



# Racial Disparities in Uninsurance among New Mothers Following the Affordable Care Act

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**In this brief, we use American Community Survey data from 2010 to 2017 to examine trends in uninsurance among non-Hispanic white, non-Hispanic black, and Hispanic women who reported giving birth in the past 12 months. We find the following:**

- Uninsurance among new mothers fell between 2010 and 2017 for all three groups: by 47 percent for white new mothers, 41 percent for black new mothers, and 39 percent for Hispanic new mothers.
- The Hispanic-white uninsurance disparity among new mothers decreased by 26 percent between 2013 and 2017, and the black-white disparity decreased by 37 percent between 2013 and 2016.
- Despite coverage gains, nearly half a million new mothers remained uninsured in the United States in 2017.
- Coverage disparities remained in 2017: uninsurance rates were 24.4 percent for Hispanic new mothers, 12.1 percent for black new mothers, and 7.0 percent for white new mothers.

## Background

Insurance coverage for new mothers is critical to support women's access to postpartum care, their children's health, and their family's well-being. Postpartum uninsurance may have adverse health and financial consequences for new mothers and their children.<sup>1</sup> It may also contribute to maternal mortality, particularly among black women, who experience the highest rates of pregnancy-related

death in the United States and the greatest proportion of pregnancy-related deaths after 42 days postpartum (Petersen et al. 2019).

Though states extend Medicaid eligibility to many low-income pregnant women, women lose access to this coverage just 60 days after delivery. Some new mothers qualify for Medicaid as parents, but parental income eligibility is lower than that for pregnant women across states. From 2005 to 2013, before implementation of the Affordable Care Act's (ACA's) major coverage provisions, 55 percent of women covered by Medicaid at delivery experienced uninsurance during the subsequent six months (Daw et al. 2017).

The ACA's 2014 coverage provisions, including Medicaid expansion and Marketplace subsidies, increased insurance coverage overall and for women of reproductive age and reduced racial disparities in coverage among nonelderly adults (Johnston et al. 2018; Long et al. 2017; McMorroo et al. 2015). Recent evidence showed substantial coverage gains among new mothers, with larger gains in Medicaid expansion states, but did not consider differences by race or ethnicity.<sup>2</sup>

Legislators at the state and federal levels have introduced policy proposals to extend pregnancy-related Medicaid coverage from 60 days to one year postpartum to address maternal mortality.<sup>3</sup> Maternal mortality is a national concern in the United States, having increased from approximately 10 deaths per 100,000 live births in the 1990s to 17 deaths per 100,000 live births from 2011 to 2013 (Creanga et al. 2017). Maternal mortality disproportionately affects non-Hispanic black women, who experienced 43.5 deaths per 100,000 live births from 2011 to 2013, a mortality ratio 3.4 times higher than that of non-Hispanic white women. Though 47 percent of maternal deaths occur before or during delivery, 34.5 percent of maternal deaths occur more than 6 days postpartum and, among black women, 14.6 percent of deaths occur more than 41 days postpartum (Creanga et al. 2017).

Though the causes of high maternal mortality rates in the United States, particularly among black women, are complex and not fully understood, a lack of adequate postpartum care may be a contributing and policy-relevant factor. The extent to which extending pregnancy-related Medicaid coverage postpartum may affect maternal mortality depends, in part, on current levels of uninsurance among new mothers and racial and ethnic disparities therein. Differences in insurance coverage by race have been shown to contribute to poor access to care for black and Hispanic adults, but little is known about racial disparities in insurance coverage among new mothers (Lillie-Blanton and Hoffman 2005).

This analysis documents patterns of uninsurance among new mothers by race and ethnicity and how coverage and disparities have changed following ACA implementation.

## Data and Methods

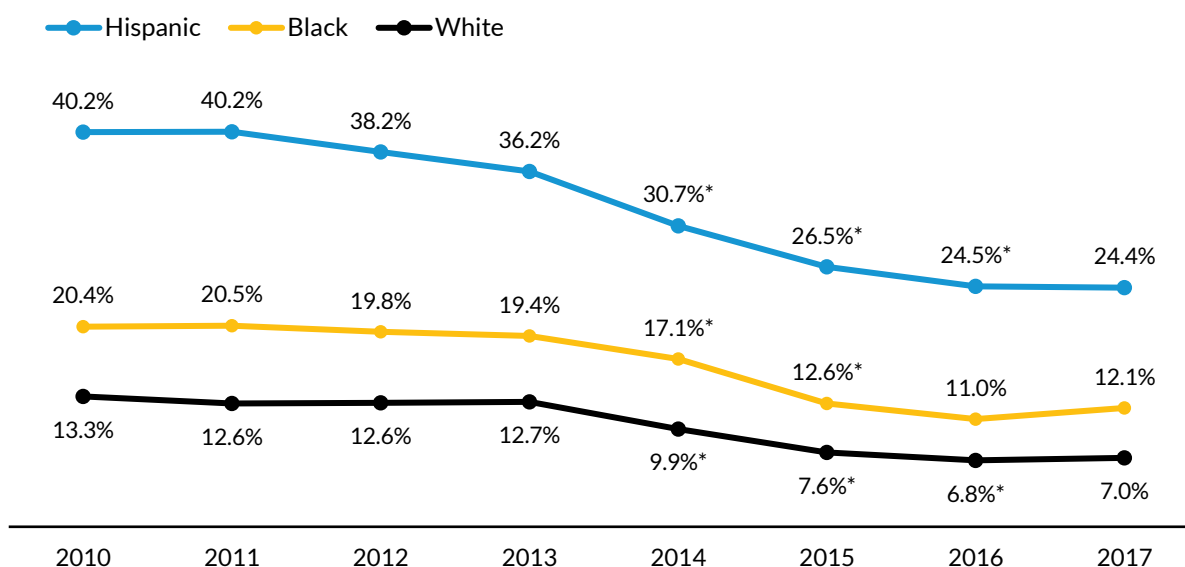
We use American Community Survey (ACS) data 2010 to 2017 to examine trends in uninsurance among non-Hispanic white (white), non-Hispanic black (black), and Hispanic new mothers. We also report the percentage-point gap in the uninsurance rate for black and Hispanic women compared with white women from 2013 to 2017. We limit our sample to adult women of reproductive age (19 to 44) who

reported giving birth in the past year.<sup>4</sup> We focus on the period surrounding the implementation of the ACA's key coverage provisions in 2014, including Medicaid expansion and premium subsidies for Marketplace insurance premiums. We test the significance of differences between years using two-tailed t-tests and highlight differences significant at the  $p < .05$  level. We also report estimates of the number of uninsured new mothers by race, rounded to the nearest thousand.

## Trends in Uninsurance

In 2010, 40.2 percent of Hispanic new mothers were uninsured, a rate nearly twice that of black new mothers (20.4 percent) and three times the rate of white new mothers (13.3 percent; figure 1). Uninsurance rates remained highest for Hispanic new mothers, followed by black new mothers, through 2017.

**FIGURE 1**  
**Uninsurance among New Mothers, by Race and Ethnicity, 2010–17**



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**Source:** Authors' analysis of American Community Survey, 2010–17, retrieved from the University of Minnesota's Integrated Public Use Microdata Series USA, available at [www.ipums.org](http://www.ipums.org).

**Notes:** New mothers are women ages 19 to 44 who are non-Hispanic white, non-Hispanic black, or Hispanic and reported giving birth to a child in the past 12 months. An asterisk (\*) indicates the difference from the prior year is significant at the  $p < .05$  level using a two-tailed t-test. Differences from 2013 are significant for all subsequent years (2014–17). Differences between black and white new mothers and differences between Hispanic and white new mothers are significant for all years.

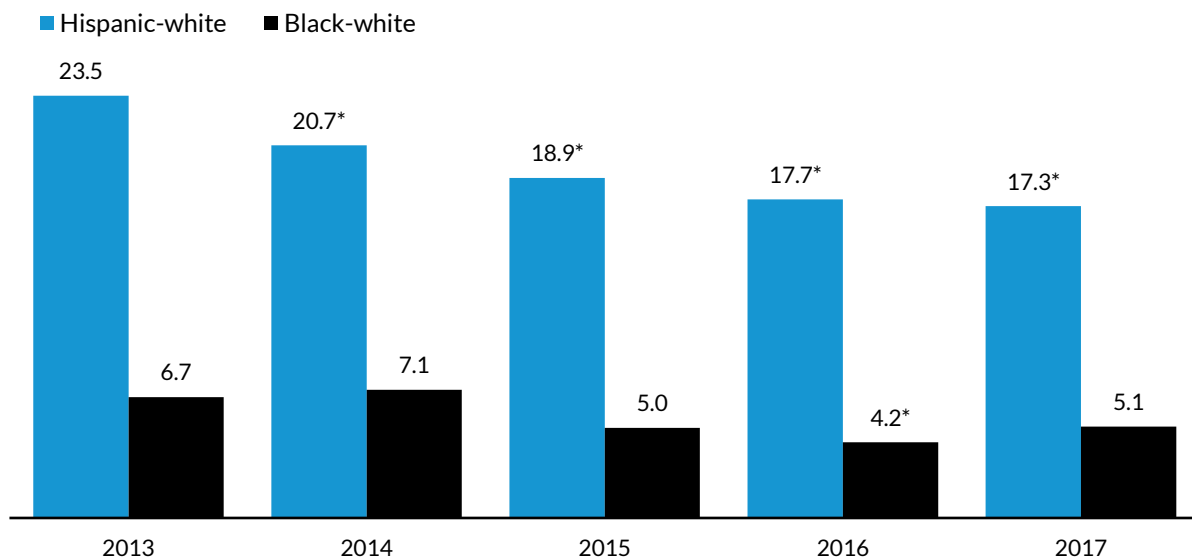
Uninsurance fell between 2010 and 2017 for all three groups: by 47 percent for white new mothers, 41 percent for black new mothers, and 39 percent for Hispanic new mothers. In 2017, uninsurance rates were 24.4 percent for Hispanic new mothers, 12.1 percent for black new mothers, and 7.0 percent for white new mothers.

Reductions in uninsurance were greatest in 2014 and 2015, the years following implementation of the ACA coverage provisions. Smaller declines in uninsurance occurred between 2015 and 2016 for Hispanic and white new mothers, and there were no statistically significant changes in coverage from 2016 to 2017.

## Racial and Ethnic Disparities in Uninsurance

Considering changes in racial and ethnic disparities from 2013 to 2017, immediately before and after the ACA coverage provisions, we find that the Hispanic-white uninsurance disparity decreased from 23.5 percentage points in 2013 to 17.3 percentage points in 2017, a 26 percent decline. The black-white disparity decreased from 6.7 percentage points in 2013 to 4.2 percentage points in 2016, a 37 percent decline (figure 2).

**FIGURE 2**  
**Racial and Ethnic Disparities in Uninsurance among New Mothers, 2013–17**  
*Percentage-point difference in uninsurance rate*



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**Source:** Authors' analysis of American Community Survey, 2013–17, retrieved from the University of Minnesota's Integrated Public Use Microdata Series USA, available at [www.ipums.org](http://www.ipums.org).

**Notes:** New mothers are women ages 19 to 44 who are non-Hispanic white, non-Hispanic black, or Hispanic and reported giving birth to a child in the past 12 months. An asterisk (\*) indicates the difference from 2013 is significant at the  $p < .05$  level using a two-tailed t-test.

Though we observe declines in the Hispanic-white disparity for each year from 2014 to 2017 relative to 2013, the only significant difference we observe for the black-white disparity is between 2013 and 2016. An apparent increase in the black-white disparity in 2017 was not statistically

significant but suggests progress reducing the black-white coverage gap among new mothers has halted.

Despite coverage gains, about 453,000 new mothers remained uninsured in 2017, including approximately 207,000 Hispanic, 67,000 black, and 144,000 white new mothers.<sup>5</sup> Nearly one in four (24.4 percent) Hispanic new mothers were uninsured in 2017, and Hispanic new mothers remained three and a half times more likely than white new mothers to be uninsured. Similarly, black new mothers were more than one and a half times more likely to be uninsured than white new mothers in 2017.

## Discussion

Insurance coverage is important to ensure that new mothers have access to necessary health care, particularly as they recover from delivery and remain at risk for life-threatening complications. As attention to America's maternal mortality crisis has grown, several proposals for expanding insurance coverage to new mothers have emerged. Though the extent to which insurance coverage contributes to maternal mortality is unknown, these proposals suggest a need to better understand the insurance coverage patterns of new mothers. We find that nearly half a million new mothers were uninsured in the United States in 2017, and Hispanic and black new mothers are consistently more likely to be uninsured than white new mothers. High uninsurance rates among Hispanic women are attributable, in part, to their lower citizenship rates, because some noncitizen women are ineligible for Medicaid coverage. When considering only citizen women, Hispanic new mothers' uninsurance rate in 2017 (13.8 percent) is still higher than other groups, but it is closer to the rates for black (11.2 percent) and white (6.7 percent) new mothers.

The reduction in uninsurance among new mothers following the ACA, and particularly the reduction of Hispanic-white and the more modest reduction of black-white disparities in uninsurance among new mothers, has important policy implications. At the federal level, proposed legislation to extend pregnancy-related Medicaid coverage for a full year postpartum could further reduce both uninsurance among new mothers and state variation in access to insurance coverage for this important population. For the 17 states that have not yet expanded Medicaid under the ACA, expanding Medicaid presents an opportunity to reduce coverage gaps for new mothers and further the progress achieved to date. Coverage gains for black new mothers could be particularly large, because recent analyses found that the 13 states with the highest uninsurance rates among new mothers had yet to expand Medicaid under the ACA and that black adults disproportionately reside in such states (Buchmueller et al. 2016; Searing and Cohen Ross 2019).<sup>6</sup>

The extent to which expanding Medicaid eligibility for new mothers will reduce disparities in insurance coverage depends on the racial, ethnic, and income distribution of new mothers and the take-up of Medicaid among uninsured women by race and ethnicity. Outreach and enrollment efforts that target black and Hispanic women may be needed to achieve high take-up rates and narrow racial and ethnic gaps in coverage among new mothers.

Finally, the implications of uninsurance among new mothers require further study. Research is needed to understand the role of uninsurance and coverage disparities in maternal mortality and other outcomes, such as women's receipt of appropriate postpartum care, stress and worry experienced by women and their families, and family financial burdens. Uninsurance is likely only one of many underlying causes of maternal mortality and other adverse outcomes for new mothers. Policy changes aimed at addressing other potential causes, such as the weathering effects of chronic exposure to stress and racism and the availability of broad economic and social supports, will likely be key to improving maternal outcomes (Kozhimannil 2018).<sup>7,8</sup>

## Notes

- <sup>1</sup> Jennifer Haley, Emily M. Johnston, and Robin Wang, "Rise in Children's Uninsurance in 2017 Compounded by Rise in Parents' Uninsurance in Medicaid Nonexpansion States," *Health Affairs Blog*, December 20, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20181218.972124/full/>.
- <sup>2</sup> Stacey McMorrow and Genevieve Kenney, "Despite Progress under the ACA, Many New Mothers Lack Insurance Coverage," *Health Affairs Blog*, September 19, 2018, <https://www.healthaffairs.org/doi/10.1377/hblog20180917.317923/full/>.
- <sup>3</sup> Julia Belluz and Nina Martin, "We're Investigating How Insurance Gaps Endanger Mothers. This Is Why.," *Vox*, April 25, 2019, <https://www.vox.com/2019/4/25/18514145/maternal-mortality-rates-medicaid-insurance>.
- <sup>4</sup> For each female ages 15 to 50, the American Community Survey asks, "Has this person given birth to any children in the past 12 months?" and provides instructions to include any child born alive (even if the child later died or no longer lives with the mother) but not consider miscarriages, stillborn children, or any adopted, foster, or stepchildren.
- <sup>5</sup> Counts by race/ethnicity do not sum to the count for all women because of the omitted count for women with another or multiple races.
- <sup>6</sup> Stacey McMorrow and Genevieve Kenney, "Despite Progress under the ACA, Many New Mothers Lack Insurance Coverage," *Health Affairs Blog*.
- <sup>7</sup> Nina Martin and Renee Montagne, "Nothing Protects Black Women from Dying in Pregnancy and Childbirth," *ProPublica*, December 7, 2017, <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>.
- <sup>8</sup> Eugene Declercq and Neel Shah, "Maternal Deaths Represent the Canary in the Coal Mine for Women's Health," *STAT News*, August 22, 2018, <https://www.statnews.com/2018/08/22/maternal-deaths-women-health/>.

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