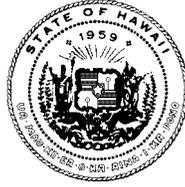


DAVID Y. IGE  
GOVERNOR



PANKAJ BHANOT  
DIRECTOR

CATHY BETTS  
DEPUTY DIRECTOR

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

February 26, 2020

TO: The Honorable Senator Donovan M. Dela Cruz, Chair  
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2429 SD 1 – RELATING TO HEALTH**

Hearing: February 28, 2020, 11:05 a.m.  
Conference Room 211, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) offers comments and requests clarifications. DHS appreciates the clarifying amendments made by the Committees on Commerce, Consumer Protection, and Health and Human Services.

**PURPOSE:** The purpose of this bill is to provide medical assistance for pregnant women in certain circumstances. Section 2 of the bill amends section 346-70, Hawaii Revised Statutes (HRS), to make “[a]ny woman who is enrolled in medicaid insurance coverage during her pregnancy ... eligible for medical assistance ... for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage.”

DHS request clarification on the intent of placing the coverage expansion in section 346-70, Hawaii Revised Statutes (HRS). 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. DHS requests clarification on whether it 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 the bill does not have an appropriation. Expanding Medicaid coverage to a new population will require additional funding. DHS estimates that approximately \$3.2 million in total funds would be necessary, and likely the entire \$3.2 million would need to be paid through state-only funds. Research indicates that Centers for Medicare and Medicaid Services (CMS) has not consistently approved other states' requests for twelve-month post-partum coverage, which would mean that state-only dollars would have to be used to implement this bill.

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.

**SB-2429-SD-1**

Submitted on: 2/26/2020 3:59:44 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

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

Comments:

**SB-2429-SD-1**

Submitted on: 2/26/2020 5:56:30 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laurie Field	Testifying for Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

**SB-2429-SD-1**

Submitted on: 2/26/2020 5:57:54 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laurie Field	Testifying for Hawaii Women's Coalition	Support	No

Comments:



**Testimony to the Senate Committee on Ways and Means  
Friday, February 28, 2020; 11:05 a.m.  
State Capitol, Conference Room 211**

**RE: SENATE BILL NO. 2429, SENATE DRAFT 1, RELATING TO HEALTH.**

Chair Dela Cruz, Vice Chair Keith-Agaran, 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** Senate Bill No. 2429, Senate Draft 1, 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 woman who is enrolled in Medicaid during pregnancy for a period ending twelve months following the end of pregnancy, using the same eligibility criteria that qualified her for pregnancy coverage.

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 Senate Bill No. 2429, Senate Draft 1**  
**Friday, February 28, 2020; 11:05 a.m.**  
**Page 2**

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 that was previously eligible for coverage has the ability to obtain necessary supportive healthcare services during the most critical period of the new family's development.

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

# Hawai'i Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

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

February 17, 2020

Re: Senate Bill 2429: RELATING TO HEALTH.

Position: Support

**Board**

**President**

Michael Ching, MD, MPH, FAAP

**Vice President**

Jeff Okamoto, MD, FAAP

**Secretary**

Galen Chock, MD, FAAP

**Treasurer**

Rhiana Lau, MD, FAAP

**Immediate Past President**

Mae Kyono, MD, FAAP

**Members at Large**

Derrick Kida, MD, FAAP

Josephine Quensell, MD, FAAP

Jenny Welham, MD, FAAP

Dear Senator Dela Cruz and Honorable Members of the Committee on Ways and Means:

We are writing in support of SB 2429 with amendments, which would extend eligibility for Medicaid to 12 months postpartum for pregnant women who qualify for Medicaid coverage during pregnancy.

Having continuous health insurance coverage will support the most important person in a child's life during a particularly vulnerable period for that new mother. The result is that we can assure the best possible environment for our keiki in their most critical period of development.

In my daily experience as an ICU physician caring for both children and their mothers when they are critically ill, I have seen the downside of children whose mothers were unable to get the treatment in the post-partum period. I have cared for mothers who have relapsed into substance abuse and mothers who have attempted suicide. I have also treated the critically ill children of these mothers, raised in homes where they are neglected and develop sequelae of malnutrition and infection. Extending postpartum Medicaid coverage will improve and promote healthy development, prepare children for school and the workplace, and provide for healthy future pregnancies. Indeed, maintaining continuity of care is absolutely essential for these at-risk mothers.

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.

Sincerely,



Philip A. Verhoef, MD, PhD, FACP, ATSF, FAAP  
Member, Hawai'i Chapter of the American Academy of Pediatrics



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

February 28, 2020

To: Honorable Donovan Dela Cruz  
Honorable Keith-Agaran

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

Re: In strong support of  
**SB 2429 SD1**  
Hearing: Friday February 28, 2020  
Conference Room 211, State Capitol

Chair Dela Cruz, Vice Chair Keith-Agaran, Members of the Committees:

I am writing in strong support of SB 2429 SD1, Relating to Health.

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

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

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

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February 28, 2020  
Honorable Dela Cruz  
Honorable Keith-Agaran  
Page 2

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 SB 2429 SD1 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 SB 2429 SD1.

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



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

TO: Senate Committee on Ways and Means  
Senator Donovan M. Dela Cruz, Chair  
Senator Gibert S.C. Keith-Agaran, Vice Chair

DATE: Friday, February 28, 2020, 11:05AM  
PLACE: Hawai'i State Capitol, Conference Room 211

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 2429\_SD 1**  
**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 SB 2429\_SD 1** and other legislative proposals that ensure access to safe, high-quality maternity care for all of Hawai'i's women and infants. An extension of Medicaid pregnancy coverage is critical for Hawai'i's women and families for the following reasons:

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

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

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

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

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

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

**SB 2429\_SD 1 would promote EQUITABLE access to healthcare for some of Hawaii's most vulnerable communities**

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

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

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 supports SB 2429\_SD 1 and we urge your committees to pass this measure.

Thank you for the opportunity to testify.

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



# HMIHC

HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE

Friday, February 28th, 2020, 11:05 AM  
Hawaii State Capitol, Conference Room 211

To: Ways and Means Committee  
Senator Donovan M. Dela Cruz, Chair  
Senator Hilbert S.C. Keith-Agaran, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative (HMIHC)

**POSITION: STRONG SUPPORT**

Dear Senator Dela Cruz and Senator Keith-Agaran and the Ways and Means Committee Members,

Thank you for the opportunity to submit testimony in **strong support of S.B. 2429 S.D.1.**

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 diverse health needs of post partum women, which is why we are advocating for a longer postpartum insurance coverage expansion. The Center for Disease Control and Prevention's maternal health report for 2019 found that about one third of maternal deaths happened up to a year after pregnancy. This issue is of particular importance in Hawai'i as data from previous years reveals 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 checkups, preventative services, and 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 costing our state the health of its' mothers and an additional economic burden to our healthcare system. 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, and many other states have prioritized this coverage expansion. 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 reduce costs to our healthcare systems.

Senate Bill 2429 SD 1 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 Senate Bill 2429 SD 1 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.



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

**LATE**

To: Senator Dela Cruz, Chair  
Senator Keith-Agaran, Vice Chair  
Senate Committee on Ways and Means

Re: **SB 2429, Provides medical assistance for pregnant women in certain circumstances.**  
Hawaii State Capitol, Room 211  
11:05AM, 2/6/2020

Chair Dela Cruz, Vice Chair Keith-Agaran, and committee members,

**On behalf of Hawaii Children's Action Network Speaks!, we write in support of SB 2429 SD1-Extending Medicaid coverage for a year after birth is good for moms and babies.**

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

We appreciate the opportunity to provide testimony in support of SB 2429 SD1 and respectfully request the committee pass the bill.

Thank you,

Kathleen Algire  
Director, Public Policy and Research

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



**HAWAII APPLESEED**  
CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai‘i Appleseed Center for Law & Economic Justice  
In Support of SB 2429, SD1 – Relating to Health  
Senate Committee on Ways and Means  
Friday, February 28, 2020, 11:05 AM, in conference room 211

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Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Committee:

Thank you for the opportunity to provide testimony in **SUPPORT of SB 2429, SD1**, 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%) 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.

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*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.*

To: Senate Committee on Ways and Means  
Committee Chair Senator Donovan M. Dela Cruz  
Committee Vice Chair Senator Hilbert S.C. Keith-Agaran

Date: February 28, 2020 at 11:05am Conference Room 211

RE: **Support for SB 2429; 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 SB 2429, 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 SB 2429. Mahalo for the opportunity to provide testimony.

