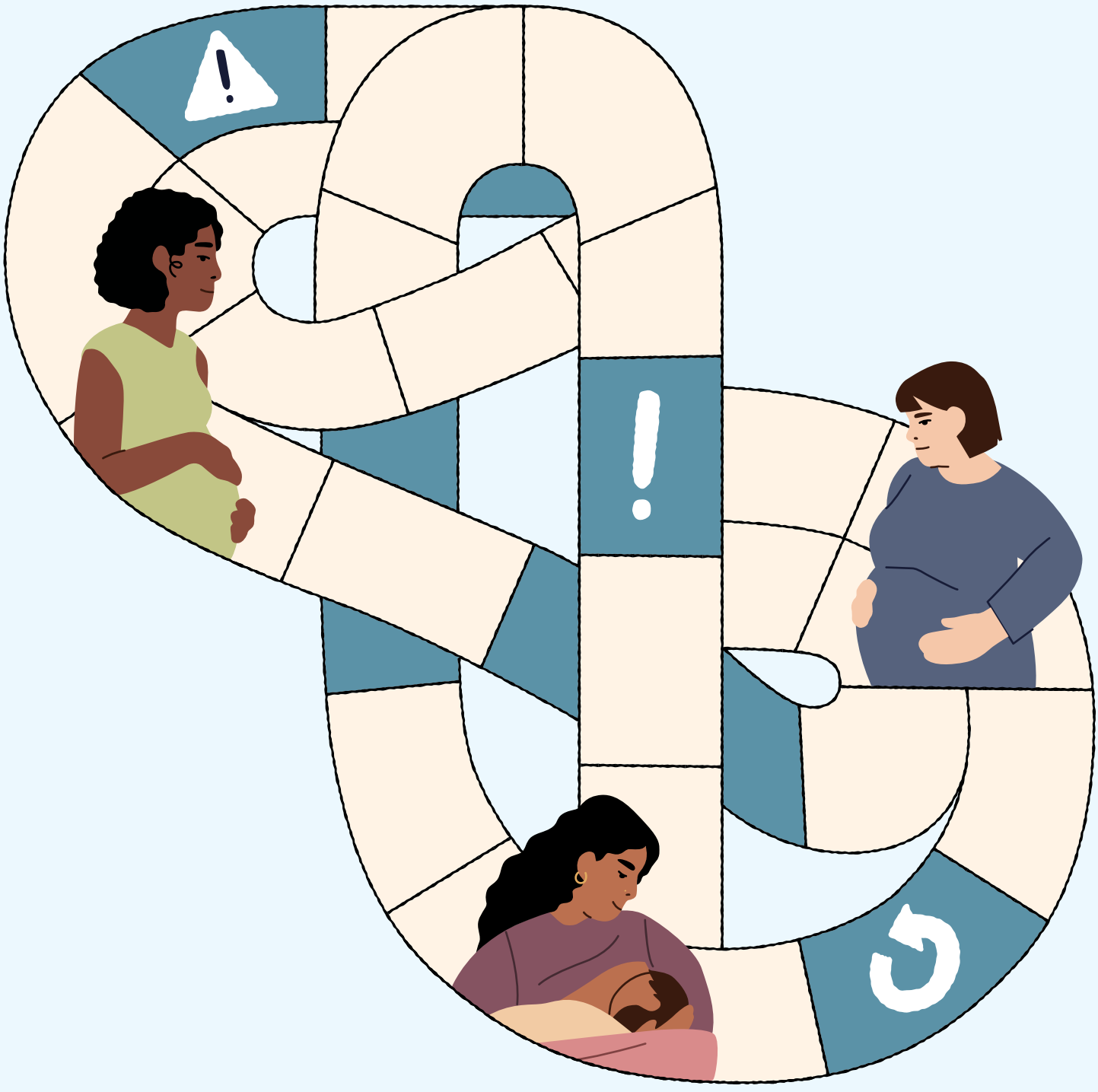
NAVIGATING THE OBSTACLES:

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

The Complex Journey of Perinatal Care in New Jersey



About the Quality Institute

About the New Jersey Health Care Quality Institute

The New Jersey Health Care Quality Institute (Quality Institute) is a non-profit organization focused on improving the safety, quality, and affordability of health care for everyone. Our work includes increasing access to quality reproductive health services, including contraceptive and perinatal care.

Acknowledgments

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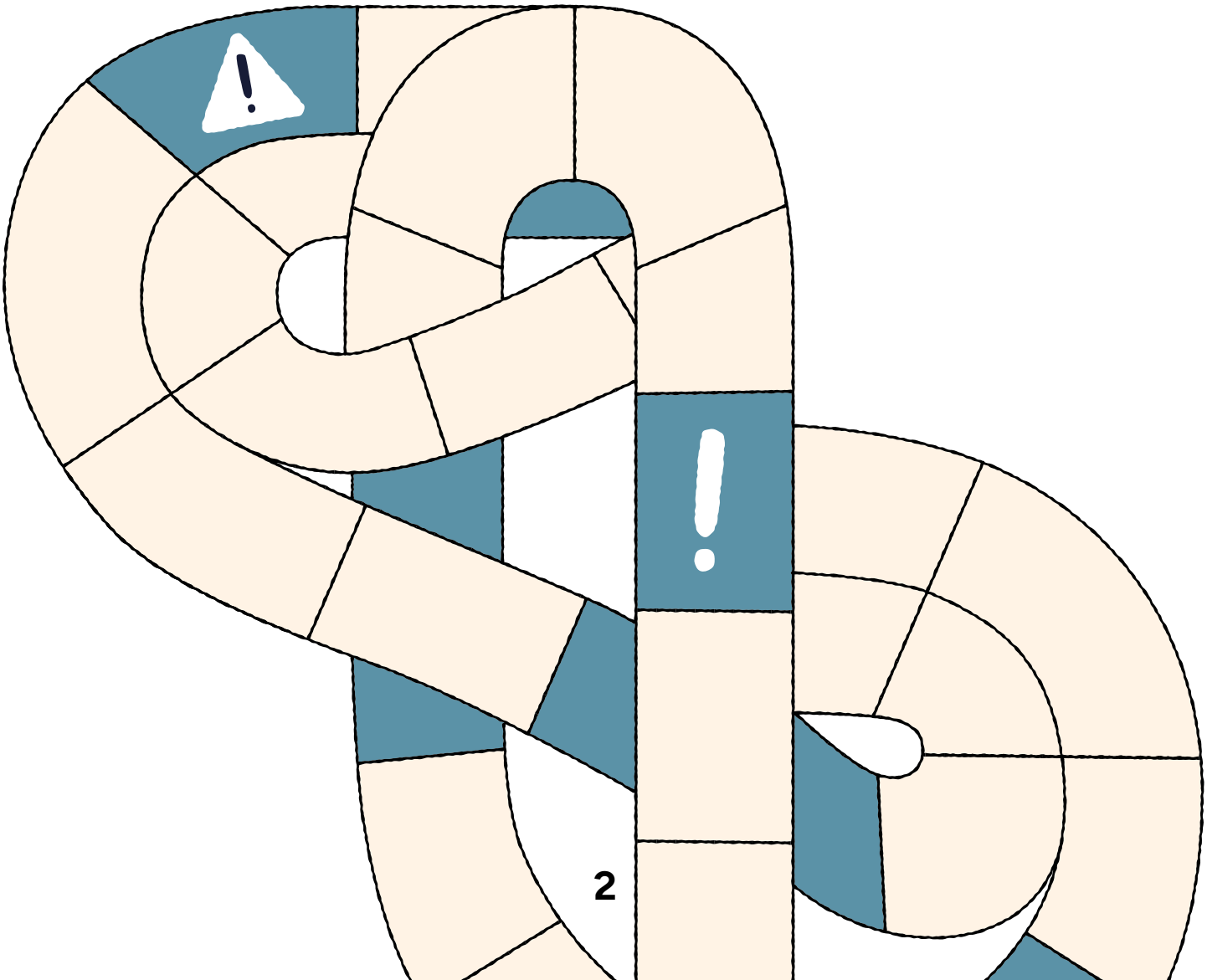
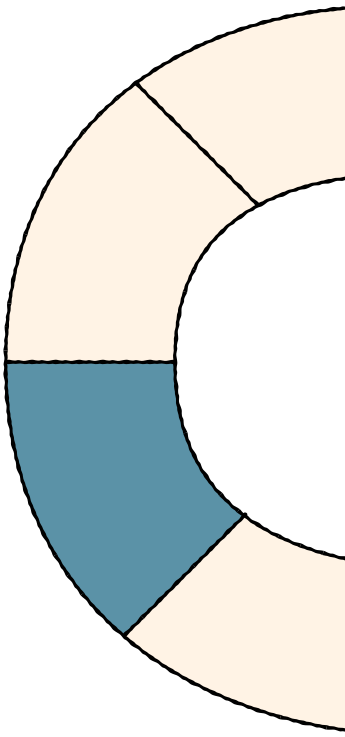


