

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

February 5, 2020

TO: The Honorable Representative Roy M. Takumi, Chair  
House Committee on Consumer Protection & Commerce

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1943 HD1 – RELATING TO HEALTH**

Hearing: February 6, 2020, 2:00 p.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) requests clarification and offers comments.

**PURPOSE:** The purpose of this bill is to provide medical assistance for pregnant women in certain circumstances. Section 2 of the bill amends section 346-70, Hawaii Revised Statutes (HRS), to make “[a]ny pregnant woman who is ineligible for medical insurance coverage through her employer or medicaid” eligible for medical assistance for twelve months following childbirth.

DHS notes that this would be a large population to offer Medicaid eligibility. DHS appreciates that the intent of the bill may be to target individuals who were receiving Medicaid during pregnancy and birth; or possibly more broadly to cover individuals that have no other access to health coverage. However, the bill could be read to make individuals with more diverse sources of coverage eligible for Medicaid by only exempting individuals eligible for Medicaid or employment sponsored insurance. For instance, the bill could be read to make other groups eligible for Medicaid such as Medicare eligibles, Marketplace eligibles, self-employed individuals, individuals covered in other group plans, and individuals covered in two-party or family plans through a spouse, parent, or other individual. Further, the bill does not

include any income-limits, so could encompass a broader group of women for coverage than who is covered today. DHS requests clarification on what populations are intended to be covered under this bill.

DHS notes that section 346-70, HRS, currently gives DHS the authorization to cover certain groups of pregnant women with State-only funding. DHS does cover the population described in section 346-70(a)-(b), HRS, but now does so through the Medicaid State Plan so that DHS can maximize matching federal funds.

The language of the bill creates ambiguity on whether DHS must cover the new population, and if so, whether DHS must provide the coverage using State-only funds, matching federal funds, or whether DHS has discretion to determine the source of funding. DHS requests clarification on these points so that it can better understand its potential responsibilities.

DHS notes that if matching federal funds were sought, approval for expanding coverage could not be guaranteed. The Centers for Medicare and Medicaid Services (CMS) would have to approve the request. Research indicates that CMS has not consistently approved other states' requests for twelve-month post-partum coverage. Furthermore, Medicaid eligibility for other populations is determined in part by income limits and health and disability status. These features are not part of the coverage expansion in this bill. CMS may choose not to approve a request to expand coverage to large group of individuals without an income limit. If CMS does not approve a coverage expansion, then State-only funds would have to be used to finance the new coverage.

DHS notes that the bill does not have an appropriation. Expanding coverage to a large population will require additional funding. DHS is unable to provide a fiscal estimate at this time but likely could provide an estimate if clarifications on the population are made.

DHS notes that improving maternal health is an important priority and goal of the state. DHS has appreciated the opportunity to engage with stakeholders on this issue and intends to continue working with them to ensure women have access to care after birth.

Thank you for the opportunity to testify on this bill.



Josh Frost - President • Patrick Shea - Treasurer • Kristin Hamada  
Nelson Ho • Summer Starr

Wednesday, February 5, 2020

Relating to Health  
Testifying in Support with Amendments

Aloha Chair and members of the committee,

The Pono Hawai'i Initiative (PHI) **supports with amendments to HB1943 Relating to Health**, which provides 12 months of postpartum medical assistance to pregnant women who are ineligible for medical insurance coverage through their employer or Medicaid.

Women receive care throughout their 40 weeks of pregnancy, current standard care only extends to 6 weeks post-partum. Complications from pregnancy do not necessarily end when the pregnancy ends and can continue for many weeks and months following. A new mother has a lot going on in those first few weeks post-partum and may not realize the physical pain or emotional strain she is experiencing isn't normal.

