

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

**STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE**

P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, &
HOMELESSNESS
ON
HOUSE BILL NO. 1773

**February 10, 2022
9:00 a.m.
Room 329 and Videoconference**

RELATING TO HEALTH

The Department of Budget and Finance (B&F) offers comments on this bill.

House Bill No. 1773 appropriates an unspecified amount of general funds to the Department of Human Services in FY 23 to extend Medicaid postpartum coverage to 12 months.

B&F notes that the FY 23 Executive Supplemental Budget already includes \$2,449,040 in general funds and \$3,448,465 in federal funds in HMS 401's budget in FY 23 to extend Medicaid postpartum coverage from 2 months to 12 months.

B&F also notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

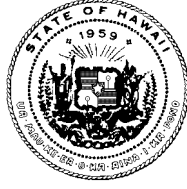
Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 8, 2022

TO: The Honorable Representative Ryan I. Yamane, Chair
House Committee on Health, Human Services, & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HB 1773 – RELATING TO HEALTH.**

Hearing: Thursday, February 10, 2022, 9:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this measure and offers comments. DHS respectfully requests support for the expansion from two to twelve months for postpartum care in the executive budget for \$5,897,505 (A funds \$2,449,040 /N funds \$3,448,465) as opposed to the one-time appropriation in this bill.

PURPOSE: The purpose of the bill is to appropriate state funds required to draw down the federal matching funds to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

The "pregnant women" eligibility category is currently limited to 60 days postpartum. Although some women may qualify for other Medicaid eligibility categories, some do lose their Medicaid eligibility after 60 days postpartum. The American Rescue Plan (ARPA) Section 9812 provides an option to extend Medicaid postpartum coverage from two months postpartum to an additional ten months for a full year of Medicaid coverage postpartum. The option is available starting 4/1/2022 and is in effect for five years to extend an additional ten months for a full 12 months postpartum.

Included in the executive budget is a supplemental request for \$5,897,505 (A funds \$2,449,040 /N funds \$3,448,465) to take up this expansion option. The request estimates the impact of continuing coverage for women who would have otherwise lost coverage at the end of the two-month postpartum coverage period. On average, of the 4,400 women with "Pregnant women categorical eligibility," about 30% (1,320) lost Medicaid coverage after the end of the two-month postpartum period. The remaining retained Medicaid coverage, mostly in the low-income adult (LIA) category.

Extending the postpartum coverage period to 12 months will improve health access and outcomes for women and children by providing stability and continuity of care with known and trusted providers. In addition, it will help address the stark health disparities in our state for Native Hawaiian other Pacific Islander mothers. The Kaiser Family Foundation summarizes the impact of a postpartum extension period in the following way:

"Part of the motivation for postpartum extension is the nation's high rate of preventable pregnancy-related mortality and morbidity, particularly the stark disparities among Black and Native American women. There is also growing recognition that the postpartum period extends far beyond 60 days. Many of the conditions that account for a significant share of pregnancy-related mortality and morbidity, such as cardiovascular diseases, hypertension, and depression often require care over a longer-term. Providing Medicaid access to low-income mothers for a longer period also promotes continuity and access to preventive services such as contraception and intrapartum care."ⁱ

Thank you for the opportunity to testify on this measure.

ⁱ Ranji, Usha; Salganicoff, Alina; Gomez, Ivette (2021, March 18). Postpartum Coverage Extension in the American Rescue Plan Act of 2021. Kaiser Family Foundation. <https://www.kff.org/policy-watch/postpartum-coverage-extension-in-the-american-rescue-plan-act-of-2021/>



STATE OF HAWAII
Executive Office on Early Learning
2759 South King Street
HONOLULU, HAWAII 96826

February 8, 2022

TO: Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, and Homelessness

FROM: Coleen Momohara, Interim Director
Executive Office on Early Learning

SUBJECT: **Measure:** H.B. No. 1773 – RELATING TO HEALTH
Hearing Date: Thursday February 10, 2022
Time: 9:00 a.m.
Location: Conference Room 329 and Videoconference

Bill Description: Appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Supports the Intent

Aloha. I am Coleen Momohara, Interim Director of the Executive Office on Early Learning (EOEL). EOEL supports the intent of H.B. No. 1773 and defers to the Department of Human Services (DHS).

EOEL is statutorily responsible for the development of the State's early childhood system that shall ensure a spectrum of high-quality development and learning opportunities for children throughout the state, from prenatal care until the time they enter kindergarten, with priority given to underserved or at-risk children.

Improving the health and well-being of mothers, infants, and young children is an important public health goal. **It is necessary to provide the best environment for our children and for those closest to our children, particularly in their most vulnerable periods of development.** The United States has some of the highest maternal mortality rates amongst high-income countries and, according to the CDC, adequate medical attention could have prevented up to 60 percent of postpartum related deaths in 2019.

Furthermore, the Hawaii Maternal Mortality Review Committee, established in part through the passage of Act 203 in 2016, has been reviewing all maternal deaths in Hawaii dating back to 2015 and has found that approximately half of maternal deaths have occurred 43 days to one year postpartum. However, current standards of care only extend to 6 weeks postpartum. This bill would extend coverage for a longer period, when mothers are at highest risk.

As we work to ensure a spectrum of high-quality development and learning opportunities for our keiki, ensuring adequate health services from the prenatal stages and beyond support children in their growth, development, and learning.

We defer to the DHS as it pertains to the bill, particularly on implementation. We would also like to note that the DHS has appropriation requests for the purpose of extending and sustaining postpartum Medicaid coverage in the Executive Supplemental Budget, Fiscal Year 2023.

Thank you for the opportunity to provide testimony on this bill.



ALOHACARE

Date: Thursday, February 10, 2022

To: The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice-Chair
The house Committee on Health, Human Services & Homelessness

From: Peggy Mierzwa, AlohaCare

RE: HB1773 Relating to Health – Strong Support

AlohaCare appreciates the opportunity to provide testimony in **STRONG SUPPORT** of **HB1773**. This measure would appropriate funding to Department of Human Services to extend healthcare coverage of postpartum women from 60 days to 12 months.

Founded in 1994, AlohaCare is a community-rooted, non-profit health plan serving nearly 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only Hawai'i health plan exclusively serving Medicaid patients. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating access to quality health care for all. We believe that health is about supporting whole-person care, including access to housing and food security, to build a stronger, healthier Hawaii.

Medicaid health coverage is a vital link to care for eligible women during and after pregnancy. That health coverage is critical to meeting our goal of supporting healthy babies and mothers. Currently, there are women on Medicaid who lose health coverage entirely 60 days after birth resulting in a “gap” of coverage and care. By increasing postpartum coverage to 12 months, women will be able to continue to access important healthcare services following the end of their pregnancy.

Postpartum healthcare coverage beyond 60 days following birth will give women treatment access for common complications such as hypertension or diabetes. In addition to physical health, behavioral health issues are of equal concern during the postpartum period. One in ten women experience postpartum depression. Postpartum care includes screening for depression, typically 4-6 weeks post-delivery. Once a woman is diagnosed with depression, referrals and treatments often require more than 60 days.ⁱ Furthermore, long-term birth control methods are typically administered after a 60-day postpartum period.

Women face a variety of complicated health issues postpartum. This measure helps to ensure consistent health coverage during this transitional and vulnerable period.

We are grateful for your consideration of HB1773 that will support women's health.

ⁱ <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>



February 7, 2022

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: HB 1773 – Relating to Health

Dear Chair Yamane, Vice Chair Tam, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1773, which appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

HMSA believes it is important for mothers to be able to access care for a longer period postpartum as it is a critical time for the health of both the mother and child. Extending the period would also align the policy with Medicaid covered newborns, who are eligible for coverage up to 12 months following birth. For eligibility, pregnant women can have an income of up to 185% of the federal poverty level, but after birth it lowers to 100%. However, childless adults are eligible up to 133% of the federal poverty level. We believe that the income eligibility for parents and caretakers should be no worse than that of childless adults.

Thank you for the opportunity to testify in support of HB 1773.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



February 7, 2022

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

House Bill 1773 – Relating to Health

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on HB 1773. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

HAHP supports this measure to appropriate funds to extend the Medicaid postpartum coverage to 12 months following the end of a pregnancy. The current Medicaid postpartum coverage expires 60 days after childbirth, leaving many women without health insurance during this critical period. Extending coverage could prevent postpartum deaths as many postpartum conditions are not resolved within this timeframe and require ongoing care and treatment.

