

Coverage for Pregnant Women

- The January 2014 Medicaid expansion has resulted in 262,000 previously uninsured women gaining health care coverage through private-sector Medicaid managed care plans, including maternity care if needed.
- **On June 8, 2015, the Ohio Senate proposed and the Administration supports maintaining Medicaid coverage for women who are pregnant up to 200 percent of poverty** (138 percent is the income ceiling for all other adults).
- Earlier, on February 2, 2015, the Administration proposed reducing Medicaid coverage for pregnant women to 138 percent of poverty because subsidized health insurance is available above that income level on the federal exchange.
- However, on February 27, 2015, the federal Department of Health and Human Services (HHS) [surprised child advocates](#) when it created a gap in maternity coverage on the exchange. HHS did not include pregnancy as a “qualifying event” in the [final rule](#) that decided when a person can purchase coverage on the exchange outside open enrollment. As a result, if a woman becomes pregnant outside of the open enrollment period and is uninsured, then she – and her child – will not be able to access coverage for maternity care.
- On April 21, 2015, in testimony before the Senate Finance Committee, the Director of the Governor’s Office of Health Transformation testified that the Kasich Administration would support using the Ohio Medicaid program to compensate for the glitch in maternity coverage on the federal exchange, because ensuring health insurance coverage for pregnant women is consistent with the [Kasich Administration’s extensive efforts to reduce infant mortality](#).
- The final version of the budget preserves Medicaid coverage for children and pregnant women up to 200 percent of poverty.