

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

January 28, 2020

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

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2204 – RELATING TO HEALTH**

Hearing: January 29, 2020, 2:55 p.m.
Conference Room 016, 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 1 of the bill amends section 346-70, Hawaii Revised Statutes (HRS), to make “pregnant woman who are ineligible for insurance coverage through their employment or med-QUEST” eligible for medical assistance if they received substance use disorder (SUD) treatment during the sixty day period prior to childbirth. SUD services and mental health services would be covered for eligible individuals for up to twelve months following childbirth if they adhere to their SUD “treatment requirements.”

DHS notes that the bill may create some unintended challenges in implementation. First, it may create some disruption in the current behavioral health delivery system as uninsured women already have access to behavioral health services through Department of Health (DOH) programs funded mostly by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) with some additional state funding. The State’s existing approach to and investment in the SUD safety net is the Coordinated Access Resource Entry System (CARES) developed by DOH. This bill covers the same services for the same population

that is covered by CARES. CARES is a new approach to safety net SUD service delivery that was designed to build capacity and provide access to SUD services for vulnerable populations. Since CARES was recently launched in October 2019, DHS suggests that the Legislature consider giving the new system time to demonstrate its effectiveness before expanding Medicaid eligibility to the same population.

Second, DHS requests an amendment deleting the phrase "if they adhere to their substance abuse treatment requirements." Current approaches to and guidelines for SUD treatment reflect an understanding that individuals with SUD will often experience periods of adherence and non-adherence over time. Coverage and access to care should be ongoing and responsive to an individual's needs and not set to end arbitrarily. One of the benefits of CARES is that it provides this continuity of care to the uninsured population.

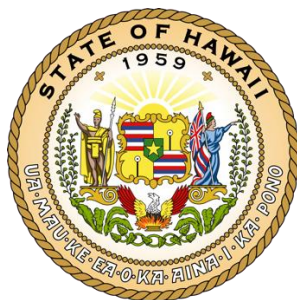
DHS requests clarification on its responsibilities under the bill. DHS notes that section 346-70, HRS, currently gives DHS the authorization to cover certain groups of pregnant women with State-only funding. DHS does cover the population described in Section 346-70(a)-(b), HRS, but now does so through 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 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. An income limit is not part of the coverage expansion in this bill. 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. DHS is currently researching the fiscal implications of the bill and notes that additional funding may be necessary, particularly since the State may be replacing federal SAMHSA dollars with additional state dollars needed to collect Medicaid matching funds.

DHS notes that improving maternal health and promoting behavioral health is an important priority and goal of the state. DHS appreciates 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.



‘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 S. Committee on Human Services

In Support of SB2204
Wednesday, January 29, 2020, at 2:55 p.m. in Room 016

Dear Chair Ruderman, Vice Chair Rhoads, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in support of SB2204 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 SB2204

Sincerely,

Khara Jabola-Carolus



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair
SENATE COMMITTEE ON HUMAN SERVICES

Wednesday, January 29, 2020, 2:55 pm
Senate conference Room 016

Testimony in SUPPORT of SB2204

The Hawai'i Psychological Association (HPA) supports Senate Bill 2204, which amends Section 346-70, Hawai'i Revised Statutes, to provide state-funded medical assistance to pregnant women nineteen years of age or older with limited income receiving substance abuse treatment and mental health services for an additional twelve months following childbirth.

The first twelve months of life are a critical period for child development and bonding. Substance abuse treatment and mental health services are critical during this time to ensure the mother's physical and emotional health and presence for the newborn. A large body of research demonstrates the increased likelihood of recidivism for substance abuse in the absence of ongoing treatment. Research also demonstrates that children of mothers with active addictive behaviors are at significant risk for physical and emotional difficulties that interfere with social and academic functioning, increasing the cost to educational and health care systems over a span of years.

SB2204 has the potential to improve the lifelong quality of life for substance dependent mothers and their children, as well as significant cumulative cost savings for state-funded educational and health care systems.

Thank you for this opportunity to offer testimony in support of SB2204.

Respectfully submitted,

Julie Takishima-Lacasa, PhD
Chair, HPA Legislative Action Committee



Wednesday, January 29, 2020

Senate Bill 2204

Testifying in Support, with Amendments

Aloha Chair Ruderman, Vice Chair Rhoads, and Members of the Committee on Human Services,

The Democratic Part of Hawai'i (The Party) **stands in support of SB2204**. Funding pregnant women for an additional 12 months of substance abuse treatment facilities after giving birth gives both mother and child the best chance at success.

Amendment being offered is that instead of limiting the 12 month of additional treatment to those who sought treatment 60 days prior to giving birth, The Party would like it to included any pregnant person who sought treatment at any point in their pregnancy.

The bill currently reads, “(c) Pregnant women who are ineligible for insurance coverage through their employment or med-QUEST and who receive substance abuse treatment during the sixty-day period prior to childbirth shall be eligible for substance abuse treatment, and mental health services for the treatment of their substance abuse, for not more than twelve additional months following childbirth, if they adhere to their substance abuse treatment requirements.”

Our amendment would strike the words “during the sixty-day period”. The purpose of this amendment is ensure those who sought treatment earlier in their pregnancy are not penalized and excluded from being able to receive what may be, life saving treatment post birth of their child.

The affects of postpartum can be difficult for many people. Combine the lack of sleep, additional responsibilities, lack of social interaction, and a brand new program of recovery, and relapse can occur in high numbers.

“Relapse rates are high (80%) during the first year [postpartum]. Though the average return to use for cigarettes, cannabis, and alcohol was three to five months postpartum, return to cocaine use occurred on average nine to ten months [postpartum]. In addition to taking longer to resume use, cocaine had the highest sustained abstinence rate (40%) of the four substances analyzed. For alcohol and cannabis, only 10% of the women remained abstinent by 24 months [postpartum], with similar findings for cigarette smokers.”

For these reasons we urge to vote favorably on this bill with the suggested amendment. Giving new mothers and children the greatest chance to live a life free from substance abuse and providing the most supportive environment to achieve that, is paramount.

Mahalo for the opportunity to testify,



Josh Frost
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



Zahava Zaidoff
Co-Chair, Legislation Committee
Democratic Party of Hawai'i

<https://www.recoveryanswers.org/research-post/stopping-starting-substance-use-pregnancy/>

SB-2204

Submitted on: 1/26/2020 9:23:29 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

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

Comments:

January 26, 2020

Re: Senate Bill 2204: RELATING TO HEALTH.

Position: Support

Dear Senator Ruderman and Honorable Members of the Committee on Human Services:

We are writing in support of SB 2204, which would extend eligibility for substance abuse treatment, and mental health services for the treatment of their substance abuse, for not more than twelve additional months following childbirth, if they adhere to their substance abuse treatment requirements.

Having continuous health insurance coverage of substance abuse and mental health services 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. In my daily experience as a developmental-behavioral pediatrician, I see the downside of children whose mothers were unable to get the treatment they needed for their mental health issues. Extending postpartum Medicaid substance abuse and mental health coverage 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 SB 2204 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, Hawai'i Chapter

To: Hawaii State Senate Committee on Human Services
Hearing Date/Time: Wed., Jan. 29, 2020, 2:55 p.m.
Place: Hawaii State Capitol, Rm. 016
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of S.B. 2204, with amendments

Dear Chair Ruderman and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 1943 with amendments to include all pregnant women on Medicaid for all health services. 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



HAWAII APPLESEED

CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai'i Appleseed Center for Law & Economic Justice
In Support of SB 2204 – Relating to Health
Senate Committee on Human Services
Wednesday, January 29, 2020, 2:55 PM, in conference room 016

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

Thank you for the opportunity to provide testimony in **SUPPORT of SB 2204**, 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. We urge you to pass this bill.

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



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

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

DATE: Wednesday, January 29, 2020
PLACE: Hawai'i State Capitol, Conference Room 016

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

**Re: SB 2204 – Relating to Health
Position: SUPPORT WITH AMENDMENTS**

As a section of the Nation's leading group of physicians dedicated to improving health care for women, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **supports SB 2204 with amendments**. Once these amendments are made, SB 2204 would **ensure access to safe, high-quality maternity care** for all of Hawai'i's women and infants.

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.

SB 2204 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

Suggested amendment:

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."

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

HI ACOG recognizes that the Hawai'i State Legislature is committed to improving maternal health care in passing legislation such as that which created the Hawai'i Maternal Mortality Review Committee in 2016. It is time to take the findings of this committee and take the next step in recognizing the importance of access to health care for a full year postpartum and the importance of this access to ALL of Hawaii's women and families. For these reasons, HI ACOG supports SB 2204 with these critical amendments, 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>

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

Date: January 29, 2020 at 2:55pm in Room 016

RE: **Support for SB 2204; 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 SB 2204 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 pregnancy puts many women into crisis as health care needs related to pregnancy, labor and delivery often do not resolve within 60-days after pregnancy and require ongoing care. Underlying medical conditions such as diabetes, cardiac disease or hypertension are often diagnosed during and after pregnancy and require ongoing care in the postpartum period. Women with health challenges are highly motivated during their pregnancy to address them and loss of insurance coverage may disrupt those efforts during the postpartum period. The postpartum period is also a critical time for women with depression, other psychiatric conditions, as well as substance use disorder, and will require access to ongoing services to prevent relapse, for which insurance coverage is necessary. Thus, loss of insurance coverage within 12-months after pregnancy places women with these medical conditions at increased risk for adverse outcomes.

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

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

We strongly recommend the following amendment:

1) Replace - Section 1C (Page 2 Lines 9-16) with the following:

“Any pregnant women 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 pregnancy.”

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

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 SB 2204 with the proposed amendments. Mahalo for the opportunity to provide testimony.



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 28, 2020

To: Hawaii State Legislature – Senate Committee on Human Services

Date: Wednesday, January 29, 2020 at 2:55 p.m.

Re: Testimony of Kokua Kalihi Valley Comprehensive Family Services re: SB 2204

Dear Chairman Russell E. Ruderman, Vice Chair Karl Rhoads 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 supports the intent of this bill but requests the Committee amend the bill to be inclusive of all pregnant women on Medicaid for all health services for a period of one-year post-partum. SB 2204 as currently written limits the 12 months postpartum coverage to substance abuse treatment and mental health services.

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

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

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

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

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

supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

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

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

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

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

January 28, 2020

To: Hawaii State Legislature – Senate Committee on Human Services

Date: Wednesday, January 29, 2020 at 2:55 p.m.

Re: Testimony of Save Medicaid Hawaii re: SB 2204

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

Save Medicaid Hawaii supports the intent of this bill but requests the Committee amend the bill to be inclusive of all pregnant women on Medicaid for all health services for a period of one-year post-partum. SB 2204 as currently written limits the 12 months postpartum coverage to substance abuse treatment and mental health services.

Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU (neonatal intensive care unit) 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.

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. Limiting the expansion of post-partum care to only substance abuse and mental health services is not likely to be an evidence-based approach that works for Hawaii. The requirement that the woman be enrolled in substance abuse or mental health treatment during the 2- month post-partum period limits who can benefit even further.

Extending comprehensive 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 amend the bill and support this important benefit change.

Save Medicaid Hawaii, a network of people advocating for NO CUTS in Medicaid and working towards a stronger health care system in Hawaii that provides high quality universal health care for all..

<https://www.facebook.com/SaveMedicaidHawaii/>



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

January 28, 2020

Thirty-first Legislature Regular Session of 2020
Wednesday, January 29, 2020, 2:55 PM
Hawaii State Capitol, Conference Room 016

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

From: Hawaii Maternal and Infant Health Collaborative (HMIHC)

POSITION: SUPPORT WITH AMENDMENTS

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

Thank you for the opportunity to submit testimony in **support of S.B. 2204 with strong recommendations for amendments**. Incorporating the suggested amendments will ensure access to safe, high-quality maternity care for all of Hawai'i's women and infants.

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

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

access to healthcare for our most vulnerable communities including low-income, immigrant women and women of color, all who disproportionately experience these kinds of complications and adverse outcomes. Medicaid recipients are also 82% more likely to experience severe morbidity and mortality than their privately insured counterparts, making increasing access to healthcare a necessity to achieve health equity.

We strongly recommend the following amendment:

1) Replace - Section 1C (Page 2 Lines 9-16) 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 pregnancy.”

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

Founded in 2013, the Hawai‘i Maternal and Infant Health Collaborative (Collaborative) is a public private partnership committed to improving birth outcomes and reducing infant mortality in Hawai‘i. We are focused on health in the first year of life and want children to have the best start in life. The health of a mother strongly impacts the health and wellbeing of her children and family. We believe Senate Bill 2204 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.



Lin Joseph
State Director
Maternal and Child Health &
Advocacy and Government Affairs
Hawaii
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MARCHOFDIMES.ORG

January 28, 2020

To: Honorable Russell Ruderman, Chair
Honorable Karl Rhoads, Vice Chair

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

Re: In strong support of
SB 2204
Hearing: Wednesday January 29, 2020
Conference Room 016, State Capitol

Position: Support with Amendments

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

I am writing in support of SB 2204, Relating to Health and proposing amendments.

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.

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.

The need for postpartum care continues well beyond 60 days and is a critical time to help women get and stay healthy. 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 passage of SB 2204 with the following amendment:

Replace Section 1(c) (page 2 lines 9-16 with:

“Any pregnant women 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 pregnancy.”

Thank you for your commitment to improving the health of women and children. I respectfully ask for your kokua in supporting SB 2204 with amendments.

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

SB-2204

Submitted on: 1/27/2020 2:35:06 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

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

Comments:

I support this bill but I recommend it be amended be inclusive of all pregnant women on medicaid for all health care services for twelve months postpartum.

SB-2204

Submitted on: 1/27/2020 9:39:16 AM

Testimony for HMS on 1/29/2020 2:55:00 PM

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

Comments:

Dear Chair Ruderman and Vice Chair Rhoads,

I am a practicing obstetrician-gynecologist in Hawaii and I am writing in support of SB 2204 with amendments. Our Medicaid population includes some of our state's most vulnerable and medically complex patients. The guaranteed coverage for women under Medicaid is only for 60 days.

As an example, I take care of many pregnant patients with diabetes, which can result in many complications both in pregnancy for the patient and her child both during pregnancy and thereafter. Controlling diabetes between pregnancies can prevent damage to other organs as well as help to make future pregnancies more healthy and safe. I recently took care of a patient who was unable to have medical care for her diabetes between pregnancies, which unfortunately resulted in damage to her kidneys which could have been preventable. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy, including comprehensive medical care that encompasses all chronic medical conditions affecting women. Please support the amendment for section 1C on page 2 and note my support of SB 2204 as amended. I appreciate the opportunity to provide this testimony and your support for our most vulnerable residents.

Thank you,

Jinai Bharucha, Obstetrics and Gynecology Resident MD

TO: Senate Committee on Human Services

Senator Russell E. Ruderman, Chair

Senator Karl Rhoads, Vice Chair

DATE: Wednesday, January 29, 2020, 2:55 PM

PLACE: Senate Conference Room 016

FROM: Jennifer Chin, MD

RE: SB 2204—Relating to Health

Position: Support with Amendments

Dear Chair Ruderman and Vice Chair Rhoads,

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

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. 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."

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. 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 Hawaii's women, children, and families.

I support SB 2204 with the above amendments, 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

SB-2204

Submitted on: 1/26/2020 5:12:54 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

SB-2204

Submitted on: 1/25/2020 6:08:10 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

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

Comments:

Dear Committee on Human Services,

I am writing in support of SB 2204 with suggested amendments. I am an obstetrician-gynecologist and I care for many women who have Medicaid insurance and substance use disorders. Treatment for substance use disorders is extremely important to help women and their families be as healthy as possible, but there are also many other medical conditions that can also impact a woman's health, including high blood pressure, diabetes, and other conditions that may require treatment beyond the 60-day postpartum period that is currently covered by Medicaid insurance.

I strongly encourage you to extend the reach of this bill and expand Medicaid insurance coverage for 12 months postpartum for all women so that they can receive the care they need to be as healthy as possible to care for themselves and their families.

Mahalo,

Shandhini Raidoo, MD, MPH

TO: Senate Committee on Human Services
Senator Russell Ruderman, Chair
Senator Karl Rhoads, Vice Chair
DATE: Wednesday, January 29, 2020, 2:55pm
PLACE: Senate Conference Room 016
FROM: Danielle Ogez, MD, MPP
RE: SB 2204 —Relating to Health
Position: Support with amendments

Dear Chair Ruderman and Vice Chair Rhoads,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of SB 2204, with amendments to include other chronic medical conditions.

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.”

As an obstetrician-gynecologist, I have the privilege 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, 60 days is an arbitrary cutoff 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. They need surgeries that can only be performed postpartum. 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 SB 2204, with the amendment suggested, and I appreciate the opportunity to provide this testimony.

Thank you,
Danielle Ogez, MD, MPP
Obstetrics and Gynecology Chief Resident

SB-2204

Submitted on: 1/28/2020 1:11:30 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

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

Comments:

Dear Hawaii Senate

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. And 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 support SB 2204, with the amendment suggested, and I appreciate the opportunity to provide this testimony. Thank you for your time and please don't hesitate me if you would like to speak more about SB 2204

Melanie Maykin, MD

SB-2204

Submitted on: 1/28/2020 1:11:41 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Kerestes	Individual	Support	No

Comments:

As an obstetrician-gynecologist, I have the privilege 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. For example, often abnormal pap smears are found in pregnancy but we are unable to treat them during the pregnancy and thereby prevent the development of cervical cancer. Close follow up after delivery is necessary and the necessary surgery needed to prevent cervical cancer cannot always be done within that first 60 days after delivery. I have seen women with an abnormal pap in one pregnancy not have any access to healthcare between pregnancies and show up with actual cervical cancer in her next pregnancy several years later. This lapse in healthcare can have tragic consequences.

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 support SB 2204, with the amendment suggested, and I appreciate the opportunity to provide this testimony.

SB-2204

Submitted on: 1/28/2020 1:48:16 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

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

Comments:

As an obstetrician-gynecologist, I have the privilege 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. For example, I recently helped to take care of a patient who only qualified for medical insurance because she was pregnant and was diagnosed with gestational diabetes, but she likely has undiagnosed Type 2 diabetes. Because her insurance expires 60 days after delivery, we likely won't be able to refer her to a specialist to get the care and daily medication she needs. 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 support SB 2204, with the amendment suggested, and I appreciate the opportunity to provide this testimony.

SB-2204

Submitted on: 1/29/2020 3:54:57 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

LATE

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

Comments:

SB-2204

Submitted on: 1/29/2020 5:44:03 PM

Testimony for HMS on 1/29/2020 2:55:00 PM

LATE

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

Comments:

Please support SB2204.

Mahalo,

Caroline Kunitake