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MHPA Statement on House Passage of the Build Back Better Act

Washington, DC, November 19, 2021 - Medicaid Health Plans of America (MHPA), the only association solely representing Medicaid managed care organizations (MCOs), released the following statement on the House of Representatives passing the Build Back Better Act, an extensive legislative package of health, social, and environmental programs. The bill includes several provisions that seek to bolster coverage and care in Medicaid and CHIP (Children’s Health Insurance Program).

“MHPA is pleased with many of the Medicaid components that were included in the Build Back Better Act. Medicaid MCOs understand how critical it is for pregnant women on Medicaid to keep their health coverage for the first year following the birth of their child, as this can mean the difference between life and death. The United States currently ranks worst in the developed world on maternal mortality, and this legislation will help improve our nation’s standing on this important issue. Additionally, the bill requires continuous coverage of children in Medicaid and CHIP for 12 months, which will help reduce disruptions in care resulting from frequent changes in income among poorer families. The legislation will also correct a long-standing practice that keeps justice-involved individuals from having immediate access to health insurance following incarceration by ensuring that this population receives Medicaid coverage starting 30 days prior to their release. Furthermore, Build Back Better gives more seniors and individuals with disabilities the flexibility to receive the health services they need in the comfort of their homes and communities. These are just a few of the important provisions impacting Medicaid recipients included in the House-passed package, and MHPA looks forward to continuing to work with Congress and the Administration to further strengthen the provisions in the Build Back Better Act to ensure all Americans can get the quality health care services they need to live healthy, productive lives.”

About Medicaid Health Plans of America

Founded in 1995, the Medicaid Health Plans of America (MHPA) represents the interests of the Medicaid managed care industry through advocacy and research to support
innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its 130+ member health plans, known as managed care organizations (MCOs), which serve more than 40 million Medicaid enrollees in 40 states, the District of Columbia and Puerto Rico. MHPA’s members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market.  

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