

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

January 27, 2020

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

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

Hearing: Tuesday, January 28, 2020, 9:15 a.m.
Conference Room 329, State Capitol

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

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, 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 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. DHS requests clarification on what populations the Legislature intends to be covered by 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, and 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 the proposed additional 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 one 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.



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

TO: House Committee on Health
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, January 28, 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 – 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** 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.¹
- Half (10/20) of the maternal deaths in Hawaii in 2015 and 2016 occurred in the late postpartum period (43 days to 1 year after the pregnancy ended,² and the Hawaii Maternal Mortality Review Committee determined over half of Hawaii's maternal deaths were preventable.
- Mental health disorders, including substance use disorders, are one of the largest causes of maternal mortality – most of these health problems do not resolve in 60 days.
- Mortality is the tip of the iceberg – for every 1 maternal death, experts estimate there are over 100 life-threatening complications occurring related to pregnancy (e.g. stroke, organ failure, seizures)
- The health of the entire family is often impacted, sometimes for years, when a mother is struggling with health complications, mental health disorders, or substance use disorders.
- All of our members, even our trainees, have cared for women with health complications that lasted longer than 60 days – this is not uncommon. We are their doctors and it is extremely frustrating and heart-breaking when our patients stop coming to these essential healthcare visits because they've lost their insurance.

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

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

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

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

HB 1943 would INCREASE access to healthcare for some of Hawaii's most vulnerable communities

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

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

One suggested amendment to the language of the bill, so as not to exclude women who experience a stillbirth or miscarriage but for whom chronic conditions such as postpartum depression can still affect, would be to change the language in section 2C on page 4 from "for a period ending twelve months following childbirth" to "for a period ending twelve months following the end of the pregnancy."

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 and we urge this committee to pass this measure.

Thank you for the opportunity to testify.

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



**Testimony to the House Committee on Health
Tuesday, January 28, 2020; 9:15 a.m.
State Capitol, Conference Room 329**

RE: HOUSE BILL NO. 1943, RELATING TO HEALTH.

Chair Mizuno, Vice Chair Kobayashi, 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, RELATING TO HEALTH.

The bill, as received by your Committee, would 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.

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.

Testimony on House Bill No. 1943

Tuesday, January 29, 2020; 9:15 a.m.

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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.

HB-1943

Submitted on: 1/26/2020 8:56:31 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Ching, MD, MPH	American Academy of Pediatrics, Hawaii Chapter	Support	No

Comments:

January 26, 2020

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

Position: Support

Dear Representative Mizuno and Honorable Members of the Committee on Health:

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.

Please feel free to contact me at 808-432-5605 if you have any questions or comments.

Very respectfully,

Michael S.L. Ching, MD, MPH, FAAP

President

American Academy of Pediatrics, Hawaii Chapter

HB-1943

Submitted on: 1/26/2020 11:31:16 AM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	aaup of hawaii	Support	No

Comments:



49 South Hotel Street, Room 314 | Honolulu, HI 96813
www.lwv-hawaii.com | 808.531.7448 | voters@lwv-hawaii.com

COMMITTEE ON HEALTH
Tuesday, January 28, 2020
9:15 a. m.
Conference Room 329
State Capitol
415 S. Beretania Street
Honolulu, Hawaii

H. B. 1943
Relating to Health

TESTIMONY

Joy A Marshall , Legislative Committee, League of Women Voters of Hawaii

Chair Mizuno, Vice-Chair :Kobayashi and Committee Members.

The League of Women Voters of Hawaii supports HB 1943 that provides medical assistance for pregnant women in certain circumstances.

The League locally, in our state and nationally supports access to appropriate and affordable health care. Not only because this is cost effective but it could lower our neonatal mortality rate.

Thank you for the opportunity to submit testimony.

To: Hawaii State House of Representatives Committee on Health
Hearing Date/Time: Tues., Jan. 28, 2020, 9:15 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in strong support of H.B. 1943

Dear Chair Mizuno and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) 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.

Sincerely,
Laurie Field
Hawaii State Director

HB-1943

Submitted on: 1/26/2020 7:17:39 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

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

Comments:



HAWAII APPLESEED

CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai'i Appleseed Center for Law & Economic Justice
In Support of HB 1943 – Relating to Health
House Committee on Health
Tuesday, January 28, 2020, 9:15 AM, conference room 329

Dear Chair Mizuno, Vice Chair Kobayashi, and members of the Committee:

Thank you for the opportunity to provide testimony in **SUPPORT of HB 1943**, 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.



KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

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

January 24, 2020

To: Hawaii State Legislature - House Committee on Health

Date: Tuesday, January 28, 2020 at 9:15 a.m.

Re: Testimony of Kokua Kalihi Valley in support of HB 1943

Dear Chairman Mizuno and Members of the Committee:

My name is Doris Segal Matsunaga and I am the Maternal Child Health Director at Kokua Kalihi Valley Comprehensive Family Services. Kokua Kalihi Valley strongly supports this bill.

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

Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU 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.

Since 2015 when the state of Hawaii stopped MedQuest coverage for all non-pregnant, non-disabled COFA residents over age 18 or under age 65, COFA women of childbearing age face serious loss and discontinuity of care when they lose MedQuest coverage at two months post-partum. In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, we see young mothers returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

It is true that most low-income COFA mothers are eligible for enrollment in ACA at 2 months post-partum, but the transition is anything but seamless. KKV finds that due to changes in address, many do not receive a notice that insurance has ended, or they do not understand the system well enough to know they have lost insurance until the time they seek out care due to a medical need. Or they may receive a letter that their MedQuest has ended and are then afraid to come for care out of fear they will get bills they cannot pay. Despite PAP (premium assistance), under ACA many still have a deductible and co-pays and may avoid routine care because they fear they cannot pay the bills. To a low income family, the 20% share of a \$1,000

ER or ultrasound bill is a small fortune. KKV and other CHC's work hard to explain the complexities and enroll such women in the ACA when we see or can contact them, but it is common for women to drop out of sight after baby is born and the next time we see them is when they walk in for a pregnancy test in the second or third trimester, less than a year after the last baby was born. Per ACOG (2), the optimal interval between delivery and subsequent pregnancy is 18 months to 5 years; the greatest risk of low birth weight and preterm birth occurs when the interconception interval is less than 6 months.

Pregnant women who have recently immigrated to Hawaii with documents (green card) are in a similar situation as COFA migrants. Undocumented pregnant immigrants are not eligible for prenatal care benefits under MedQuest, but can get emergency medical coverage for the hospital delivery only. These groups also would benefit greatly from having MedQuest benefits extended through 6 to 12 months post-partum.

At KKV, half our prenatal patients are Micronesian, primarily from Chuuk. Despite serving a low income, high risk and transient perinatal population where 56% of pregnant women enter care after the first trimester, KKV birth outcomes are generally close to the US national average, and 79% of KKV patients had at least one post-partum visit in 2017. By collaborating across the traditional silos of OB, Pediatrics, WIC, Family Planning and Family Practice, employing bi-lingual case managers and interpreters, and combining outreach (home and hospital visits) with in-reach (i.e.: 2-generation care at well-child visit), we are often able to contact hard-to-reach moms. It is not unusual for post-partum clinic visits to occur after 2 months post-partum.

However, private providers, and even some community health centers, do not have this same depth and integration of services, and therefore may see higher adverse birth outcomes among high risk patients. The Quest Integration health plans have case management programs of varying design and quality, but uniformly lack staff who speak COFA languages, nor do they have the community based relationships with these patients that are essential to do effective and often long term work.

Extending MedQuest coverage through 6 to 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions. We strongly urge our legislators to support this important benefit change.

To: Hawaii State Legislature - House Committee on Health
Date: Tuesday, January 28, 2020 at 9:15 a.m.
Re: Testimony of Save Medicaid Hawaii in support of HB 1943

Dear Chairman Mizuno and Members of the Committee:

Save Medicaid Hawaii strongly supports HB 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.

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

January 27, 2020

To: Hawaii State Legislature - House Committee on Health
Date: Tuesday, January 28, 2020 at 9:15 a.m.
Re: Testimony of Save Medicaid Hawaii in support of HB 1943



healthy mothers
healthy babies

COALITION OF HAWAII

Dear Chairman Mizuno and Members of the Committee:

Healthy Mothers Healthy Babies Coalition of Hawaii cannot express enough how imperative it is to have expanded postpartum coverage for our community and strongly supports HB 1943.

Instead of waiting six weeks for a mother's first postpartum checkup, ACOG now recommends a "fourth trimester" of ongoing treatment for mothers of newborns. The care, which ideally would begin within three weeks of giving birth would improve the health of both mother and baby by offering continual assessment of the woman's physical, social and psychological well-being. Medicaid gives us 60 days to do this. But, we see first-hand when we follow up with our clients that that two months postpartum is not enough time to address the total needs of Hawaiian mother-baby dyad. The new mother is adapting to multiple physical, social, and psychological changes such as recovering from childbirth and adjusting to changing hormones.

As part of the Maternal Mortality Committee, we know that 50% of maternal deaths in Hawaii occurred between 43 days and 1 year after the birth of the baby and half of these deaths were **preventable**. Yet, **maternal deaths are only one part of the story, with many more moms facing severe pregnancy complications. Pregnancy complications such as obstetric hemorrhage, sepsis/infection, and cardiac event often lead to hospital stays and need long term follow-up doctor's visits.**

Healthy pregnancies are not just about prenatal care. Postpartum care in the weeks and months after a baby's birth is critical to manage pregnancy complications, discuss breastfeeding, and treat health conditions like high blood pressure and diabetes that could harm a future pregnancy. Following the appointment with a OB/GYN in many cases, a mother needs to see a specialist, such as a cardiologist or mental health provider, to manage and treat health conditions or pregnancy complications. Often, health conditions are discovered during pregnancies and require intervention for longer than 60 days postpartum. Hawaii also has specific challenges with access to care due to lack of providers, and therefore translates to long wait times to see specialists. **That is why postpartum care should be extended to meet the needs of mothers and include primary, behavioral, and specialty care that new mothers need to recover from pregnancy, manage complications, and get healthy for a future pregnancy.**

It is widely known that maternal and infant morbidity and mortality rates are increasing in the United States overall and Hawaii is no exception. In Hawaii, the overall rate of being at high risk for postpartum depression is consistent with national estimates. This translates to approximately 3,000 new mothers every year according to research conducted by Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS). Hawaii PRAMS research further suggests that women who suffer from PPD are more prone to participate in high risk activities that may affect the perinatal period such as smoking, illicit drug use, and experiencing intimate partner violence.

Providing extended postpartum coverage will play a vital role in the "fourth trimester" care in helping new mothers recognize the sign of postpartum depression and provide timely referrals to specialists and other much needed resources. If untreated, postpartum depression can have devastating effects on a baby's health and development. For instance, a mom with untreated postpartum depression is less likely to implement injury prevention measures, such as putting the baby on his or her back to sleep (which our care coordinators see often). Additionally, babies may face delayed language and brain development. The negative effects of maternal depression on mother and child are well researched and clear. Scientific research confirms that infants need engaged, attentive and nurturing caregivers to thrive, and when mothers are unable to engage in a loving and nurturing way, their children's health and development suffer.

This extension of coverage would help ensure moms have access to primary, specialty, and behavioral health care during a critical window of time following the birth of their baby. Hawaii has an opportunity to lead the charge for change, have better outcomes, prevent maternal deaths and ensure a pathway for healthier moms and families.

Healthy Mothers Healthy Babies Coalition of Hawaii | Phone: 808.737.5805

245 N. Kukui St. #102A, Honolulu, HI 96817 | WWW.HMHB-HAWAII.ORG

HB-1943

Submitted on: 1/25/2020 5:52:17 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

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

Comments:

Dear Committee on Health,

I am writing in strong support of HB 1943. I am obstetrician-gynecologist and I take care of women who have Medicaid insurance during their pregnancies. Many of my patients have complex medical conditions that require ongoing treatment and care after pregnancy. The current 60 day postpartum Medicaid coverage limit is simply not enough to provide adequate care for my patients. Women in the postpartum period deserve to have healthcare that allows them to be as healthy as possible to care for themselves and their families.

I strongly support HB 1943 and encourage you to lift up the health of women and families in Hawaii by extending postpartum Medicaid insurance coverage.

Sincerely,

Shandhini Raidoo, MD, MPH

TO: House Committee on Health

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

DATE: Tuesday, January 28, 2020, 9:15 AM

PLACE: House Conference Room 329

FROM: Jennifer Chin, MD

RE: HB 1943—Relating to Health

Position: Support

Dear Chair Mizuno and Vice Chair Kobayashi,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of HB1943.

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

Thank you,

Jennifer Chin

Obstetrics and Gynecology Chief Resident

ACOG Hawaii Section Junior Fellow Legislative Chair

HB-1943

Submitted on: 1/26/2020 2:57:43 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paris Stowers	Individual	Support	No

Comments:

I am an obstetrician-gynecologist in Honolulu, and I am writing in strong support of House Bill 1943. This proposed bill will extend Medicaid coverage for a full year postpartum. Currently, postpartum coverage through Medicaid is only guaranteed for 60 days. However, many postpartum conditions can continue beyond this 2-month period. Providing uninterrupted health care coverage for one year after delivery is critical to addressing maternal morbidity in our community.

To: Hawaii State Legislature - House Committee on Health
Hearing Date/Time: Tuesday, January 28, 2020 at 9:15 a.m..
Place: Hawaii State Capitol, Room 224
Re: Judith Ann Armstrong is in support of HB 1943 relating to Extended post-partum care.

Dear Chairman Mizuno and Members of the Committee:

I, Judith Ann Armstrong, am strongly in support of HB 1943 relating to Extended post-partum care. 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.

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

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

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

TO: House Committee on Health
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
DATE: Tuesday, January 28, 2020, 9:15 AM
PLACE: House Conference Room 329
FROM: Danielle Ogez, MD, MPP
RE: HB 1943—Relating to Health
Position: Support

Dear Chair Mizuno and Vice Chair Kobayashi,
I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of HB1943.

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.

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

HB-1943

Submitted on: 1/26/2020 5:11:19 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

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

Comments:

Dear House of Representatives,

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 me if you would like to speak more about HB 1943.

Melanie Maykin, MD

HB-1943

Submitted on: 1/27/2020 8:43:00 AM

Testimony for HLT on 1/28/2020 9:15:00 AM

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

Comments:

HB-1943

Submitted on: 1/27/2020 8:57:07 AM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Samantha Kaiser	Individual	Support	No

Comments:

RE: SB 2204—Relating to Health**Position: Support with Amendments**

Dear Chair Ruderman and Vice Chair Rhoads,

I am a practicing obstetrician-gynecologist in Hawai'i, and I am writing in support of SB 2204 with amendments.

As an obstetrician-gynecologist, I am privileged to take care of many women covered under Medicaid insurance. I care for 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. Because mental health and substance use disorders are not the only chronic medical conditions that affect women and families after a pregnancy ends, we strongly recommend the following amendment to the language of SB 2204: Replace section 1C on page 2 with the following: "Any pregnant woman who is ineligible for medical insurance coverage through her employer or medicaid shall be eligible for medical assistance under this section for a period ending twelve months following the end of the pregnancy."

I recently had the opportunity to care for a pregnant woman with a chronic heart disease. She is somebody who would benefit greatly from extended postpartum coverage. She had not received care for her heart disease since childhood, and her health was teetering. We were able to help her with her current pregnancy, though for her own health, she had to be delivered preterm. Pregnancy is not safe for her until her heart condition can be optimized; however, she was unable to receive adequate contraception that she needs to keep her safe and well. She was unable to schedule many of the necessary follow up visits, due to lack of insurance. I worry about women

like her in our community, whose health outcomes suffer due to their inability to access care.

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. This needs to include comprehensive care that encompasses all chronic medical conditions affecting women.

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 Hawai'i's women, children, and families.

I support SB 2204 with the above amendments, and I appreciate the opportunity to provide this testimony.

Samantha Kaiser, MD

HB-1943

Submitted on: 1/27/2020 9:31:38 AM

Testimony for HLT on 1/28/2020 9:15:00 AM

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

Comments:



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

January 27, 2020

To: Representative Mizuno, Chair
Senator Kobayashi, Vice Chair
House Committee on Health

Re: **HB 1943, Provides medical assistance for pregnant women in certain circumstances.**
Hawaii State Capitol, Room 329
9:15AM, 1/28/2020

Chair Mizuno, Vice Chair Kobayashi, and committee members,

On behalf of Hawaii Children's Action Network Speaks!, we write in support of HB 1943. 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 expansion¹.

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

Thank you,

Kathleen Algire
Director, Public Policy and Research

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

HB-1943

Submitted on: 1/27/2020 1:22:42 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
LeighAnn Frattarelli, MD, MPH	Individual	Support	No

Comments:

Dear Chairperson:

I have been practicing obstetrics and gynecology in Hawaii since 2000. I strongly support HB1943.

Data shows that 50% of our state's 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 health problems that occur postpartum including depression and anxiety, stroke, organ failure, seizures, 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. Our Medicaid population is a vulnerable population and must be cared for during this critical period.

Thank you for allowing me to testify.

Sincerely,

LeighAnn C. Frattarelli, MD, MPH

HB-1943

Submitted on: 1/27/2020 2:33:50 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

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

Comments:

Dear Representatives,

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



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

January 27, 2020

To: Honorable John Mizuno, Chair
Honorable Bertrand Kobayashi, 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
Hearing: Tuesday January 28, 2020
Conference Room 329, State Capitol

Chair Mizuno, Vice Chair Kobayashi, Members of the Committee:

I am writing in strong support of HB 1943, 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.¹

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

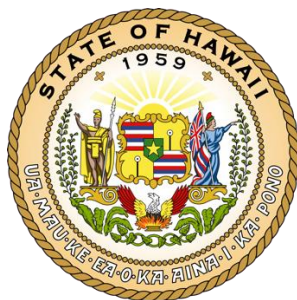
cardiac conditions. Adequate postpartum coverage enables new mothers to obtain the services they need to ensure a full recovery and to ensure their next pregnancy can be healthy. This includes postpartum visits where their physical, emotional, and psychosocial wellbeing can be evaluated, family planning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

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



LATE

‘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 Health (HLT)

In Support of HB1943
Tuesday, January 28, 2020, at 9:15 a.m. in Room 329

Dear Chair Mizuno, Vice Chair Kobayashi, 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.

Sincerely,

Khara Jabola-Carolus



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

LATE

January 27, 2020

Thirty-first Legislature Regular Session of 2020
Tuesday, January 28, 2020, 9:15 AM
Hawaii State Capitol, Conference Room 329

To: House Committee on Health
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative

TESTIMONY IN STRONG SUPPORT OF EXTENDING MEDICAID COVERAGE POSTPARTUM FOR 12-MONTHS.

The Hawaii Maternal and Infant Health Collaborative stands with others in strong support of House Bill 1943.

Dear Chair Mizuno, Vice Chair Kobayashi and Members of the Committee,

Thank you for the opportunity to submit testimony in **strong support of H.B. 1943 – extending Medicaid coverage postpartum for 12-months.**

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.

House Bill 1943 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 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 helps advance goals within the Action Strategy by focusing on ensuring that children have the best start in life by being welcomed and healthy. The Collaborative has completed a strategic plan and accompanying Logic Model, *The First 1,000 Days*, aimed at achieving the outcomes of 8% reduction in preterm births and 4% reduction in infant mortality. To date over 150 people across Hawai'i have been involved in the Collaborative. These members include physicians and clinicians, public health planners and providers, insurance providers and health care administrators. The work is divided into three primary areas, preconception, pregnancy and delivery, and the first year of life, and coordinated by a cross sector leadership team. Work is specific, outcome driven, informed by data and primarily accomplished in small work groups.

Thank you for the opportunity to testify.

LATE

HB-1943

Submitted on: 1/27/2020 9:49:20 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pai-Jong Stacy Tsai	Individual	Support	No

Comments:

Dear Representative John Mizuno,

I am a practicing obstetrician in Hawaii, and I am writing in strong support of **strong support of H.B. 1943 – extending Medicaid coverage postpartum for 12-months.**

As a maternal-fetal medicine physician who practices high risk obstetrics, I have been privileged to take care of many women covered under Medicaid insurance. These women 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.

I recently saw a pregnant patient with heart disease who needed intense cardiac care after her last pregnancy. But due to lack of insurance postpartum she could not follow up with a cardiologist. Her heart disease now in her second pregnancy is much worse and her chance of maternal death had also increased. I am also the current chair of our Hawaii Maternal Mortality Review Committee. 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 of H.B. 1943**, and I appreciate the opportunity to provide this testimony.

Thank you,

Stacy Tsai

To: House Committee on Health
Committee Chair Representative John M. Mizuno
Committee Vice Chair Representative Bertrand Kobayashi

Date: January 27, 2020 at 9:15am Room 329

RE: **Support for HB 1943; 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 strongly supports HB 1943, which would provide medical assistance for pregnant women in certain circumstances and expand Medicaid coverage postpartum for 12-months.

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. 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 and we strongly and respectfully urge the committee to support HB 1943. Mahalo for the opportunity to provide testimony.