Introduction



Ensuring access to high-quality perinatal care is essential for promoting maternal and infant health. In New Jersey, more than 50% of births and perinatal care services are covered through state-regulated insurance markets, including NJ FamilyCare Medicaid Fee-for-Service (FFS), NJ FamilyCare Medicaid Managed Care Organizations (MCOs), the New Jersey Supplemental Prenatal and Contraceptive Plan, the State and School Health Benefit Program (SHBP), and the individual, small, and large group market plans. The remaining births are covered by employer-sponsored insurance plans that are not regulated by the state. This policy brief aims to assess existing state-regulated coverage policies, identify gaps, and recommend improvements to enhance access to perinatal care.

Background

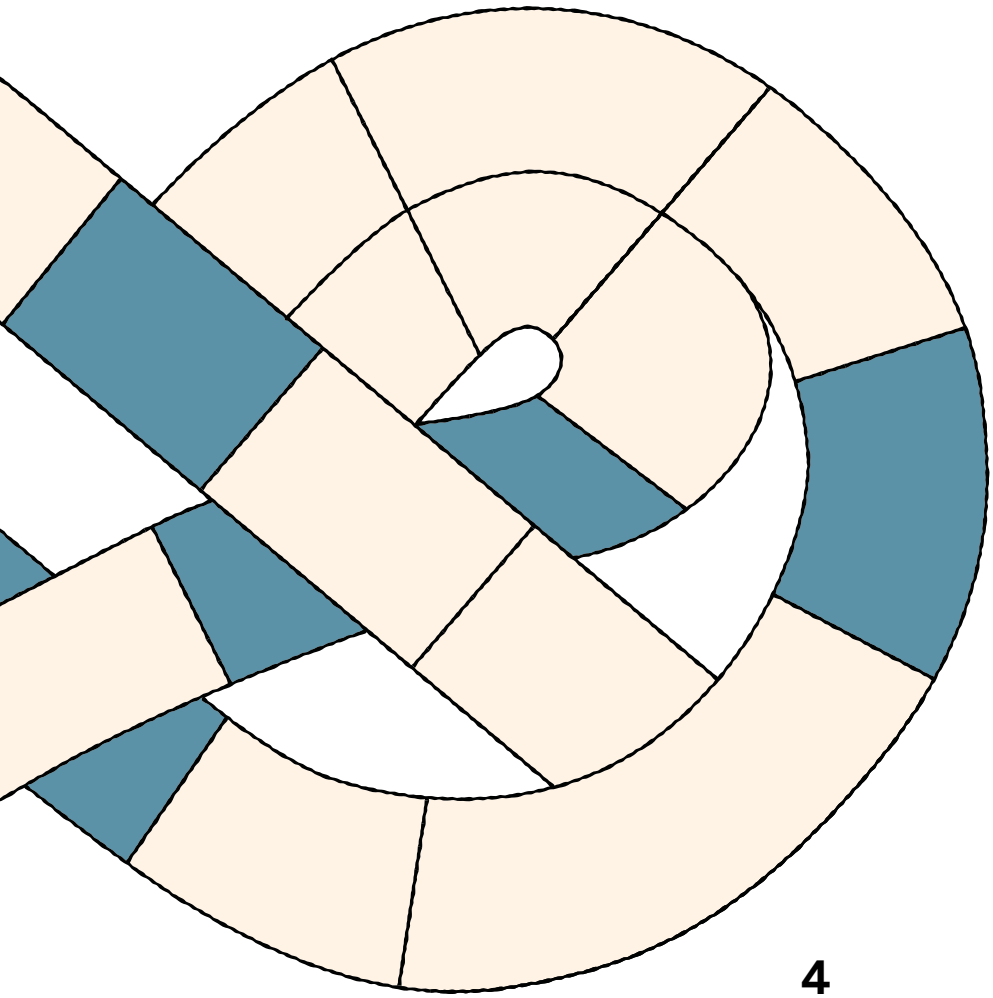
The perinatal period, encompassing prenatal, labor, delivery, and post-partum care, is a critical phase in the lives of pregnant individuals and newborns. Access to comprehensive perinatal care is closely linked to the type of insurance coverage available. This policy brief provides an overview of a person's journey through perinatal care based on their state-regulated coverage, highlighting benefits, coverage extent, gaps, and comparisons across different insurance markets, including public-funded coverage.

Objectives

- Assess Existing Coverage Policies: Examine perinatal care coverage policies across state-regulated and publicly-funded insurance markets.
- Identify Gaps and Disparities: Highlight gaps and disparities in perinatal care coverage.
- Recommend Policy Improvements: Propose policy changes to improve access and equity in perinatal care.

In New Jersey, the perinatal care coverage provided by state-regulated insurance plans and state-funded health coverage varies significantly. The differences in coverage primarily revolve around the breadth of services offered during prenatal, delivery, and post-partum care, as well as the inclusion of drug benefits, behavioral health services, dental care, and support for health-related social needs (HRSN).

NJ FamilyCare Medicaid Fee-for-Service (FFS) and Medicaid Managed Care Organizations (MCOs) offer comprehensive health coverage beyond just prenatal care, including full prescription drug benefits, extensive behavioral health services, and support for social needs. These plans cover a broad range of perinatal services such as midwifery care, childbirth education, lactation support, doula access, and breastfeeding equipment. Additionally, they ensure coverage for hospital or birthing center stays for 48 hours after vaginal delivery or 96 hours after cesarean section.



Pathways for Medicaid Enrollment

APPLYING FOR NJ FAMILYCARE

A pregnant person can apply for NJ FamilyCare, which is New Jersey's state Medicaid program, in the following ways:

1. **Online:** The easiest way to apply is through the NJ FamilyCare website. They have an online application system where you can fill out and submit your application.

2. **By Phone:** You can call the NJ FamilyCare hotline to apply over the phone or get help with the application process.

3. **In-Person:** Applications can also be submitted at the local County Welfare Agency (CWA).

4. **By Mail:** Download the application form from the NJ FamilyCare website, fill it out, and mail it to the address provided on the form.

After the individual is enrolled, they are given the opportunity to select one of five Medicaid managed care organizations (MCOs) that will administer the NJ FamilyCare benefit. An individual has 90 days from the time of enrollment to select another MCO if they would like to switch. Additionally, they may switch MCOs during the annual open enrollment period, which runs from October 1 to November 15 each year. NJ FamilyCare also permits changes for other reasons, such as if an individual loses access to their current doctor.

PRESUMPTIVE ELIGIBILITY

Presumptive eligibility (PE) for Medicaid is a policy that allows individuals to receive immediate, temporary Medicaid coverage while their full application is being processed. This temporary coverage is provided as part of NJ FamilyCare FFS. This policy is designed to provide quick access to health care services for individuals who appear to be eligible based on preliminary information. Here's how it works:

1. **Qualified Entities:** Certain qualified entities, such as hospitals, community health centers, and other healthcare providers, are authorized to determine presumptive eligibility. These entities have been trained and approved by the state Medicaid agency to perform PE determinations.

2. **Preliminary Screening:** When an individual seeks health care services, the qualified entity conducts a preliminary screening to assess if the individual appears to meet Medicaid eligibility criteria based on income and other factors. This screening is typically based on self-reported information.

3. **Temporary Coverage:** If the individual appears eligible, they are granted temporary Medicaid coverage immediately. This coverage allows them to access healthcare services without delay, ensuring that urgent medical needs are met.

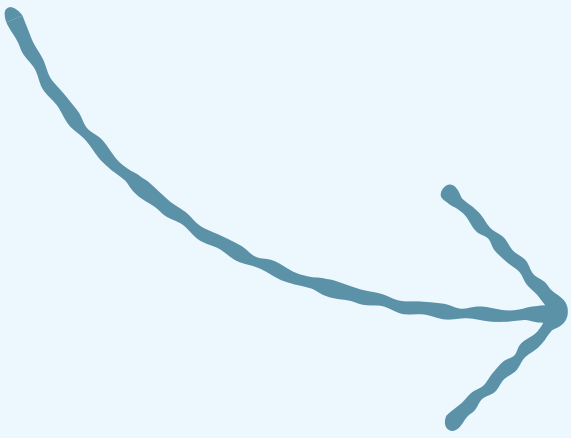
4. **Full Application:** The individual must then complete a full NJ FamilyCare application to determine ongoing eligibility. The temporary coverage continues until the full application process is completed, which includes a more detailed review of the individual's financial and other eligibility information.

5. **Benefits:** Presumptive eligibility helps to ensure that individuals, particularly those in vulnerable situations such as pregnant people, children, and low-income families, can receive necessary medical care without interruption. It also helps reduce the administrative burden on healthcare providers by allowing them to get reimbursed for services provided to potentially eligible individuals.

The NJ Supplemental Prenatal and Contraceptive Program (SPCP), on the other hand, provides limited benefits focusing mainly on outpatient prenatal and family planning services. This program does not offer drug benefits, behavioral health services, social needs benefits, or preventative health coverage like dental care, leaving significant gaps in care. Notably, SPCP does not cover the cost of labor and delivery. This cost is paid for via the Medical Emergency Payment Program (MEPP).

Enrolling in the NJ Supplemental Prenatal and Contraceptive Program

In New Jersey, presumptive eligibility is used for the Supplemental Prenatal and Contraceptive Program (SPCP) to ensure that pregnant people have immediate access to necessary prenatal and contraceptive services. Here's how it works specifically for this program:



SPCP PRESUMPTIVE ELIGIBILITY PROCESS:

1. **Qualified Entities:** In New Jersey, certain healthcare providers, including hospitals, clinics, and community health centers, are authorized to determine presumptive eligibility for the SPCP program.

2. **Initial Screening:** When a woman seeks prenatal or contraceptive care, the qualified entity will apply on behalf of the individual.

3. **Temporary Coverage:** If the woman appears eligible, she is granted immediate, temporary coverage under the SPCP program. This coverage allows her to receive prenatal and contraceptive services without delay.

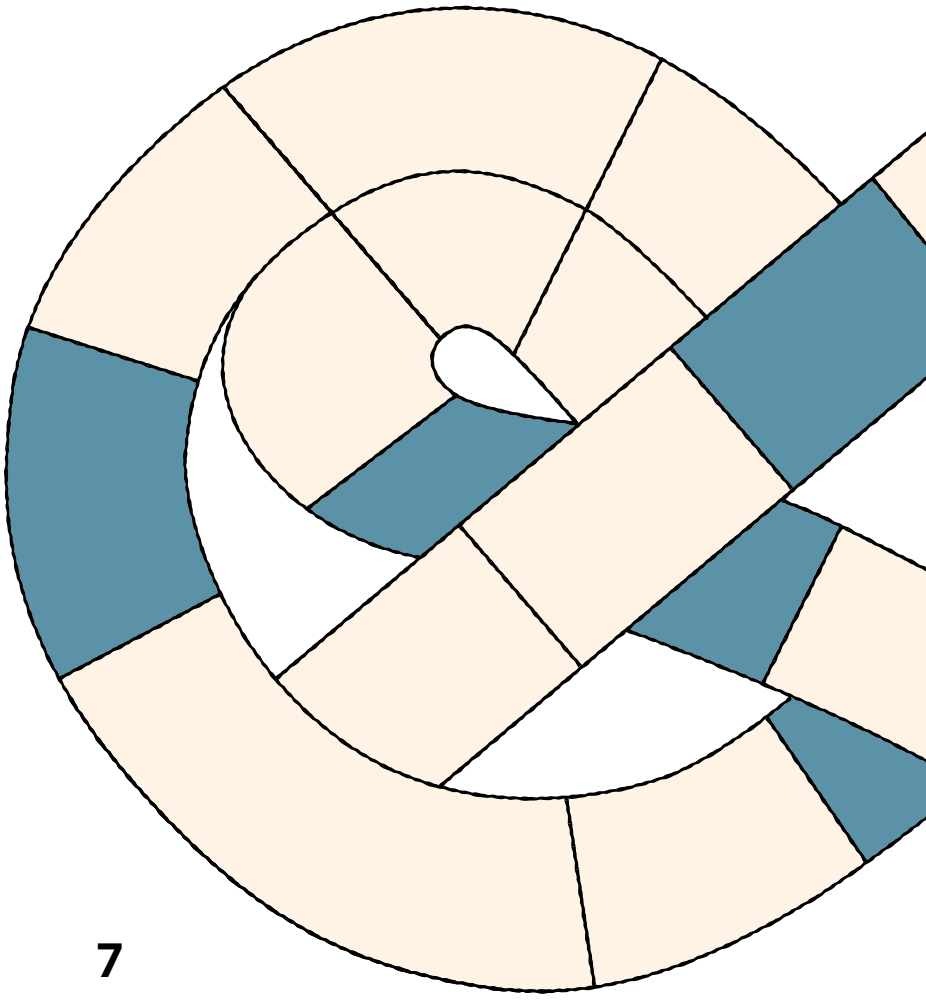
4. **Coverage:** The temporary coverage under presumptive eligibility remains in effect until the full SPCP application is processed and a final eligibility determination is made. This ensures that there is no gap in coverage during the application process. The program is administered directly by the state (Fee for Service Medicaid) with no MCO enrollment.

5. **Re-enrollment:** The SPCP is funded annually through the state budget process, requiring that all individuals reapply to the program on July 1st each year. If enrollment is approved, the individual remains enrolled until July 1 of the following year, for a maximum of 12 months.

The State Health Benefits Plan/School Employees' Health Benefits Plan (SHBP/SEHBP) includes comprehensive prenatal and post-partum care, similar to Medicaid plans. However, it has limited social needs benefits, including some coverage for home visits and certain non-standard infant formulas.

Individual and Small Group Plans and **Large Group Plans** offer varying levels of coverage. Both types generally include a comprehensive set of prenatal and post-partum care services, full prescription drug benefits, and behavioral health services. However, coverage for social needs benefits, doula care, and neonatal services can vary, often depending on the specific options chosen by the carrier or employer. There is also varied cost-sharing for members depending on the enrolled plan, with financial implications beyond the cost of the monthly plan premium.

These differences highlight the opportunity for a standardized approach to ensure all pregnant individuals in New Jersey receive equitable and comprehensive perinatal care, regardless of their insurance provider.



Coverage and Benefits over the Perinatal Period in New Jersey

Comparison of State-Regulated Insurance and State-Funded Coverage

The following table summarizes the coverage and benefits for various state-regulated and publicly-funded insurance markets in New Jersey during the perinatal period.

COVERAGE

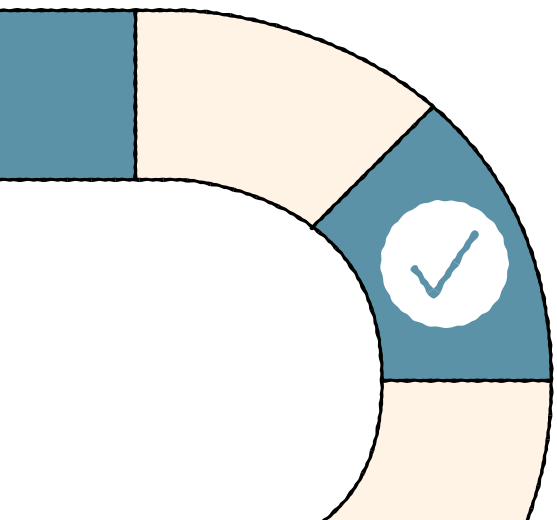
NJ FamilyCare Medicaid Managed Care Organization (MCO)

ELIGIBILITY
Pregnant women who live in NJ and who are either US citizens or lawfully present immigrant. Total family income must be at or below 205% of Federal Poverty level. Coverage for mother & child is through 12 months after delivery or end of pregnancy regardless of change in income.

HOW & WHEN TO ENROLL
Online, by phone, or through County Board of Social Services

PRENATAL CARE (SCOPE)
Covers medical services for perinatal care, and related newborn care and hearing screenings, including midwifery care, childbirth education, lactation support, breastfeeding equipment, including breast pumps and accessories

DRUG BENEFITS	BEHAVIORAL HEALTH BENEFITS	SOCIAL SUPPORT BENEFITS	BIRTH FACILITY BENEFIT	NEONATAL SERVICES	REPRODUCTIVE HEALTH	POST-PARTUM NON MATERNITY RELATED CARE	DENTAL
Full prescription drug benefits	Full behavioral health benefits	Covers Transportation, Food and Housing Assistance (in some cases), Universal Home Visitation, and CenteringPregnancy	Delivery and stay in hospital or birthing center of at least 48 hours after vaginal delivery or 96 hours after cesarean section	✓	Long-acting reversible contraception (LARC); and abortion care. No infertility treatment covered.	✓	All dental services (including additional dental preventive care and medically necessary dental treatment services)



COVERAGE

NJ FamilyCare Fee for Service (FFS)

ELIGIBILITY

Pregnant women otherwise eligible for NJ FamilyCare who have not completed enrollment in MCO

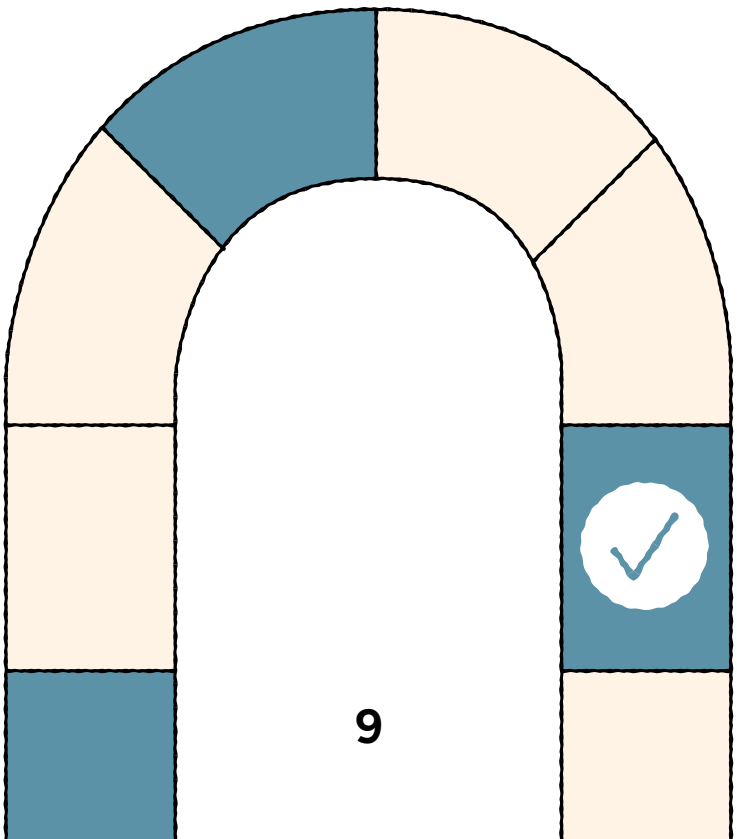
HOW & WHEN TO ENROLL

Enrollment may occur in a provider's office, clinic, or hospital via presumptive eligibility

PRENATAL CARE (SCOPE)

Covers medical services for perinatal care, and related newborn care and hearing screenings, includes midwifery care, childbirth education, lactation support, breastfeeding equipment, including breast pumps and accessories

DRUG BENEFITS	BEHAVIORAL HEALTH BENEFITS	SOCIAL SUPPORT BENEFITS	BIRTH FACILITY BENEFIT	NEONATAL SERVICES	REPRODUCTIVE HEALTH	POST-PARTUM NON MATERNITY RELATED CARE	DENTAL
Full prescription drug benefits	Full behavioral health benefits	Covers Transportation, Food and Housing Assistance (in some cases), Universal Home Visitation, and CenteringPregnancy	Delivery and stay in hospital or birthing center of at least 48 hours after vaginal delivery or 96 hours after cesarean section	✓	Family planning and contraceptive care, including immediate postpartum long-acting reversible contraception (LARC); and abortion care. No infertility treatment covered.	✓	All dental services (including additional dental preventive care and medically necessary dental treatment services)



COVERAGE

NJ Supplemental Prenatal and Contraceptive Program

ELIGIBILITY

Women ages 19 – 64, NJ resident, income up to 205% of Federal Poverty level, ineligible for NJ FamilyCare due to immigration status (women under 19 who are pregnant can enroll in the Cover All Kids program, which offers the same benefits as NJ FamilyCare)

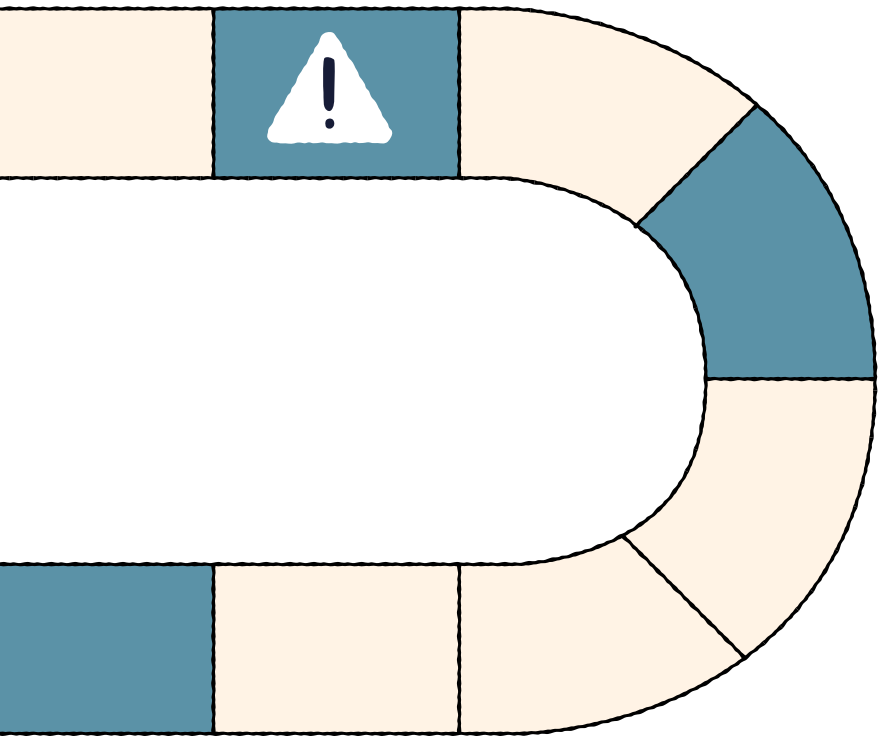
HOW & WHEN TO ENROLL

Enrollment may occur in a provider's office, clinic, or hospital via presumptive eligibility process

PRENATAL CARE (SCOPE)

Provides limited outpatient prenatal and family planning services for women including prenatal care and related services, contraceptives, pregnancy tests, family planning counseling and family planning lab tests

DRUG BENEFITS	BEHAVIORAL HEALTH BENEFITS	SOCIAL SUPPORT BENEFITS	BIRTH FACILITY BENEFIT	NEONATAL SERVICES	REPRODUCTIVE HEALTH	POST-PARTUM NON MATERNITY RELATED CARE	DENTAL
✗	✗	✗	✗	✗	Family planning limited to contraceptives, pregnancy tests, counseling, and family planning lab tests. No infertility treatment or abortion covered.	✗	✗



COVERAGE

State Health Benefits Program/School Employees' Health Benefits Program

ELIGIBILITY

Full-time employees of State or full-time appointed or elected officer of State or local employer that participates in SHBP (including State agency, State authority and State college or university). Full-time employee or appointed official of local Board of Education employer that participates in SEHBP.

HOW & WHEN TO ENROLL

Upon employment

PRENATAL CARE (SCOPE)

Includes routine initial and subsequent physical exams with physician, PCP, OB, GYN or OB/GYN office. Includes anemia screening, blood pressure check, chlamydia infection screening, fetal heart check, fundal height, gestational diabetes screening, gonorrhea screening, hepatitis B screening, maternal weight and Rh incompatibility screening

DRUG BENEFITS	BEHAVIORAL HEALTH BENEFITS	SOCIAL SUPPORT BENEFITS	BIRTH FACILITY BENEFIT	NEONATAL SERVICES	REPRODUCTIVE HEALTH	POST-PARTUM NON MATERNITY RELATED CARE	DENTAL
Full prescription drug benefits	Full behavioral health benefits	Home Visitation: At least one home visit in newborn's home within 2 weeks of birth and no more than 2 additional visits during newborn's first 3 months of life by registered or advanced practice nurse. No benefits for transportation, doula support, housing assistance, or CenteringPregnancy. Food support limited to certain non-standard infant formulas.	Delivery and stay in hospital or birthing center of at least 48 hours after vaginal delivery or 96 hours after cesarean section.	✓	Reproductive care including contraceptives, all forms of infertility treatment, and abortion.	✓	Medical plan only covers removal of bony impacted molars, accidental injuries and mouth tumors. Other care covered through separately-purchased dental plan. No additional services for pregnant people.

COVERAGE

Individual & Small Group Market Plans

ELIGIBILITY

Individual Health Coverage Program (IHC) – resident of NJ who is not entitled to coverage under Medicare;

Small Employer Health Benefits Program (SEH) – employer who employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year

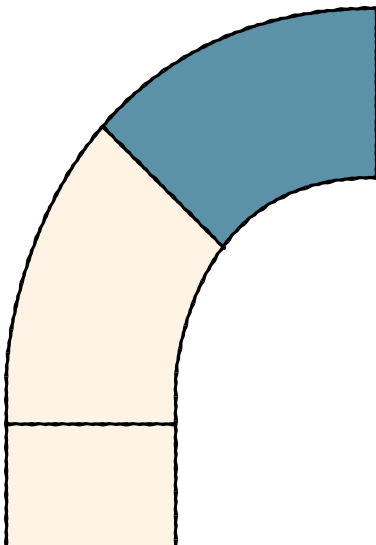
HOW & WHEN TO ENROLL

IHC – enroll through Get Covered NJ during open or special enrollment; SEH-enroll with carrier throughout the year

PRENATAL CARE (SCOPE)

Up to 20 prenatal and postpartum visits; lab and imaging; lactation support, counseling and consultation, and rental or purchase of breastfeeding equipment; all recommendations for preventive services of US Preventive Services Task Force(A and B)/HRSA including folic acid supplements, screening for hypertension, gestational diabetes, chlamydia, gonorrhea, hepatitis B, HIV, anxiety/depression/suicide, preeclampsia, Rh incompatibility, syphilis, urinary tract and other infection, unhealthy alcohol use; expanded tobacco intervention and counseling

DRUG BENEFITS	BEHAVIORAL HEALTH BENEFITS	SOCIAL SUPPORT BENEFITS	BIRTH FACILITY BENEFIT	NEONATAL SERVICES	REPRODUCTIVE HEALTH	POST-PARTUM NON MATERNITY RELATED CARE	DENTAL
Full prescription drug benefits	Full behavioral health benefits	Doula care covered at option of the carrier. Food support limited to specialized non-standard infant formula and donated human breast milk. Home visitation covered. No benefits for transportation, housing assistance, or CenteringPregnancy.	Delivery and stay in hospital or birthing center of at least 48 hours after vaginal delivery or 96 hours after cesarean section	Neonatal care is considered part of special care unit of hospital and covered as part of hospital benefit	Reproductive care including contraceptives, artificial insemination and drugs to treat infertility, and abortion.	✓	Dental benefits are provided for children under 19. For persons over 19, plan only covers removal of bony impacted molars, accidental injuries and mouth tumors. Other care covered through separately-purchased dental plan. No additional services for pregnant people.



COVERAGE

Large Group Market Plans

ELIGIBILITY

Group of 50 or more that is employer, trustees of fund established by one or more employers, labor unions or both, association formed for purposes other than obtaining insurance

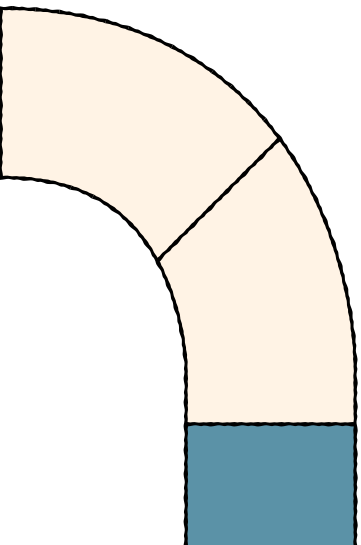
HOW & WHEN TO ENROLL

Usually upon employment

PRENATAL CARE (SCOPE)

Prenatal care visits; lab and imaging; lactation support, counseling and consultation, and rental or purchase of breastfeeding equipment; all recommendations for preventive services of US Preventive Services Task Force(A and B)/HRSA including folic acid supplements, screening for hypertension, gestational diabetes, chlamydia, gonorrhea, hepatitis B, HIV, anxiety/depression/suicide, preeclampsia, Rh incompatibility, syphilis, urinary tract and other infection, unhealthy alcohol use; expanded tobacco intervention and counseling

DRUG BENEFITS	BEHAVIORAL HEALTH BENEFITS	SOCIAL SUPPORT BENEFITS	BIRTH FACILITY BENEFIT	NEONATAL SERVICES	REPRODUCTIVE HEALTH	POST-PARTUM NON MATERNITY RELATED CARE	DENTAL
Full prescription drug benefits	Full behavioral health benefits	Doula care covered at option of carrier. Food support limited to specialized non-standard infant formula and donated human breast milk. Home visitation covered. No benefits for transportation, housing assistance, or CenteringPregnancy.	Delivery and stay in licensed facility of at least 48 hours after vaginal delivery or 96 hours after cesarean section	✓	Reproductive care including contraceptives, all forms of infertility treatment, and abortion.	✓	Dental benefits are provided for children under 19. For persons over 19, plan only covers removal of bony impacted molars, accidental injuries and mouth tumors. Other care covered by separately-purchased dental plan.. No additional services for pregnant people.



Anna's Journey Through Perinatal Care:

Medicaid Coverage

Introduction

Anna is excited and anxious about her pregnancy. She is an NJ FamilyCare member, enrolled in a Managed Care Organization (MCO), and has been receiving primary and preventative care. When she learns that she is pregnant, she calls the closest clinic to her home that provides pregnancy care for those with NJ FamilyCare.

Care Challenges

When Anna discovers she is pregnant, she immediately contacts the Obstetrics and Gynecology practice close to her home. Because of **lack of space and high demand at the clinic, Anna's first appointment is scheduled as a phone consultation** with an intake specialist to get basic patient information, including any social needs. After the phone consultation, an in-person appointment is scheduled, which usually takes three weeks to arrange.

During the phone appointment, the intake coordinator explains that most patients see providers at all of their prenatal clinic locations, requiring transportation to each site. Anna agrees, hoping that she will be able to arrange for Medicaid transportation services because she does not have access to a car or public transportation. At her first in-person visit, a nurse sits with her to complete the Perinatal Risk Assessment form.

Anna is interested in having a doula support her during the pregnancy and birth. Anna reaches out to three doulas that her friends have worked with but is not able to find one that is covered by NJ FamilyCare. One shares that even though she's been a doula for 15 years, NJ FamilyCare does not accept her training and education to make her eligible for reimbursement. Another notes that NJ FamilyCare rates don't cover the cost of the care she provides.

During her pregnancy, Anna is diagnosed with severe gestational diabetes, which is not responding to monitoring and diet changes. Her provider needs to begin medical management but first must get approval from Anna's MCO. The provider submits the request but it often takes significant documentation and weeks of waiting to hear back from the insurance company that it is approved.

During her prenatal appointments, Anna requests immediate post-partum long-acting reversable contraception (LARC), based on discussion of which contraceptive would best fit her post-partum needs. But when Anna is admitted to the hospital to deliver her baby, she is told that the hospital does not stock any IUDs for patients with NJ FamilyCare and **she is discharged from the hospital with no contraceptive plan.**

Sarah's Journey Through Perinatal Care:

NJ Supplemental Prenatal and Contraceptive Plan Coverage

Introduction

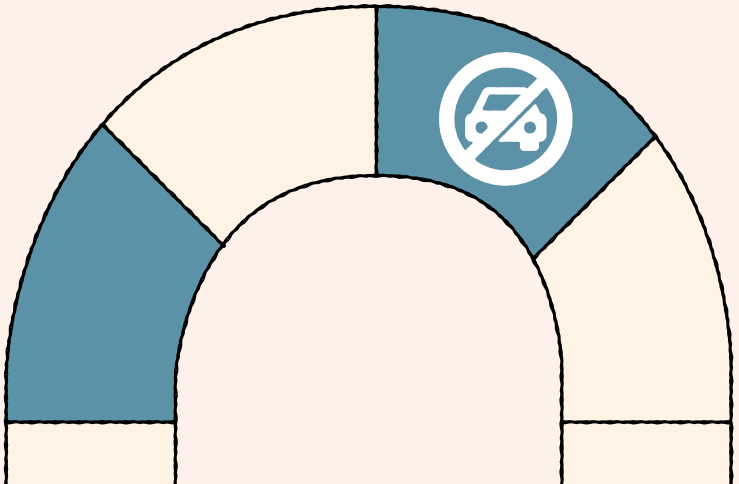
In April, Sarah, an expectant mother who lives in New Jersey but does not have US residency, began her perinatal journey at Federally Qualified Health Center (FQHC). She sought prenatal care with the hope of receiving comprehensive and timely medical support for her pregnancy. However, Sarah soon found herself navigating a complex and often frustrating healthcare system.

Care Challenges

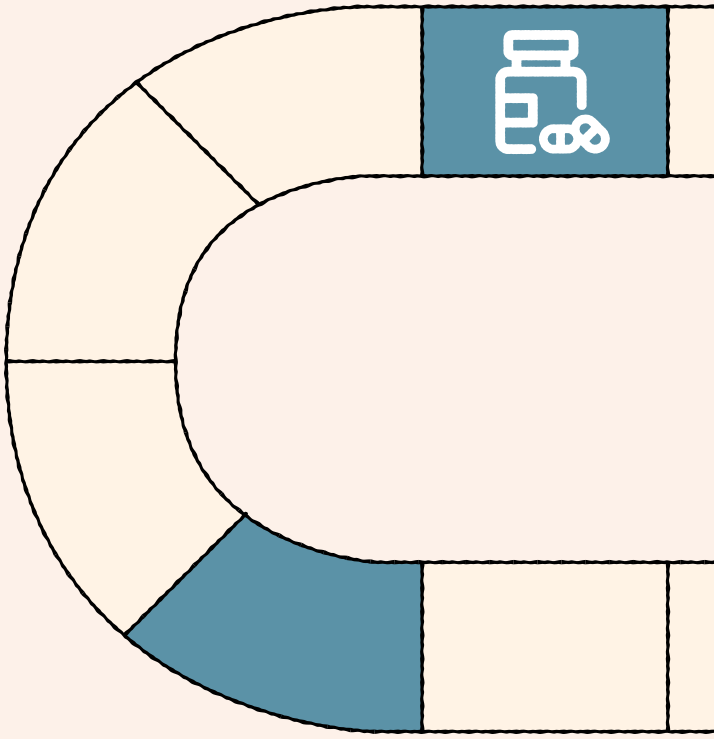
Sarah's first step was via phone call with the FQHC to complete the Intake Process. Sandy, a clinic intake specialist, asked Sarah about her income and determined she may be eligible for the Supplemental Prenatal Care Program based on her immigration status. Sandy completed the Presumptive Eligibility application for Sarah to enroll her in the program and it took a few weeks for Sarah to receive a Medicaid ID indicating her enrollment in SPCP. Because of the delay, it was challenging to schedule a timely ultrasound appointment during her first trimester at the hospital radiology department.

Sarah continued her care at the FQHC but needed to be scheduled at the hospital's Maternal Fetal Medicine (MFM) clinic to get her 2nd trimester ultrasound, a standard practice for patients seen at this FQHC. There is no public transportation between Sarah's home and the MFM clinic, and **SPCP does not cover transportation** so Sarah needed to wait to make the appointment until she could get a ride from a family member.

Because SPCP is a state-funded program, Sarah was required to re-enroll on July 1st, the start of the new state fiscal year, in order to maintain her benefits. The FQHC had to help Sarah through this process again.



During her prenatal care, Sarah was diagnosed with pre-eclampsia and put on medication to manage her blood pressure. **SPCP does not cover the cost of medication and Sarah was required to pay out of pocket.**



Sarah went into labor during her 39th week of pregnancy and was admitted to the hospital. Sarah had discussed birth control options with her provider during her prenatal appointments and was interested in getting the Nexplanon implanted before discharge from the hospital. Even though SPCP covers contraceptives, the labor and delivery is not covered by SPCP, but instead, by a program called the Medical Emergency Payment Program (MEPP), which only pays for the cost of birthing the baby. Sarah would need to wait until after she was discharged from the hospital to access birth control during the post-partum period by returning to the FQHC.

After delivery, Sarah's baby qualifies for NJ FamilyCare but Sarah's pregnancy-related coverage ends. SPCP does not cover post-partum care or any related services, like lactation support or equipment like breast pumps. Sarah's only remaining coverage under the SPCP plan is for family planning services, and for contraceptives. When Sarah brings her new baby to the pediatrician, at the same FQHC where she received care, the provider notices that Sarah is showing signs of post-partum depression. Because there are no mental health services covered under the SPCP program, the provider refers Sarah to a local non-profit organization that can provide mental health intake and services via charity coverage.

During the first month of her baby's life, Sarah completes the paperwork for her baby to enroll in NJ FamilyCare and selects an MCO. Sarah continues to seek care at the FQHC for herself but **must now pay for all post-partum care out-of-pocket.**

Amanda's Journey Through Perinatal Care

Introduction

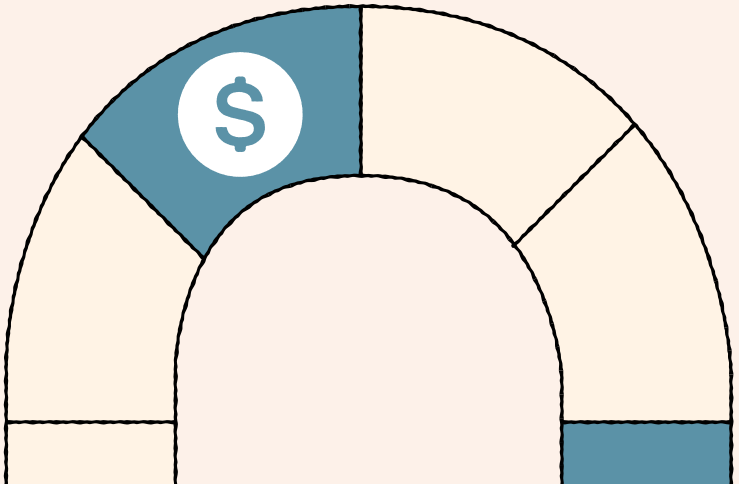
Amanda, a resident of New Jersey, is excited about her pregnancy but faces significant challenges related to her insurance coverage and health care costs. Amanda purchases her insurance through New Jersey's individual marketplace, GetCoveredNJ. While the subsidies she receives keep her monthly insurance premium low, the high cost-sharing aspects of her plan present numerous hurdles during and after her pregnancy.

Care Challenges

Amanda begins her prenatal care by scheduling her initial appointment at her women's health clinic. Amanda's first appointment reveals no immediate complications. However, Amanda's high cost-sharing plan means she is immediately concerned about out-of-pocket expenses. While the Perinatal Risk Assessment is a tool that her provider's office uses to screen patients on NJ FamilyCare for areas of social, financial, and behavioral needs, Amanda wasn't screened because she has commercial insurance. Because of this, Amanda's stress and anxiety related to the pregnancy wasn't immediately identified during the first visit.

Amanda wanted to use a doula to support her during her pregnancy and delivery. **Her insurance plan does not cover the cost of a doula**, and Amanda realized after contacting a few doulas who work in her community that she cannot afford to pay out-of-pocket. This adds to her anxiety as she prepares for childbirth without the additional support she had hoped for.

During her second trimester, Amanda experiences a severe anxiety attack and rushes to the emergency room. The high co-pay for the ER visit is a significant financial burden, causing further stress.

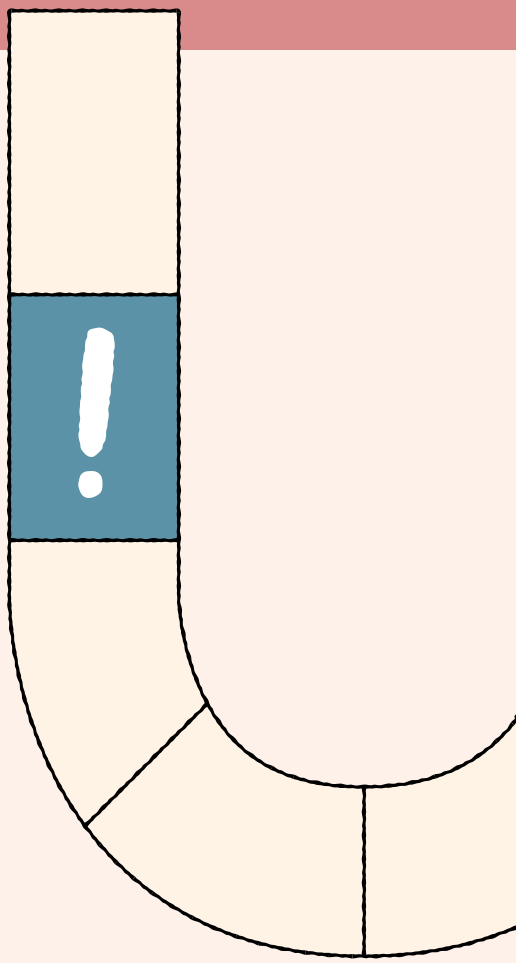


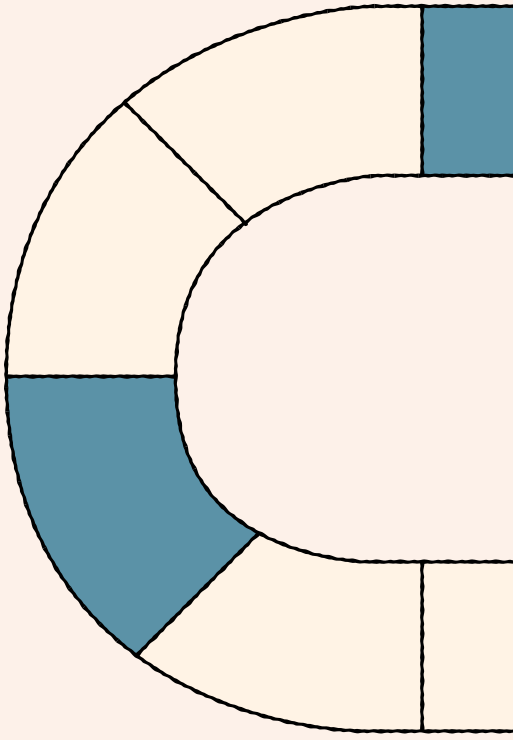
Following the anxiety attack, Amanda is referred to mental health services in the community to help manage her anxiety during the remainder of her pregnancy. However, **the co-pay for these services is prohibitively expensive for Amanda, leading her to forgo the recommended mental health care.** This decision weighs heavily on her, as she worries about managing her mental health without professional support and what will happen after she has her baby.

As Amanda's due date approaches, her anxiety about the financial aspects of delivery intensifies. She is acutely aware of the high deductible she will need to meet due to the hospital bill, adding to the stress of impending childbirth.

Amanda contacts the hospital where she will be delivering to discuss strategies for managing her out-of-pocket costs, including payment plans and potential financial assistance programs. While they provide additional resources and information on available support systems, **the high cost-sharing aspects of Amanda's plan limit the effectiveness of these efforts.**

Despite the financial barriers, Amanda receives the necessary medical care covered by insurance throughout her pregnancy. This includes regular prenatal check-ups, necessary screenings, and preparation for childbirth, including education classes. She is able to access timely postpartum care and she adds her baby to her health insurance plan, having qualified for a "life change" event to adjust her coverage.





Policy Recommendations

1. **Expand Coverage for the Supplemental Prenatal and Contraceptive Program:**

- **Prescription Drug Benefits for Pregnancy-Related Conditions:** Include full prescription drug benefits to cover medications essential for prenatal care and managing pregnancy-related conditions.

- **Behavioral Health Services:** Incorporate comprehensive behavioral health benefits to address mental health needs during and after pregnancy.

- **Dental Coverage:** Ensure comprehensive dental services for pregnant women, including preventive care, treatment of pregnancy-related dental conditions, and coverage for medically necessary dental procedures.

- **Social Needs Benefits:** Extend coverage to include services that address social determinants of health, such as transportation assistance.

- **Post-Partum Care:** Provide comprehensive post-partum care, including a post-partum visit, to support the health and well-being of birthing people beyond childbirth.

2. **Increase Access to Doula Services:**

- **Standardize Coverage:** Mandate doula services coverage across all state-regulated insurance products to improve maternal health outcomes, reduce stress during childbirth, and provide continuous support throughout the perinatal period.

- **Funding and Training:** Allocate funding for the training of doulas to ensure a sufficient supply of qualified professionals, particularly in underserved areas. Broaden the training requirements of community doulas to allow for those with a wider range of experience and education to be able to be credentialed and reimbursed through insurance.

3. **Enhance Dental Care Awareness:**

- **Outreach:** Implement education and outreach programs for both perinatal care providers and pregnant people to raise awareness about the importance of oral health during pregnancy and its impact on overall maternal and infant health.

4. **Standardize Access and Coverage of Behavioral Health:**

- **Uniform Benefits:** Ensure consistent coverage of behavioral health services across all state-regulated insurance programs.

- **Integrated Care Models:** Promote integrated care models that combine medical, behavioral, and social services to provide holistic care for pregnant and post-partum individuals.

5. **Improve Post-Partum Coverage:**

- **Comprehensive Care:** Coordinate post-partum care pathways to ensure access to a full range of health services beyond maternity-related care, including integrated mental health support, chronic disease management, and preventative health screenings.

Conclusion

Enhancing perinatal care coverage in New Jersey requires addressing the existing gaps and disparities across insurance markets and state-funded coverage. By implementing policy change, the state can improve access to comprehensive perinatal care, promote maternal and infant health, and advance birth equity. These efforts will ensure that all pregnant individuals receive the support and care they need for a healthy pregnancy and post-partum period.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