A baby takes 40 weeks to grow, we support maternal health throughout this process, we must recognize that we need to support the mother for just as long after. These changes will help the mother, child and family to thrive. PHI supports amendments previously requested by The American College of Obstetricians and Gynecologists (ACOG) who requested that the language on page 4, Section 2C be changed from "following childbirth" to "the end of the pregnancy". Not all pregnancies end in childbirth and we need to support these vulnerable individuals who have suffered a stillbirth or miscarriage and not exclude them from care.

For all these reasons, we urge you to **pass this measure with amendments**.

Mahalo for the opportunity,  
Gary Hooser  
Executive Director  
Pono Hawai'i Initiative

**HB-1943-HD-1**

Submitted on: 2/4/2020 4:38:14 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:



## Hawaii Women's Coalition

To: Hawaii State House of Representatives Committee on Consumer Protection and Commerce  
Hearing Date/Time: Thurs., Feb. 6, 2020, 2:00 p.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony of Hawaii Women's Coalition in support of H.B. 1943

Dear Chair Takumi and Members of the Committee,

The Hawaii Women's Coalition writes in strong support of H.B. 1943. 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 women. In practical terms this will impact primarily COFA migrants, recent immigrants with documents (green card) and undocumented immigrants.

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

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

Thank you for your support for this important measure to promote fairness and equity in the workplace.

Sincerely,  
Hawaii Women's Coalition

**HB-1943-HD-1**

Submitted on: 2/4/2020 5:18:38 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia Bilyk	Breastfeeding Hawaii	Support	No

Comments:



**Testimony to the House Committee on Consumer Protection and Commerce  
Thursday, February 6, 2020; 2:00 p.m.  
State Capitol, Conference Room 329**

**RE: HOUSE BILL NO. 1943, HOUSE DRAFT 1, RELATING TO HEALTH.**

Chair Takumi, Vice Chair Ichiyama, 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** House Bill No. 1943, House Draft 1, RELATING TO HEALTH.

The bill, as received by your Committee, would:

- (1) Require the Department of Human Services (DHS) to provide medical assistance under the Medicaid Program to any pregnant woman who is ineligible for medical insurance coverage through her employer or Medicaid for a period ending twelve months following childbirth; and
- (2) Take effect on July 1, 2050.

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

We firmly agree with the findings listed in SECTION 1 of the bill -- that the sixty-day time period of coverage currently authorized under Medicaid for postpartum recipients is not enough to address the health care needs of the patient. One of the primary concerns is that our current health insurance system and models for the reimbursement of maternity care impede our ability to provide universal, high-quality postpartum care in the United States. Many obstetrics providers receive bundled payments for maternity care. In other words, they receive a fixed amount for services provided during the time period extending from the first prenatal visit until 6 weeks after delivery. Obstetric providers are

compensated in the same manner, whether they are taking care of an uncomplicated pregnancy in a healthy mother or a complicated pregnancy of a mother with gestational diabetes and hypertension. Given this practice, there is little financial incentive to provide additional visits or to extend the duration of follow-up.

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

This bill seeks to provide Medicaid coverage for twelve months and ensure that every new mother has the ability to obtain necessary supportive healthcare services during the most critical period of the new family's development.

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



# Hawai‘i Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

---

February 4, 2020

**Hawai‘i Chapter**  
PO Box 25817  
Honolulu, HI 96825  
aaphawaii.org

Re: House Bill 1943: RELATING TO HEALTH. Provides medical assistance for pregnant women in certain circumstances.

Position: Support

Dear Chair Takumi, Vice Chair Ichiyama and Honorable Members of the Committee on Consumer Protection & Commerce:

We are writing in **support** of HB 1943, which would extend Medicaid coverage of postpartum women from 60 days to 12 months.

Having continuous health insurance will support the most important person in a child’s life and provide the best environment for our keiki in their most vulnerable period of development. A woman would be able to access ongoing mental health support for post-partum depression, care for complications relating to childbirth, and long-term contraception to prevent becoming pregnant too soon. These are all factors that can improve the health of their infants. Extending postpartum Medicaid will improve and promote healthy development, prepare children for school and the workplace, and provide for healthy future pregnancies.

