



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 18, 2020

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

FROM: Pankaj Bhanot, Director

SUBJECT: **SCR 10 & SR 11 – REQUESTING THAT THE DEPARTMENT OF HUMAN SERVICES PROVIDE AN ESTIMATE OF THE BUDGET APPROPRIATION AND LEGISLATIVE ACTION NECESSARY TO FUND AN EXPANSION OF MED-QUEST COVERAGE TO ALL POST-PARTUM WOMEN FOR A PERIOD OF TWELVE MONTHS FOLLOWING CHILDBIRTH.**

Hearing: February 19, 2020, 3:05 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and offers comments on the resolution.

PURPOSE: The purpose of these resolutions is to request that DHS provide an estimate of the budget appropriation and legislative action necessary to fund an expansion of Medicaid coverage to eligible post-partum women in the State for a period of twelve months following childbirth.

DHS appreciates the intent of the resolution, and notes that as of February 18, 2020, there are three bills currently moving through the legislature to cover populations like the one described in these resolutions (SB2429 SD1, SB2204 SD1, and HB1943 HD2). In the process of commenting on those bills, DHS has offered its initial thoughts on the legislative and regulatory pathways to expand coverage for post-partum women, as well as some of the potential challenges that may exist in getting federal matching dollars for a program like this.

DHS notes that if this resolution was to move forward, it would provide the Legislature with a budget estimate and a discussion on how the expansion of coverage could be accomplished through legislative and regulatory means. DHS also notes that it could provide the Legislature with a range of well-researched options to consider when refining the proposed coverage expansion for next legislative session.

Thank you for the opportunity to testify.



**Testimony to the Senate Committee on Human Services
Wednesday, February 19, 2020; 3:05 p.m.
State Capitol, Conference Room 016**

RE: SENATE CONCURRENT RESOLUTION NO. 10/SENATE RESOLUTION NO. 11, REQUESTING THAT THE DEPARTMENT OF HUMAN SERVICES PROVIDE AN ESTIMATE OF THE BUDGET APPROPRIATION AND LEGISLATIVE ACTION NECESSARY TO FUND AN EXPANSION OF MED-QUEST COVERAGE TO ALL POST-PARTUM WOMEN FOR A PERIOD OF TWELVE MONTHS FOLLOWING CHILDBIRTH.

Chair Ruderman, Vice Chair Rhoads and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Concurrent Resolution No. 10 and Senate Resolution No. 11, REQUESTING THAT THE DEPARTMENT OF HUMAN SERVICES PROVIDE AN ESTIMATE OF THE BUDGET APPROPRIATION AND LEGISLATIVE ACTION NECESSARY TO FUND AN EXPANSION OF MED-QUEST COVERAGE TO ALL POST-PARTUM WOMEN FOR A PERIOD OF TWELVE MONTHS FOLLOWING CHILDBIRTH.

The resolutions, as received by your Committee, would request the Department of Human Services (DHS) to submit a report of its findings and recommendations to the 2021 Legislature.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

We firmly agree with the findings in the resolutions -- that the sixty-day time period of coverage currently authorized under Medicaid for postpartum recipients is not enough to address the health care needs of the patient. One of the primary concerns is that our current health insurance system and models for the reimbursement of maternity care impede our ability to provide universal, high-quality postpartum care in the United States. Many obstetrics providers receive bundled payments for maternity care. In other words, they receive a fixed amount for services provided during the time period

Testimony on Senate Concurrent Resolution No. 10/Senate Resolution No. 11

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extending from the first prenatal visit until 6 weeks after delivery. Obstetric providers are compensated in the same manner, whether they are taking care of an uncomplicated pregnancy in a healthy mother or a complicated pregnancy of a mother with gestational diabetes and hypertension. Given this practice, there is little financial incentive to provide additional visits or to extend the duration of follow-up.

For Hawaii's Medicaid recipients, the situation is not much better. Categorical eligibility for Medicaid ends 60 days after the birth of the child.

