Fast Facts

SB 564: Expanding Medicaid for Pregnant Women Can Save Lives and Money

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Comprehensive prenatal care is key to a healthy pregnancy and delivery. Unfortunately, while the Affordable Care Act allowed West Virginia to expand Medicaid to more pregnant women in the state, many expecting mothers still lack comprehensive health care coverage during pregnancy. West Virginia can ensure more moms and babies are healthy—while saving money for families and injecting money into the state—by expanding Medicaid coverage. **Senate Bill 564** proposes to increase Medicaid coverage for pregnant women up to 300% of the Federal Poverty Level (FPL). Passing this legislation would improve the health and wellbeing of our mothers and children.
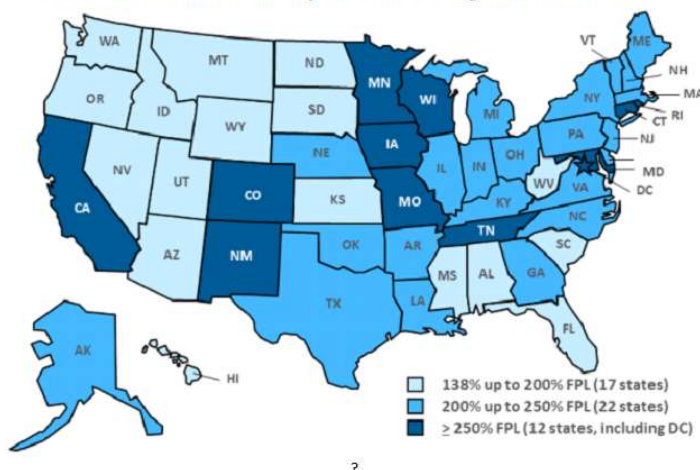
According to data from the 2017 American Community Survey[1], over **24,000 women age 19 to 44 in West Virginia still did not have health insurance in 2017**. Among new mothers that year in this age range, an estimated 3% (about 535) went without health insurance.

> ### Health Benefits of Prenatal Care
>
> - Reduces risk of pregnancy complications
> - Reduces risk of birth defects and low birth-weight
> - Reduces risk of maternal and infant mortality
> - Tracks fetal development
> - Keeps mothers and fetuses healthy
> - Provides important tests
> - Provides nutritional information
> - Educates about labor, delivery, and postpartum care

The average cost for vaginal delivery in West Virginia is over $10,000 and a cesarean is over $14,000.[2] Coupled with the estimated $20,000 for pre- and postnatal care, giving birth is unaffordable for many women without insurance. Put another way, **prenatal care and a birth with no complications would cost a single woman without children living at 300% of the FPL (about $36,420) nearly all her gross income for an entire year if she did not have insurance.** Because of that price tag, many women may be forced to skip prenatal care, despite its proven benefits.[3]

State Status of Medicaid Expansion for Pregnant Women, 2018

- 138% up to 200% FPL (17 states)
- 200% up to 250% FPL (22 states)
- ≥ 250% FPL (12 states, including DC)

SOURCE: Henry J Kaiser Family Foundation, https://www.kff.org/medicaid/fact-sheet/where-are-states-today-medicaid-and-chip/?

Women who receive adequate health care during pregnancy save money for themselves and for taxpayers. The average medical cost for infants born prematurely is $79,000. For every **$1 spent on prenatal care, there is an expected savings of $5.[4] And for every $1 that West Virginia invests in expanding coverage, the federal government would kick in up to $2.99** (depending on funding sources), making the expansion affordable while injecting millions of dollars into the West Virginia economy.

Currently, West Virginia only extends Medicaid coverage to pregnant women that are at or below 163% of FPL[5] (FPL: $19,788 for a single person without children in 2018) while most states have eligibly levels above 200% of FPL. Altogether, **34 states extend Medicaid coverage for pregnant women above West Virginia's eligibility level.**

West Virginia can follow in the footsteps of other states to protect the lives of mothers and infants and save money from costly complications by passing Senate Bill 564 and expanding Medicaid to pregnant women up to 300% of the FPL.

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[1] https://www.census.gov/programs-surveys/acs

[2] https://www.businessinsider.com/how-much-does-it-cost-to-have-a-baby-2018-4

[3] https://www.nichd.nih.gov/health/topics/preconceptioncare

[4] https://www.npr.org/sections/health-shots/2017/03/11/519416036/im-pregnant-what-would-happen-if-i-couldnt-afford-health-care

[5] http://files.kff.org/attachment/fact-sheet-medicaid-state-WV