Thank you for allowing us to provide testimony in **support** of HB 1773.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
UHA Health Insurance | UnitedHealthcare

Date: February 7, 2022

To: Committee on Health, Human Services, & Homelessness
Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

From: Early Childhood Action Strategy

Re: **Support for HB1773, Relating to Health**

Early Childhood Action Strategy (ECAS) is a statewide cross-sector partnership designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki.

ECAS supports passage of HB1773. This bill would provide appropriations to extend postpartum insurance coverage for pregnant people receiving Medicaid for their pregnancy to 12 months (from 60 days), and would promote access to safe, high-quality maternity care for all of Hawai'i's families.

This is important because:

- Complications associated with pregnancy do not always end when the pregnancy ends or even 60 days after – the evidence shows that 60 days of postpartum health care is not enough
- Pregnant people are highly motivated during pregnancy to address their healthcare problems, and that progress in their health can be disrupted when insurance coverage is lost.
- This bill would promote **EQUITABLE** access to healthcare for some of Hawai'i's most vulnerable communities
- Providing extended, uninterrupted health care coverage into the postpartum period so that pregnant and birthing people can access screening, counseling and treatment will improve the health of the most vulnerable of the families, women, and children of Hawai'i.

Thank you for the opportunity to testify.



February 10, 2022 at 9:00 am
Via Videoconference

House Committee on Health, Human Services, and Homelessness

To: Chair Ryan I. Yamane
Vice Chair Adrian K. Tam

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB 1773, Relating to Health

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of this measure, which would extend Medicaid coverage for birthing people to 12 months in order to improve health outcomes and promote access to critical care for new parents. We have supported and participated in state efforts to collect data on and review maternal deaths in the state and have engaged in discussions about how to better understand maternal morbidity to improve quality of care. Our birthing hospitals have also been focused on implementing several safety bundles as part of the Alliance on Innovation for Maternal Health (AIM) initiative, holding our facilities to the highest national standards on measures such as maternal hemorrhage or hypertension.

We have also supported the American Hospital Association and its Better Health for Mothers and Babies Initiative, which provides models, tools, and other resources for hospitals across the country to improve maternal health. As part of this initiative, the AHA supported the federal law that made it possible for the state to provide coverage for birthing people 12 months after delivery. As the state affiliate of the AHA, we support the implementation of this policy change at the state level for residents in the state to have access to coverage for an additional ten months.

Thank you for the opportunity to provide testimony in support of this measure.



To: Hawaii State House Committee on Health, Human Services & Homelessness
Hearing Date/Time: Thursday, February 10, 2022, 9:00 a.m.
Place: Hawaii State Capitol, Conference Room 329 & Videoconference
Re: Testimony of **Strong support** of H.B. 1773

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee,

Healthy Mothers Healthy Babies writes in strong support of H.B. 1773. In Hawaii those most impacted and at the highest risk of poor birth outcomes and increased NICU admissions are Black, Indigenous, Native Hawaiian and Pacific Islander birthing people and their babies. There are many barriers and reasons for this disproportion in birth outcomes and those most impacted could benefit greatly from an extension in postpartum care and services. Many deaths, near misses and co-morbidities happen during the first year postpartum. 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 people.

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,
Healthy Mothers Healthy Babies Coalition of Hawaii



Alliance Advocates - Hawai'i

To: Hawai'i House of Representatives, Committee on Health, Human Services and Homelessness
Hearing Date/Time: Thursday, February 10, 2022 at 9:00 am
Place: Hawai'i State Capitol, Room 329 & videoconference
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in support of HB 1773, relating to health

Dear Chairs and Members of the Committees,

Planned Parenthood Alliance Advocates – Hawai'i ("PPAA") writes in strong support of HB 1773, which would ensure continuity of coverage and care for birthing parents by extending Medicaid postpartum coverage to a full year. Our state can do more to address maternal morbidity and mortality, and we urge you to support this cost-effective and much-needed bill to ensure that everybody has access to the care they need to keep themselves and their children healthy after giving birth.

Economic inequality, structural racism, and public health failures have all collided and resulted in dire maternal health outcomes for Black, Native Hawaiian, and other Pacific Islander people in Hawai'i. Our state currently has a D+ on its maternal health report card, in part because of large racial disparities in maternal health outcomes. Twenty-three percent of maternal deaths occur in Pacific Islander and Native Hawaiian communities even though they make up a significantly smaller portion of the population of the state. Black people in Hawai'i have the highest rate of preterm birth, with a rate 24 percent higher than the rate among all other women. The status quo is harming and killing BIPOC (Black, Indigenous, people of color) birthing people and causing unacceptable maternal and infant health outcomes in Hawai'i. Ensuring continuous care that will address the leading causes of complications is essential to significantly reducing maternal mortality rates in the state.

Extending Medicaid Postpartum Coverage Will Improve Maternal Health Outcomes

One of the most effective ways to improve outcomes for pregnant people is to ensure the continuity of care for 12 months postpartum. The Medicaid program plays an essential role in ensuring women have access to care; Medicaid covers one-in-five women of reproductive age (15-44) who would not otherwise be able to afford or access it and is the largest payer for family planning services in the United States. The Medicaid program also disproportionately serves Black and Indigenous populations due to discrimination and systemic racism that leads to employment discrimination and lower wages, meaning efforts that support the Medicaid population would directly target the populations most severely impacted by maternal health disparities. Through Medicaid, pregnant people have access to postpartum check-ups, prescription drugs, family planning services, lifesaving cancer screenings, and mental and behavioral health services for a full year after birth.

Research tells us that thirty-three percent of maternal deaths occur in the postpartum period, and a significant number of postpartum deaths occur past the current 60 days of postpartum coverage currently provided. The leading causes of death within the first year after childbirth include substance use disorders, cardiovascular disease, other mental health conditions (e.g. postpartum depression), and

hemorrhaging. Ending coverage after 60 days creates an unsafe gap in coverage, which interrupts stable and consistent access to care during this vulnerable time. Since 60 percent of all pregnancy-related deaths are preventable, expanding comprehensive coverage to all pregnant people for a year postpartum could have a major impact reducing maternal mortality rates.

Smart Investments to Keep Our Communities Healthy

This bill is not only good for the health and wellbeing of pregnant people across our state; it is also a smart and cost-effective investment. Ensuring that people have access to the post-pregnancy care they need, including preventive family planning and mental health care, may also create cost savings for the state down the road as people are able to access preventive care instead of waiting until they have reached a crisis point.

Furthermore, recognizing the immense benefits associated with postpartum Medicaid coverage, federal lawmakers have created a pathway that would allow our state to expand Medicaid postpartum coverage without a waiver for the next five years. This would reduce the administrative burden of implementation and would allow the state to start drawing down federal matching funds sooner, in turn lessening the cost to the state to implement. The federal administration has even provided guidance that will allow states to get the maximum potential federal match for postpartum Medicaid patients who would otherwise qualify for the increased FMAP for the adult expansion eligibility population.¹ These efforts signal that federal policymakers recognize the urgency this policy has during the current public health and economic crisis, which has increased financial uncertainty, made it more difficult to access preventive reproductive health care, and created additional uncertainty and anxiety for people trying to plan their families.

Planned Parenthood believes all people in Hawai‘i deserve to have healthy pregnancies, births, and postpartum periods, and we are glad to see HB 1773 taking steps towards improving maternal health outcomes and addressing disparities. Thank you for this opportunity to testify in support of this important legislation.

Sincerely,

Lisa Humes-Schulz
Vice Present of Policy & Regulatory Affairs
Planned Parenthood Alliance Advocates – Hawai‘i

¹ Center for Medicaid & CHIP Services, SHO #21-007, Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the CHIP Program, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf>



To: Representative Yamane, Chair
Representative Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: **HB 1773- Relating to health**
9:00 AM, February 10, 2022

Chair Yamane, Vice Chair Tam, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to **testify in support of House bill 1773, relating to health.**

Expanding Medicaid for twelve months postpartum will reduce maternal and infant mortality rates and will significantly reduce maternal and infant mortality rates for Black woman and infants.¹ Currently, Medicaid coverage only last **60 days** postpartum (a too short period of time) but the American Rescue Plan Act of 2021 grants states the ability to extend Medicaid postpartum coverage for twelve months. We support Hawai'i opting for the twelve months coverage to improve outcomes for both the birthing parent and the child. Often, pregnancy-related health conditions require care lasting longer than 60 days and the extension would cover the entirety of the fourth trimester (the 12 weeks after birth). Postpartum medical care supports both the parent and infant. For many, a postpartum visit includes assessing how the infant is feeding (breast or bottle), sleeping, and general bonding between the parent and child. Having access to health care for the full twelve months postpartum is critical to healthy parent and baby.²

Providing extended, uninterrupted health care coverage into the postpartum period so that pregnant and birthing people can access screening, counseling and treatment will improve the health of the most vulnerable of the families, women, and children of Hawai'i. **For these reasons, HCAN Speaks! respectfully requests the Committee support this measure.**

Thank you,
Kathleen Algire
Director, Early Learning and Health Policy

¹ Georgetown University Health Policy Institute, September 2021, *Medicaid expansion narrows maternal health coverage gaps, but racial disparities persist*. <https://ccf.georgetown.edu/2021/09/13/medicaid-expansion-narrows-maternal-health-coverage-gaps-but-racial-disparities-persist/>

² Columbia University Irving Medical Center, *A mother's guide to the fourth trimester*, <https://www.cuimc.columbia.edu/news/mothers-guide-fourth-trimester>



February 8, 2022

Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: H.B. 1773, RELATING TO HEALTH

Hearing: Thursday, February 10, 2022, 9:00 a.m. (videoconference)

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee on Health, Human Services, & Homelessness:

Hawaii Women Lawyers (“HWL”) **supports H.B. 1773**, which appropriates state funds to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

The proposed bill recognizes that Medicaid pregnancy coverage expires 60 days after childbirth, that many women need ongoing postpartum care beyond that period, and that many women struggle to maintain health care coverage following childbirth. Nearly half of all births in the United States are paid for by Medicaid. According to the Centers for Disease Control and Prevention, most pregnancy-related deaths are preventable and are caused by factors including access to care, missed or delayed diagnoses, and not recognizing warning signs. Expanding post-partum Medicaid coverage is critical to the health and wellbeing of women and their families.

Thank you for the opportunity to submit testimony on this measure.



ACOG
The American College of
Obstetricians and Gynecologists

*American College of Obstetricians and Gynecologists
Hawai'i, Guam & American Samoa Section*

TO: House Committee on Health, Human Services, & Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

DATE: Thursday, February 10, 2022, 9:00AM

FROM: ACOG Hawai'i Section
Reni Soon, MD, MPH, FACOG, Chair
Theresa Myers, MD, Junior Fellow Legislative Chair

**Re: HB 1773– Relating to Health
Position: SUPPORT**

As a section of the Nation's leading group of physicians dedicated to improving reproductive health care, 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 **strongly supports HB 1773**. This legislation would provide appropriations to extend postpartum insurance coverage for pregnant people receiving Medicaid for their pregnancy to 12 months (from 60 days), and would **promote access to safe, high-quality maternity care** for all of Hawai'i's families.

Complications associated with pregnancy do not always end when the pregnancy ends or even 60 days after – the evidence shows that 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 Hawai'i in 2015 and 2016 occurred in the late postpartum period (43 days to 1 year after the pregnancy ended),² and the Hawai'i Maternal Mortality Review Committee determined over half of Hawai'i'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 pregnant people 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.

Pregnant people are highly motivated during pregnancy to address their healthcare problems, and that progress in their health can be disrupted when insurance coverage is lost.

- Pregnant people 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 pregnant people 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.

HB 1773 would promote EQUITABLE access to healthcare for some of Hawaii's most at-risk communities

- While anyone can suffer complications associated with pregnancy, low-income people, immigrants, and people of color disproportionately experience these complications.
- In Hawaii, Compact of Free Association (COFA) migrants are most affected by the lapses or disruptions 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

Five other states have obtained waivers from the federal government to extend postpartum coverage for Medicaid patients, and 15 other states have indicated that they will be applying for this waiver as well. In addition, two 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. Hawaii can and should continue to be a national leader in health care.

HI ACOG thanks the Hawaii State Legislature for showing its commitment to improving maternal health in Hawaii by passing the legislation that created the Hawaii 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 access to health care 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 SB 2634 and we urge this committee to pass this measure.

Thank you for the opportunity to testify.

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

HB-1773

Submitted on: 2/7/2022 9:13:04 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Michael Ching, MD, MPH	American Academy of Pediatrics, Hawaii Chapter	Support	No

Comments:

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee on Health, Human Services, & Homelessness:

The American Academy of Pediatrics, Hawaii Chapter supports HB1773 which would expand Medicaid coverage for women after childbirth. This measure would extend Medicaid coverage from 60 days to 12 months.

According to the Kaiser Family Foundation:

For women, postpartum care encompasses a range of important health needs, including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and addressing mental health conditions. While postpartum care has traditionally centered around one clinical visit six to eight weeks after delivery, there has been a paradigm shift to emphasize that postpartum care is an ongoing process that typically requires multiple visits and follow up care that may last a year or even longer. This is particularly important for those who experience pregnancy complications or have chronic conditions, such as hypertension or diabetes.

Mental health is a major concern during and after pregnancy. Suicidality among pregnant and postpartum people has risen over the past decade. At least one in ten women experience perinatal depression, and some studies suggest higher rates but poorer access to treatments among some communities of color and low-income women. Obstetricians recommend screening during the postpartum visit and initiation of treatment or referral to a mental health provider when a woman is identified with depression. This kind of care may be provided over a long duration, often lasting beyond 60 days.

The first year of life is a particularly important time in the lives of children. Mothers provide not only nutrition via breastfeeding but also teach babies how to have safe and secure relationships with others. Supporting the health of women is the same as supporting the health of their children. Because of this, the American Academy of Pediatrics, Hawaii Chapter asks you to consider passing this bill from your committee.

Sincerely,

Michael Ching, MD, MPH, FAAP
President
American Academy of Pediatrics, Hawaii Chapter

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

To: Hawaii State Legislature – House Committee on Health, Human Services and Homelessness

Date: Thursday, February 10, 2022 at 9:00 am

Re: Testimony of Save Medicaid Hawaii in support of HB1773, Relating to Health

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee:

My name is Doris Segal Matsunaga, representing Save Medicaid Hawaii, and we strongly support HB1773.

Low income women in Hawaii, especially those in migrant and immigrant families 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 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.

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 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 lower maternal mortality and health complications, improved birth outcomes, and fewer NICU admissions.

We strongly urge our legislators to support this important benefit change.

Save Medicaid Hawaii (SMH) is 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, founded in 2017 as the Affordable Care Act and Medicaid came under threat at the federal level, continues to advocate for effective and equitable health care in Hawaii. Email: savemedicaidhawaii@gmail.com
Visit our webpage: <https://www.facebook.com/SaveMedicaidHawaii/>



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, HOMELESSNESS

Rep. Ryan Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Date: February 10, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: HB 1773 Department of Human Services; Pregnancy; State-Funded Medical Assistance; Medicaid Coverage; Appropriation

Position: Support

Pregnancy related deaths (defined as death within 1 year of pregnancy ¹) are a significant health challenge in Hawaii, and although identifying causes are complex, coverage lapses are a factor ²⁻⁵.

Presently Hawaii Medicaid covers pregnant women for 60 days after delivery. However women become uninsured after the pregnancy-related coverage because, even though they are poor, their income is still too high to qualify for Medicaid as *parents*. Such gaps in postpartum coverage place low income people at risk, and exacerbate disparities. HMA supports this bill that would expand coverage for 12 months postpartum care. Automatic and continuous enrollment is important for maximizing preventive care in our most vulnerable patient groups.

Thank you for allowing the Hawaii Medical Association the opportunity to testify in support of this measure.

REFERENCES

1. Pregnancy Mortality Surveillance System. *Center for Disease Control and Prevention*. [CDC.gov](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6901a1.htm) accessed 2/6/2022.
2. Report to the 31th Legislature, State of Hawaii 2021, Dec 2020. *Hawaii Department of Health*. <https://health.hawaii.gov/opppd/files/2020/12/CDR-MMR-Legislative-Report-2021.pdf>
3. Ranji U et al. Expanding Postpartum Medicaid Coverage. *Kaiser Family Foundation*. Mar 9, 2021. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>
4. Daw JR et al. Factors Associated With Postpartum Uninsurance Among Medicaid-Paid Births. *JAMA Health Forum*. 2021;2(6):[e211054](https://doi.org/10.1001/jamahealthforum.2021.1054). doi:10.1001/jamahealthforum.2021.1054

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



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5. Daw JR et al. Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth. *Health Affairs (Millwood)*. [2017 Apr 1;36\(4\):598-606](#). doi: 10.1377/hlthaff.2016.1241.

HMA OFFICERS

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Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



Submitted Online: February 8, 2022

Hearing Date: February 10, 2022

To: House Committee on Health, Human Services and Homelessness
Rep. Ryan Yamane, Chair
Rep. Adrian Tam, Vice Chair

From: Eva Andrade, President

Re: Support for HB 1773 Relating to Health

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. We support this bill that would appropriate money to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

Medicaid is the largest single payer of pregnancy-related services and covers over 42 percent of births nationally.ⁱ Beneficiaries lose their benefits, typically within a 60 day period. The American College of Obstetricians and Gynecologists report that “[o]ur nation’s rate of maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes such as overdose and suicide, occur after pregnancy-related Medicaid coverage ends.”ⁱⁱⁱ In fact, this issue is a priority issue for them.

With mental health issues rising at an alarming rate, this legislation seems like a simple but critically important, plan to aid women experiencing postpartum depression. In our community, this type of depression can severely limit a new mother’s ability to care for her new infant resulting in increased use of health care services and more hospitalizations. This makes discussion of this issue very crucial.

As you all are already aware, the American Rescue Plan Act, signed into law on March 11, 2021, makes an allowance for states to extend Medicaid coverage for postpartum depression from 60 days to one year. Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) give states a new option to provide 12 months of extended postpartum coverage to pregnant individuals enrolled in Medicaid and CHIP beginning April 1, 2022.ⁱⁱⁱ

We are very happy to see this bill move forward and really appreciate you taking the time to allow discussion on this very important issue. Mahalo for the opportunity to submit testimony in support.

ⁱ Medicaid covers 42.1 percent of births nationally; National Center for Health Statistics, Birth Data (updated June 14, 2021). Available at <https://www.cdc.gov/nchs/nvss/births.htm>.

ⁱⁱ <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage> (accessed February 7, 2022)

ⁱⁱⁱ <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Thursday, February 10, 2022 at 9:00 AM
Via Video Conference

House Committee on Health, Human Services & Homelessness

To: Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **HB 1773 – Testimony In Support
Relating to Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I am writing in SUPPORT of HB 1773 which appropriates state funds required to draw down the federal matching funds to extend Medicaid postpartum coverage for twelve months following the end of pregnancy.

Women who are ineligible for postpartum health coverage struggle to get necessary care during the twelve months following childbirth. This is a critical time as women are more likely to die of pregnancy-related conditions during this time than during pregnancy or childbirth. Drug overdoses, suicides, and pregnancy-related chronic illnesses including diabetes, heart disease, and high blood pressure contribute to a rise in deaths among women during pregnancy, childbirth, and the first twelve months after childbirth. There has been increasing emphasis on the importance of postpartum care and the recognition that many postpartum conditions are not resolved within sixty days and require ongoing care and treatment.

The United States Centers for Disease Control and Prevention has found that adequate medical attention could prevent three out of five postpartum deaths. Further, Medicaid pregnancy coverage, which pays for nearly half of all births in the United States, expires sixty days after childbirth, leaving many women without health insurance during this vulnerable time. Although women may reapply as a parent after this sixty-day time period, because the income limit for parents is lower, many women are unable to qualify for coverage as a parent. This measure creates Medicaid expansion plus for pregnant

women. It would expand a regular Medicaid plan for a very specific population for twelve months after childbirth.

Thank you for the opportunity to testify.



Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health, Human Services, & Homelessness
The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair

February 10, 2022
9:00 am
Videoconference

Re: HB 1773 Relating to Health

Chair, Vice Chair, and committee members thank you for this opportunity to provide testimony on HB 1773, which appropriates funds to extend the Medicaid postpartum coverage to 12 months following childbirth.

Kaiser Permanente Hawai'i SUPPORTS HB 1773.

Kaiser Permanente Hawai'i recognizes that the postpartum period is an important, but often neglected element of maternity care. Part of the motivation for postpartum extension is the nation's high rate of preventable pregnancy-related mortality and morbidity. Many of the conditions that account for a significant share of pregnancy-related mortality and morbidity, such as cardiovascular diseases, hypertension, and depression often require care over a longer-term beyond Medicaid's 60-day postpartum coverage period.

While Medicaid pays for nearly half of all births and must cover pregnant women through 60 days postpartum, after that period, it is up to the states to extend postpartum coverage for a longer period of time. In states that haven't expanded Medicaid, many women are left without a pathway to coverage and become uninsured during a medically vulnerable phase of their lives. In some instances, these women may become uninsured at the end of the 60-day postpartum coverage because their income levels are too high to requalify for the Medicaid postpartum, even though their infants are eligible for their first year of life. Given the impact and large role of Medicaid in maternal health outcomes, Kaiser Permanente Hawai'i supports HB 1773 because expanding postpartum coverage for the full year after Medicaid birth may help to close the gaps in Medicaid's eligibility for pregnancy and postpartum care.

Thank you for the opportunity to comment.

711 Kapiolani Blvd
Honolulu, Hawaii 96813
Telephone: 808-432-5224
Facsimile: 808-432-5906
Mobile: 808-282-6642
E-mail: John.M.Kirimitsu@kp.org



To: Chair Ryan Yamane
Vice Chair Adrian Tam
House Committee on Health, Human Services, & Homelessness

From: David W. Heywood, Health Plan CEO
UnitedHealthcare Community Plan Hawaii

Re: HB 1773, Relating to Health; **In Support**
February 10, 2022; Conference Room 329

UnitedHealthcare (UHC) serves approximately 59,000 QUEST Integration (Medicaid) and 37,500 Medicare Advantage members in Hawaii. We also provide Medicare Part D, Medicare Supplemental, and other health programs/services in the islands. Our team is comprised of over 400 employees across the islands with offices in Honolulu, Kahului, and Hilo.

UHC **supports** HB 1773, which appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Postpartum coverage for Medicaid currently ends after two months which can often lead to women not being insured for essential services during a critical time. Women are often more likely to experience serious postpartum complications (including death) after childbirth, and that needed ongoing treatment can extend for months. Appropriating funds to provide postpartum coverage to 12 months would be a monumental step in supporting women's health.

We strongly urge the passage of HB 1773. Thank you for the opportunity to submit testimony on this measure.



DATE: 8 Feb 2022

To: Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
Committee of Health, Human Services and Homelessness

Re: Testimony in Support of HB 1773 RELATING TO HEALTH

Hrg: 10 Feb 2022, 9:00AM House conference room 329 via Videoconference

Dear Chair Yamane, Vice Chair Tam, and Members of the Committees,

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy. Additionally, HPHA aims to call attention to issues around social justice and equity in areas that extend beyond the traditional context of health (e.g., education, digital equity, cultural sensitivity), which can have profound impacts on health equity and well-being. As stewards of public health, HPHA is also advocating for equity in all policies.

HPHA strongly supports HB 1773, relating to health. This bill provides the needed support to improve health care for pregnant people by appropriating moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Adequate postpartum coverage will allow individuals the opportunity to optimize their health and take care of their families.

According to the *Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality* report from the National Academies of Science, Engineering, and Medicine the United States faces an alarmingly high rate of maternal morbidity and mortality.¹ This report, along with the American College of Obstetricians and Gynecologists (ACOG), and many state Maternal Mortality Review Committees, have specifically recommended 12 months of postpartum coverage to decrease maternal morbidity and mortality.² Nationally, reducing maternal mortality is a priority with two bills introduced in Congress (Build Back Better Act and Black Maternal Health Momnibus Bill) that include extending Medicaid coverage to 12 months postpartum.



Fifty (50) percent of the maternal deaths in Hawai'i in 2015 and 2016 were in the late postpartum period (43 days – 1years after pregnancy).³ The Hawai'i Maternal Mortality Review Committee determined over half of Hawai'i's maternal deaths were preventable.³ In addition, addressing morbidity is important as there are over 100 life-threatening complications related to pregnancy for every 1 maternal death.⁴ The postpartum period then is an essential time for the management of chronic conditions, especially for individuals who experience complications of mental health, high blood pressure and diabetes. The postpartum period is also an optimal time to address preventive health and family planning.

This bill also has significant impact on promoting health equity as maternal mortality and severe morbidity exhibits racial, ethnic and geographical disparities.¹ Migrant and immigrant populations, and low-income individuals are at the highest risk for lapses in care and inadequate postpartum coverage. Extending Medicaid coverage for pregnant people for a full year after the end of pregnancy is a first step to eliminating health care disparities and improving health outcomes.

The American Rescue Plan Act, signed into law in March 2021, makes available a new pathway that states can use to extend Medicaid coverage for pregnant people to 12 months postpartum, signaling a commitment by the Biden Administration for this issue. This pathway – called a state plan amendment (SPA) – becomes effective April 2022. This is an opportunity to get federal dollars to improve healthcare in Hawai'i.

We strongly support HB 1773. Providing extended, uninterrupted health care coverage into the postpartum period so that pregnant and birthing people can access screening, counseling and treatment will improve the health of the most vulnerable of the families and children of Hawai'i.

Thank you for the opportunity to provide testimony on this important public health issue.

Respectfully submitted,

J. Leocadia Conlon, PhD, MPH, PA-C
Legislative Committee Chair
Hawai'i Public Health Association



1. *Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality: Proceedings of a Workshop 2021*. The National Academies of Science, Engineering, and Medicine. <http://nap.edu/26307>
2. *Extend Postpartum Pregnancy Coverage, Policy Priority*, American College of Obstetricians and Gynecologist. <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicare-coverage>
3. Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.
4. *Pregnancy-Related Deaths*. Centers for Disease Control and Prevention. Published May 7, 2019. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>



**Testimony to the House Committee on Health, Human Services, and Homelessness
Thursday, February 10, 2022; 9:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 1773, RELATING TO HEALTH.

Chair Yamane, Vice Chair Tam, 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 THE INTENT** of House Bill No. 1773, RELATING TO HEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live 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.

This bill, as received by your Committee, would appropriate an unspecified amount of general funds for fiscal year 2022-2023 to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

While we firmly agree with the findings listed in SECTION 1 of the bill -- that the sixty-day time period of coverage currently authorized under Medicaid for post-partum recipients is not enough to address the health care needs of the patient -- we note that this restriction is listed in the scope of services authorized for the categorically needy under the Hawaii State Medicaid Plan. While the State is not precluded from expanding coverage without a State Plan Amendment, it is unclear whether the State would be eligible for federal reimbursement for the additional services provided.

It should be noted that this very issue is a point of discussion by Congress and there is expectation that coverage for post-partum recipients for federal Medicaid reimbursement will be expanded to 12 months.

To ensure seamless transition should the Legislature agree to provide the state's portion of this expanded benefit, the expanded benefit should appropriately be integrated into the State Medicaid Plan.

19a

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: HAWAII

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

1902(e)(5) of
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

~~LX~~ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),
clause (VII)
of the matter
following ~~(E)~~ (F)
of the Act

Rev PM 42-4
dated 8/19/92

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

Excerpt from State Medicaid Plan, above.

The State would also need to show a continual funding source for this additional benefit. We note that the approval of an appropriation in a "stand alone" bill such as this vehicle would only provide a one-time appropriation for this purpose.

To ensure that the benefit would be eligible for federal match, it would need to be incorporated into the State budget. We note that according to the Budget-in-Brief submitted by the Governor on his Supplemental Budget request, that document contains a provision that indicates that funds for this expanded benefit is indeed contained in the proposed budget bill under Line Item HMS-401. (See, Budget in Brief, pp. 744-745, attached.)

Testimony on House Bill No. 1773
Thursday, February 10, 2022; 9:00 a.m.
Page 3

While we agree that this issue merits continued discussion as this measure progresses through the legislative process, the HPCA requests that the appropriation be integrated into the State Budget Bill (House Bill No. 1600) at the appropriate time to ensure that this benefit will not be a one-time opportunity.

With these friendly observations, we SUPPORT THE INTENT of this measure.

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@hawaiiPCA.net.

**EXECUTIVE SUPPLEMENTAL BUDGET
(IN DOLLARS)**

REPORT: S61-A

HMS-401
06020305
HEALTH CARE PAYMENTS

PROGRAM ID:
PROGRAM STRUCTURE NO:
PROGRAM TITLE:

PROGRAM COSTS	FY 2022		FY 2023		CURRENT BIENNIUM	RECOMMEND BIENNIUM	PERCENT CHANGE
	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN	ADJUSTMENT			
OTH CURRENT EXPENSES	2,808,020,520		2,808,020,520	26,041,343	5,616,041,040	5,642,082,383	0.46
TOTAL OPERATING COST	2,808,020,520		2,808,020,520	26,041,343	5,616,041,040	5,642,082,383	0.46
BY MEANS OF FINANCING							
GENERAL FUND	982,477,598		982,477,598	15,864,124	1,964,955,196	1,980,819,320	
SPECIAL FUND	1,376,660		1,376,660		2,753,320	2,753,320	
FEDERAL FUNDS	1,803,909,546		1,803,909,546	10,177,219	3,607,819,092	3,617,996,311	
OTHER FEDERAL FUNDS	13,474,795		13,474,795		26,949,590	26,949,590	
INTERDEPT. TRANSF	6,781,921		6,781,921		13,563,842	13,563,842	
TOTAL PERM POSITIONS							
TOTAL TEMP POSITIONS							
TOTAL PROGRAM COST	2,808,020,520		2,808,020,520	26,041,343	5,616,041,040	5,642,082,383	0.46

**Narrative for Supplemental Budget Requests
FY 2023**

Program ID: HMS 401
Program Structure Level: 06 02 03 05
Program Title: HEALTH CARE PAYMENTS

A. Program Objective

To ensure that qualified low-income and disabled individuals and families are provided appropriate health or long-term care services that meet their needs.

B. Description of Request

1. Request to add \$9,948,756 in general funds to reallocate funds for Home and Community-based Services (HCBS).
2. Request to add \$2,449,040 in general funds and \$3,448,465 in federal funds to extend coverage of post-partum benefits.
3. Request to add \$3,466,328 in general funds and \$6,728,754 in federal funds to restore and expand of adult dental benefits.

C. Reasons for Request

1. Section 9817 of the American Rescue Plan Act (ARPA) provides states with a temporary 10-percentage point increase to the Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for HCBS from April 1, 2021 to March 31, 2022. States must use this additional funding to supplement and not supplant HCBS spending to enhance, expand, or strengthen HCBS through March 31, 2024. This request accounts for the savings accrued from the 10-percentage point FMAP increase on HCBS expenditures during the current fiscal year and preserves the ability to spend these additional funds per federal requirements in the future fiscal years.
2. ARPA Section 9812 gives states the option to extend Medicaid post-partum coverage from 2 months post-partum to 12 months post-partum, beginning on April 1, 2022, for a period of 5 years. This request will provide extended coverage of post-partum benefits for women who would not otherwise be eligible for coverage under the low-income adult category after 2 months post-partum.
3. This request provides Medicaid-enrolled adults a basic dental benefit, including diagnostic, preventive, and restorative services. Hawaii is 1 of 16 states that provide no dental coverage or emergency dental services only. Providing comprehensive dental benefits to Medicaid-enrolled adults has been shown to reduce costly emergency department visits for dental conditions, result in health care savings for people with chronic conditions, and positively impact an enrollee's ability to successfully interview for a job.

D. Significant Changes to Measures of Effectiveness and Program Size

The COVID-19 pandemic has had a tremendous negative effect on Hawaii's local economy, resulting in a significant increase in Medicaid enrollment. In addition, the continuous coverage requirement in the Families First Coronavirus Relief Act prevents the disenrollment of any current Medicaid enrollees, except for a few limited reasons.



Hawaii Women's Coalition

To: Hawaii State House Committee on Health, Human Services &
Homelessness
Hearing Date/Time: Thursday, February 10, 2022, 9:00 a.m.
Place: Hawaii State Capitol, Conference Room 329 & Videoconference
Re: Testimony of Hawaii Women's Coalition in strong support of H.B. 1773

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee,

The Hawaii Women's Coalition writes in strong support of H.B. 1773. 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 post-partum benefits through 12 months postpartum for all pregnant people. In practical terms this may 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 use 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

HB-1773

Submitted on: 2/7/2022 6:14:53 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Shandhini Raidoo	Individual	Support	No

Comments:

Aloha,

I am an obstetrician-gynecologist and I have been practicing in Hawaii for over 6 years. Many of my patients have medical issues that complicate their pregnancies or develop during pregnancy and continue afterwards. Insurance coverage is critical to keeping people healthy as they recover from pregnancy, particularly those with complications, and care for their newborns and their families. Extending Medicaid coverage for 12 months postpartum would allow postpartum people to address their health issues and provide the best care for their families.

Mahalo for your care of Hawaii's families,

Shandhini

HB-1773

Submitted on: 2/7/2022 6:10:35 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Colleen Inouye	Individual	Support	No

Comments:

Dear Representative Yamane, Chair, Representative Tam, Vice-Chair, and the members of the Committee on Health, Human Services, and Homelessness,

Thank you for allowing me to submit testimony in support of HB1773, Medicaid insurance coverage for twelve (12) months instead of two (2) months for postpartum patients. I am an OB/Gyn on Maui and have seen what happens to my patients without insurance a few months after giving birth. They do not have access to effective contraception and become pregnant within the year after their last pregnancy, they do not have money to buy medications that are needed for their chronic health conditions that resulted from pregnancy such as high blood pressure or diabetes, and/or do not have access to medications or counseling for their substance abuse.

Please support HB1773 and thank you for allowing me to provide testimony in support of this bill.

Sincerely,

Colleen F Inouye MD MMM MS-PopH FACHE FAAPL FACOG

HB-1773

Submitted on: 2/8/2022 12:16:50 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Chrystie Fujimoto	Individual	Support	No

Comments:

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of House Bill 1773. I have been privileged to take care of many pregnant people covered under Medicaid insurance. These are some of our most medically complex patients and currently postpartum coverage for pregnant people under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of these women and their families. Many of these patients lose access to care and return with preventable complications.

Recent data shows that 50% of the maternal deaths in our state 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. 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 ALL of our patients will improve the health of Hawaii's women, children, and families.

I urge you to pass this measure.

Sincerely,

Chrystie Fujimoto, MD

HB-1773

Submitted on: 2/8/2022 6:00:54 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
chelsea pang	Individual	Support	No

Comments:

good health care for all is a must but especially for women caring for their babies within their first year

HB-1773

Submitted on: 2/8/2022 10:03:58 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Thaddeus Pham	Individual	Support	No

Comments:

Aloha Chair Yamane, Vice Chair Tam, and HHH Committee Members,

I write in strong support of HB1773, which would extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

As a public health professional working with underserved and vulnerable communities, I have witnessed how the short postpartum coverage for Medicaid exacerbates infectious and chronic diseases among pregnant people, such as viral hepatitis B and syphilis. Accordingly, extending the duration of post-partum Medicaid coverage has been shown to improve infant and parental outcomes. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

To ensure a health community, and by extension a healthy economy, we must invest in the health our families, most especially our post-partum parents.

Mahalo,

Thaddeus Pham (he/him)

To: House Committee on Health, Human Services, and Homelessness
Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

Hearing: Thursday Feb 10, 2022 at 9am via videoconference

Re: HB1773

Position: **Strong support**

Aloha Chair Yamane, Vice Chair Tam, and other committee members,

I have been an obstetrician-gynecologist in Honolulu for over 20 years, and I strongly support HB 1773 which would appropriate funds to extend postpartum coverage for patients on Medicaid to twelve months.

In Hawai'i, over one in three births are covered by Medicaid, and currently someone who qualifies for Medicaid under the pregnant category, is covered for 60 days after the pregnancy ends. As obstetricians, we are seeing an increasing number of complicated pregnancies due to chronic conditions such as diabetes, high blood pressure, heart disease, and mental health disorders to name a few. These conditions do not resolve after 60 days, and they are disproportionately experienced by certain communities – low-income people, people of color, immigrants. These communities also tend to be over-represented in those who depend on Medicaid.

As a mother, I know that in those first several weeks after childbirth, it is sometimes impossible to know what day of the week it is, much less have the health literacy and savvy to navigate transitions between health insurance coverage. This is where many patients fall into the gap. As an obstetrician, I know that it is critical for Hawaii's families, especially those at-risk such as our patients who are covered by Medicaid, to have uninterrupted access to health care. I've had patients have very complicated pregnancies, then lose their insurance postpartum, then return pregnant again with unfortunately an even higher-risk pregnancy because the medical condition worsened over that time when they did not have health insurance. This does not need to happen.

In addition to better healthcare access being critical for maternal health, the infant's health also depends on a healthy mother. We need to do better for all of Hawaii's families.

I urge you to pass HB 1773.

Mahalo,
Reni Soon, MD, MPH

HB-1773

Submitted on: 2/9/2022 12:21:45 AM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Avery Olson	Individual	Support	No

Comments:

Dear Representatives on the Committee of Health, Human Services, and Homelessness,

I am writing in strong support of HB1773.

As an obstetrician gynecologist in the state of Hawaii, I strongly consider supporting any bill that improves the health of our patients. This one, however, is of particular importance. Postpartum care should not end when a patient leaves the hospital, and unfortunately, this can happen. I often have patients on the postpartum floor suffering from cardiac conditions, mental health conditions, or others that require in office follow up after discharge from the hospital. Sometimes, these patients do not end up getting that care. Why you may ask? At least in part due to the fact their medicaid coverage has dropped off.

Half of the maternal deaths in Hawaii occur in the late postpartum period. Medicaid patients are also more likely (by about 82%) to experience maternal mortality. This bill has the opportunity reshape some of the maternal health care available to patients on medicaid. I urge the committee to support this measure.

Thank you for the opportunity to testify,

Avery Olson, MD

To The Committee on Health, Human Services and Homelessness:

I am a gynecologist who started practicing in Hawaii in 2000. I have always been proud of Hawaii's emphasis on access to health care. The state's ability to recognize the healthcare needs of its people and the legislature's willingness to listen and assist with meeting these needs makes us a leader among the states. The American Rescue Plan Act of 2021 allows us the option of continuing to improve access to healthcare by extending Medicaid postpartum coverage from 60 days to 12 months.

Hawaii (and the entire nation) has a high rate of preventable pregnancy-related mortality and morbidity, especially among underserved and low-income communities. The effects of pregnancy on the body including hypertension and diabetes often do not stop at 60 days post-parturition. Postpartum depression does not stop at 60 days after birth. I have personally experienced an incident of postpartum depression leading to suicide beyond the 60 days traditional postpartum period and it was horribly tragic. Beyond that 60 days, under the current Medicaid coverage, many patients are no longer able to afford their medications and their health care visits. Thus, these patients fall out of the health care bubble and are forced to confront their physical and mental health problem alone.

I strongly support HB 1773. It is an important step forward towards adequate healthcare to all members of our community.

Sincerely,

LeighAnn Frattarelli, MD, MPH

TO: House Committee on Health, Human Services, & Homelessness

Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair

DATE: Thursday, February 10, 2022, 9:00AM
FROM: Kevin Saiki, MD

Re: HB 1773– Relating to Health
Position: SUPPORT

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of House Bill 1773.

As an obstetrician-gynecologist, I have been privileged to take care of many pregnant people covered under Medicaid insurance. These are some of our most medically complex patients who need care both during and after their pregnancy. Currently, postpartum coverage for pregnant people 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. Some of our patients lose insurance after this time period and lose access to health care. 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 work in the field of high-risk obstetrics and many of my patients enter into pregnancy with chronic disease. Some women have complex heart disease that can be worsened by pregnancy. These women are recommended routine check-ups and close consultation with multiple medical specialties and sometimes need surgery or interventions ensure they remain healthy. In the last year, I witnessed a teenager with a complex cardiac problem have her condition worsen in pregnancy and in the postpartum time period. After she delivered her baby, she needed repeated hospitalization that included time in the intensive care unit as well as consultation with heart surgeons. Due to her acutely worsening disease, she passed away shortly after delivering her baby. The tragedy of this story highlights the critical need for women to have insurance coverage for a full year following the end of pregnancy as underlying illnesses do not go away when baby is born. This is a patient who would have needed heart surgery, hospitalization, consultation with high risk obstetricians, and gynecologic care including contraception counseling and management.

This bill 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 ALL of our patients will improve the health of Hawaii's women, children, and families.

I strongly support House Bill 1773, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,

Kevin Saiki, MD

HB-1773

Submitted on: 2/9/2022 8:06:33 AM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Lauren Ing	Individual	Support	No

Comments:

Dear Chair Yamane and other committee members,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of House Bill 1773.

As an obstetrician-gynecologist, I have been privileged to take care of many pregnant people covered under Medicaid insurance. These are some of our most medically complex patients who need care both during and after their pregnancy. Currently, postpartum coverage for pregnant people 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. Some of our patients lose insurance after this time period and lose access to health care. 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 hypertension that was diagnosed during pregnancy, but probably predated her pregnancy. She was delivered early due to her worsening blood pressures and then after delivery she had difficulty establishing care with a primary care physician who could better manage her hypertension over the long term. She lost her insurance, and I'm sure she ran out of the antihypertensive medication prescribed to her post-partum. 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 ALL of our patients will improve the health of Hawaii's women, children, and families.

I strongly support House Bill 1773, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,

Lauren Ing, MD

HB-1773

Submitted on: 2/8/2022 8:32:50 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Judith Wilhoite	Individual	Support	No

Comments:

Women's mental health has been mismanaged in this country from the time of our founding. Yet it is most important to a healthy, vibrant society. Please pass this bill.
Mahalo for your time.

My name is Samantha Kaiser and I am an OB/Gyn physician in Hawaii. I am writing in STRONG SUPPORT of HB 1773. This bill would provide funding to extend insurance coverage for pregnant people on Medicaid for 12 months after delivery. Currently the coverage is only 60 days. This change would promote access to safe, high-quality maternity care and would likely decrease the rate of severe maternal illness and maternal death in our state.

I remember vividly a patient that I took care of just a couple years ago. She was born with a heart condition and had undergone surgery as a baby. Once she became pregnant, that surgical repair couldn't withstand the increase in blood flow and increased physical stress of pregnancy. We delivered her baby by emergency C-section after only 7 months of pregnancy to relieve the stress on her body. After delivery, she needed to see multiple specialists – heart surgeons, cardiologists, etc – in addition to managing her recovery from a C-section, taking care of a premature baby, spending time on Oahu when she was from another island... You can imagine it's easy to miss an appointment here and there under those conditions!

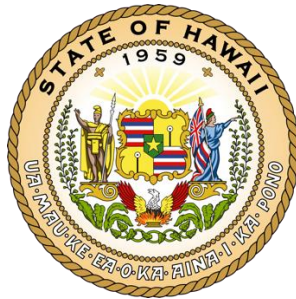
We know that complications of pregnancy can persist long after 60 days from delivery. Hawaii state data shows that half of maternal deaths in our state occurred between 43 days and 1 year after delivery. Problems like mental health disorders, substance use, diabetes, and heart disease do not resolve quickly. It is not uncommon for me to see a patient who, during their routine pregnancy care, uncovers a medical condition that will require longer term care, as I described above. Expanding Medicaid coverage allows them time to establish contact with needed medical specialists, and to apply for additional insurance coverage.

I continue to worry about my patient. After 60 days, her insurance lapsed and she did not follow up with me after that. I worry about the strain on her body if she becomes pregnant again. Though we had talked about birth control to allow her to get her own health under control before a subsequent pregnancy, she lost insurance before she could get any method in place. Unfortunately, her access to things like medical specialists and effective birth control hinge on her insurance coverage.

HB 1773 would promote equitable access to healthcare for some of Hawaii's most at-risk communities. While anyone can suffer complications associated with pregnancy, low-income people, immigrants, and people of color disproportionately experience these complications. In Hawaii, Compact of Free Association (COFA) migrants are most affected by the lapses or disruptions in health care coverage and are also disproportionately affected by such pregnancy complications as diabetes and high blood pressure.

There is FEDERAL FUNDING available if Hawaii can apply for this extension! This is a unique opportunity to provide a needed service at a low cost to the state. Please vote to approve HB 1773.

Thank you for the opportunity to share my experience with you.
Samantha Kaiser, MD



‘O kēia ‘ōlelo hō’ike no ke
Komikina Kūlana Olakino o Nā Wāhine

Testimony on behalf of the
Hawai‘i State Commission on the Status of Women

In Support of HB1773

Dear Chair Yamane, Vice Chair Tam, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in **support** of HB1773 which would provide medical assistance for pregnant women who are ineligible for medical insurance coverage through their employer or medicaid for a period ending twelve months following childbirth.

The postpartum period is one of the most neglected components of maternal care. According to the University of Hawai‘i, mothers in Hawai‘i are dying of pregnancy-related complications (maternal mortality) at higher rates than in any other developed country. As a result, 33.1% of maternal deaths occur during the postpartum period, with 11.7% occurring between 43-365 days following childbirth. Approximately sixty percent of these deaths are preventable according to the Center for Disease Control Pregnancy Mortality Surveillance System, which cited inadequate access to health care as a significant contributing factor to maternal mortality. In light of the findings, in May 2019, the CDC recommended extending Medicaid coverage for pregnant women to include one year of postpartum care. Following the 60 days postpartum period, the decision about coverage for women is up to the states.

Accordingly, the Commission respectfully urges the Committee to pass HB1773.

Sincerely,

Khara Jabola-Carolus



**American
Heart
Association.**

American Heart Association testimony in SUPPORT of HB 1773 “Relating to Health”

The American Heart Association strongly supports HB 1773, “Relating to Health.”

HB 1773 would extend the current 60-day Medicaid post-delivery/postpartum benefit to one full year.

Currently in the state of Hawaii, women covered by Medicaid are only offered 60 days of postpartum care. However, according to Hawaii Department of Health 2019 report on maternal mortality, 50% of Hawaii’s pregnancy-related deaths happen between 43 and 365 days after birth. A maternal death is defined as the death of a woman while pregnant or within 1 year of giving birth. Recent data collected by the CDC indicated that 80% of pregnancy-related deaths in Hawaii were found to be preventable. In order to ensure all mothers have access to care during this critical time, we support extending postpartum Medicaid coverage to one year.

Many new mothers grapple with heart health issues surrounding pregnancy. A growing body of evidence shows some of the most dangerous pregnancy-related complications – preeclampsia, blood clots, and heart problems such as cardiomyopathy – may not surface until weeks or months after delivery. These issues are rising in prevalence, and mothers need access to care during this high-risk time frame.

Women of color are 2-3 times more likely to die from pregnancy-related complications compared to their white counterparts. Studies have documented disparities in health insurance coverage among low income, young, and minority populations. This gap can be reduced for these populations by increasing access to quality care and coverage, especially during the vulnerable postpartum period.

Implementing systems that support mothers and ensure equitable health outcomes should be a policy priority for Hawaii legislators. Healthy mothers are the foundation of healthy families.

Respectfully submitted,

A handwritten signature in black ink that reads "Donald B. Weisman".

Don Weisman

Government Relations/Communications and Marketing Director

Chairman of the Board

Jason Fujita

President

Michael Lui, MD

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Rick Bruno, MD, FACEP

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Serving Hawaii since 1948

Our Mission:

“To be a relentless force for a world of longer, healthier lives.”

For more information on the AHA’s educational or research programs, visit www.heart.org or contact your nearest AHA office.



‘Ahahui o Nā Kauka – Association of Native Hawaiian Physicians
677 Ala Moana Blvd, Suite 1015
Honolulu, HI 96813

February 7, 2022

Group Testimony in Support of SB2634
Relating to Health – extending postpartum Medicaid coverage

‘Ahahui o Nā Kauka supports SB2634’s extension of postpartum Medicaid coverage from 60 days to 12 months in our ongoing efforts to improve the health of Native Hawaiians and our communities. In our experience, cutting off Medicaid benefits at 60 days postpartum often puts vulnerable populations, who often still would qualify for Medicaid, without insurance during this critical time due to birth related changes in income and/or difficulty understanding the public and private health insurance enrollment systems. This critical postpartum period carries with it an increased risk of harm particularly from late postpartum maternal mortality complications, postpartum depression, diabetes, and lack of continuous access to contraception/family planning.

A study of self-reported postpartum depression symptoms in Hawai‘i from 2012-2015 showed these symptoms were 1.77 times as likely to occur in Native Hawaiians than whites, and Filipinos, Japanese, and other Pacific islanders were all 2-3 times as likely to suffer from these symptoms¹. While the onset of postpartum depression occurs during the first postpartum month about half of the time (54%)², data also shows 30-50% of patients with postpartum depression still suffer from symptoms a year later³.

A study from 2010-2011 in Hawai‘i showed Native Hawaiian and other Pacific Islander pregnancies are affected by diabetes approximately 10% of the time, about twice the rate of

¹ Carlotta Ching Ting Fok, PhD, Donald K. Hayes, MD, MPH, Amy B. Curtis, PhD, Wendy K. Nihoa, MA, and Matthew J. Shim, PhD. Prevalence and Risk Factors for Self-Reported Postpartum Depression Symptoms (SRPDS) in Hawai‘i, 2012–2015. *Hawaii J Health Soc Welf.* 2020 May 1; 79(5): 153–160.

² Altemus M, Neeb CC, Davis A, Occhiogrosso M, Nguyen T, Bleiberg KL. Phenotypic differences between pregnancy-onset and postpartum-onset major depressive disorder. *J Clin Psychiatry.* 2012 Dec;73(12):e1485-91.

³ Vliegen, Nicole PhD*; Casalin, Sara PhD*; Luyten, Patrick PhD. The Course of Postpartum Depression. A Review of Longitudinal Studies. *Harvard Review of Psychiatry:* January/February 2014 - Volume 22 - Issue 1 - p 1-22

whites⁴. Gestational diabetes also confers approximately 10 times the risk of developing type 2 diabetes after pregnancy⁵. An oral glucose tolerance test to screen for type 2 diabetes has been routinely recommended within the first 60 days postpartum to try to identify those who are at risk of developing diabetes, largely because the peripartum turnover of red blood cells impairs our ability to diagnose type 2 diabetes by easier methods such as the Hemoglobin A1c test. As a result, the majority of gestational diabetics do not complete the oral glucose tolerance screening test. Extended Medicaid coverage would better enable us to diagnose and treat the estimated 35% of gestational diabetics who develop pre-diabetes and the 4% who develop type 2 diabetes during the year after giving birth⁶.

Hawai‘i was found to have second highest rate of unintended pregnancies in the US in 2010, and Native Hawaiians demonstrated the highest rate of unintended pregnancy of any major ethnic group in Hawai‘i at 54%⁷. Extending Medicaid coverage during the first year postpartum would enable better access to contraception which would be anticipated to decrease costs and improve outcomes of future pregnancies by extending interval between births.

Lastly, the anticipated impact on late postpartum maternal mortality mentioned by our ACOG colleague’s would also be anticipated to provide great benefit to our Native Hawaiian/Pacific Islander population who were shown to be overrepresented at 23% of the total maternal deaths in 2015-2017⁸.

We urge you to consider all the above factors and extend Hawai‘i Medicaid postpartum coverage to 12 months.

⁴ Ann Lee Chang, Eric Hurwitz, Jill Miyamura, Bliss Kaneshiro & Tetine Sentell. Maternal risk factors and perinatal outcomes among pacific islander groups in Hawaii: a retrospective cohort study using statewide hospital data. *BMC Pregnancy and Childbirth* volume 15, Article number: 239 (2015)

⁵ Elpida Vounzoulaki^{1,2}, Kamlesh Khunti^{3,2}, Sophia C Abner^{3,2}, Bee K Tan⁴, Melanie J Davies³, Clare L Gillies^{3,2} Progression to type 2 diabetes in women with a known history of gestational diabetes: systematic review and meta-analysis. *BMJ*. 2020 May 13;369:m1361.

⁶ Society for Maternal-Fetal Medicine (SMFM); Erika F Werner¹, Phinarra Has², Dwight Rouse³, Melissa A Clark⁴ Two-day postpartum compared with 4- to 12-week postpartum glucose tolerance testing for women with gestational diabetes. *Am J Obstet Gynecol*. 2020 Sep;223(3):439.e1-439.e7

⁷ Reni Soon, Jennifer Elia, Nina Beckwith, Bliss Kaneshiro, and Timothy Dye. Unintended Pregnancy in the Native Hawaiian Community: Key Informants’ Perspectives. *Perspect Sex Reprod Health*. 2015 Dec; 47(4): 163–170.

⁸ Melanie Maykin, MD and Stacy Pai-Jong Tsai, MD, MPH, MCR. Our Mothers Are Dying: The Current State of Maternal Mortality in Hawai‘i and the United States. *Hawaii J Health Soc Welf*. 2020 Oct 1; 79(10): 302–305.

HB-1773

Submitted on: 2/9/2022 10:23:29 AM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Lauren Nelson	Individual	Support	No

Comments:

Expanding postpartum coverage is a proven way to increase health outcomes for children and families, impacting health outcomes for generations.

HB-1773

Submitted on: 2/9/2022 2:51:16 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Barbara DeBaryshe	Individual	Support	No

Comments:

Aloha Chair Yamane, Vice-Chair Tam, and members of the HHH committee:

I am writing to **support HB1773**, to extend postpartum benefits for Medicaid recipients.

The post-partum period is a time of vulnerabilty for mother's physical and mental health. Babies will also benefit when mothers are montored and supported for a longer time. As a taxpayer, I am happy to see these additional services provided.

HB-1773

Submitted on: 2/9/2022 4:20:19 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Sara Harris	Individual	Support	No

Comments:

Dear Chair Yamane, Vice-Chair Tam and other committee members,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of House Bill 1773.

As an obstetrician-gynecologist, I have been privileged to take care of many pregnant people covered under Medicaid insurance. These are some of our most medically complex patients who need care both during and after their pregnancy. Currently, postpartum coverage for pregnant people 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. Some of our patients lose insurance after this time period and lose access to health care. 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 am currently taking care of a patient who had a completely normal pregnancy but had a complicated delivery. Her postpartum recovery has been prolonged and she is still suffering from pain that affects her daily activities. She is now 6 months postpartum and is still receiving care for her postpartum complications. If she was covered by Medicaid, she would be suffering without the ability to access care. She 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 ALL of our patients will improve the health of Hawaii's women, children, and families.

I strongly support House Bill 1773, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Respectfully submitted,

Sara C. Harris, MD

HB-1773

Submitted on: 2/9/2022 5:55:54 PM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Ann S Freed	Individual	Support	No

Comments:

Aloha Chair Yamane, Vice Chair Tam and members,

As noted in the bill, drug overdoses, suicides, and pregnancy—related chronic illnesses including diabetes, heart disease, and high blood pressure contribute to arise in deaths among women during pregnancy, childbirth, and the first twelve months after childbirth.

It is not only humane, but also cost effective to prevent these ill's by extending post-partum coverage.

Mahalo,

Ann S. Freed

Life-time Feminist in Mililani

HB-1773

Submitted on: 2/10/2022 2:18:30 AM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Raiza Dalofin	Individual	Support	No

Comments:

Huge support!

HB-1773

Submitted on: 2/10/2022 6:10:35 AM

Testimony for HHH on 2/10/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Nancy Yang	Individual	Support	No

Comments:

As an OBGYN provider on Oahu, I strongly support this bill. Most of the patients I care for have Medicaid insurance for their pregnancy and postpartum care. Pregnancy is often the only time they have any significant medical care. One particularly memorable patient was a woman who had an abnormal pap smear in pregnancy many years ago, and was not able to follow-up with further testing after delivery. She went to the ER many times over the past year for pain, and was recently hospitalized for advanced cervical cancer and will have permanent disabilities from this disease. Advanced cervical cancer is very rare in the US because early preventative treatment is widely available to women who have insurance. If this patient had access to insurance for 12 months postpartum, she may have been able to avoid this. She could also have avoided the numerous ER visits which are much more expensive and taxing on our health care system than the simple, inexpensive preventive care that Medicaid extension of postpartum care would provide. I strongly urge the Committee to advance this bill.