These resolutions will ensure that the Legislature will have the financial data to determine how much additional resources DHS would need to provide Medicaid coverage for twelve months and ensure that every new mother has the ability to obtain necessary supportive healthcare services during the most critical period of the new family's development.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

SAVE MEDICAID HAWAII: Medicaid is Good for Everyone in Hawai'i

To: Hawaii State Legislature – Senate Committee on Human Services

Date: Wednesday, February 19, 2020 at 3:05 p.m.

Re: Testimony of Save Medicaid Hawaii in support of SCR 10 and SR 11

Dear Russell E. Ruderman, Chair; Karl Rhoads, Vice Chair; and Members of the Committee:

Save Medicaid Hawaii strongly supports SCR 10 and SR 11.

Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU admissions due in part to daunting system barriers to continuous reproductive life health insurance coverage. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend Med-Quest post-partum benefits through 12 months postpartum for all pregnant women.

In practical terms this will impact primarily COFA migrants and recent immigrants with documents (green card) - who currently qualify for Med-Quest only while pregnant through 2 months postpartum: and undocumented immigrants – who currently qualify for emergency Med-Quest covering in-hospital childbirth only.

Two months is now recognized as an outdated standard of postpartum care. In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, young mothers are returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, hypertension, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

While Save Medicaid Hawaii would prefer to see the Legislature commit to the postpartum expansion of coverage during this legislative session (by passing SB2429 or HB 1943), however, we support the passage of SCR 10 and SR 11, recognizing that data may be required which only the State of Hawaii Med-Quest division can accurately provide.

Extending Med-Quest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions.

We strongly urge our legislators to take the steps needed to support this important benefit change.

Save Medicaid Hawaii, a network of people advocating for NO CUTS in Medicaid and working towards a stronger health care system in Hawai'i that provides high quality universal health care for all. SMH was founded in 2018 when the Affordable Care Act and Medicaid first came under threat from the current administration in Washington .DC.
Email: savemedicaidhawaii@gmail.com Visit our webpage: <https://www.facebook.com/SaveMedicaidHawaii/>

SR-11

Submitted on: 2/17/2020 2:50:47 PM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
amy agbayani	Testifying for Filipina Advocacy Network FAN	Support	No

Comments:



To: Hawaii State Senate Committee on Human Services
Hearing Date/Time: Wednesday, February 19, 2020, 3:05 p.m.
Place: Hawaii State Capitol, Rm. 016
Re: Testimony of Hawaii Women's Coalition in strong support of SR 11

Dear Chair Ruderman, Vice Chair Rhoads and Members of the Committee,

Hawaii Women's Coalition writes in strong support of SR 11. Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU admissions due in part to daunting system barriers to continuous reproductive life health insurance coverage. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend MedQuest postpartum benefits through 12 months postpartum for all pregnant women. In practical terms this will impact primarily COFA migrants, recent immigrants with documents (green card) and undocumented immigrants.

In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, young mothers are returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

Extending MedQuest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions.

Thank you for your support for this important measure.

Sincerely,
Hawaii Women's Coalition



HAWAII APPLESEED

CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai'i Appleseed Center for Law & Economic Justice
In Support of SR 11
Senate Committee on Human Services
Wednesday, February 19, 2020, 3:05 PM, in conference room 016

Dear Chair Ruderman, Vice Chair Rhoads, and members of the Committee:

Thank you for the opportunity to provide testimony in **SUPPORT of SR 11**, which would request that the Department of Human Services provide an estimate of the budget appropriation and legislative action necessary to fund an expansion of Med-QUEST coverage to all otherwise eligible post-partum women in the State for a period of twelve months following childbirth.

We believe that providing health care coverage 12 months postpartum will help improve the health of low-income, migrant, and immigrant women and babies, as they are at the highest risk for postpartum health complications. In addition to threatening the health of our mothers and children, poor birth outcomes add significant medical costs to the state.

Currently, Med-QUEST/Medicaid patients have coverage for only 60 days following childbirth. That is simply not enough to ensure postpartum health. For example, according to the Hawai'i Maternal Mortality Review Committee, of the 20 maternal deaths that occurred in 2015-2016, half of them occurred more than 42 days after childbirth.

While fewer than 1 in 25 (4%) of all Hawai'i residents have no health insurance, nearly 1 in 4 (23%) of Micronesian residents lack it. Women are also more likely to hold low-wage or part-time jobs that do not offer employer-sponsored health benefits, so Med-QUEST is more likely their only potential source of medical coverage.

Four states have already passed legislation extending postpartum care for Medicaid patients, and at least four more and the District of Columbia are considering legislation this year. Expanding coverage is already having good effects on health outcomes, with decreasing maternal mortality rates in Medicaid expansion states.

Extending Med-QUEST coverage to 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself by lowering the incidence and cost of poor postpartum health outcomes.

We appreciate your consideration of this testimony. We urge you to pass this bill.

The Hawai'i Appleseed Center for Law and Economic Justice is committed to a more socially just Hawai'i, where everyone has genuine opportunities to achieve economic security and fulfill their potential. We change systems that perpetuate inequality and injustice through policy development, advocacy, and coalition building.



*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American
Samoa) Section*

TO: Senate Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

DATE: Wednesday, February 19, 2020, 3:05PM
PLACE: Hawai'i State Capitol, Conference Room 016

FROM: ACOG Hawai'i Section
Dr. Chrystie Fujimoto, MD, FACOG, Chair
Dr. Reni Soon, MD, MPH, FACOG, Vice-Chair
Lauren Zirbel, Community and Government Relations

Re: SR 11
Position: SUPPORT

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **supports SR 11** which requests that the Department of Human Services provide an estimate of the budget appropriation and legislative action necessary to fund an extension of Medicaid coverage of pregnancy from terminating currently at 60 days following the end of pregnancy to 12 months. An extension of Medicaid pregnancy coverage is critical for Hawai'i's women and families for the following reasons:

Complications associated with pregnancy do not always end when the pregnancy ends or even 60 days after - 60 days of postpartum health care is not enough.

- Approximately 700 women in the U.S. die from pregnancy-related issues each year.¹
- Half (10/20) of the maternal deaths in Hawaii in 2015 and 2016 occurred in the late postpartum period (43 days to 1 year after the pregnancy ended,² and the Hawaii Maternal Mortality Review Committee determined over half of Hawaii's maternal deaths were preventable.
- Mental health disorders, including substance use disorders, are one of the largest causes of maternal mortality – most of these health problems do not resolve in 60 days.
- Mortality is the tip of the iceberg – for every 1 maternal death, experts estimate there are over 100 life-threatening complications occurring related to pregnancy (e.g. stroke, organ failure, seizures)
- The health of the entire family is often impacted, sometimes for years, when a mother is struggling with health complications, mental health disorders, or substance use disorders.
- All of our members, even our trainees, have cared for women with health complications that lasted longer than 60 days – this is not uncommon. We are their doctors and it is extremely frustrating and heart-breaking when our patients stop coming to these essential healthcare visits because they've lost their insurance.

¹ "Pregnancy-Related Deaths." Centers for Disease Control and Prevention. Published May 7, 2019. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

² Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.

Women are highly motivated during pregnancy to address their healthcare problems, and that progress in their health can be pre-empted when insurance coverage is lost.

- Women seek treatment for mental health disorders or substance use disorders during pregnancy, and are more likely to relapse if they cannot continue their treatment (treatment which usually lasts longer than 60 days).
- Other common health conditions such as high blood pressure or diabetes, which women are also very motivated to address during pregnancy, require comprehensive and continuous coverage after pregnancy. Unfortunately, women who lose access to health care shortly after delivery often are no longer able to control those conditions and the next time an obstetrician sees them is her next pregnancy. Often these conditions have worsened making this next pregnancy even more complicated and high-risk.
- Health insurance is also critical for access to contraception which would help a woman delay her next pregnancy until she can optimize her health.

Extending Medicaid coverage to 12 months after pregnancy would promote EQUITABLE access to healthcare for some of Hawaii's most vulnerable communities

- While any mother can suffer complications associated with pregnancy, low-income women, immigrant women, and women of color disproportionately experience these complications.
- In Hawaii, Compact of Free Association (COFA) migrants are most affected by the lapse in health care coverage and are also disproportionately affected by such pregnancy complications as diabetes and high blood pressure.
- Medicaid recipients are 82% more likely to experience severe maternal morbidity and mortality than women with private health insurance.³

Four other states have passed legislation to extend Medicaid postpartum coverage and four others and the District of Columbia are pursuing such legislation this year. In addition, three Congressional omnibus bills aim to reduce maternal mortality and one of the mechanisms each of these bills is proposing is extending Medicaid postpartum coverage to 12 months. Hawai'i can and should continue to be a national leader in health care.

HI ACOG recognizes that the Hawai'i State Legislature is committed to improving maternal health care in passing legislation such as that which created the Hawai'i Maternal Mortality Review Committee in 2016. It is time to take the findings of this committee and take the next step in recognizing the importance of health care access for a full year postpartum and the importance of this access to ALL of Hawaii's women and families. For these reasons, HI ACOG supports SR 11 and we urge your committees to pass this resolution.

Thank you for the opportunity to testify.

³ <https://www.modernhealthcare.com/medicaid/medicaid-changes-could-address-maternal-mortality-driven-social-determinants>

SR-11

Submitted on: 2/18/2020 9:38:53 AM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	Testifying for aauw of hawaii	Support	No

Comments:



KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

2239 N. SCHOOL STREET ♦ HONOLULU, HAWAII 96819 ♦ TEL: 808-791-9400 ♦ FAX: 808-848-0979 ♦ www.kkv.net

To: Hawaii State Legislature – Senate Committee on Human Services
Date: Wednesday, February 19, 2020 at 3:05 p.m.
FROM: Doris Segal Matsunaga, Maternal Child Health Director, Kokua Kalihi Valley
Comprehensive Family Services

Re: SCR10 and SR11.
Position: SUPPORT

Aloha Russell E. Ruderman, Chair; Karl Rhoads, Vice Chair; and Members of the Committee:

Kokua Kalihi Valley Comprehensive Family Services (KKV) supports SCR10 and SR11.

While KKV would prefer to see the Legislature commit to the postpartum expansion of coverage during this legislative session (by passing SB2429 or HB 1943), we support the passage of SCR 10 and SR 11, recognizing that data may be required which only the State of Hawaii Med-Quest division can accurately provide.

At least 200 women enter prenatal care at Kokua Kalihi Valley (KKV) each year, and each year we serve approximately 300 women with services during pregnancy, delivery and through 3 months post-partum. The number is higher still if we include mothers provided with “interconception care” during the year after childbirth.

Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU (neonatal intensive care) admissions due in part to daunting system barriers to continuous reproductive life health insurance coverage. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend MedQuest post-partum benefits through 12 months postpartum for all pregnant women. In practical terms this will impact primarily COFA migrants, recent immigrants with documents (green card) and undocumented immigrants.

Comprehensive care and continuous coverage during the postpartum period are essential, especially for women with mental health or chronic medical conditions, including heart disease, diabetes, and high blood pressure. In our experience these are the medical risk factors most often associated with poor birth outcomes in the patients we see. Limiting the expansion of post-partum care to only substance abuse and mental health services may not be an evidence-based approach that works for Hawaii. The requirement that the woman be enrolled in substance abuse or mental health treatment during the 2- month post-partum period limits who can benefit even further.

Since 2015 when the state of Hawaii stopped MedQuest coverage for all non-pregnant, non-disabled COFA residents over age 18 or under age 65, COFA women of childbearing age face serious loss and discontinuity of care when they lose MedQuest coverage at two months post-partum. In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, we see young mothers returning to the workforce shortly

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social Services to
Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.

after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

It is true that most low-income COFA mothers are eligible for enrollment in ACA at 2 months post-partum, but the transition is anything but seamless. KKV finds that due to changes in address, many do not receive a notice that insurance has ended, or they do not understand the system well enough to know they have lost insurance until the time they seek out care due to a medical need. Or they may receive a letter that their MedQuest has ended and are then afraid to come for care out of fear they will get bills they cannot pay. Despite PAP (premium assistance), under ACA many still have a deductible and co-pays and may avoid routine care because they fear they cannot pay the bills. To a low-income family, the 20% share of a \$1,000 ER or ultrasound bill is a small fortune. KKV and other CHC's work hard to explain the complexities and enroll such women in the ACA when we see or can contact them, but it is common for women to drop out of sight after baby is born and the next time we see them is when they walk in for a pregnancy test in the second or third trimester, less than a year after the last baby was born. Per ACOG (2), the optimal interval between delivery and subsequent pregnancy is 18 months to 5 years; the greatest risk of low birth weight and preterm birth occurs when the interconception interval is less than 6 months.

Pregnant women who have recently immigrated to Hawaii with documents (green card) are in a similar situation as COFA migrants. Undocumented pregnant immigrants are not eligible for prenatal care benefits under MedQuest but can get emergency medical coverage for the hospital delivery only. These groups also would benefit greatly from having MedQuest benefits extended through 12 months post-partum.

At KKV, half our prenatal patients are Micronesian, primarily from Chuuk. Despite serving a low income, high risk and transient perinatal population where 56% of pregnant women enter care after the first trimester, KKV birth outcomes are generally close to the US national average, and 79% of KKV patients had at least one post-partum visit in 2017. By collaborating across the traditional silos of OB, Pediatrics, WIC, Family Planning and Family Practice, employing bi-lingual case managers and interpreters, and combining outreach (home and hospital visits) with in-reach (i.e.: 2-generation care at well-child visit), we are often able to contact hard-to-reach moms. It is not unusual for post-partum clinic visits to occur after 2 months post-partum. However, private providers, and even some community health centers, do not have this same depth and integration of services, and therefore may see higher adverse birth outcomes among high risk patients. The Quest Integration health plans have case management programs of varying design and quality, but uniformly lack staff who speak COFA languages, nor do they have the community-based relationships with these patients that are essential to do effective and often long-term work.

Extending MedQuest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions. We strongly urge our legislators to support this important benefit change by passing SB 2204_SD1.

Mahalo.

SR-11

Submitted on: 2/18/2020 9:52:44 AM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Bilyk	Testifying for Breastfeeding Hawaii	Support	No

Comments:

SR11 DHS to Determine Funding for MedQuest to Cover Post-Partum Women for Up to 12 Months

COMMITTEE ON HUMAN SERVICES:

- Sen. Russell Ruderman, Chair; Sen. Karl Rhoads, Vice Chair
- Wednesday, Feb. 19, 2020: 3:05 pm
- Conference Room 016

Hawaii Substance Abuse Coalition Supports SR11:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.

Not covering Post-Partum women leads to higher infant mortality rates, which is one of the main considerations for comparing quality healthcare among advanced countries and is directly related to higher costs for healthcare.

1. *The U.S. infant mortality rate is higher than most advanced healthcare systems in the world. It is a contributing factor to the U.S. being the number one most expensive healthcare system (per person) in the world.* The U.S. spends more on health care than all the other wealthy democracies in the world. But in spite of all that spending, life expectancy in the U.S lags behind that of its peer countries.¹



2. *The U.S. infant mortality rate (2018) is higher than:* Andorra, Antigua and Barbuda, Australia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Canada, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea (South), Latvia, Lithuania, Luxembourg, Monaco, Netherlands, New Zealand, Norway, Poland, Portugal, San Marino, Serbia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, and the United Kingdom.² Considering that there are 36 advanced countries in the world, the U.S. is ranked 44th.

¹ Harvard T.H. Chan: School of Public Health: *The most expensive healthcare system in the world.* (2020)
<https://www.hsph.harvard.edu/news/hsph-in-the-news/the-most-expensive-health-care-system-in-the-world/>

² World Bank, OECD, World Health Organization, CIA World Factbook:
<https://databank.worldbank.org/reports.aspx?source=2&series=SH.DYN.MORT&country=>
https://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/ <http://apps.who.int/gho/data/node.sdg.3-2-viz?lang=en>
<https://www.cia.gov/library/publications/the-world-factbook/fields/2091.html>
https://en.wikipedia.org/wiki/List_of_countries_by_infant_and_under-five_mortality_rates

3. *Substance Abuse is one of the leading causes that contributes to pregnancy-related chronic illnesses.* Without appropriate treatment driven by proper medical coverage, post-partum women often access emergent care as their only available treatment option. This deterioration in health conditions is potentially **preventable**.³

We appreciate the legislators support throughout the years in support of prevention and treatment to our shared community and are available for questions.

³ National Center for Biotechnology Information: PubMed Central: U.S. National Library of Medicine: National Institutes of Health: *High Utilizers of Emergency Health Services in Population-Based Cohort of Homeless Adults*: Am J Public Health, (2013): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969147/>



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

February 18, 2020

**Thirtieth Legislature Regular Session of 2020
Wednesday, February 19, 2020, 3:05 PM
Hawaii State Capitol, Conference Room 016**

**To: Senate Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair**

From: Hawaii Maternal and Infant Health Collaborative (HMIHC)

POSITION: SUPPORT

Dear Chair Ruderman, Vice Chair Rhoads and Members of the Committee,

Thank you for the opportunity to submit testimony in **strong support of S.R. 11**.

Currently, postpartum coverage for women with Medicaid is guaranteed for 60 days, after which many women lose coverage. Loss of insurance coverage in the first year after pregnancy puts many women into crisis as health care needs related to pregnancy, labor and delivery often do not resolve within 60-days after pregnancy and require ongoing care. Underlying medical conditions such as diabetes, cardiac disease or hypertension are often diagnosed during and after pregnancy and require ongoing care in the postpartum period. Women with health challenges are highly motivated during their pregnancy to address them and loss of insurance coverage may disrupt those efforts during the postpartum period. The postpartum period is also a critical time for women with depression, other psychiatric conditions, as well as substance use disorder, and will require access to ongoing services to prevent relapse, for which insurance coverage is necessary. Thus, loss of insurance coverage within 12-months after pregnancy places women with these medical conditions at increased risk for adverse outcomes.

Recent data shows that 50% of maternal deaths between 2015-2016 occurred in the late postpartum period, which includes 43 days to one year after delivery. With our current Medicaid coverage, this time period coincides with when women lose their insurance coverage and are no longer able to access necessary medical care. In addition to maternal mortality, women can develop other serious health complications such as stroke, organ failure, seizures, mental health challenges, and substance use disorder. All of which cannot be resolved within 60 days after pregnancy, which is why we are advocating for 12-month postpartum coverage after pregnancy for all women. Doing so would increase access to healthcare for our most vulnerable communities including low-income, immigrant women and women of color, all who disproportionately experience these kinds of complications and adverse

outcomes. Medicaid recipients are also 82% more likely to experience severe morbidity and mortality than their privately insured counterparts, making increasing access to healthcare a necessity to achieve health equity.

With the aim to improve maternal health outcomes nationwide, multiple state Maternal Mortality Review Committees made specific recommendations to extend postpartum coverage to 12-months, which many other states have prioritized. Extending Medicaid postpartum coverage has been passed in four other states, with an additional four and the District of Columbia pursuing such legislation this year. Hawai'i can and should continue to be a national leader in health care. Uninterrupted health care coverage 12-months after pregnancy for our most vulnerable patients will improve the health of Hawai'i's women, children, and families.

Founded in 2013, the Hawai'i Maternal and Infant Health Collaborative (Collaborative) is a public private partnership committed to improving birth outcomes and reducing infant mortality in Hawai'i. We are focused on health in the first year of life and want children to have the best start in life. The health of a mother strongly impacts the health and wellbeing of her children and family. We believe Senate Resolution 11 will help us better understand what is needed to expand postpartum coverage to 12-months and will help us to move forward with improving the health of mothers and their families.

The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the Department of Health and National Governors' Association. The [Action Strategy](#) provides Hawai'i with a roadmap for an integrated and comprehensive early childhood system, spanning preconception to the transition to Kindergarten. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawai'i have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life, and coordinated by a cross sector leadership team. Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

Thank you for the opportunity to testify.

SR-11

Submitted on: 2/17/2020 12:09:32 AM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Ogez	Individual	Support	No

Comments:

I am an OBGYN here in Honolulu and I support this resolution. We need DHS to provide an estimate of the budget appropriation and legislative action necessary to fund an extension of Medicaid coverage of pregnancy from terminating currently at 60 days following the end of pregnancy to 12 months. An extension of Medicaid pregnancy coverage is critical for Hawai'i's women and families, and so is the budgetary data necessary to achieve this goal.