Our organization strongly believes that efforts to support families with young children will pay long term dividends for the health and success of our state. We encourage you to pass HB 1943 from your committee.

Very respectfully,

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

**Board**

**President**

Michael Ching, MD, MPH, FAAP

**Vice President**

Jeff Okamoto, MD, FAAP

**Secretary**

Galen Chock, MD, FAAP

**Treasurer**

Rhiana Lau, MD, FAAP

**Immediate Past President**

Mae Kyono, MD, FAAP

**Members at Large**

Derrick Kida, MD, FAAP

Josephine Quensell, MD, FAAP

Jenny Welham, MD, FAAP

**HB-1943-HD-1**

Submitted on: 2/5/2020 6:46:37 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Younghi Overly	aaup of hawaii	Support	No

Comments:



**Lin Joseph**  
*State Director*  
*Maternal and Child Health &*  
*Advocacy and Government Affairs*  
*Hawaii*  
**T (808 973-2152**  
**hjoseph@marchofdimes.org**  
**MARCHOFDIMES.ORG**

February 6, 2020

To: Honorable Roy Takumi, Chair  
Honorable Linda Ichiyama, Vice Chair

From: Lin Joseph  
Director of Maternal & Child Health &  
Advocacy and Government Affairs  
March of Dimes Hawaii

Re: In strong support of  
**HB 1943 HD1**  
Hearing: Tuesday January 28, 2020  
Conference Room 329, State Capitol

Chair Takumi, Vice Chair Ichiyama, Members of the Committee:

I am writing in strong support of HB 1943 HD1, Relating to Health.

For more than 80 years, the March of Dimes has been a leader in maternal and child health. Our mission is to lead the fight for the health of all moms and babies.

Pregnancy-related deaths occur not only during delivery but also during pregnancy and up to one year postpartum. In 2019, the Center for Disease Control and Prevention (CDC) reported that approximately one-third of maternal deaths occur during pregnancy, one-third during delivery and up to six days postpartum, one-third occur between one week and one year after delivery. Up to 60% of these deaths could have been prevented. Among the recommendations from the CDC was extending Medicaid coverage for eligible women to include one year of postpartum care.<sup>1</sup>

In 2016, Hawaii passed Act 203 to require the Department of Health to conduct child death reviews and implement a maternal mortality review. The Hawaii Maternal Mortality Review Committee has been reviewing all maternal deaths in the state dating back to 2015 and has found that approximately half of maternal deaths in Hawaii have occurred 43 days to one year postpartum, which is a critical time for women with mental health challenges, substance use disorders, and

---

cardiac conditions. Adequate postpartum coverage enables new mothers to obtain the services they need to ensure a full recovery and to ensure their next pregnancy can be healthy. This includes postpartum visits where their physical, emotional, and psychosocial wellbeing can be evaluated, family planning can be discussed, and existing conditions can be addressed.

March of Dimes supports efforts to eliminate preventable maternal mortality and severe maternal morbidity. To achieve this, March of Dimes supports ensuring that all women have quality, affordable health insurance and health care to include but not be limited to prenatal care, depression screening, mental health treatment, substance use treatment, and access to health care providers who understand and meet their health needs before, during and after pregnancy. Further, March of Dimes supports public policy that includes improving the social and economic conditions and quality of health care at all stages of a woman's life.

March of Dimes supports passage of HB 1943 HD1 to extend Medicaid coverage of postpartum care to a full year after giving birth.

Thank you for your commitment to improving the health of women and children. I respectfully ask for your kokua in supporting HB 1943 HD1.

<sup>1</sup> Vital signs: pregnancy-related deaths, United State, 2011-2015, and strategies for prevention, 2013-2017. Morbidity and Mortality Weekly Report, May 7, 2019.