## **SB2429 SD1 Medical Assistance to Cover Post-Partum Women for Up to 12 Months**

### **COMMITTEE ON WAYS AND MEANS:**

- Sen. Donovan Dela Cruz, Chair; Sen. Gilbert Keith-Agaran, Vice Chair
- Friday, Feb. 28<sup>th</sup>, 2020: 11:05 pm
- Conference Room 211

### **Hawaii Substance Abuse Coalition Supports SB2429 SD1:**

*ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.*

**Not covering Post-Partum women leads to higher infant mortality rates, which is one of the main considerations for comparing quality healthcare among advanced countries and is directly related to higher costs for healthcare.**

1. *The U.S. infant mortality rate is higher than most advanced healthcare systems in the world. It is a contributing factor to the U.S. being the number one most expensive healthcare system (per person) in the world.* The U.S. spends more on health care than all the other wealthy democracies in the world. But in spite of all that spending, life expectancy in the U.S lags behind that of its peer countries.<sup>1</sup>



2. *The U.S. infant mortality rate (2018) is higher than:* Andorra, Antigua and Barbuda, Australia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Canada, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea (South), Latvia, Lithuania, Luxembourg, Monaco, Netherlands, New Zealand, Norway, Poland, Portugal, San Marino, Serbia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, and the United Kingdom.<sup>2</sup> Considering that there are 36 advanced countries in the world, the U.S. is ranked 44<sup>th</sup>.

<sup>1</sup> Harvard T.H. Chan: School of Public Health: *The most expensive healthcare system in the world.* (2020)  
<https://www.hsph.harvard.edu/news/hsph-in-the-news/the-most-expensive-health-care-system-in-the-world/>

<sup>2</sup> World Bank, OECD, World Health Organization, CIA World Factbook:  
<https://databank.worldbank.org/reports.aspx?source=2&series=SH.DYN.MORT&country=>  
[https://www.who.int/gho/child\\_health/mortality/mortality\\_under\\_five\\_text/en/](https://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/) <http://apps.who.int/gho/data/node.sdg.3-2-viz?lang=en>  
<https://www.cia.gov/library/publications/the-world-factbook/fields/2091.html>  
[https://en.wikipedia.org/wiki/List\\_of\\_countries\\_by\\_infant\\_and\\_under-five\\_mortality\\_rates](https://en.wikipedia.org/wiki/List_of_countries_by_infant_and_under-five_mortality_rates)

3. *Substance Abuse is one of the leading causes that contributes to pregnancy-related chronic illnesses.* Without appropriate treatment driven by proper medical coverage, post-partum women often access emergent care as their only available treatment option. This deterioration in health conditions is potentially **preventable**.<sup>3</sup>

We appreciate the legislators support throughout the years in support of prevention and treatment to our shared community and are available for questions.

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<sup>3</sup> National Center for Biotechnology Information: PubMed Central: U.S. National Library of Medicine: National Institutes of Health: *High Utilizers of Emergency Health Services in Population-Based Cohort of Homeless Adults*: Am J Public Health, (2013): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969147/>

**LATE**

**SB-2429-SD-1**

Submitted on: 2/27/2020 2:14:38 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jud Cunningham	Testifying for Aloha House, Inc.	Support	No

Comments:

**LATE**

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
Senate Committee on Ways and Means  
The Honorable Donovan M. Dela Cruz, Chair  
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair

February 28, 2020  
11:05 am  
Conference Room 211

**Re: SB 2429, SD1, Relating to Health**

Chair, Vice Chair, and committee members thank you for this opportunity to provide testimony on SB 2429, SD1, providing medical assistance for pregnant women who are ineligible for medical insurance coverage for a period ending twelve months following childbirth.

**Kaiser Permanente Hawaii supports this bill.**

Kaiser Permanente recognizes that the postpartum period is an important, but often neglected element of maternity care. Oftentimes, new mothers may be dealing with a host of medical conditions, such as complications from childbirth, pain, depression or anxiety, all while caring for a newborn. While Medicaid pays for nearly half of all births and must cover pregnant women through 60 days postpartum, after that period, it is up to the states to extend postpartum coverage for a longer period of time. In states that haven't expanded Medicaid, many women are left without a pathway to coverage and become uninsured during a medically vulnerable phase of their lives. To date, 36 states and DC have adopted expanded eligibility for Medicaid under the ACA and offer low-income women the opportunity to continue their pregnancy related Medicaid coverage after the 60 days postpartum period.

Thank you for the opportunity to comment.

**SB-2429-SD-1**

Submitted on: 2/26/2020 11:56:10 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Arlene Kiyohara	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)

Hawaii State Capitol, #211

Honolulu, Hawaii 96813

**STRONG SUPPORT for SB2429 SD1**

My name is Arlene Kiyohara, a second year medical student who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance. As a medical student, we study the latest evidence and studies in women's and children's health. We also have the privilege of learning directly from both Hawaii's experts and the patients we serve.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits improve infant feeding and medical care. Postpartum care addresses reproductive planning. Postpartum care manages pregnancy complications after birth. And postpartum care addresses the increase in cardiovascular risks after birth. This is especially important not only to improve the future health of the child, but also to address postpartum mortality. Of all pregnant women, pregnancy related deaths occurred in 21.4% 7-42 days postpartum and 11.7% 43-365 days postpartum. (CDC data) Many of these deaths were related to cardiovascular disorders that may be preventable and treatable.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

Respectfully,

Arlene Kiyohara

References:

Creanga AA, Syverson C, Seed K, Callaghan WM. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol.* 2017;130(2):366-73.

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

**SB-2429-SD-1**

Submitted on: 2/26/2020 11:45:11 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jason Huynh	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)

Hawaii State Capitol, #211

Honolulu, Hawaii 96813

**STRONG SUPPORT for SB2429 SD1**

I am a medical student who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance. As a medical student, we study the latest evidence and studies in women's and children's health. We also have the privilege of learning directly from both Hawaii's experts and the patients we serve.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits improve infant feeding and medical care. Postpartum care addresses reproductive planning. Postpartum care manages pregnancy complications after birth. And postpartum care addresses the increase in cardiovascular risks after birth. This is especially important not only to improve the future health of the child, but also to address postpartum mortality. Of all pregnant women, pregnancy related deaths occurred in 21.4% 7-42 days postpartum and 11.7% 43-365 days postpartum. (CDC data) Many of these deaths were related to cardiovascular disorders that may be preventable and treatable.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

References:

Creanga AA, Syverson C, Seed K, Callaghan WM. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol.* 2017;130(2):366-73.

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

**SB-2429-SD-1**

Submitted on: 2/26/2020 12:54:19 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rachel Gorenflo	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)

Hawaii State Capitol, #211

Honolulu, Hawaii 96813

**STRONG SUPPORT for SB2429 SD1**

I am a medical student who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance. As a medical student, we study the latest evidence and studies in women's and children's health. We also have the privilege of learning directly from both Hawaii's experts and the patients we serve.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits improve infant feeding and medical care. Postpartum care addresses reproductive planning. Postpartum care manages pregnancy complications after birth. And postpartum care addresses the increase in cardiovascular risks after birth. This is especially important not only to improve the future health of the child, but also to address postpartum mortality. Of all pregnant women, pregnancy related deaths occurred in 21.4% 7-42 days postpartum and 11.7% 43-365 days postpartum. (CDC data) Many of these deaths were related to cardiovascular disorders that may be preventable and treatable.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

References:

Creanga AA, Syverson C, Seed K, Callaghan WM. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol.* 2017;130(2):366-73.

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429.  
DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

**SB-2429-SD-1**

Submitted on: 2/26/2020 2:17:55 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lauren Dae Claypoole	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)

Hawaii State Capitol, #211

Honolulu, Hawaii 96813

**STRONG SUPPORT for SB2429 SD1**

I am a medical student who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance. As a medical student, we study the latest evidence and studies in women's and children's health. We also have the privilege of learning directly from both Hawaii's experts and the patients we serve. In addition, I spent two years working at the Center for Women's Mental Health within the Psychiatry Department of Massachusetts General Hospital, Boston, MA. There I worked with many mothers who were currently going through postpartum depression, anxiety, or psychosis, in addition to women who had a history of such illness. This is a critical window during which we need to care for both mother and child, as the health of the child is intrinsically dependent upon the mother.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits improve infant feeding and medical care. Postpartum care addresses reproductive planning. Postpartum care manages pregnancy complications after birth. And postpartum care addresses the increase in cardiovascular risks after birth. This is especially important not only to improve the future health of the child, but also to address postpartum mortality. Of all pregnant women, pregnancy related deaths occurred in 21.4% 7-42 days postpartum and 11.7% 43-365 days postpartum. (CDC data) Many of these deaths were related to cardiovascular disorders that may be preventable and treatable.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

References:

Creanga AA, Syverson C, Seed K, Callaghan WM. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol.* 2017;130(2):366-73.

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429.  
DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

**SB-2429-SD-1**

Submitted on: 2/26/2020 3:29:34 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sharon Wong	Individual	Support	No

Comments:

This is SO important for women's health. Mothers deserve the utmost care postpartum after what they've been through without the added stress of health insurance issues.

**SB-2429-SD-1**

Submitted on: 2/26/2020 5:52:45 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Chin	Individual	Support	No

Comments:

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of SB2429 SD1.

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 SB2429 SD1, and I appreciate the opportunity to provide this testimony.

**SB-2429-SD-1**

Submitted on: 2/26/2020 6:03:08 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Max Pono Castanera	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)  
Hawaii State Capitol, #211  
Honolulu, Hawaii 96813

STRONG SUPPORT for SB2429 SD1

I am a medical student who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits are a necessary part of proactive medical care: it improves breastfeeding, addresses reproductive planning, screens for postpartum depression, and is a way we can make sure that as a state we give the mothers the medical support they need to care for not only themselves but also for the child. This is especially important not only to improve the future health of the mother, but also the health of the child.

In medicine, they say “an ounce of prevention is worth a pound of cure”, which is especially important when thinking about how we want to prepare the next generation of citizens, of our community, of our ohana. We must start with the health of the mother to make sure that the child will also be healthy. A healthier Hawaii starts with a strong foundation in those early formative years. Children have frequent, routine well-child checks in that crucial first year of life; we must not forget the people who bring them there, feed them, care for them, and we should also have support to help the mother throughout that child’s first year of life.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

Lucia Amore  
Third Year Medical Student  
Class of 2021  
John A. Burns School of Medicine

**SB-2429-SD-1**

Submitted on: 2/26/2020 8:06:18 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

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

Comments:

**SB-2429-SD-1**

Submitted on: 2/26/2020 8:26:57 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

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

Comments:

**SB-2429-SD-1**

Submitted on: 2/26/2020 10:59:56 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jared Dang	Individual	Support	No

Comments:

**SB-2429-SD-1**

Submitted on: 2/27/2020 6:23:14 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
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 women deserve more than 60 days of postpartum health insurance to allow them to address the serious health problems that they learn of during their pregnancy, which is often the only time they are able to afford health insurance.

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 note my **STRONG SUPPORT** of SB 2429. I appreciate the opportunity to provide this testimony and your support for our most vulnerable residents.

Thank you,

Jinai Bharucha, MD, Obstetrics and Gynecology

**SB-2429-SD-1**

Submitted on: 2/27/2020 8:23:01 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Tse	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)

Hawaii State Capitol, #211

Honolulu, Hawaii 96813

**STRONG SUPPORT for SB2429 SD1**

I am a second-year medical student at the John A. Burns School of Medicine who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance. As a medical student, we study the latest evidence and studies in women's and children's health. We also have the privilege of learning directly from both Hawaii's experts and the patients we serve.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits improve infant feeding and medical care. Postpartum care addresses reproductive planning. Postpartum care manages pregnancy complications after birth. And postpartum care addresses the increase in cardiovascular risks after birth. This is especially important not only to improve the future health of the child, but also to address postpartum mortality. Of all pregnant women, pregnancy related deaths occurred in 21.4% 7-42 days postpartum and 11.7% 43-365 days postpartum. (CDC data) Many of these deaths were related to cardiovascular disorders that may be preventable and treatable.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

References:

Creanga AA, Syverson C, Seed K, Callaghan WM. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol.* 2017;130(2):366-73.

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

Respectfully,

Christina Tse

**SB-2429-SD-1**

Submitted on: 2/27/2020 9:55:46 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rebecca Delafield	Individual	Support	No

Comments:

I am writing in support of this bill, SB2429 SD1, that extends state-funded medical assistance for postpartum care to eligible women for up to 12 months after their pregnancy ends. The current coverage (60 days after the end of pregnancy) for women on Medicaid is insufficient considering the number of maternal deaths that occur in the late postpartum period and the recommendations from multiple state Maternal Mortality Review Committees. Extending the period of medical assistance to 12 months postpartum is a vital step toward improving the health outcomes of women from some of our most vulnerable communities. Thank you for the opportunity to testify in support of this important bill.

Rebecca Delafield, PhD

**SB-2429-SD-1**

Submitted on: 2/27/2020 10:12:34 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Samantha Kaiser	Individual	Support	No

Comments:

TO: Senate Ways and Means Committee

Senator Donovan Dela Cruz, Chair

Senator Gilbert Keith-Agaran, Vice Chair

DATE: Friday, February 28, 2020

FROM: Samantha Kaiser, MD

**RE: SB 2429—Relating to Health**

**Position: Support**

Dear Chair Dela Cruz and Vice Chair Keith-Agaran,

I am an obstetrician-gynecologist practicing here in Hawai'i, and I am writing in strong support of SB 2429.

I am 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 to provide adequate care to the women of Hawai'i and their families. Many of my patients lose insurance after this time period and become lost to medical care. Their medical problems cannot be fully resolved in that short window, and oftentimes, the next time I see them, they may be pregnant again, now with more complex issues. Ensuring Medicaid provision of postpartum coverage for one year after delivery would allow us to provide adequate postpartum care for our patients.

I recently took care of a young woman who was born with a heart condition. She had emergency surgery at 1 week old, but lost touch with the medical system after that. She felt fine until she started having difficulty breathing midway through her pregnancy. Ultimately, a breathing tube was placed, and she delivered her baby preterm due to this complication. This patient should have had regular cardiology care throughout her life,

and should in fact have had additional heart surgery in her youth. Even without that care, though, she was able to coast along until something changed – pregnancy. Pregnancy can often bring out underlying issues that patients may not have been aware of. In general, pregnancy pushes people to seek medical care, and thus opens up the opportunity to detect chronic diseases before they become life-threatening. The postpartum period, therefore, is essential to help women get in touch with necessary medical care. In the case of this young woman, additional postpartum time would have allowed us to get her well connected to a cardiologist, a cardiac surgeon, and to explore the reasons to recommend contraception, allowing her to become strong and healthy before another pregnancy. She represents just one of the many women we see who would greatly benefit from extended 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. And these are only the deaths. 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 immediately after the pregnancy is over. In Hawai'i specifically, the most common cause of maternal death relates to substance use, an issue that requires much more than one or two postpartum visits. These are many of the reasons 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 Hawai'i's women, children, and families.

I strongly support SB 2429, and I appreciate the opportunity to provide this testimony.

Thank you,

Samantha Kaiser, MD

Obstetrics and Gynecology Resident

ACOG Hawaii Section Junior Fellow Vice Chair Elect

**SB-2429-SD-1**

Submitted on: 2/27/2020 12:28:15 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

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

Comments:

Dear Chairman Donovan Dela Cruz and Vice-Chairman Gilbert Keith-Agaran:

I have been practicing obstetrics and gynecology in Hawaii since 2000. I strongly support SB 2429.

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 death, we must remember that there are other serious health problems that occur during pregnancy and the postpartum period including depression and anxiety, stroke, organ failure, seizures, and substance use disorders. All of these issues do not disappear after the baby is delivered. 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

**LATE**

**SB-2429-SD-1**

Submitted on: 2/27/2020 1:09:28 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

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

Comments:

I am a practicing obstetrician in Hawaii, and I am writing in strong support of **strong support of S.B. 2429 – 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 S.B. 2429**, and I appreciate the opportunity to provide this testimony.

Thank you,

Pai-Jong Stacy Tsai, MD, MPH

**LATE**

**SB-2429-SD-1**

Submitted on: 2/27/2020 1:18:28 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melanie Boehm	Individual	Support	No

Comments:

**LATE**

**SB-2429-SD-1**

Submitted on: 2/27/2020 1:53:08 PM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ann S. Yabusaki	Individual	Support	No

Comments:

The service is so very needed by our community. Please support and provide extended services to these women.

**LATE**

February 27, 2020

Dear Chairs Ruderman and Baker, Vice Chairs Chang and Rhoads, Senate Committees on Human Services and on Commerce, Consumer Protection, and Health, and Honorable Members,

I am a student of Social Work at the University of Hawaii at Manoa writing in **strong support of SB 2429**, Relating to Health.

As a young social worker intending to make change for my community, I hope to see this bill pass for the welfare of new mothers in Hawai'i. I believe it is a basic human right to have medical assistance during and after pregnancy. I support the welfare of women in Hawai'i regardless of their socioeconomic status and agree upon the extension of their MedQuest services.

This bill would bring justice to the women in Hawai'i who are in need of supportive postpartum health coverage for a longer duration than 60 days as currently provided by MedQuest services.

An extension to a 12-month period of medical coverage for mothers receiving MedQuest benefits will greatly improve the health outcomes of both her and her child. A 60 day period of coverage is simply not enough time to ensure that these individuals and their newborns are receiving adequate medical services. New mothers are susceptible to different health risks during the first 12 months postpartum, many of which can develop into more severe health issues if left untreated. Specifically, new mothers can struggle with postpartum depression, cardiovascular disease, high-blood pressure, and infections.

Due to the fact that pregnant women are more likely to face health complications within the first 12 months after birth, legislators should support this bill and it's entirety. The information supporting the necessity of this bill is overwhelming.

SB 2429 specifically supports the rights of low-income and immigrant women who are ineligible for other health coverage options. It is unjust for mothers to receive a lower standard of care due to their socioeconomic status.

I strongly support SB 2429 and appreciate the opportunity to provide this testimony.

Mahalo,

Mikaila Samsen

To: Hawaii Senate Committee on Ways and Means  
Donovan M. Dela Cruz, Chair  
Gilbert S.C. Keith-Agaran, Vice Chair

For: S.B. 2429, S.D. 1

Date: Friday, February 28, 2020 at 11:05am

Where: Hawaii State Capitol, Conference Room 211



Aloha, my name is Creelyn Eisenberg. I am testifying on S.B. 2429, S.D. 1, titled “Relating to Health” because I am in full support of this bill. I am currently a Bachelors student of Social Work at the Myron B. Thompson school of social work at the University of Hawaii at Manoa. However, I am writing today as an individual citizen.

I am currently a Medicaid/ Med-Quest recipient at child-bearing age, who plans to have children in the near future. This bill will affect me personally and this is one of the many reasons why I am in full support of S.B. 2429, S.D. 1 being passed.

Many of my fellow peers and also close friends have shared with me their stories of postpartum. Many, if not all, accredit their doctors and counselors for making it through that tough and grueling time. My close friends made it through postpartum and are now enjoying their lives as mothers because they received help from the medical system and help from medical practitioners. I couldn’t imagine anything terrible happening to them. Just as I do not wish to imagine anything horrible happening to the many women in Hawaii, who are unable to get the assistance they so greatly deserve.

This bill has the potential of saving many lives. Saving the lives of mothers who need to be there for their newborn babies, and who should be there to watch their newborns grow up to

be respective adults. Ultimately, this bill has the potential of saving the lives of many mothers who the children so desperately need.

I believe this bill does a wonderful job of describing why it is important that it is passed. However, I would also like to share some facts to consider. According to the Centers of Disease Control and Prevention (CDC), one in three pregnancy related deaths occur one week to one year after delivery equating to about 33% of all pregnancy related deaths. Not only does this bill save lives, but it also sets the stage for long-term health and well-being during this critical time for mothers and infants.

I want to thank you all for listening to my testimony and for giving me the opportunity to support this bill. I hope you take into consideration what I have written above and that you pass S.B. 2429, S.D. 1, Relating to Health. The number of potential lives that could be saved by this bill is staggering and should not be taken lightly. Again, thank you.

Creelyn Eisenberg, (808) 727-9872

Testimony

FOR: SB 2429, SD 1, Relating to Health  
DATE: Friday, February 28, 2020  
TIME: 11:05 AM  
COMMITTEE: Senate Committee on Ways and Mean  
ROOM: Conference Room 211  
FROM: Charis Baluyot



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Chari Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

I, Charis Baluyot, appreciate the opportunity to submit this testimony providing support of SB 2429, SD1. This bill would require the Department of Human Services to provide medical assistance for pregnant women who are enrolled into Medicaid. This coverage will allow for a 12-month postpartum extension for pregnant women who qualify.

The World Health Organization found that in 2017, about 810 women died from preventable causes related to pregnancy and childbirth. Maternal mortality rates continue to climb especially for women who lack access to healthcare due to low socioeconomic standings, lack of access to healthcare, and racial background. By extending medical coverage, it can increase the health benefits of child and mother and help vulnerable populations.

I appreciate this opportunity to submit a testimony in strong support of SB 2429 SD 1.

Thank you,  
Charis Baluyot

**SB-2429-SD-1**

Submitted on: 2/27/2020 9:37:55 PM

Testimony for WAM on 2/28/2020 11:05:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Eryn Nakashima	Individual	Support	No

Comments:

To the Senate Committee on Ways and Means (WAM)

Hawaii State Capitol, #211

Honolulu, Hawaii 96813

**STRONG SUPPORT for SB2429 SD1**

I am a medical student who strongly supports SB2429 to extend insurance coverage for postpartum women to 12 months, who otherwise are ineligible for QUEST or employer-based medical insurance. As a medical student, we study the latest evidence and studies in women's and children's health. We also have the privilege of learning directly from both Hawaii's experts and the patients we serve.

I believe that it is important to allocate resources and appropriation specifically towards medical insurance for postpartum women. In school and in the hospitals, we study that postpartum care is extremely important for the physical, social, and psychological wellbeing of the mother and the child. Specifically, postpartum visits improve infant feeding and medical care. Postpartum care addresses reproductive planning. Postpartum care manages pregnancy complications after birth. And postpartum care addresses the increase in cardiovascular risks after birth. This is especially important not only to improve the future health of the child, but also to address postpartum mortality. Of all pregnant women, pregnancy related deaths occurred in 21.4% 7-42 days postpartum and 11.7% 43-365 days postpartum. (CDC data) Many of these deaths were related to cardiovascular disorders that may be preventable and treatable.

SB2429 SD1 will affect primarily low-income women who are especially vulnerable without access to any other insurances (e.g. employer-based or MEDICAID). We urge you to support of SB2429 SD1 now. With your support to PASS bill SB2429 SD1 and allocate funding, we can provide much needed care for at-risk postpartum women.

References:

Creanga AA, Syverson C, Seed K, Callaghan WM. Pregnancy-related mortality in the United States, 2011-2013. *Obstet Gynecol.* 2017;130(2):366-73.

Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>

**Testimony in Support of SB 2429 “Relating to Health”**  
Department of Human Services, Pregnancy, Medical Assistance



**Person Testifying:** Chelsea Hooker, MSW

**Title of Bill:** Senate Bill 2429: Relating to Health

**Purpose of Bill:** Provides medical assistance for pregnant women in certain circumstances.

My name is Chelsea Hooker, and I appreciate the opportunity to present this testimony in support of **Senate Bill 2429**.

As a woman who is about to earn her Master’s of Social Work degree from the University of Hawaii, at Manoa, I feel obligated to present this testimony in support of mothers receiving 1 full year of adequate access to health care after childbirth.

As a female MSW student specializing in Women’s Health, I understand necessity of adequate healthcare for new mothers when raising their baby within the first 12 months of life. Not only are we dealing with one human here, we are dealing with an entire family system that can be negatively impacted by the mother’s lack of clinical resources. The University of Hawaii endorses, that women in the State of Hawaii are dying of pregnancy related complications at a higher rate than any other developed country. In order to honor the strong women who, not only have to bring a human into the world, but must allow her body that has been put through 9 months of changes followed by an immense physical and mental trauma. As studies have shown, a lack of health insurance for mothers within 365 days after childbirth results in an elevated level of preventable deaths to Hawaii’s mothers.

Thank you for providing this opportunity to share my testimony in support of Senate Bill 2429 in order to provide medical assistance to new mothers.

Sincerely,

Chelsea Hooker  
Master of Social Work  
The University of Hawaii, at Manoa  
Myron B. Thompson School of Social Work

**LATE**

**SB-2429-SD-1**

Submitted on: 2/28/2020 7:36:37 AM

Testimony for WAM on 2/28/2020 11:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mari Grief	Individual	Support	No

Comments: