

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

March 11, 2020

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

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2429 SD 2 – RELATING TO HEALTH**

Hearing: March 12, 2020, 9:00 a.m.
Auditorium, 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: This bill extends the state-funded medical assistance provided to pregnant women for up to 1 year post-pregnancy in certain circumstances. Effective 7/1/2050. (SD2)

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-2

Submitted on: 3/10/2020 6:28:37 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Hawaii Women's Coalition	Support	No

Comments:

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

Hawaii Women’s Coalition writes in strong support of S.B. 2429 SD2. 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,

Hawaii Women’s Coalition



**Testimony to the House Committee on Health
Thursday, March 12, 2020; 9:00 a.m.
State Capitol, Auditorium**

RE: SENATE BILL NO. 2429, SENATE DRAFT 2, RELATING TO HEALTH.

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2429, Senate Draft 2, 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.

The bill would also take effect on July 1, 2050.

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.

Testimony on Senate Bill No. 2429, Senate Draft 2
Thursday, March 12, 2020; 9:00 a.m.
Page 2

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.

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.

SB-2429-SD-2

Submitted on: 3/10/2020 6:31:08 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	AAUW of Hawaii	Support	No

Comments:



Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

March 12, 2020
9:00 am
Capitol auditorium

Re: SB 2429, SD2, Relating to Health

Chair, Vice Chair, and committee members thank you for this opportunity to provide testimony on SB 2429, SD2, 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.

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Honolulu, Hawaii 96813
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HAWAII APPLESEED
CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of the Hawai‘i Appleseed Center for Law & Economic Justice
In Support of SB 2429, SD2 – Relating to Health
House Committee on Health
Thursday, March 12, 2020, 9:00 AM, in the Capitol Auditorium

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

Thank you for the opportunity to provide testimony in **SUPPORT of SB 2429, SD2**, 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.

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

DATE: Thursday, March 12, 2020, 9:00AM
PLACE: Hawai'i State Capitol

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 2
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 2** 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.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 2429_SD 2 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.³

Four other states have passed legislation to extend Medicaid postpartum coverage and four others and the District of Columbia are pursuing such legislation this year. In addition, several bills introduced in Congress aim to reduce maternal mortality, and one of the mechanisms many 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 2 and we urge your committees 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>

SB-2429-SD-2

Submitted on: 3/10/2020 1:05:19 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Doris Segal Matsunaga	Save Medicaid Hawaii	Support	No

Comments:

SB-2429-SD-2

Submitted on: 3/10/2020 1:07:31 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Doris Matsunaga	Kokua Kalihi Valley	Support	No

Comments:



SB2429 SD2 (H) Medical Assistance to Cover Post-Partum Women for Up to 12 Months

COMMITTEE ON HEALTH:

- Rep. John Mizuno, Chair; Rep. Bertrand Kobayashi, Vice Chair
- Thursday, Mar. 12, 2020: 9:00 am
- Capitol Auditorium

Hawaii Substance Abuse Coalition Supports SB2429 SD2 (H):

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.¹



¹ 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/>

2. *The U.S. infant mortality rate (2018) is higher than all these countries:*²

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
United Kingdom		

Considering that there are 36 advanced countries in the world, the U.S. is ranked 44th.

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**.³

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

² 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/ <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

³ 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/>

Hawai'i Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

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

March 10, 2020

Re: Senate Bill 2429: RELATING TO HEALTH.

Position: Support

Board

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Michael Ching, MD, MPH, FAAP

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

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 2429 from your committee.

Sincerely,



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



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

Thursday, March 12th, 2020, 9:00 AM
Hawaii State Capitol, Capitol Auditorium
415 South Beretania Street

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

From: Hawaii Maternal and Infant Health Collaborative (HMIHC)

POSITION: STRONG SUPPORT

Dear Representative Mizuno, Representative Kobayashi, and members of the Committee on Health,

Thank you for the opportunity to submit testimony in **strong support of S.B. 2429 S.D.2.**

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 2 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 2 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.

SB-2429-SD-2

Submitted on: 3/10/2020 3:31:10 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
amy agbayani	Filipina Advocacy Network FAN	Support	No

Comments:

I respectfully urge you to support this bill.

mahalo plenty

amy agbayani



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

March 11, 2020

To: Honorable John Mizuno
Honorable Bertrand Kobayashi

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

Re: In strong support of
SB 2429 SD2
Hearing: Thursday March 12, 2020
Auditorium, State Capitol

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

I am writing in strong support of SB 2429 SD2, Relating to Health.

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

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

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

March 12, 2020
Honorable John Mizuno
Honorable Bertrand Kobayashi
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 SD2 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 SD2.

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

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

Date: March 12, 2020 at 9:00am

RE: **Support for SB 2429 SD 2; 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. ECAS strongly supports SB 2429 SD 2.

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 SD 2. Mahalo for the opportunity to provide testimony.

SB-2429-SD-2

Submitted on: 3/10/2020 1:34:45 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

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

Comments:

Dear Senate Committee on Health,

I am an obstetrician-gynecologist in Hawaii and I am submitting this testimony in strong support of SB 2429. I provide healthcare for women during their pregnancies and postpartum, and I have seen firsthand the effect that a loss of insurance a few week after delivery can have on a woman and her family. Women with chronic medical conditions and those with medical conditions worsened or found during pregnancy require ongoing care to address their health needs. Extending insurance coverage for 12 months after delivery will allow women the time that they need to be as healthy as possible to care for themselves and their families. I urge you to support Hawaii's families and vote in support of SB 2429.

Mahalo for your consideration,

Shandhini Raidoo, MD, MPH

SB-2429-SD-2

Submitted on: 3/10/2020 6:37:30 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

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

Comments:

Dear Chair Mizuno and Members of the Committee on Health,

I am writing in support of SB2429.

We need to extend the state-funded medical assistance provided to pregnant women for up to 1 year post-pregnancy in certain circumstances. Women can have medical issues up to a year after having a baby. In order to ensure the health and well being of the baby, it is vital to ensure the health and well being of the mother.

Please support SB2429.

Mahalo,

Caroline Kunitake

SB-2429-SD-2

Submitted on: 3/10/2020 7:19:26 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

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

Comments:

Dear Senators,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of Senate Bill 2429.

As an obstetrician-gynecologist, I have been privileged to take care of many women covered under Medicaid insurance. I know that these are some of our most vulnerable, medically complex patients who need medical care both during and after their pregnancy. Currently, postpartum coverage for women under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Many of our patients lose insurance after this time period and are lost to follow up. Their medical problems are not taken care of and the next time we see them, they are pregnant again with more complex issues. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had an ovarian cyst which was followed on ultrasound through her pregnancy. She delivered via cesarean section and her cyst was removed at this time. About a week after her surgery, it was confirmed that this cyst was cancerous. She had difficulties with follow up and though she was notified of these results by phone, she was unable to see the oncology provider she needed as she lost her insurance coverage. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

This is of particular importance in Hawai'i. Recent data shows that 50% of our maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage and are unable to obtain necessary medical care. In addition to maternal deaths, we must remember that there are other serious consequences including stroke, organ failure, seizures, mental health problems, and substance use disorders. All of these issues do not disappear after the pregnancy is over. The women of Hawai'i need adequate postpartum coverage for one year after pregnancy.

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for our most vulnerable patients will improve the health of Hawaii's women, children, and families.

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

Thank you,

Sara Harris, MD

SB-2429-SD-2

Submitted on: 3/10/2020 4:13:01 PM

Testimony for HLT on 3/12/2020 9:00:00 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,

Stacy Tsai

To: Hawaii State Legislature - House Committee on Health
Hearing Date/Time: Thursday, 12 March 2020 at 9:00am
Place: Hawaii State Capitol, House Conference room Auditorium
Re: Judith Ann Armstrong is in support of SB2429 SD2 relating to Health

Dear Chairman John M. Mizuno, Vice Chair, Bertrand Kobayash and Members of the Committee on Health,

I, Judith Ann Armstrong, am strongly in support of SB2429 SD2 relating to Health. Migrant and immigrant groups in Hawaii are at high risk of poor birth outcomes and increased NICU admissions due in part to daunting system barriers to continuous reproductive life health insurance coverage. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend MedQuest post-partum benefits through 12 months postpartum for all pregnant women. In practical terms this will impact primarily COFA migrants, recent immigrants with documents (green card) and undocumented immigrants.

In the first busy sleep deprived months with newborn, appointments for mom may become a low priority. Increasingly, young mothers are returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

Extending MedQuest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions.

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

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

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

SB-2429-SD-2

Submitted on: 3/10/2020 11:36:05 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Porsha Arnold	Individual	Support	Yes

Comments:

Dear Committee on Health:

I am writing this in strong support of SB2429 SD2. This bill proposes to extend state-funded medical assistance provided to pregnant women for up to 1 year post-pregnancy in certain circumstances. Having access to medical care after childbirth is important for the mother as well as for the child. As mentioned in the bill, the first 12 weeks after childbirth is a critical time when women are highly vulnerable to physical complications. It is also a time when they are vulnerable to mental or behavioral health complications such as post-partum depression, substance use relapse, and suicide. Returning home with baby is a beautiful and joyous occasion that is also very stressful and exhausting. Not having sufficient support, like the absence of medical coverage, can turn this celebratory moment into one of tragedy. I am in support of this bill which supports healthy mothers than in turn promotes healthy families.

Thank you,

Porsha Arnold (Mom, BSW, & UH MSW Student)

SB-2429-SD-2

Submitted on: 3/11/2020 6:50:32 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joanne Amberg	Individual	Support	No

Comments:

Please support this bill to provide needed reproductive and other health care during the postpartum period. This bill will save money in the long run. Please support women and their families.

Mahalo,

Joanne Amberg, CNM

SB-2429-SD-2

Submitted on: 3/11/2020 8:25:20 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Support	No

Comments:

Thank you for the opportunity to testify. I stand in STRONG SUPPORT of SB2429 and urge you to pass this bill.

Mahalo,

Le'a Minton

SB-2429-SD-2

Submitted on: 3/11/2020 11:39:51 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

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

Comments:

Dear Chairman And House Health Committee:

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, but many women will not see care if they do not have health insurance. 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

SB-2429-SD-2

Submitted on: 3/10/2020 6:31:15 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Quinn	Individual	Oppose	No

Comments: