postpartum coverage for the broader requested population.

Cont.

In the agency's Proposed Medicaid Community Engagement Application, which was submitted [March 4, 2019](#), [SCDHHS stated:](#)

SCDHHS will support the return of new mothers to employment by seeking such waivers as necessary to allow the extension of coverage for pregnant women up to 194% FPL with a 5% income disregard from 60 days postpartum to 1-year postpartum. This action is also seen as an important extension of the South Carolina Birth Outcomes Initiative, since a majority of pregnancy-associated deaths occur more than 60 days after delivery.

In the Medicaid Community Engagement Waiver Application, which was submitted [May 8, 2019](#), [SCDHHS stated:](#)

Further, we acknowledge that solid family foundations are necessary to support this nation's generation of productive citizens. Accordingly, we are improving coverage for pregnant women and new mothers with a goal of addressing the negative social and public health effects that we bear from poor birth outcomes, particularly those born in rural and traditionally underserved communities.

###