# HAWAII APPLESEED

## CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai'i Appleseed Center for Law & Economic Justice  
In Support of HB 1943 HD1 – Relating to Health  
House Committee on Consumer Protection & Commerce  
Thursday, February 6, 2020, 2:00 PM, conference room 329

---

Dear Chair Takumi, Vice Chair Ichiyama, and members of the Committee:

Thank you for the opportunity to provide testimony in **SUPPORT of HB 1943 HD1**, which would provide medical assistance for women who are otherwise ineligible for coverage for 12 months following childbirth.

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

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

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

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

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

We appreciate your consideration of this testimony. Please pass this bill.

---

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



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

TO: House Committee on Consumer Protection & Commerce  
Representative Roy M. Takumi, Chair  
Representative Linda Ichiyama, Vice Chair

DATE: Thursday, February 6, 2020  
PLACE: Hawai'i State Capitol, Conference Room 329

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

**Re: HB 1943, HD1 – Relating to Health  
Position: STRONG SUPPORT**

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **strongly supports HB 1943, HD1** and other legislative proposals that **ensure access to safe, high-quality maternity care** for all of Hawai'i's women and infants. HB 1943 is critical for Hawai'i's women and families for the following reasons:

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

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

---

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

<sup>2</sup> Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.

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

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

**HB 1943, HD1 would ensure more EQUITABLE access to healthcare for some of Hawaii's most vulnerable communities**

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

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

One suggested amendment to the language of the bill to clarify the population we are addressing, and to ensure we do not exclude women who experience a stillbirth or miscarriage, for whom chronic conditions such as postpartum depression can still affect, would be to replace the language in section 2C on page 4 (lines 9-12) with: "Any woman who is enrolled in Medicaid insurance coverage during her pregnancy shall be eligible for medical assistance under this section for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage."

HI ACOG recognizes that the Hawai'i State Legislature is committed to improving maternal health care in passing legislation such as that which created the Hawai'i Maternal Mortality Review Committee in 2016. It is time to take the findings of this committee and take the next step in recognizing the importance of health care access for a full year postpartum and the importance of this access to ALL of Hawaii's women and families. For these reasons, HI ACOG strongly supports HB 1943, HD1 and we urge this committee to pass this measure.

Thank you for the opportunity to testify.

---

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



# HMIHC

HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE

Thursday, February 6, 2020, 2:00 PM  
Hawaii State Capitol, Conference Room 329

To: House Committee on Consumer Protection & Commerce  
Representative Roy Takumi, Chair  
Representative Linda Ichiyama, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative (HMIHC)

**POSITION: STRONG SUPPORT**

Dear Representative Takumi, Representative Ichiyama and Members of the Committees,

Thank you for the opportunity to submit testimony in **support of H.B. 1943, HD1.**

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

A sixty-day postpartum coverage period is simply not enough time to address the health needs of women which may arise over the course of her pregnancy and in the postpartum period, which is why we are advocating for a longer postpartum insurance coverage period. This is of particular importance in Hawai'i as recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, other serious health consequences may arise, including stroke, organ failure, seizures, mental health challenges, and substance use disorders. All of these do not resolve immediately after the pregnancy is over, which is why the women of Hawai'i need adequate postpartum coverage of 12-months after delivery to ensure access to ongoing health care services.



With the aim to improve maternal health outcomes nationwide, multiple state Maternal Mortality Review Committees made specific recommendations to extend postpartum coverage to 12-months, which many other states have prioritized. Uninterrupted health care coverage 12-months after delivery for our most vulnerable patients will improve the health of Hawai'i's women, children, and families.

Ensuring we do not exclude women who experience a stillbirth or miscarriage, who may still be affected by chronic conditions such as postpartum depression, we suggest the following amendment:

**1) Replace – Section 1C (Page 4 Lines 9-12) with the following:**

“Any woman who is enrolled in Medicaid insurance coverage during her pregnancy shall be eligible for medical assistance under this section for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage.”

House Bill 1943 HD1 resonates strongly with the Hawai'i Maternal and Infant Health Collaborative.

Founded in 2013, the Hawai'i Maternal and Infant Health Collaborative (Collaborative) is a public private partnership committed to improving birth outcomes and reducing infant mortality in Hawai'i. We are focused on health in the first year of life and want children to have the best start in life. The health of a mother strongly impacts the health and wellbeing of her children and family. We believe House Bill 1943 HD1 will improve the health of mothers thereby optimizing the wellbeing of families in Hawai'i.

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

Thank you for the opportunity to testify.

**HB-1943-HD-1**

Submitted on: 2/4/2020 10:55:02 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

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

## Comments:

I am an OBGYN in Hawaii that takes care of patients every day that would greatly benefit from the passage of this bill. Some of my patients are only able to get medical insurance while they are pregnant and they often need care that extends past the 60 days that they are currently covered for. This would allow us to better follow up with our patients with common medical problems that are exacerbated in pregnancy like hypertension and diabetes. It will also help us with certain interventions that we aren't able to do during pregnancy that does need to be followed up with after delivery.

Dear Chair Rep. Takumi and Vice Chair Rep. Ichiyama

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of HB 1943.

As an obstetrician-gynecologist, I have been privileged to take care of many women covered under Medicaid insurance. I know that these are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Furthermore, it is an arbitrary time period that is unrelated to the physiology of pregnancy.

Many times we are able to identify health conditions for the first time during their pregnancy because it is the first time they have qualified for health insurance. For example, it may be the first time we discover they have uncontrolled diabetes, a heart condition, cervical pre-cancer, or an autoimmune problem. However, once identified, many of these conditions need months to years of follow up. They need subspecialist referrals. They need repeat ultrasounds of their heart after the physiology of pregnancy has resolved. They need blood tests that are invalid during pregnancy in order to officially diagnose their condition. All of these things are impossible to do when that patient loses coverage at 60 days postpartum. Because of this, many patients just return to our care with their next pregnancy in about a year, now with their health condition far worse off than if it had been managed during the interim. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had a total body anaphylactic rash erupt all over her body immediately after delivery. She had to be in the ICU to keep her blood pressures up because whatever reaction she was having affected many of her organ system. It is unclear if this was an allergic reaction, and if so, to what, or if it reflected a flare of an underlying autoimmune condition. However you cannot test for autoimmune conditions during a flare, so we need to wait until postpartum in order to send her to an Allergist and Immunologist to further work up her life-threatening illness. However most specialists have waiting lists far longer than 60 days, and even if she sees the specialist within that time, that will only be the initial consult. She will need weeks to months of follow up to determine her condition and to determine future management. But this won't happen. She will lose her insurance at 60 days and I will take care of her in about a year when she is pregnant again. I still won't know what caused her life-threatening reaction, and she is at higher risk of it occurring again, potentially worse the second time.

As another example, I recently took care of a patient who was 8 months pregnant and came to the hospital in heart failure caused by Preeclampsia. Although her preeclampsia goes away after her delivery, her heart failure will not. We were lucky enough to stabilize her, deliver her baby safely, and she left the hospital alive, but she will need a year of heart failure medications, many repeat heart ultrasounds, and continued visits with a cardiologist. However I know that

this patient will lose her insurance coverage at 60 days postpartum and will not receive the care she needs. Unless her heart recovers on its own, when she returns to my care with another pregnancy she will have a mortality rate approaching 100%. This is unethical and unacceptable.

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

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

I strongly support HB 1943, and I appreciate the opportunity to provide this testimony.

Thank you,  
Danielle Ogez, MD, MPP  
Obstetrics and Gynecology Chief Resident  
ACOG Hawaii Section Junior Fellow Chair

**HB-1943-HD-1**

Submitted on: 2/5/2020 4:50:41 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Maykin	Individual	Support	No

## Comments:

Dear Chair Takumi, Vice Chair Ichiyama and members of the CPC committee

My name is Melanie Maykin and I recently moved to Hawaii and became a resident of the state so that I could take care of the women of Hawaii. I am a Maternal-Fetal Medicine fellow and have dedicated the next three years to training and developing the skills necessary to care for women with medical conditions that make their pregnancies high-risk. I am writing you to ask for your support of HB 1943, a bill that would extend Medicaid postpartum coverage from the 60 days after delivery that it currently covers to 12 months postpartum.

The reason that extending postpartum coverage is so crucial is that, as you can imagine, there is nothing special about 60 days whereby a medical condition complicating a woman's health during pregnancy spontaneously resolves after 60 days. In fact, pregnancy is often a stressor that reveals medical conditions like high blood pressure or heart disease and the postpartum period is when these conditions may manifest. In fact, nearly half of the maternal deaths in Hawaii in 2015-2017 occurred in the postpartum period and a majority of these deaths were deemed preventable

During my first few months as a new doctor in Hawaii, I cared for a Micronesian woman who developed peripartum cardiomyopathy, or heart failure due to pregnancy, just one year ago which resulted in a preterm birth and the death of her first born. After the delivery, she lost her insurance coverage and she never received the follow-up she needed to manage her heart failure medications and to monitor the function of her heart.

She came to her first visit with me with an unintended pregnancy and an echocardiogram showed that her heart function was at 60% of what it should have been. As a physician that prioritizes the health of mothers, I had to have the difficult but honest conversation with her that this pregnancy had the potential to kill her. Had the

patient received appropriate insurance coverage, we could have offered her contraception and referred her to a cardiologist in order to optimize the health of her heart to make her second pregnancy safe for her and her baby.

This one case illustrates how important it is to extend postpartum coverage beyond 60 days and unfortunately, there are numerous others. As maternal mortality in the U.S. is amongst the highest of all developed nations, I am asking you to support this bill that puts the health of our mothers at the forefront. Thank you for your time and please don't hesitate to contact me if you would like to speak more about HB 1943.

Melanie Maykin, MD

**HB-1943-HD-1**

Submitted on: 2/5/2020 6:10:24 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline Kunitake	Individual	Support	No

Comments:

Dear Chair Takumi and Members of the Committee on Consumer Protection and Commerce,

I am writing in support of HB1943 HD1.

This bill will increase postpartum coverage for Medicaid patients, which is currently at 60 days, to 12 months. With increasing nationwide attention on the U.S. maternal mortality rate, there has been increasing emphasis on the importance of postpartum care and the recognition that many postpartum conditions are not resolved at 60 days and requiring ongoing care.

Please support HB1943 HD1.

Mahalo,

Caroline Kunitake

**HB-1943-HD-1**

Submitted on: 2/5/2020 8:06:43 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ronnie Texeira	Individual	Support	No

Comments:

I strongly support HB1943 as it is critical to the the care of the women of Hawaii



**HB-1943-HD-1**

Submitted on: 2/5/2020 10:01:40 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cynthia J. Goto	Individual	Support	No

Comments:

TO: House Committee on Consumer Protection & Commerce

Representative Roy M. Takumi, Chair

Representative Linda Ichiyama, Vice Chair

DATE: Thursday, February 6, 2020

PLACE: Hawai'i State Capitol, Conference Room 329

FROM: Jennifer Chin, MD, ACOG Hawaii Section Junior Fellow Chair

Re: HB 1943, HD1 – Relating to Health

Position: STRONG SUPPORT

Dear Chair Takumi and Vice Chair Ichiyama,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in **strong support of HB 1943, HD1**.

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

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

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

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

I strongly support **HB 1943, HD1** and I appreciate the opportunity to provide this testimony.

Thank you,

Jennifer Chin

Obstetrics and Gynecology Chief Resident

ACOG Hawaii Section Junior Fellow Chair

**HB-1943-HD-1**

Submitted on: 2/5/2020 10:22:22 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Shandhini Raidoo	Individual	Support	No

Comments:

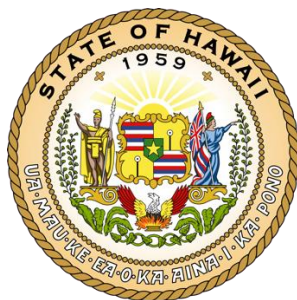
Dear House Committee on Consumer Protection and Commerce,

I am submitting testimony today in strong support of HB1943. I am an obstetrician-gynecologist in Hawaii and I provide healthcare for many women during pregnancy and the postpartum period. I know that my patients often have complex medical conditions that require ongoing care and that losing insurance coverage 60 days after delivery is a major barrier to them receiving the care that they need to be healthy and care for themselves and their families. Extending insurance coverage for 12 months after delivery will allow the women and families of Hawaii to address their medical conditions, receive contraception, and be in the best health possible.

I strongly urge you to support HB1943 and the health of Hawaii's women and families.

Sincerely,

Shandhini Raidoo, MD, MPH



‘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 House Committee on CPC

In Support of HB1943 HD1  
Thursday, February 6, 2020, 2:00 p.m. in Room 329

Dear Chair Takumi, Vice Chair Ichiyama, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in support of HB1943, 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.

Accordingly, the Commission respectfully urges the Committee to pass HB1943 HD1.

Sincerely,

Khara Jabola-Carolus



Hawaii  
**Children's Action Network Speaks!**  
Building a unified voice for Hawaii's children

To: Representative Takumi, Chair  
Representative Ichiyama, Vice Chair  
House Committee on Consumer Protection & Commerce

Re: **HB 1943 HD1, Provides medical assistance for pregnant women in certain circumstances.**  
Hawaii State Capitol, Room 329  
2:00PM, 2/6/2020

Chair Takumi, Vice Chair Ichiyama, and committee members,

**On behalf of Hawaii Children's Action Network Speaks!, we write in support of HB 1943 HD1.**

Extending Medicaid coverage for a year after birth is good for moms and babies.

Recent research has shown that infants and mothers have increased health benefits when they have medical coverage for the first year of life. Maternal mortality and infant mortality were both decreased significantly, and across racial groups, when mothers had Medicaid expansion<sup>1</sup>. Additionally, extending coverage of Medicaid would help our most vulnerable families and babies.

We appreciate the opportunity to provide testimony in support of HB 1943 HD1 and respectfully request the committee pass the bill.

Thank you,

Kathleen Algire  
Director, Public Policy and Research

---

<sup>1</sup> *"Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies"*  
Georgetown University Center for Children and Families

**HB-1943-HD-1**

Submitted on: 2/5/2020 4:54:38 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments:



Aloha Chair Takumi, Vice Chair Ichiyama and members,

This bill will go a long way towards helping women who too often suffer from post-partum complications long after their coverage has lapsed. Consider:

- Emerging national data is showing that one-quarter of maternal deaths occur after 42 days postpartum.
- According to a report compiled by our Hawaii Maternal Mortality Review Committee and submitted to the Hawaii State Legislature in December 2018, there were 20 maternal deaths in 2015 and 2016 combined, and 10 of those 20 deaths (50%) occurred after 42 days postpartum.
- One of largest causes of maternal mortality are mental health disorders, including substance use disorders, which do not resolve in 60 days.
- Medicaid patients have postpartum insurance coverage for 60 days. After that, they can try to qualify for non-pregnancy related Medicaid if they meet income requirements (slightly less than income requirements for pregnancy-related Medicaid) or find insurance through health insurance exchange.
- COFA migrants do not qualify for non-pregnancy related Medicaid and represent one of the biggest populations affected by loss of insurance coverage at 60 days.
- Maternal mortality is the tip of the iceberg – for every 1 maternal death, there are at least 100 life- threatening complications (e.g. stroke, organ failure, seizures).
- Comprehensive care and continuous coverage during the postpartum period are essential, especially for women with mental health or chronic medical conditions, including heart disease, diabetes, and high blood pressure.
- Postpartum period also represents an opportunity to optimize health prior to the next pregnancy. Unfortunately, for many women who may have had complications during her pregnancy or postpartum, the next time an obstetrician may see her if she does not have insurance is at her next pregnancy.
- Four states have passed legislation extending postpartum care for Medicaid patients, and at least four more and the District of Columbia are planning legislation this year.

There are currently three federal bills that include extending postpartum care for Medicaid patients to one year. Hawaii could be a leader in this issue.

- Cost estimates have varied in each state: New Jersey estimated \$6715 per eligible beneficiary; California estimated \$8.5 million annually.

Please help us preserve the lives of women and their babies in Hawaii. One death is too many and there are many more than that.

Mahalo, Ann S. Freed

Co-Chair Emeritus, Hawaii Women's Coalition



To: Committee on Consumer Protection and Commerce  
Committee Chair Representative Roy Takumi  
Committee Vice Chair Representative Linda Ichiyama

Date: February 6, 2020

RE: **Support for HB 1943 HD1; Relating to Health**

The Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS brings together government and non-governmental organizations to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. The Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. ECAS supports HB 1943 HD 1 with recommendations for amendments.

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

A sixty-day postpartum coverage period is simply not enough time to address the health needs of women which may arise over the course of her pregnancy and in the postpartum period, which is why we are advocating for a longer postpartum insurance coverage period. This is of particular importance in Hawai'i as recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, other serious health consequences may arise, including stroke, organ failure, seizures, mental health challenges, and substance use disorders. All of these do not resolve immediately after the pregnancy is over, which is why the women of Hawai'i need adequate postpartum coverage of 12-months after delivery to ensure access to ongoing health care services.

With the aim to improve maternal health outcomes nationwide, multiple state Maternal Mortality Review Committees made specific recommendations to extend postpartum coverage to 12-months, which many other states have prioritized. Uninterrupted health care coverage 12-months after delivery for our most vulnerable patients will improve the health of Hawai'i's women, children, and families.

Ensuring we do not exclude women who experience a stillbirth or miscarriage, who may still be affected by chronic conditions such as postpartum depression, we suggest the following amendment:

**1) Replace – Section 1C (Page 4 Lines 9-12) with the following:**

“Any woman who is enrolled in Medicaid insurance coverage during her pregnancy shall be eligible for medical assistance under this section for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage.”

Uninterrupted health care coverage 12-months after delivery for our most vulnerable patients will improve the health of Hawai'i's women, children, and families and we respectfully urge the committee to support HB 1943 HD1 with the proposed amendments. Mahalo for the opportunity to provide testimony.

**HB-1943-HD-1**

Submitted on: 2/5/2020 5:52:01 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joy Marshall	Individual	Support	No

Comments:

**HB-1943-HD-1**

Submitted on: 2/5/2020 8:25:45 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Harris	Individual	Support	No

## Comments:

Dear Chair Takumi, Vice Chair Ichiyama and members of the CPC committee,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of House Bill 1943.

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

As an example, I recently took care of a patient who had an ovarian cyst which was followed on ultrasound through her pregnancy. She delivered via cesarean section and her cyst was removed at this time. About a week after her surgery, it was confirmed that this cyst was cancerous. She had difficulties with follow up and though she was notified of these results by phone, she was unable to see the oncology provider she needed as she lost her insurance coverage. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

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

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

I strongly support HB1943, and I appreciate the opportunity to provide this testimony.

Thank you,

Sara Harris, MD