April 3, 2020

The Honorable Chuck Grassley
Chairman
Senate Committee on Finance
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
Washington, DC 20510

Submitted electronically to MaternalHealth@finance.senate.gov

Dear Chairman Grassley and Ranking Member Wyden:

The undersigned health professional organizations representing physicians, nurses, and other health care practitioners dedicated to advancing the health of women and children, thank you for the opportunity to submit comments to inform your effort to address our Nation's maternal mortality crisis. Our organizations work to promote policies that improve health outcomes for women and children based on the best available evidence and data. We are grateful for your leadership and dedication to addressing this crisis and **strongly urge you to prioritize ensuring that postpartum women who rely on Medicaid maintain continuous coverage for the full-scope of benefits through 12 months after delivery.** As health care practitioners, we know new mothers' medical needs extend beyond Medicaid's current postpartum coverage period, and a longer coverage period would offer a healthier start for America's families.

As you know, the United States is the only industrialized nation with a maternal mortality rate that is on the rise, increasing 26 percent between 2000 and 2014.[i] According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year.[ii] It is estimated that more than half of these deaths are preventable.[iii] Equally concerning are the stark racial disparities in maternal mortality: Black women are three to four times more likely to die from a pregnancy-related complication than non-Hispanic White women, and American Indian/Alaska Native women are 2.5 times more likely to die from a pregnancy-related complication than non-Hispanic White women.[iv,v] Of the 700 pregnancy-related deaths that occur in the U.S. each year, an estimated one-third occur one week to one year after a pregnancy ends.[vi]

Medicaid is the largest single payer of maternity care in this country, covering 43 percent of births.[vii] Despite growing evidence that supports extended coverage for postpartum women, under current federal law, pregnancy-related Medicaid ends 60 days after the end of pregnancy. This arbitrary cliff leaves many women uninsured and unable to address their postpartum health needs shortly after experiencing birth. One in three women experience a disruption in insurance coverage before, during, or after pregnancy, and nearly 60 percent of these perinatal insurance disruptions include a period of uninsurance.[viii] This is especially concerning given that the postpartum period is a time of vulnerability during which many women have unmet health needs.[ix,x]

Importantly, the CDC defines the postpartum period as extending through 12 months after the end of pregnancy.[xi] Compared to women with private insurance, women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions, such as diabetes—putting them at higher risk of maternal morbidity and mortality.[xii] Women with low incomes tend to experience more chronic conditions and related risk factors that can negatively affect maternal health and birth outcomes.[xiii] Additionally, cardiac disease—the leading cause of maternal mortality in the U.S. according to the CDC—is particularly linked to maternal deaths in the late postpartum period up to one year after the end of pregnancy.[xiv] For every woman who dies from pregnancy-related causes, significantly more suffer from severe maternal morbidity. In 2014, more than 50,000 women in the U.S. experienced unexpected outcomes of labor and delivery that resulted in

significant short- or long-term consequences to their health.[xv] Closing the gap in Medicaid coverage during this critical and vulnerable time can mean the difference between life and death for many women.[xvi]

The U.S. House of Representatives has already developed and advanced compromise legislation that is critical to closing this gap. H.R. 4996, the Helping Medicaid Offer Maternity Services (MOMS) Act represents a positive step forward in ensuring that more women have health care coverage and access to critical health care services throughout the postpartum period. **While we strongly urge Congress to adopt a mandatory coverage extension for all women who rely on the Medicaid program for pregnancy-related care, we applaud the House Committee on Energy and Commerce (E&C) for developing a bipartisan bill that creates a pathway for individual states to pursue this life-saving policy. We strongly encourage the Senate Finance Committee to take up this bill, which has already advanced unanimously out of E&C.** Enacting the Helping MOMS Act would help us move the needle on maternal mortality by mitigating barriers to coverage, helping to prevent disruptions in care, and providing women the access to care that is necessary to improving maternal health outcomes and eliminating preventable maternal deaths.

Thank you again for the opportunity to provide the evidence, data, and medical expertise on this critical policy. We appreciate your continued commitment to addressing the maternal mortality crisis and look forward to working with you as you explore this and other policies.

Sincerely,

American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American College of Nurse-Midwives
American College of Physicians
American College of Obstetricians and Gynecologists
American College of Osteopathic Obstetricians and Gynecologists
American Psychiatric Association
American Society of Anesthesiologists
American Society for Reproductive Medicine
Association of Women's Health, Obstetric and Neonatal Nurses
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
Society for Maternal-Fetal Medicine

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