

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
SENATE BILL NO. 2634, S.D. 1

March 18, 2022
9:30 a.m.
Room 329 and Videoconference

RELATING TO HEALTH

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

Senate Bill No. 2634, S.D. 1, 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.



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

March 16, 2022

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

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

SUBJECT: **Measure:** S.B. No. 2634 S.D. 1 – RELATING TO HEALTH
Hearing Date: Friday, March 18, 2022
Time: 9:30 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. Effective 12/31/2050. (SD1.)

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Supports

Aloha. I am Coleen Momohara, Interim Director of the Executive Office on Early Learning (EOEL). EOEL supports S.B. No. 2634 S.D. 1 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.

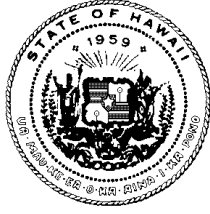
Improving the health and well-being of mothers, infants, and young children is an important public health goal. **It is necessary to provide the best environment for our children and for those closest to our children, particularly in their most vulnerable periods of development.** The United States has 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.



‘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

Prepared for the H. Committee on Health, Human Services, and Homelessness

In Support of SB2634 SD1

Dear Chair Yamane Vice Chair Tam, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in **support** of SB2634 SD1 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 SB2634 SD1.

Sincerely,

Khara Jabola-Carolus



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129

March 18, 2022

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

Senate Bill 2634, Senate Draft 1 – Relating to Health

The Disability and Communication Access Board (DCAB) supports Senate Bill 2634, Senate Draft 1 Relating to Health. This bill would appropriate money to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

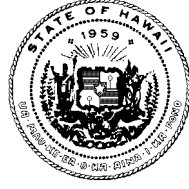
Postpartum can cause serious health conditions and complications if left untreated. Extending Medicaid postpartum coverage will reduce the stress of losing health benefits and allow for additional treatments needed to recover from childbirth.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KIRBY L. SHAW
Executive Director

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

March 16, 2022

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

FROM: Cathy Betts, Director

SUBJECT: **SB 2634 SD1 – RELATING TO HEALTH.**

Hearing: March 18, 2022, 9:30 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 moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. Effective 12/31/2050. (SD1). The SD1 amended the measure by defecting the effective date and making technical amendments.

The "pregnant women" eligibility category for Medicaid 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 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/>



**American
Heart
Association.**

American Heart Association testimony in SUPPORT of SB 2634, SD1 “Relating to Health”

The American Heart Association strongly supports SB 2634, SD1 “Relating to Health.”

Chairman of the Board

Jason Fujita

President

Michael Lui, MD

Board Members

Rick Bruno, MD, FACEP
Greg Christian
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Brandon Kurisu
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Andrew S. Rosen
Timothy Slottow
David Underriner
Jennifer Walker

SB 2634, SD1 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.

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.

Respectfully submitted,

Don Weisman

Government Relations/Communications and Marketing Director



Alliance Advocates - Hawai'i

To: Hawai'i State House of Representatives, Committee on Health, Human Services, & Homelessness
Hearing Date/Time: Friday, March 18, 2022 at 9:30 am
Place: Hawai'i State Capitol, Room 329 & videoconference
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in strong support of SB 2634, relating to health

Dear Chair Yamane and Members of the Committees,

Planned Parenthood Alliance Advocates – Hawai'i ("PPAA") writes in strong support of SB 2634, 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 our 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 through 12 months. 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 would be able to receive 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 includes 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.

Further, 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.¹ These efforts signal that federal policymakers recognize the particular 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 SB 2634 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>



Submitted Online: March 16, 2022

Hearing: Friday, March 18, 2022

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

From: Eva Andrade, President

Re: Support for SB 2634 SD1 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>



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: March 18, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: SB 2634 SD1 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.

CONTINUED

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



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

REFERENCES

1. Pregnancy Mortality Surveillance System. *Center for Disease Control and Prevention*. [CDC.gov](https://www.cdc.gov) 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
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](https://doi.org/10.1377/hlthaff.2016.1241). doi: 10.1377/hlthaff.2016.1241.

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President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
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Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



March 18, 2022 at 9:30 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**
SB 2634 SD 1, 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.



March 16, 2022

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

Senate Bill 2634 SD1 – 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 SB 2634 SD1. 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 where 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 SB 2634 SD1.

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



March 16, 2022

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

Re: SB 2634 SD1 – Relating to Health

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2634, SD1, which appropriates moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. Effective 12/31/2050.

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 income of up to 185% of the federal poverty level but after birth it lowers to 100%, while 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 of childless adults.

Thank you for the opportunity to testify in support of SB 2634, SD1.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



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: SB 2634 SD1, Relating to Health; **In Support**
March 18, 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** SB 2634 SD1, 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 SB 2634 SD1. Thank you for the opportunity to submit testimony on this measure.



March 16, 2022

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

Re: S.B. 2634, SD 1, RELATING TO HEALTH

Hearing: Friday, March 18, 2022, 9:30 a.m. (videoconference)

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

Hawaii Women Lawyers (“HWL”) **supports S.B. 2634, SD 1**, which appropriates state funds to extend Medicaid postpartum coverage to twelve 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.



Date: Friday, March 18, 2022

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

From: Peggy Mierzwa, Community and Government Relations

RE: **SB2634 SD1** Relating to Health

AlohaCare appreciates the opportunity to provide testimony in **STRONG SUPPORT** of **SB2634 SD1**. 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, which are critical to meeting our goal of supporting healthy babies and mothers. Currently, many women on Medicaid 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 care beyond 60 days after birth will give women access to treat 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 woman is diagnosed with depression, referrals and treatments often require more than 60 days.¹ 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 SB2634 SD1 that will support women's health.

¹ <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

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

To: Hawaii State House Committee on Health, Human Services, & Homelessness

Date: Friday, March 18, at 9:30 am

Re: Testimony of Save Medicaid Hawaii in support of SB 2634 SD1, 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 SB 2634, SD 1.

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 Hawai'i. Email: savemedicaidhawaii@gmail.com
Visit our webpage: <https://www.facebook.com/SaveMedicaidHawaii/>



P.O. Box 4270 Kaneohe, HI 96744
www.breastfeedinghawaii.org

TO: Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair
Members of the House Committee on Health, Human Services and Homelessness

FROM: Patricia L. Bilyk, RN, MPH, MSN, IBCLC (Retired)
Treasurer, Breastfeeding Hawaii
Maternal Infant Clinical Nurse Specialist

RE: SB2634 SD1 Relating to Health STRONG SUPPORT

DATE: Friday, March 18, 2022 9:30am

Good Morning Chair Yamane, Vice Chair Tam and Members of the House Committee on Health, Human Services and Homelessness.

I am Patricia Bilyk, representing Breastfeeding Hawaii. Our Mission is to protect, promote and support breastfeeding with advocacy, education and collaboration throughout Hawai'i pae 'aina (Our Islands). As such we feel it is part of our Core Values of Kuleana (Responsibility), Malama (Protect/Take Care of) and Pilina (Connection/Relationship) to be involved and advocate for postpartum women.

Every day members of our Organization care for postpartum breastfeeding women and their infants who as they recover from birth, and learn to breastfeed, develop various issues not often expected. These issues do not come exclusively within the usual 2 months postpartum OB or Pediatric visits but often after that time up to 12 months and sometimes longer. Not having the Medicaid coverage to successfully treat these issues, causes women to delay care until drastic conditions arise causing increased morbidities such as cessation of breastfeeding, hypertension/stroke, cardiovascular conditions and depression, and even mortality.

To improve the health access and outcomes for these women and infants, extension of the Medicaid coverage postpartum especially for Native Hawaiian and Pacific Islanders, for 12 months will help improve the disparities that now exist. Further extended access to care provides the opportunity for preventative services such as intrapartum care and contraception.

Thank you for the opportunity to share our views on this important topic and we hope you will successfully pass this measure out of your Committee.



P.O. Box 4270 Kaneohe, HI 96744
www.breastfeedinghawaii.org

T



To: Hawaii House Committee on Health, Human Services, & Homelessness
Hearing Date/Time: Friday, March 18, 2022, 9:30 a.m.
Place: Hawaii State Capitol, Conference Room 329 & Videoconference
Re: Testimony of Hawaii Women's Coalition in strong support of S.B. 2634,
SD1

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

The Hawaii Women's Coalition writes in strong support of S.B. 2634, SD1. 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



THE QUEEN'S HEALTH SYSTEMS

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

From: Jacce S. Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: March 18, 2022

Re: Support for SB2634 SD1: Relating to Health

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of on SB2634, SD1, which appropriates funds to allow Hawai'i to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. There is growing awareness that women face increased health risks not only during pregnancy, labor, and delivery, but also potentially for several months afterward. Nearly a quarter of postpartum-related deaths occur six weeks to a year after the end of a pregnancy.

According to the federal Centers for Disease Control and Prevention, nearly 23% of pregnancy-related deaths after the day of delivery occur in the period between six weeks after delivery and the end of the first year. Yet for most pregnant women who receive health coverage through Medicaid, those benefits end 60 days after delivery, leaving them without health insurance during this postpartum period. Queen's supports providing this expansion of Medicaid benefits to qualifying mothers in our community.

Thank you for the opportunity to testify in support of SB2634, SD1.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

Friday, March 18, 2022 at 9:30 AM
Via Video Conference; Conference Room 329

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: **SB 2634, SD1 – 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 SB 2634, SD1 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.



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: Friday, March 18, 2022, 9:30AM

FROM: ACOG Hawai'i Section
Reni Soon, MD, MPH, FACOG, Chair
Colleen Inouye, MD, FACOG

**Re: SB 2634_SD1 – 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 SB 2634_SD1**. 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.

SB 2634 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. Hawai'i can and should continue to be a national leader in health care.

HI ACOG thanks the Hawai'i State Legislature for showing its commitment to improving maternal health in Hawai'i by passing the legislation that created the Hawai'i Maternal Mortality Review Committee in 2016. It is time to take the findings of this committee and take the next step in recognizing the importance of access to health care for a full year postpartum and the importance of this access to ALL of Hawai'i's women and families.

As the leading health care professionals for pregnant and postpartum people, HI ACOG supports SB 2634_SD1, and we respectfully ask 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>

SB-2634-SD-1

Submitted on: 3/16/2022 9:29:59 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Ching, MD, MPH	American Academy of Pediatrics, Hawaii Chapter	Support	Written Testimony Only

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 Senate Bill 2634 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



HIPHI Board

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KM Consulting LLC

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John A. Burns School of Medicine,
Department of Pediatrics

Misty Pacheco, DrPH
University of Hawai'i at Hilo

Michael Robinson, MBA, MA
Hawai'i Pacific Health

Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
Pharmacare Hawai'i

Titiimaeta Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: March 17, 2022

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

Re: Support for SB 2634, SD1, Relating to Health

Hrg: March 18, 2022 at 9:30 AM via videoconference

The Obesity Prevention Task Force, a program of Hawai'i Public Health Instituteⁱ (HIPHI), is in **support of SB 2634, SD1**, which appropriates funds to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

Although roughly half of all births in the United States are insured through Medicaid, this coverage only lasts sixty days after delivery. Pregnancy complications and pregnancy-related conditions do not necessarily resolve once the person gives birth and often last well beyond sixty days. Postpartum care typically requires multiple visits and follow up care that can last a year or longer. The termination of coverage after only sixty days puts patients at serious risk, as one third of maternal deaths nationally occur between 7 days and one year after delivery.ⁱⁱ The U.S. has one of the highest maternal mortality rates among countries with comparably advanced healthcare systems, and sixty-six percent of all pregnancy-related deaths are preventable.ⁱⁱⁱ

Between 2015 and 2017, there were 25 maternal deaths in Hawai'i, and half of these deaths occurred between 43 days and one year after delivery.^{iv} Eighty percent were deemed preventable.^v One quarter of maternal deaths were among Native Hawaiian and Pacific Islander women.^{vi} Early detection of mental health conditions such as perinatal depression and suicidality is especially critical, as mental health disorders play a significant role in maternal deaths in Hawai'i.^{vii} Access to healthcare in the postpartum stage is also necessary for the early detection, screening, and treatment of chronic medical conditions such as cardiovascular disease. Expanding treatment beyond sixty days will almost certainly save lives.

For these reasons, we respectfully request that the Committee **PASS** SB 2634, SD1. Thank you for the opportunity to provide testimony.

Mahalo,



Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ Created by the legislature in 2012, the Obesity Prevention Task Force is comprised of over 60 statewide organizations, and works to make recommendations to reshape Hawai'i's school, work, community, and health care environments, making healthier lifestyles obtainable for all Hawai'i residents. The Hawai'i Public Health Institute (HIPHI) convenes the Task Force and supports and promotes policy efforts to create a healthy Hawai'i.

Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ U.S. Department of Human Services. *Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America*.

ⁱⁱⁱ Healthy Women, Healthy Pregnancies, Healthy Futures, *supra*.

^{iv} Maykin, Melanie, and Stacy Pai-Jong Tsai. "Our Mothers Are Dying: The Current State of Maternal Mortality in Hawai'i and the United States." *Hawai'i journal of health & social welfare* vol. 79,10 (2020): 302-305.

^v *Id.*

^{vi} *Id.*

^{vii} *Id.*



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

Re: **SB 2634 SD1- Relating to health**
9:30 AM, March 18, 2022

Chair Yamane, Vice Chair Tam, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to **testify in support of Senate bill 2634 SD1, 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 Committees 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>



**Testimony to the House Committee on Health, Human Services, and Homelessness
Friday, March 18, 2022; 9:30 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: SENATE BILL NO. 2634, SENATE DRAFT 1, 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 Senate Bill No. 2634, Senate Draft 1, RELATING TO HEALTH.

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

The 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.

The bill would take effect on December 31, 2050.

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.

~~IX~~ (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 ~~OR~~ (F)
of the Act
Rev PM 42-4
dated 03/19/2

(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.)

Testimony on Senate Bill No. 2634, Senate Draft 1
Friday, March 18, 2022; 9:30 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.

As a postscript, the House Committee on Finance reported out House Bill No. 1600, House Draft 1, on February 14, 2022. (See, House Standing Committee Report No. 1027-22) Please note that on Page 36, lines 11-12 of House Bill No. 1600, House Draft 1, the appropriation for HMS401 was increased to \$993,036,474 for fiscal year 2022-2023. Comparing this amount to what was requested by the Administration (See, attached materials), it would appear that the House included the appropriation for the expanded Medicaid benefit for postpartum mothers.

As of writing, the budget worksheets for House Bill No. 1600, House Draft 1, have not been made public and as such, there is no way for the HPCA to confirm whether the funds were indeed added to the budget. **However, we wanted to bring this to your attention as this issue continues through the legislative process.**

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

attachment

PROGRAM APPROPRIATIONS

ITEM NO.	PROG. ID	PROGRAM	EXPENDING AGENCY	APPROPRIATIONS			
				FISCAL YEAR 2021-2022	M O F	FISCAL YEAR 2022-2023	M O F
1			HMS	720,000N			720,000N
2			HMS	14,300,000V			14,300,000V
3				<u>10,800,000V</u>			<u>10,800,000V</u>
4			HMS	2,366,839P			2,366,839P
5							<u>OP</u>
6							
7	17.	HMS605 - COMMUNITY-BASED RESIDENTIAL SUPPORT					
8		OPERATING	HMS	17,810,955A			17,810,955A
9							
10	18.	HMS401 - HEALTH CARE PAYMENTS					
11		OPERATING	HMS	982,477,598A			982,477,598A
12							<u>993,036,474A</u>
13			HMS	1,376,660B			1,376,660B
14			HMS	1,803,909,546N			1,803,909,546N
15			HMS	6,781,921U			6,781,921U
16			HMS	13,474,795P			13,474,795P
17							
18	19.	HMS236 - CASE MANAGEMENT FOR SELF-SUFFICIENCY					
19		OPERATING	HMS	289.63*			289.63*
20			HMS	15,952,885A			15,952,885A
21							<u>16,750,036A</u>
22				228.37*			228.37*
23			HMS	25,977,079N			25,977,079N
24							<u>25,893,369N</u>
25			HMS	30,237P			30,237P
26							
27	20.	HMS238 - DISABILITY DETERMINATION					
28		OPERATING	HMS	50.00*			50.00*
29			HMS	8,290,218N			8,348,886N
30							<u>8,859,927N</u>
31							
32	21.	ATG500 - CHILD SUPPORT ENFORCEMENT SERVICES					
33				70.72*			70.72*
34				0.34#			0.34#
35		OPERATING	ATG	4,701,166A			4,701,166A
36			ATG	2,231,224T			2,231,224T
37				137.28*			137.28*
38				0.66#			0.66#
39			ATG	15,880,241P			15,880,241P
40							
41	22.	HMS237 - EMPLOYMENT AND TRAINING					
42		OPERATING	HMS	469,505A			469,505A



PROGRAM ID: 06020305
 PROGRAM STRUCTURE NO: 06020305
 PROGRAM TITLE: HEALTH CARE PAYMENTS

HMS-401
 HEALTH CARE PAYMENTS

EXECUTIVE SUPPLEMENTAL BUDGET (IN DOLLARS)

REPORT: S61-A

PROGRAM COSTS	FY 2022		FY 2023		BIENNIUM TOTALS		PERCENT CHANGE		
	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN			
OTH CURRENT EXPENSES	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46
TOTAL OPERATING COST	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46
BY MEANS OF FINANCING									
GENERAL FUND	982,477,598		982,477,598	982,477,598	15,864,124	998,341,722	1,964,955,196	1,980,819,320	
SPECIAL FUND	1,376,660		1,376,660	1,376,660		1,376,660	2,753,320	2,753,320	
FEDERAL FUNDS	1,803,909,546		1,803,909,546	1,803,909,546	10,177,219	1,814,086,765	3,607,819,092	3,617,996,311	
OTHER FEDERAL FUNDS	13,474,795		13,474,795	13,474,795		13,474,795	26,949,590	26,949,590	
INTERDEPT. TRANSF	6,781,921		6,781,921	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	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46

Program ID: HMS 401

Program Structure Level: 06 02 03 05

Program Title: HEALTH CARE PAYMENTS

Narrative for Supplemental Budget Requests

FY 2023

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.



'Ahahui o nā Kauka

677 Ala Moana Blvd., Suite 1015

Honolulu HI 96813

Phone 808.548.0270

E-mail huikauka@gmail.com

2021-2022 Advocacy Committee

March 16, 2022

Noa Emmett Aluli, MD
President

Martina Kamaka, MD
Vice-President

Kara Wong Ramsey, MD
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MD

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COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Group Testimony in Support of SB2634SD1

Relating to Health – extending postpartum Medicaid coverage

'Ahahui o Nā Kauka supports SB2634SD1'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.

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*

Another 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 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.



COURTNEY CARANGUIAN

T (808) 425-3071

E CCaranguian@marchofdimes.org

MARCHOFDIMES.ORG

Date: March 17, 2022

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

From: Courtney Caranguian
Maternal & Infant Health Initiatives Manager
March of Dimes Hawaii

Re: In support of
SB 2634 SD1

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

On behalf of March of Dimes, the leading non-profit organization fighting for the health of all moms and babies, **thank you for the opportunity to submit support for SB 2634 SD1, Extending Medicaid Postpartum Coverage to 12 months.** March of Dimes promotes the health of women, children and families across the life course, from birth through adolescence and the childbearing years, with an emphasis on preconception, prenatal, interconception and infant health. Ensuring that women, infants and families have access to quality care is essential to achieving our goals.

The United States and Hawai`i Statistics

In 2020, the United States had 3,613,647 live births with 10.1% of those births being preterm (less than 37 completed weeks of pregnancy).¹ The nation's infant mortality rate was 5.7 per 1,000 births. In Hawai`i, there were 15,785 births, a 10% preterm birth rate and an infant mortality rate of 4.6 per 1,000. Our nation's and state's statistics unfortunately remain constant, with little to no improvement. This has led to an urgent crisis that demands a comprehensive response by policymakers at every level of government.

Extending Postpartum Medicaid Coverage

The health of mothers and babies is interconnected. Access to quality maternity care is a critical component of maternal health and positive birth outcomes. Uninsured mothers and newborns are more likely to have poor birth outcomes than moms and babies with insurance.²

Medicaid covers roughly half of the births in the United States, about a third in Hawai`i.⁷ Women in Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions (e.g., diabetes) – putting them at higher risk of maternal morbidity and mortality.³ For many new moms across the country, Medicaid's pregnancy coverage lapses 60 days after birth, ending at a critical time for the health of new moms. Studies show that that approximately 55 percent of women covered

¹2021 March of Dimes Report Card. March of Dimes. November 2021. Available at:

<https://www.marchofdimes.org/mission/reportcard.aspx>

² Institute of Medicine. Committee on the Consequences of Uninsurance. *Health Insurance is a Family Matter*. Washington (DC): National Academies Press (US); 2002. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>.

³ Medicaid and CHIP Payment and Access Commission, "Access in Brief: Pregnant Women and Medicaid," November 2018, available at: <https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf>.

by Medicaid for their delivery were uninsured at some point in the following six months.⁴ Too many new moms are losing coverage at a critical time. The data show that approximately 30 percent of pregnancy-related deaths – not counting those that were caused by suicide or overdose – occur 43 to 365 days postpartum.⁵ State analyses of pregnancy-associated deaths, which include behavioral health-related causes, often find that 50 percent or more of deaths occur beyond the 60-day period.⁶

March of Dimes supports efforts to extend Medicaid’s postpartum coverage to a full year after giving birth, rather than the current limit of 60 days that exists in Hawai‘i. **Therefore, we respectfully urge the passage of SB 2634 SD1 for better maternal health outcomes.**

Thank you for the opportunity to provide comments. If we can provide any further information, please do not hesitate to contact me directly.

Sincerely,
Courtney Caranguian
Maternal & Infant Health Initiatives, Manager
March of Dimes, Hawaii Market

⁴ Daw, Jamie R., Laura A. Hatfield, Katherine Swartz, and Benjamin D. Sommers. 2017. “Women in the United States Experience High Rates of Coverage ‘Churn’ in Months before and after Childbirth.” *Health Affairs* 36 (4): 598– 606. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.1241>.

⁵ In 2018, a total of 658 women were identified as having died of maternal causes in the United States, and an additional 277 deaths were reported as having occurred more than 42 days but less than 1 year after delivery in 2018. These numbers are based on an updated method of coding (the “2018 method”) maternal deaths based on the implementation of a revised U.S. Standard Certificate of Death. *See* Centers for Disease Control and Prevention, “Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018,” available at: https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf.

⁶ https://reviewtoaction.org/sites/default/files/portal_resources/MMR%20Annual%20Report%202017.pdf; Texas Health and Human Services Maternal Mortality and Morbidity Task Force, “Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report,” September 2018, available at: <https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf>;

⁷ Hawaii Family Health Services Division, “Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS),” April 2008, available at: <https://health.hawaii.gov/fhsd/files/2019/07/PRAMS-Trend-Report-ALL-FINAL6-2019-LR.pdf>

SB-2634-SD-1

Submitted on: 3/17/2022 6:22:44 AM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Cheri Richards	Individual	Support	Written Testimony Only

Comments:

Aloha Senators,

Concerning house bill SB2634. I know how important being home with your child is as I was blessed to be a stay at home wife for 10 years. It is important that the parent be able to care for their child and witness the developmental milestones. It is equally important that during these times the cost of childcare is outrageous. Please consider passing this bill so that parents are able to care for their child without the anxiety of wondering if their caregiver will be able to respond to their child's needs as a mother or father would.

Mahalo,

Cheri Richards

SB-2634-SD-1

Submitted on: 3/16/2022 8:59:38 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Chrystie Fujimoto	Individual	Support	Written Testimony Only

Comments:

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of Senate Bill 2634. I have been privileged to take care of many pregnant patients covered under Medicaid insurance. These are some of our most medically complex patients and currently postpartum coverage for pregnant people under Medicaid is guaranteed only 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

SB-2634-SD-1

Submitted on: 3/16/2022 10:36:22 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

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

I write in strong support of SB2634 SD1, 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)

SB-2634-SD-1

Submitted on: 3/16/2022 5:32:34 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikki-Ann Yee	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2634 because the women of Hawai'i need adequate postpartum coverage to optimize their health and take care of their families. Sixty days of coverage is simply not enough and extending Medicaid coverage for pregnant people for a full year after birth is the first step to eliminating disparities and improving outcomes. By extending postpartum coverage, you can improve the health of the most vulnerable families, women, and children of Hawai'i.

SB-2634-SD-1

Submitted on: 3/16/2022 3:04:42 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Deborah G. Nehmad	Individual	Support	Written Testimony Only

Comments:

Please please please pass this bill. We must do everything possible to assure that port partum women get the services they need to make sure they are in a position to nurture healthy babies

SB-2634-SD-1

Submitted on: 3/17/2022 9:19:43 AM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Redford	Individual	Support	Written Testimony Only

Comments:

I am submitting testimony in write **STRONG SUPPORT** of SB2634 SD1, which would fund and extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

The current postpartum coverage duration under MedQUEST is insufficient to address the needs of pregnant people, especially for chronic hepatitis B. People living with hepatitis B need ongoing care, especially after giving birth, but often cannot continue with health services once MedQUEST coverage ends. Additionally, 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. Please support SB2634 SD1.

Thank you for the opportunity to testify.



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

Friday, March 18, 2022, 9:30 AM, Videoconference

To: Committee on Health, Human Services, & Houselessness

Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative

Re: SB 2634 SD 1- Relating to Health

Position: Strong Support

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

The Hawai'i Maternal & Infant Health Collaborative (HMIHC) **strongly supports SB 2634 SD 1**. This measure takes action to increase equitable access to postpartum healthcare by extending 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 families in Hawai'i.

According to the Hawai'i Department of Health, half (10/20) of the maternal deaths in 2015 and 2016 occurred in the late post-partum period (43 days to 1 year after the pregnancy ended), and the Hawai'i Maternal Mortality Review Committee determined over half of maternal deaths were preventable.¹ These statistics highlight that complications associated with pregnancy do not always resolve when the pregnancy ends or even within 60 days postpartum. Therefore, extending coverage for 12 months postpartum is necessary to ensure the health and safety of birthing people following a pregnancy. It is also important to consider how the health and wellbeing of the entire family are impacted when a postpartum parent is managing health complications that impact their physical, mental, and emotional health. These challenges compounded with the lack of access to care that can help to effectively manage health complications can create stress in families that have the potential to last for years. This underpins why this measure is important as its impacts are felt not only at the individual level, but within a family, and communities. Additionally, pregnancy is often a highly motivating factor for people, prompting them to address health care problems and make lifestyle changes that support the health and wellbeing of themselves and the pregnancy. When insurance coverage is terminated, this can disrupt their progress and inhibit behavior change. Thus, passing this measure will not only support access to care but serve as a mechanism for long-lasting behavior change that can increase health and wellbeing.

If this measure is adopted into law, Hawai'i will join 5 other states in obtaining waivers from the federal government to extend postpartum coverage for Medicaid patients, along with 15 other states who have

indicated they will be applying for this waiver as well. This measure is in alignment with Congressional efforts to reduce maternal mortality through omnibus bills, which propose extending Medicaid postpartum coverage to 12 months. Passing this measure demonstrates Hawai'i's commitment to health equity.

Thank you for the opportunity to submit testimony in **support** of this critical legislation.

Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public-private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. The Collaborative was developed in partnership with the Executive Office of Early Learning's Action Strategy with help from the Department of Health and National Governors' Association. The [Action Strategy](#) provides Hawaii with a roadmap for an integrated and comprehensive early childhood system, spanning preconception to the transition to Kindergarten. The Collaborative helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawaii have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers, and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life, and coordinated by a cross-sector leadership team. Work is specific, outcome-driven, informed by data, and primarily accomplished in small workgroups.



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

March 18, 2022
9:30 am
Conf. Rm. 329 & Videoconference

Re: SB 2634 SD1 Relating to Health

Chair, Vice Chair, and committee members thank you for this opportunity to provide testimony on SB 2634 SD1 which appropriates funds to extend the Medicaid postpartum coverage to 12 months following childbirth.

Kaiser Permanente Hawai'i SUPPORTS SB 2634 SD1.

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 SB 2634 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



March 18, 2022

To: COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS
Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

Re: Testimony in Support of SB 2634 SD1 RELATING TO HEALTH

Hrg: March 18, 2022, 9:30 AM conference room 329

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

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 SB 2634 SD1, 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 Act) 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 SB 2634 SD1. 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,

Holly Kessler
Executive Director
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-medicaid-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>

SB-2634-SD-1

Submitted on: 3/18/2022 8:41:40 AM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ann S Freed	AAUW Hawai'i	Support	Written Testimony Only

Comments:



Aloha Chair Yamane, Vice Chair Tam and members,

Members of AAUW of Hawaii thank you for this opportunity to testify in strong support of this measure that appropriates moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

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.

Mahalo,
Ann S Freed,
Public Policy Committee, AAUW of Hawaii publicpolicy-hi@aauw.net

The American Association of University Women (AAUW) of Hawaii is an all volunteer, statewidechapter of a national organization and is made up of six branches: Hilo, Honolulu, Kaua'i, Kona, Maui, and Windward Oahu. UH Hilo, UH Manoa, UH Maui College, and WindwardCommunity College are also AAUW partners. AAUW's mission is to advance gender equity forequal opportunities in education, at workplace and for economic security, and in leadership.

SB-2634-SD-1

Submitted on: 3/17/2022 12:09:02 PM

Testimony for HHH on 3/18/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lea Minton	Individual	Support	Written Testimony Only

Comments:

Dear Committee on Health, Human Services & Homelessness,

I am writing in **STRONG SUPPORT** of SB2634SD1. It is important for the health of our community and state to ensure that mothers continue to have healthcare coverage through medicaid up to 12 months postpartum. We consider the postpartum period to be 12 months and mothers often have health conditions that need further follow up beyond 60 days postpartum. We have been able to extend this coverage and carry it throughout the pandemic which has been a benefit for our state. I strongly encourage you to support our mothers receiving the health care that they need - for their health, their infant's health, and our community well being.

Mahalo for this time to testify,

Le'a Minton, MSN, APRN, CNM, IBCLC