SR-11

Submitted on: 2/17/2020 8:45:13 AM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Chin	Individual	Support	Yes

Comments:

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in **strong support of SR11**.

As an obstetrician-gynecologist, I have been privileged to take care of many women covered under Medicaid insurance. I know that these are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Many of our patients lose insurance after this time period and are lost to follow up. Their medical problems are not taken care of and the next time we see them, they are pregnant again with more complex issues. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had high blood pressures and methamphetamine use in her pregnancy, which unfortunately resulted in a stroke and preterm delivery. What was especially sad is that she had both of these issues in her previous pregnancy and had been planning to obtain birth control but was unable to because of a loss of insurance. If she had been able to continue her medical care, her blood pressures would have been better controlled and she could have received treatment for her substance use disorder. Additionally, she would have been able to receive birth control which would have delayed her next pregnancy until she was healthier and ready for another baby. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

This is of particular importance in Hawai'i. Recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, we must remember that there are other serious consequences including stroke, organ failure, seizures, mental health problems, and substance use disorders. All of these issues do not disappear after the pregnancy is over. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy.

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for our most vulnerable patients will improve the health of Hawaii's women, children, and families.

I strongly support **SR11** and I appreciate the opportunity to provide this testimony.

SR-11

Submitted on: 2/17/2020 1:14:41 PM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joanne Amberg	Individual	Support	No

Comments:

Please support SCR 10 and SR 11

Please support these bills on behalf of childbearing women in our community.

Extending Med-Quest coverage for 12 months postpartum is an evidence based plan that would provide funding to allow women to increase spacing between pregnancies, support increased breastfeeding and care for chronic conditions that are often uncovered during a pregnancy. Investing in preventive health care saves money and prevents suffering in the long run.

Mahalo,

Joanne Amberg, CNM MSN MPH

To: Hawaii State Legislature – Senate Committee on Human Services
Hearing Date/Time: Wednesday, February 19, 2020 at 3:05 p.m.
Place: Hawaii State Capitol, Room 329
Re: Judith Ann Armstrong is in support of SCR 10 and SR 11 Related to Med-Quest

Dear Russell E. Ruderman, Chair; Karl Rhoads, Vice Chair; and Members of the Committee,

I, Judith Armstrong, am writing in strong support of of SCR 10 and SR 11 Related to Med-Quest.

Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU admissions due in part to daunting system barriers to continuous reproductive life health insurance coverage. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend Med-Quest post-partum benefits through 12 months postpartum for all pregnant women.

In practical terms this will impact primarily COFA migrants and recent immigrants with documents (green card) - who currently qualify for Med-Quest only while pregnant through 2 months postpartum: and undocumented immigrants – who currently qualify for emergency Med-Quest covering in-hospital childbirth only.

Two months is now recognized as an outdated standard of postpartum care. In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, young mothers are returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, hypertension, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

While Save Medicaid Hawaii would prefer to see the Legislature commit to the postpartum expansion of coverage during this legislative session (by passing SB2429 or HB 1943), however, we support the passage of SCR 10 and SR 11, recognizing that data may be required which only the State of Hawaii Med-Quest division can accurately provide.

Extending Med-Quest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions.

I strongly urge our legislators to take the steps needed to support this important benefit change.

Thank you for this opportunity to testify in support of this important measure.

Sincerely,
Judith Ann Armstrong
1717 Ala Wai Blvd
Apt 3006
Honolulu, HI 96815

SR-11

Submitted on: 2/17/2020 7:15:18 PM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Ing	Individual	Support	No

Comments:

SR-11

Submitted on: 2/17/2020 8:27:01 PM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jinai B	Individual	Support	No

Comments:

SR-11

Submitted on: 2/18/2020 4:27:21 PM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Fox	Individual	Support	No

Comments:

Please support SR11 to determine how much funding is needed to support services for post-partum women following pregnancy.

Colleen Fox, PhD

Makiki

SR-11

Submitted on: 2/18/2020 7:32:36 PM

Testimony for HMS on 2/19/2020 3:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kelsi	Individual	Support	No

Comments: