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# SENATE CONCURRENT RESOLUTION

URGING THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  
TO AMEND ITS POLICIES RELATING TO POSTPARTUM STERILIZATION  
WAITING PERIODS FOR MEDICAID RECIPIENTS.

1           WHEREAS, postpartum sterilization is a form of  
2           contraception for women in which a doctor cuts and closes or  
3           completely removes the fallopian tubes shortly after a woman  
4           gives birth; and

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6           WHEREAS, postpartum sterilization is the most commonly used  
7           form of contraception in the United States; and

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9           WHEREAS, postpartum sterilization is safe, effective, and  
10          provides substantial cost savings for health care systems by  
11          reducing unintended pregnancy without increasing the length of  
12          hospitalization; and

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14          WHEREAS, significant systemic barriers to postpartum  
15          sterilization exist for people insured under Medicaid, a federal  
16          program that covers select low-income populations; and

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18          WHEREAS, Medicaid is the nation's largest single payer of  
19          maternity benefits, covering nearly one-half of all births in  
20          the United States and a greater share of births among Hispanic,  
21          African American, Native American, and Native Alaskan  
22          populations compared with private insurance; and

23  
24          WHEREAS, federal regulations require strict consent  
25          parameters, including a thirty-day waiting period for Medicaid  
26          enrollees, to reimburse providers for the sterilization  
27          procedure, and failure to comply with these federal regulations  
28          can result in reimbursement denial for delivery and postpartum  
29          care; and



1 WHEREAS, in contrast, privately insured individuals are not  
2 generally subject to a thirty-day waiting period between consent  
3 and surgery, creating a two-tiered system of access that  
4 restricts reproductive autonomy to those who can afford it; and  
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6 WHEREAS, as a result, postpartum sterilization rates among  
7 Medicaid enrollees who desire it are lower than privately  
8 insured individuals, even after controlling for hospital and  
9 patient factors; and  
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11 WHEREAS, a prospective study on publicly insured  
12 participants requesting immediate postpartum sterilization found  
13 that fifty-six percent of requests went unfulfilled, and in over  
14 two-thirds of those cases, problems with the Medicaid consent  
15 form were cited as the reason; and  
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17 WHEREAS, the most common issues reported with the form were  
18 that the consent form was not completed, the minimum waiting  
19 period had not elapsed, and the consent form contained errors;  
20 and  
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22 WHEREAS, almost one-half of individuals who had unfulfilled  
23 sterilization requests had a pregnancy within one year, and  
24 these pregnancies can incur substantial emotional, physical, and  
25 financial costs to families and birthing individuals, as well as  
26 a direct cost of billions of dollars annually to the healthcare  
27 system; and  
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29 WHEREAS, regulations that place an additional undue burden  
30 on patients and families who already face systemic disadvantage  
31 and poor health outcomes, particularly low-income people and  
32 people of color, should be abolished or revised to ensure fair  
33 and equitable access to all reproductive health services; now,  
34 therefore,  
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36 BE IT RESOLVED by the Senate of the Thirty-first  
37 Legislature of the State of Hawaii, Regular Session of 2021, the  
38 House of Representatives concurring, that the United States  
39 Department of Health and Human Services is urged to promote  
40 reproductive justice by amending its policies relating to  
41 postpartum sterilization waiting periods for Medicaid receipts;  
42 and



1 BE IT FURTHER RESOLVED that certified copies of this  
2 Concurrent Resolution be transmitted to the United States  
3 Secretary of Health and Human Services, Administrator of the  
4 Centers for Medicare and Medicaid Services, Director of Human  
5 Services, and Administrator of the Department of Human Services'  
6 Med-QUEST Division.

