



## DISABILITY AND COMMUNICATION ACCESS BOARD

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1010 Richards Street, Room 118 • Honolulu, Hawaii 96813  
Ph. (808) 586-8121 (V) • Fax (808) 586-8129

April 1, 2022

### TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

Senate Bill 2634, Senate Draft 1, House Draft 1 – Relating to Health

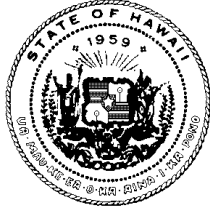
The Disability and Communication Access Board (DCAB) supports Senate Bill 2634, Senate Draft 1, House Draft 1 Relating to Health. This bill would appropriate money to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

Postpartum can cause serious health conditions and complications if left untreated. Extending Medicaid postpartum coverage will reduce the stress of losing health benefits and allow for additional treatments needed to recover from childbirth.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KIRBY L. SHAW  
Executive Director



‘O kēia ‘ōlelo hō’ike no ke  
**Komikina Kūlana Olakino o Nā Wāhine**

Testimony on behalf of the  
**Hawai‘i State Commission on the Status of Women**

Prepared for the H. Committee on Finance

In Support of SB2634 SD1 HD1

Dear Chair Luke, Vice Chair Yamashita, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in **support** of SB2634 SD1, HD1 which would provide medical assistance for pregnant women who are ineligible for medical insurance coverage through their employer or medicaid for a period ending twelve months following childbirth.

The postpartum period is one of the most neglected components of maternal care. According to the University of Hawai‘i, mothers in Hawai‘i are dying of pregnancy-related complications (maternal mortality) at higher rates than in any other developed country. As a result, 33.1% of maternal deaths occur during the postpartum period, with 11.7% occurring between 43-365 days following childbirth. Approximately sixty percent of these deaths are preventable according to the Center for Disease Control Pregnancy Mortality Surveillance System, which cited inadequate access to health care as a significant contributing factor to maternal mortality. In light of the findings, in May 2019, the CDC recommended extending Medicaid coverage for pregnant women to include one year of postpartum care. Following the 60 days postpartum period, the decision about coverage for women is up to the states.

Accordingly, the Commission respectfully urges the Committee to pass SB2634 SD1, HD1.

Sincerely,

Khara Jabola-Carolus

DAVID Y. IGE  
GOVERNOR



CATHY BETTS  
DIRECTOR

JOSEPH CAMPOS II  
DEPUTY DIRECTOR

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

March 30, 2022

TO: The Honorable Representative Sylvia Luke, Chair  
House Committee on Finance

FROM: Cathy Betts, Director

SUBJECT: **SB 2634 SD1 HD1 – RELATING TO HEALTH.**

Hearing: April 1, 2022, 3:00 p.m.  
Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the intent of this measure and offers comments. DHS respectfully requests the funds for the expansion from two to twelve months for postpartum care be appropriated in the executive budget for \$5,897,505 (A funds \$2,449,040 /N funds \$3,448,465) as opposed to the one-time appropriation in this bill.

**PURPOSE:** The purpose of the bill is to appropriate moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. Effective 7/1/2060. (HD1). The SD1 amended the measure by defecting the effective date and making technical amendments. The HD1 further defected the effective date and made technical, non-substantive amendments.

The "pregnant women" eligibility category for Medicaid is currently limited to 60 days postpartum. Although some women may qualify for other Medicaid eligibility categories, some do lose their Medicaid eligibility after 60 days postpartum. The American Rescue Plan (ARPA) Section 9812 provides an option to extend Medicaid postpartum coverage from two months postpartum to an additional ten months for a full year of Medicaid coverage

postpartum. The option is available starting 4/1/2022 and is in effect for five years to extend an additional ten months for a full 12 months postpartum.

Included in the executive budget is a supplemental request for \$5,897,505 (A funds \$2,449,040 /N funds \$3,448,465) to take up this expansion option. The request estimates the impact of continuing coverage for women who would have otherwise lost coverage at the end of the two-month postpartum coverage period. On average, of the 4,400 women with "Pregnant women categorical eligibility," about 30% (1,320) lost Medicaid coverage after the two-month postpartum period. The remaining retained Medicaid coverage, mostly in the low-income adult (LIA) category.

Extending the postpartum coverage period to 12 months will improve health access and outcomes for women and children by providing stability and continuity of care with known and trusted providers. In addition, it will help address the stark health disparities in our state for Native Hawaiian other Pacific Islander mothers. The Kaiser Family Foundation summarizes the impact of a postpartum extension period in the following way:

"Part of the motivation for postpartum extension is the nation's high rate of preventable pregnancy-related mortality and morbidity, particularly the stark disparities among Black and Native American women. There is also growing recognition that the postpartum period extends far beyond 60 days. Many of the conditions that account for a significant share of pregnancy-related mortality and morbidity, such as cardiovascular diseases, hypertension, and depression often require care over a longer-term. Providing Medicaid access to low-income mothers for a longer period also promotes continuity and access to preventive services such as contraception and intrapartum care."<sup>i</sup>

Thank you for the opportunity to testify on this measure.

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<sup>i</sup> Ranji, Usha; Salganicoff, Alina; Gomez, Ivette (2021, March 18). Postpartum Coverage Extension in the American Rescue Plan Act of 2021. Kaiser Family Foundation. <https://www.kff.org/policy-watch/postpartum-coverage-extension-in-the-american-rescue-plan-act-of-2021/>

DAVID Y. IGE  
GOVERNOR



CRAIG K. HIRAI  
DIRECTOR

GLORIA CHANG  
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM  
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
OFFICE OF THE PUBLIC DEFENDER

**STATE OF HAWAII**  
**DEPARTMENT OF BUDGET AND FINANCE**  
P.O. BOX 150  
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE  
BUDGET, PROGRAM PLANNING AND  
MANAGEMENT DIVISION  
FINANCIAL ADMINISTRATION DIVISION  
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

**WRITTEN ONLY**  
TESTIMONY BY CRAIG K. HIRAI  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
TO THE HOUSE COMMITTEE ON FINANCE  
ON  
SENATE BILL NO. 2634, S.D. 1, H.D. 1

**April 1, 2022**  
**3:00 p.m.**  
**Room 308 and Videoconference**

RELATING TO HEALTH

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2634, S.D. 1, H.D. 1, appropriates an unspecified amount of general funds to the Department of Human Services in FY 23 to extend Medicaid postpartum coverage to 12 months.

B&F notes that the FY 23 Executive Supplemental Budget already includes \$2,449,040 in general funds and \$3,448,465 in federal funds in HMS 401's budget in FY 23 to extend Medicaid postpartum coverage from 2 months to 12 months.

B&F also notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.



COURTNEY CARANGUIAN

T (808) 425-3071

E CCaranguian@marchofdimes.org

MARCHOFDIMES.ORG

Date: March 28, 2022

To: Representative Sylvia Luke, Chair, House Committee on Finance

Representative Kyle T. Yamashita, Vice Chair, House Committee on Finance

From: Courtney Caranguian  
Maternal & Infant Health Initiatives Manager  
March of Dimes Hawaii

Re: In support of  
**SB 2634 SD1** HD1

Chair Luke, Vice Chair Yamashita, Members of the Committee:

On behalf of March of Dimes, the leading non-profit organization fighting for the health of all moms and babies, **thank you for the opportunity to submit support for SB 2634 SD1 HD1, Extending Medicaid Postpartum Coverage to 12 months.** March of Dimes promotes the health of women, children and families across the life course, from birth through adolescence and the childbearing years, with an emphasis on preconception, prenatal, interconception and infant health. Ensuring that women, infants and families have access to quality care is essential to achieving our goals.

#### **The United States and Hawai'i Statistics**

In 2020, the United States had 3,613,647 live births with 10.1% of those births being preterm (less than 37 completed weeks of pregnancy).<sup>1</sup> The nation's infant mortality rate was 5.7 per 1,000 births. In Hawai'i, there were 15,785 births, a 10% preterm birth rate and an infant mortality rate of 4.6 per 1,000. Our nation's and state's statistics unfortunately remain constant, with little to no improvement. This has led to an urgent crisis that demands a comprehensive response by policymakers at every level of government.

#### ***Extending Postpartum Medicaid Coverage***

The health of mothers and babies is interconnected. Access to quality maternity care is a critical component of maternal health and positive birth outcomes. Uninsured mothers and newborns are more likely to have poor birth outcomes than moms and babies with insurance.<sup>2</sup>

Medicaid covers roughly half of the births in the United States, about a third in Hawai'i.<sup>7</sup> Women in Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions (e.g., diabetes) – putting them at higher risk of maternal morbidity and mortality.<sup>3</sup> For many new moms across the country, Medicaid's pregnancy coverage lapses 60 days after birth, ending at a critical time for the health of new moms. Studies show that that approximately 55 percent of women covered

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<sup>1</sup>2021 March of Dimes Report Card. March of Dimes. November 2021. Available at:

<https://www.marchofdimes.org/mission/reportcard.aspx>

<sup>2</sup> Institute of Medicine. Committee on the Consequences of Uninsurance. *Health Insurance is a Family Matter*. Washington (DC): National Academies Press (US); 2002. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>.

<sup>3</sup> Medicaid and CHIP Payment and Access Commission, "Access in Brief: Pregnant Women and Medicaid," November 2018, available at: <https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf>.

by Medicaid for their delivery were uninsured at some point in the following six months.<sup>4</sup> Too many new moms are losing coverage at a critical time. The data show that approximately 30 percent of pregnancy-related deaths – not counting those that were caused by suicide or overdose – occur 43 to 365 days postpartum.<sup>5</sup> State analyses of pregnancy-associated deaths, which include behavioral health-related causes, often find that 50 percent or more of deaths occur beyond the 60-day period.<sup>6</sup>

March of Dimes supports efforts to extend Medicaid’s postpartum coverage to a full year after giving birth, rather than the current limit of 60 days that exists in Hawai‘i. **Therefore, we respectfully urge the passage of SB 2634 SD1 HD1 for better maternal health outcomes.**

Thank you for the opportunity to provide comments. If we can provide any further information, please do not hesitate to contact me directly.

Sincerely,  
Courtney Caranguian  
Maternal & Infant Health Initiatives, Manager  
March of Dimes, Hawaii Market

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<sup>4</sup> Daw, Jamie R., Laura A. Hatfield, Katherine Swartz, and Benjamin D. Sommers. 2017. “Women in the United States Experience High Rates of Coverage ‘Churn’ in Months before and after Childbirth.” *Health Affairs* 36 (4): 598– 606. Available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.1241>.

<sup>5</sup> In 2018, a total of 658 women were identified as having died of maternal causes in the United States, and an additional 277 deaths were reported as having occurred more than 42 days but less than 1 year after delivery in 2018. These numbers are based on an updated method of coding (the “2018 method”) maternal deaths based on the implementation of a revised U.S. Standard Certificate of Death. *See* Centers for Disease Control and Prevention, “Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018,” available at: [https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69\\_02-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf).

<sup>6</sup> [https://reviewtoaction.org/sites/default/files/portal\\_resources/MMR%20Annual%20Report%202017.pdf](https://reviewtoaction.org/sites/default/files/portal_resources/MMR%20Annual%20Report%202017.pdf); Texas Health and Human Services Maternal Mortality and Morbidity Task Force, “Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report,” September 2018, available at: <https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf>;

<sup>7</sup> Hawaii Family Health Services Division, “Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS),” April 2008, available at: <https://health.hawaii.gov/fhsd/files/2019/07/PRAMS-Trend-Report-ALL-FINAL6-2019-LR.pdf>





Submitted Online: March 28, 2022

**Hearing:** Friday, April 1, 2022

**To:** House Committee on Finance  
Rep. Sylvia Luke, Chair  
Rep. Kyle Yamashita, Vice-Chair

**From:** Eva Andrade, President

**Re:** Support for SB 2634 SD1 HD1 Relating to Health

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. We support this bill that would appropriate money to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

Medicaid is the largest single payer of pregnancy-related services and covers over 42 percent of births nationally.<sup>i</sup> Beneficiaries lose their benefits, typically within a 60 day period. The American College of Obstetricians and Gynecologists report that “[o]ur nation’s rate of maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes such as overdose and suicide, occur after pregnancy-related Medicaid coverage ends.”<sup>ii</sup> In fact, this issue is a priority issue for them.

With mental health issues rising at an alarming rate, this legislation seems like a simple but critically important, plan to aid women experiencing postpartum depression. In our community, this type of depression can severely limit a new mother’s ability to care for her new infant resulting in increased use of health care services and more hospitalizations. This makes discussion of this issue very crucial.

As you all are already aware, the American Rescue Plan Act, signed into law on March 11, 2021, makes an allowance for states to extend Medicaid coverage for postpartum depression from 60 days to one year. Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) give states a new option to provide 12 months of extended postpartum coverage to pregnant individuals enrolled in Medicaid and CHIP beginning April 1, 2022.<sup>iii</sup>

We are very happy to see this bill move forward and really appreciate you taking the time to allow discussion on this very important issue. Mahalo for the opportunity to submit testimony in support.

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<sup>i</sup> Medicaid covers 42.1 percent of births nationally; National Center for Health Statistics, Birth Data (updated June 14, 2021). Available at <https://www.cdc.gov/nchs/nvss/births.htm>.

<sup>ii</sup> <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage> (accessed February 7, 2022)

<sup>iii</sup> <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>



To: Representative Luke, Chair  
Representative Yamashita, Vice Chair  
House Committee on Finance

Re: **SB 2634 SD1 HD1- Relating to health**  
3:00 PM, April 1, 2022

Chair Luke, Vice Chair Yamashita, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to **testify in support of Senate bill 2634 SD1 HD1, relating to health.**

Expanding Medicaid for twelve months postpartum will reduce maternal and infant mortality rates and will significantly reduce maternal and infant mortality rates for Black woman and infants.<sup>1</sup> Currently, Medicaid coverage only last **60 days** postpartum (a too short period of time) but the American Rescue Plan Act of 2021 grants states the ability to extend Medicaid postpartum coverage for twelve months. We support Hawai'i opting for the twelve months coverage to improve outcomes for both the birthing parent and the child. Often, pregnancy-related health conditions require care lasting longer than 60 days and the extension would cover the entirety of the fourth trimester (the 12 weeks after birth). Postpartum medical care supports both the parent and infant. For many, a postpartum visit includes assessing how the infant is feeding (breast or bottle), sleeping, and general bonding between the parent and child. Having access to health care for the full twelve months postpartum is critical to healthy parent and baby.<sup>2</sup>

Providing extended, uninterrupted health care coverage into the postpartum period so that pregnant and birthing people can access screening, counseling and treatment will improve the health of the most vulnerable of the families, women, and children of Hawai'i. **For these reasons, HCAN Speaks! respectfully requests the Committees support this measure.**

Thank you,  
Kathleen Algire  
Director, Early Learning and Health Policy

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<sup>1</sup> Georgetown University Health Policy Institute, September 2021, *Medicaid expansion narrows maternal health coverage gaps, but racial disparities persist*. <https://ccf.georgetown.edu/2021/09/13/medicaid-expansion-narrows-maternal-health-coverage-gaps-but-racial-disparities-persist/>

<sup>2</sup> Columbia University Irving Medical Center, *A mother's guide to the fourth trimester*, <https://www.cuimc.columbia.edu/news/mothers-guide-fourth-trimester>



**American  
Heart  
Association.**

## **American Heart Association testimony in SUPPORT of SB 2634, SD1, HD1 “Relating to Health”**

The American Heart Association strongly supports SB 2634, SD1, HD1 “Relating to Health.”

### **Chairman of the Board**

Jason Fujita

### **President**

Michael Lui, MD

### **Board Members**

Rick Bruno, MD, FACEP  
Greg Christian  
Jackie De Luz  
Brandt Farias  
Mimi Harris  
Glen Kaneshige  
Zia Khan, MD  
Brandon Kurisu  
Michael Rembis, FACHE  
Andrew S. Rosen  
Timothy Slottow  
David Underriner  
Jennifer Walker

SB 2634, SD1, HD1 would extend the current 60-day Medicaid post-delivery/postpartum benefit to one full year.

Currently in the state of Hawaii, women covered by Medicaid are only offered 60 days of postpartum care. However, according to Hawaii Department of Health 2019 report on maternal mortality, 50% of Hawaii’s pregnancy-related deaths happen between 43 and 365 days after birth. A maternal death is defined as the death of a woman while pregnant or within 1 year of giving birth. Recent data collected by the CDC indicated that 80% of pregnancy-related deaths in Hawaii were found to be preventable. In order to ensure all mothers have access to care during this critical time, we support extending postpartum Medicaid coverage to one year.

Many new mothers grapple with heart health issues surrounding pregnancy. A growing body of evidence shows some of the most dangerous pregnancy-related complications – preeclampsia, blood clots, and heart problems such as cardiomyopathy – may not surface until weeks or months after delivery. These issues are rising in prevalence, and mothers need access to care during this high-risk time frame.

Women of color are 2-3 times more likely to die from pregnancy-related complications compared to their white counterparts. Studies have documented disparities in health insurance coverage among low income, young, and minority populations. This gap can be reduced for these populations by increasing access to quality care and coverage, especially during the vulnerable postpartum period.

Implementing systems that support mothers and ensure equitable health outcomes should be a policy priority for Hawaii legislators. Healthy mothers are the foundation of healthy families.

*Serving Hawaii since 1948*

### **Our Mission:**

“To be a relentless force for a world of longer, healthier lives.”

For more information on the AHA’s educational or research programs, visit [www.heart.org](http://www.heart.org) or contact your nearest AHA office.

Respectfully submitted,

Don Weisman

Government Relations/Communications and Marketing Director

**SB-2634-HD-1**

Submitted on: 3/28/2022 8:37:25 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Ching, MD, MPH	American Academy of Pediatrics, Hawaii Chapter	Support	Written Testimony Only

Comments:

To Rep. Sylvia Luke, Chair, Rep. Kyle T. Yamashita, Vice Chair, and Members of the Committee on Finance:

The American Academy of Pediatrics, Hawaii Chapter supports Senate Bill 2634 which would expand Medicaid coverage for women after childbirth. This measure would extend Medicaid coverage from 60 days to 12 months.

According to the Kaiser Family Foundation:

For women, postpartum care encompasses a range of important health needs, including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and addressing mental health conditions. While postpartum care has traditionally centered around one clinical visit six to eight weeks after delivery, there has been a paradigm shift to emphasize that postpartum care is an ongoing process that typically requires multiple visits and follow up care that may last a year or even longer. This is particularly important for those who experience pregnancy complications or have chronic conditions, such as hypertension or diabetes.

Mental health is a major concern during and after pregnancy. Suicidality among pregnant and postpartum people has risen over the past decade. At least one in ten women experience perinatal depression, and some studies suggest higher rates but poorer access to treatments among some communities of color and low-income women. Obstetricians recommend screening during the postpartum visit and initiation of treatment or referral to a mental health provider when a woman is identified with depression. This kind of care may be provided over a long duration, often lasting beyond 60 days.

The first year of life is a particularly important time in the lives of children. Mothers provide not only nutrition via breastfeeding but also teach babies how to have safe and secure relationships with others. Supporting the health of women is the same as supporting the health of their children. Because of this, the American Academy of Pediatrics, Hawaii Chapter asks you to consider passing this bill from your committee.

Sincerely,

Michael Ching, MD, MPH, FAAP  
President  
American Academy of Pediatrics, Hawaii Chapter



Alliance Advocates - Hawai'i

To: Hawai'i State House of Representatives, Committee on Finance  
Hearing Date/Time: Friday, April 1, 2022 at 3:00 pm  
Place: Hawai'i State Capitol, Room 308 & videoconference  
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in strong support of SB 2634, relating to health

Dear Chair Luke and Members of the Committees,

Planned Parenthood Alliance Advocates – Hawai'i ("PPAA") writes in strong support of SB 2634, which would ensure continuity of coverage and care for birthing parents by extending Medicaid postpartum coverage to a full year. Our state can do more to address maternal morbidity and mortality, and we urge you to support this cost-effective and much-needed bill to ensure that everybody has access to the care they need to keep themselves and their children healthy after giving birth.

Economic inequality, structural racism, and public health failures have all collided and resulted in dire maternal health outcomes for Black, Native Hawaiian, and other Pacific Islander people in Hawai'i. Our state currently has a D+ on its maternal health report card, in part because of large racial disparities in maternal health outcomes. Twenty-three percent of maternal deaths occur in Pacific Islander and Native Hawaiian communities even though they make up a significantly smaller portion of the population of the state. Black people in Hawai'i have the highest rate of preterm birth, with a rate 24 percent higher than the rate among all other women. The status quo is harming and killing our BIPOC (Black, Indigenous, people of color) birthing people and causing unacceptable maternal and infant health outcomes in Hawai'i. Ensuring continuous care that will address the leading causes of complications is essential to significantly reducing maternal mortality rates in the state.

### **Extending Medicaid Postpartum Coverage Will Improve Maternal Health Outcomes**

One of the most effective ways to improve outcomes for pregnant people is to ensure the continuity of care through 12 months. The Medicaid program plays an essential role in ensuring women have access to care; Medicaid covers one-in-five women of reproductive age (15-44) who would not otherwise be able to afford or access it and is the largest payer for family planning services in the United States. The Medicaid program also disproportionately serves Black and Indigenous populations due to discrimination and systemic racism that leads to employment discrimination and lower wages, meaning efforts that support the Medicaid population would directly target the populations most severely impacted by maternal health disparities. Through Medicaid, pregnant people would be able to receive postpartum check-ups, prescription drugs, family planning services, lifesaving cancer screenings, and mental and behavioral health services for a full year after birth.

Research tells us that thirty-three percent of maternal deaths occur in the postpartum period, and a significant number of postpartum deaths occur past the current 60 days of postpartum coverage currently provided. The leading causes of death within the first year after childbirth includes substance use disorders, cardiovascular disease, other mental health conditions (e.g. postpartum depression), and hemorrhaging. Ending coverage after 60 days creates an unsafe gap in coverage, which interrupts stable and consistent access to care during this vulnerable time. Since 60 percent of all pregnancy-related deaths are preventable,

expanding comprehensive coverage to all pregnant people for a year postpartum could have a major impact reducing maternal mortality rates.

### **Smart Investments to Keep Our Communities Healthy**

This bill is not only good for the health and wellbeing of pregnant people across our state; it is also a smart and cost-effective investment. Ensuring that people have access to the post-pregnancy care they need, including preventive family planning and mental health care, may also create cost savings for the state down the road as people are able to access preventive care instead of waiting until they have reached a crisis point.

Further, recognizing the immense benefits associated with postpartum Medicaid coverage, federal lawmakers have created a pathway that would allow our state to expand Medicaid postpartum coverage without a waiver for the next five years. This would reduce the administrative burden of implementation and would allow the state to start drawing down federal matching funds sooner, in turn lessening the cost to the state to implement. The federal administration has even provided guidance that will allow states to get the maximum potential federal match for postpartum Medicaid patients who would otherwise qualify for the increased FMAP.<sup>1</sup> These efforts signal that federal policymakers recognize the particular urgency this policy has during the current public health and economic crisis, which has increased financial uncertainty, made it more difficult to access preventive reproductive health care, and created additional uncertainty and anxiety for people trying to plan their families.

Planned Parenthood believes all people in Hawai‘i deserve to have healthy pregnancies, births, and postpartum periods, and we are glad to see SB 2634 taking steps towards improving maternal health outcomes and addressing disparities. Thank you for this opportunity to testify in support of this important legislation.

Sincerely,

Lisa Humes-Schulz  
Vice Present of Policy & Regulatory Affairs  
Planned Parenthood Alliance Advocates – Hawai‘i

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<sup>1</sup> Center for Medicaid & CHIP Services, SHO #21-007, Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the CHIP Program, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf>



**April 1, 2022 at 3:00 pm**  
**Via Videoconference**

**House Committee on Finance**

To: Chair Sylvia Luke  
Vice Chair Kyle T. Yamashita

From: Paige Heckathorn Choy  
Associate Vice President, Government Affairs  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**SB 2634 SD 1 HD 1, Relating to Health**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to testify in **support** of this measure, which would extend Medicaid coverage for birthing people to 12 months in order to improve health outcomes and promote access to critical care for new parents. We have supported and participated in state efforts to collect data on and review maternal deaths in the state and have engaged in discussions about how to better understand maternal morbidity to improve quality of care. Our birthing hospitals have also been focused on implementing several safety bundles as part of the Alliance on Innovation for Maternal Health (AIM) initiative, holding our facilities to the highest national standards on measures such as maternal hemorrhage or hypertension.

We have also supported the American Hospital Association and its Better Health for Mothers and Babies Initiative, which provides models, tools, and other resources for hospitals across the country to improve maternal health. As part of this initiative, the AHA supported the federal law that made it possible for the state to provide coverage for birthing people 12 months after delivery. As the state affiliate of the AHA, we support the implementation of this policy change at the state level for residents in the state to have access to coverage for an additional ten months.

Thank you for the opportunity to provide testimony in support of this measure.





March 28, 2022

The Honorable Sylvia Luke, Chair  
The Honorable Kyle T. Yamashita, Vice Chair  
House Committee on Finance

Re: SB 2634, SD1, HD1 – Relating to Health

Dear Chair Luke, Vice Chair Yamashita, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2634, SD1, HD1, which appropriates moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. Effective 7/1/2060.

HMSA believes it is important for mothers to be able to access care for a longer period postpartum as this is a critical time for the health of both the mother and child. Extending the period would also align the policy with Medicaid covered newborns, who are eligible for coverage up to 12 months following birth. For eligibility, pregnant women can have an income of up to 185% of the federal poverty level, but after birth it lowers to 100%, while childless adults are eligible up to 133% of the federal poverty level. We believe that the income eligibility for parents and caretakers should be no worse than that of childless adults.

Thank you for the opportunity to testify in support of SB 2634, SD1, HD1.

Sincerely,

Matthew W. Sasaki  
Assistant Vice President  
Government & External Relations



March 28, 2022

The Honorable Sylvia Luke, Chair  
The Honorable Kyle T. Yamashita, Vice Chair  
House Committee on Finance

**Senate Bill 2634 SD1 HD1– Relating to Health**

Dear Chair Luke, Vice Chair Yamashita, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on SB 2634 SD1 HD1. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

HAHP supports this measure to appropriate funds to extend the Medicaid postpartum coverage to 12 months following the end of a pregnancy. The current Medicaid postpartum coverage expires 60 days after childbirth, leaving many women without health insurance during this critical period where coverage could prevent postpartum deaths as many postpartum conditions are not resolved within this timeframe and require ongoing care and treatment.

Thank you for allowing us to provide testimony in support of SB 2634 SD1 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

[hahp.org](http://hahp.org) | 818 Keeaumoku St., Honolulu, HI 96814 | [info@hahp.org](mailto:info@hahp.org)

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |  
UHA Health Insurance | UnitedHealthcare



To: Chair Sylvia Luke  
Vice Chair Kyle Yamashita  
House Committee on Finance

From: David W. Heywood, Health Plan CEO  
UnitedHealthcare Community Plan Hawaii

Re: SB 2634 SD1 HD1, Relating to Health; **In Support**  
April 1, 2022; Conference Room 308

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UnitedHealthcare (UHC) serves approximately 59,000 QUEST Integration (Medicaid) and 37,500 Medicare Advantage members in Hawaii. We also provide Medicare Part D, Medicare Supplemental, and other health programs/services in the islands. Our team is comprised of over 400 employees across the islands with offices in Honolulu, Kahului, and Hilo.

UHC **supports** SB 2634 SD1 HD1, which appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Postpartum coverage for Medicaid currently ends after two months which can often lead to women not being insured for essential services during a critical time. Women are often more likely to experience serious postpartum complications (including death) after childbirth, and that needed ongoing treatment can extend for months. Appropriating funds to provide postpartum coverage to 12 months would be a monumental step in supporting women's health.

We strongly urge the passage of SB 2634 SD1 HD1. Thank you for the opportunity to submit testimony on this measure.



**Testimony to the House Committee on Finance  
Friday, April 1, 2022; 3:00 p.m.  
State Capitol, Conference Room 308  
Via Videoconference**

**RE: SENATE BILL NO. 2634, HOUSE DRAFT 1, RELATING TO HEALTH.**

Chair Luke, Vice Chair Yamashita, 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 THE INTENT** of Senate Bill No. 2634, House Draft 1, RELATING TO HEALTH.

By way of background, the HPCA represents Hawaii's 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.

The bill, as received by your Committee, would appropriate an unspecified amount of general funds for fiscal year 2022-2023, to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

The bill would take effect on July 1, 2060.

While 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 post-partum recipients is not enough to address the health care needs of the patient -- we note that this restriction is listed in the scope of services authorized for the categorically needy under the Hawaii State Medicaid Plan. While the State is not precluded from expanding coverage without a State Plan Amendment, it is unclear whether the State would be eligible for federal reimbursement for the additional services provided.

It should be noted that this very issue is a point of discussion by Congress and there is expectation that coverage for post-partum recipients for federal Medicaid reimbursement will be expanded to 12 months.

To ensure seamless transition should the Legislature agree to provide the state's portion of this expanded benefit, the expanded benefit should appropriately be integrated into the State Medicaid Plan.

19a

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-  
AUGUST 1991

State/Territory: HAWAII

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:  
Categorically Needy (Continued)

1902(e)(5) of  
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),  
clause (VII)  
of the matter  
following ~~OR~~ (F)  
of the Act  
Rev PM 42-4  
dated 03/1/22

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

Excerpt from State Medicaid Plan, above.

The State would also need to show a continual funding source for this additional benefit. We note that the approval of an appropriation in a "stand alone" bill such as this vehicle would only provide a one-time appropriation for this purpose.

To ensure that the benefit would be eligible for federal match, it would need to be incorporated into the State budget. We note that according to the Budget-in-Brief submitted by the Governor on his Supplemental Budget request, that document contains a provision that indicates that funds for this expanded benefit is indeed contained in the proposed budget bill under Line Item HMS-401. (See, Budget in Brief, pp. 744-745.)

**Testimony on Senate Bill No. 2634, House Draft 1**  
**Friday, April 1, 2022; 3:00 p.m.**  
**Page 3**

While we agree that this issue merits continued discussion as this measure progresses through the legislative process, the HPCA requests that the appropriation be integrated into the State Budget Bill (House Bill No. 1600) at the appropriate time to ensure that this benefit will not be a one-time opportunity.

**With these friendly observations, we SUPPORT THE INTENT of this measure.**

As a postscript, the House Committee on Finance reported out House Bill No. 1600, House Draft 1, on February 14, 2022. (See, House Standing Committee Report No. 1027-22) Please note that on Page 36, lines 11-12 of House Bill No. 1600, House Draft 1, the appropriation for HMS401 was increased to \$993,036,474 for fiscal year 2022-2023. However, according to the worksheets, the House appropriated only \$1 for the expansion of postpartum Medicaid benefits. (See, Worksheet for HMS401, attached, at SEQ # 101-001)

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.

attachment

PROGRAM APPROPRIATIONS

ITEM NO.	PROG. ID	PROGRAM	EXPENDING AGENCY	APPROPRIATIONS			
				FISCAL YEAR 2021-2022	M O F	FISCAL YEAR 2022-2023	M O F
1			HMS	720,000N		720,000N	
2			HMS	<del>14,300,000V</del>		<del>14,300,000V</del>	
3				<u>10,800,000V</u>		<u>10,800,000V</u>	
4			HMS	<u>2,366,839P</u>		<del>2,366,839P</del>	
5							<u>OP</u>
6							
7	17.	HMS605 - COMMUNITY-BASED RESIDENTIAL SUPPORT					
8		OPERATING	HMS	17,810,955A		17,810,955A	
9							
10	18.	HMS401 - HEALTH CARE PAYMENTS					
11		OPERATING	HMS	982,477,598A		<del>982,477,598A</del>	
12						<u>993,036,474A</u>	
13			HMS	1,376,660B		1,376,660B	
14			HMS	1,803,909,546N		1,803,909,546N	
15			HMS	6,781,921U		6,781,921U	
16			HMS	13,474,795P		13,474,795P	
17							
18	19.	HMS236 - CASE MANAGEMENT FOR SELF-SUFFICIENCY					
19		OPERATING	HMS	289.63*		289.63*	
20				15,952,885A		<del>15,952,885A</del>	
21						<u>16,750,036A</u>	
22				228.37*		228.37*	
23			HMS	25,977,079N		<del>25,977,079N</del>	
24						<u>25,893,369N</u>	
25			HMS	30,237P		30,237P	
26							
27	20.	HMS238 - DISABILITY DETERMINATION					
28		OPERATING	HMS	50.00*		50.00*	
29				8,290,218N		<del>8,348,886N</del>	
30						<u>8,859,927N</u>	
31							
32	21.	ATG500 - CHILD SUPPORT ENFORCEMENT SERVICES					
33		OPERATING		70.72*		70.72*	
34				0.34#		0.34#	
35			ATG	4,701,166A		4,701,166A	
36			ATG	2,231,224T		2,231,224T	
37				137.28*		137.28*	
38				0.66#		0.66#	
39			ATG	15,880,241P		15,880,241P	
40							
41	22.	HMS237 - EMPLOYMENT AND TRAINING					
42		OPERATING	HMS	469,505A		469,505A	



Program ID: HMS401 HEALTH CARE PAYMENTS  
 Structure #: 060203050000  
 Subject Committee: HHH HEALTH, HUMAN SERVICES, & HOMELESSNESS

SEQ #	EXPLANATION	FY 2022		FY 2023	
		Perm	Temp	Perm	Temp
		0.00	982,477,598	0.00	982,477,598
		0.00	1,376,660	0.00	1,376,660
		0.00	1,803,909,546	0.00	1,803,909,546
		0.00	6,781,921	0.00	6,781,921
		0.00	13,474,795	0.00	13,474,795
	BASE APPROPRIATIONS	0.00	2,808,020,520	0.00	2,808,020,520

- 1

OBJECTIVE: TO ENSURE THAT QUALIFIED LOW-INCOME AND  
 DISABLED INDIVIDUALS AND FAMILIES ARE PROVIDED  
 HEALTH CARE SERVICES, INCLUDING MEDICAL, DENTAL,  
 HOSPITAL, NURSING HOME, HOME AND COMMUNITY-BASED,  
 AND OTHER PROFESSIONAL SERVICES, EITHER THROUGH A  
 FEE-FOR-SERVICES OR QUEST-MANAGED CARE PROGRAM.

100-001 SUPPLEMENTAL REQUEST:  
 ADD FUNDS FOR HEALTH CARE PAYMENTS (HMS401/PE).  
 HOUSE CONCURS.  
 \*\*\*\*\*  
 DETAIL OF GOVERNOR'S REQUEST:  
 MISCELLANEOUS CURRENT EXPENSES (9,948,756)

9,948,756 A



Program ID: HIMS401 HEALTH CARE PAYMENTS  
 Structure #: 060203050000  
 Subject Committee: HHH HEALTH, HUMAN SERVICES, & HOMELESSNESS

SEQ #	EXPLANATION	Perm	FY 2022 Temp	Amnt	Perm	FY 2023 Temp	Amnt
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101-001 SUPPLEMENTAL REQUEST: 1 A  
 ADD FUNDS FOR HEALTH CARE PAYMENTS (HIMS401/PE).  
 \*\*\*\*\*  
 HOUSE DOES NOT CONCUR.  
 BREAKOUT AS FOLLOWS:  
 MISCELLANEOUS CURRENT EXPENSES (1A)  
 DETAIL OF GOVERNOR'S REQUEST:  
 MISCELLANEOUS CURRENT EXPENSES (2,449,040A/3,448,465N)

102-001 SUPPLEMENTAL REQUEST: 1 A  
 ADD FUNDS FOR HEALTH CARE PAYMENTS (HIMS401/PE).  
 \*\*\*\*\*  
 HOUSE DOES NOT CONCUR.  
 BREAKOUT AS FOLLOWS:  
 ADULT DENTAL BENEFIT (1A)  
 DETAIL OF GOVERNOR'S REQUEST:  
 ADULT DENTAL BENEFIT (3,466,328A/6,728,754N)

Program ID: HMS401 HEALTH CARE PAYMENTS  
 Structure #: 060203050000  
 Subject Committee: HHH HEALTH, HUMAN SERVICES, & HOMELESSNESS

SEQ #	EXPLANATION	FY 2022		Amt	FY 2023	
		Perm	Temp		Perm	Temp

1000-001 HOUSE ADJUSTMENT: 610,118 A

ADD FUNDS FOR HEALTH CARE PAYMENTS (HMS401/).  
 .....  
 DETAIL OF HOUSE ADJUSTMENT:  
 FAMILY PLANNING SERVICES (610,118)

TOTAL BUDGET CHANGES 10,558,876 A

BUDGET TOTALS		0.00	0.00	982,477,598	A	0.00	0.00	993,036,474	A
		0.00	0.00	1,376,660	B	0.00	0.00	1,376,660	B
		0.00	0.00	1,803,909,546	N	0.00	0.00	1,803,909,546	N
		0.00	0.00	6,781,921	U	0.00	0.00	6,781,921	U
		0.00	0.00	13,474,795	P	0.00	0.00	13,474,795	P

PROGRAM ID: HMS-401  
 PROGRAM STRUCTURE NO: 06020305  
 PROGRAM TITLE: HEALTH CARE PAYMENTS

HMS-401  
 06020305  
 HEALTH CARE PAYMENTS

**EXECUTIVE SUPPLEMENTAL BUDGET  
 (IN DOLLARS)**

REPORT: S61-A

PROGRAM COSTS	FY 2022		FY 2023		BIENNIUM TOTALS		PERCENT CHANGE		
	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN			
OTH CURRENT EXPENSES	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46
TOTAL OPERATING COST	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46
BY MEANS OF FINANCING									
GENERAL FUND	982,477,598		982,477,598	982,477,598	15,864,124	998,341,722	1,964,955,196	1,980,819,320	
SPECIAL FUND	1,376,660		1,376,660	1,376,660		1,376,660	2,753,320	2,753,320	
FEDERAL FUNDS	1,803,909,546		1,803,909,546	1,803,909,546	10,177,219	1,814,086,765	3,607,819,092	3,617,996,311	
OTHER FEDERAL FUNDS	13,474,795		13,474,795	13,474,795		13,474,795	26,949,590	26,949,590	
INTERDEPT. TRANSF	6,781,921		6,781,921	6,781,921		6,781,921	13,563,842	13,563,842	
TOTAL PERM POSITIONS									
TOTAL TEMP POSITIONS									
TOTAL PROGRAM COST	2,808,020,520		2,808,020,520	2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383	0.46

Program ID: HMS 401  
Program Structure Level: 06 02 03 05  
Program Title: HEALTH CARE PAYMENTS

## Narrative for Supplemental Budget Requests FY 2023

### A. Program Objective

To ensure that qualified low-income and disabled individuals and families are provided appropriate health or long-term care services that meet their needs.

### B. Description of Request

1. Request to add \$9,948,756 in general funds to reallocate funds for Home and Community-based Services (HCBS).
2. Request to add \$2,449,040 in general funds and \$3,448,465 in federal funds to extend coverage of post-partum benefits.
3. Request to add \$3,466,328 in general funds and \$6,728,754 in federal funds to restore and expand of adult dental benefits.

### C. Reasons for Request

1. Section 9817 of the American Rescue Plan Act (ARPA) provides states with a temporary 10-percentage point increase to the Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for HCBS from April 1, 2021 to March 31, 2022. States must use this additional funding to supplement and not supplant HCBS spending to enhance, expand, or strengthen HCBS through March 31, 2024. This request accounts for the savings accrued from the 10-percentage point FMAP increase on HCBS expenditures during the current fiscal year and preserves the ability to spend these additional funds per federal requirements in the future fiscal years.

2. ARPA Section 9812 gives states the option to extend Medicaid post-partum coverage from 2 months post-partum to 12 months post-partum, beginning on April 1, 2022, for a period of 5 years. This request will provide extended coverage of post-partum benefits for women who would not otherwise be eligible for coverage under the low-income adult category after 2 months post-partum.

3. This request provides Medicaid-enrolled adults a basic dental benefit, including diagnostic, preventive, and restorative services. Hawaii is 1 of 16 states that provide no dental coverage or emergency dental services only. Providing comprehensive dental benefits to Medicaid-enrolled adults has been shown to reduce costly emergency department visits for dental conditions, result in health care savings for people with chronic conditions, and positively impact an enrollee's ability to successfully interview for a job.

### D. Significant Changes to Measures of Effectiveness and Program Size

The COVID-19 pandemic has had a tremendous negative effect on Hawaii's local economy, resulting in a significant increase in Medicaid enrollment. In addition, the continuous coverage requirement in the Families First Coronavirus Relief Act prevents the disenrollment of any current Medicaid enrollees, except for a few limited reasons.



Hawaii Women's Coalition

To: Hawaii House Committee on Finance  
Hearing Date/Time: Friday, April 1, 2022, 3:00 p.m.  
Place: Hawaii State Capitol, Conference Room 308 & Videoconference  
Re: Testimony of Hawaii Women's Coalition in strong support of S.B. 2634, SD1, HD1

Dear Chair Luke, Vice Chair Yamashita, and Members of the Committee,

The Hawaii Women's Coalition writes in strong support of S.B. 2634, SD1, HD1. 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 people. In practical terms this may 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 use 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



Date: Friday, April 1, 2022

To: The Honorable Sylvia Luke, Chair  
The Honorable Kyle T. Yamashita, Vice-Chair  
House Committee on Finance

From: Peggy Mierzwa, Community and Government Relations

RE: **SB2634 SD1 HD1** Relating to Health

AlohaCare appreciates the opportunity to provide testimony in **STRONG SUPPORT** of **SB2634 SD1 HD1**. This measure would appropriate funding to Department of Human Services to extend healthcare coverage of postpartum women from 60 days to 12 months.

Founded in 1994, AlohaCare is a community-rooted, non-profit health plan serving 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only Hawai'i health plan exclusively serving Medicaid patients. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating access to quality health care for all. We believe that health is about supporting whole-person care, including access to housing and food security, to build a stronger, healthier Hawaii.

Medicaid health coverage is a vital link to care for eligible women during and after pregnancy, which are critical to meeting our goal of supporting healthy babies and mothers. Currently, many women on Medicaid lose health coverage entirely 60 days after birth resulting in a "gap" of coverage and care. By increasing postpartum coverage to 12 months, women will be able to continue to access important healthcare services following the end of their pregnancy.

Postpartum care beyond 60 days after birth will give women access to treat for common complications such as hypertension or diabetes. In addition to physical health, behavioral health issues are of equal concern during the postpartum period. One in ten women experience postpartum depression. Postpartum care includes screening for depression, typically 4-6 weeks post-delivery. Once woman is diagnosed with depression, referrals and treatments often require more than 60 days.<sup>i</sup> Furthermore, long-term birth control methods are typically administered after a 60-day postpartum period.

Women face a variety of complicated health issues postpartum. This measure helps to ensure consistent health coverage during this transitional and vulnerable period.

We are grateful for your consideration of SB2634 SD1 HD1 that will support women's health.

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<sup>i</sup> <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

Friday, April 1, 2022 at 3:00 PM  
Via Video Conference

**House Committee on Finance**

To: Representative Sylvia Luke, Chair  
Representative Kyle Yamashita, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

Re: **SB 2634, SD1, HD1 – Testimony In Support  
Relating to Health**

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My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I am writing in SUPPORT of SB 2634, SD1, HD1 which appropriates state funds required to draw down the federal matching funds to extend Medicaid postpartum coverage for twelve months following the end of pregnancy.

Women who are ineligible for postpartum health coverage struggle to get necessary care during the twelve months following childbirth. This is a critical time as women are more likely to die of pregnancy-related conditions during this time than during pregnancy or childbirth. Drug overdoses, suicides, and pregnancy-related chronic illnesses including diabetes, heart disease, and high blood pressure contribute to a rise in deaths among women during pregnancy, childbirth, and the first twelve months after childbirth. There has been increasing emphasis on the importance of postpartum care and the recognition that many postpartum conditions are not resolved within sixty days and require ongoing care and treatment.

The United States Centers for Disease Control and Prevention has found that adequate medical attention could prevent three out of five postpartum deaths. Further, Medicaid pregnancy coverage, which pays for nearly half of all births in the United States, expires sixty days after childbirth, leaving many women without health insurance during this vulnerable time. Although women may reapply as a parent after this sixty-day time period, because the income limit for parents is lower, many women are unable to qualify for coverage as a parent. This measure creates Medicaid expansion plus for pregnant

women. It would expand a regular Medicaid plan for a very specific population for twelve months after childbirth.

Thank you for the opportunity to testify.





**HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

**HOUSE COMMITTEE ON FINANCE**

Representative Sylvia Luke, Chair

Representative Kyle T. Yamashita, Vice Chair

Date: April 1, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB 2634 SD1 HD1 Department of Human Services; Pregnancy; State-Funded Medical Assistance; Medicaid Coverage; Appropriation**

**Position: Support**

Pregnancy related deaths (defined as death within 1 year of pregnancy <sup>1</sup>) are a significant health challenge in Hawaii, and although identifying causes are complex, coverage lapses are a factor <sup>2-5</sup>.

Presently Hawaii Medicaid covers pregnant women for 60 days after delivery. However women become uninsured after the pregnancy-related coverage because, even though they are poor, their income is still too high to qualify for Medicaid **as parents**. Such gaps in postpartum coverage place low income people at risk, and exacerbate disparities. HMA supports this bill that would expand coverage for 12 months postpartum care. Automatic and continuous enrollment is important for maximizing preventive care in our most vulnerable patient groups.

Thank you for allowing the Hawaii Medical Association the opportunity to testify in support of this measure.

CONTINUED

**HMA OFFICERS**

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD  
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

[www.hawaiimedicalassociation.org](http://www.hawaiimedicalassociation.org)

## REFERENCES

1. Pregnancy Mortality Surveillance System. *Center for Disease Control and Prevention*. [CDC.gov](https://www.cdc.gov) accessed 2/6/2022.
2. Report to the 31<sup>th</sup> Legislature, State of Hawaii 2021, Dec 2020. *Hawaii Department of Health*. <https://health.hawaii.gov/opppd/files/2020/12/CDR-MMR-Legislative-Report-2021.pdf>
3. Ranji U et al. Expanding Postpartum Medicaid Coverage. *Kaiser Family Foundation*. Mar 9, 2021. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>
4. Daw JR et al. Factors Associated With Postpartum Uninsurance Among Medicaid-Paid Births. *JAMA Health Forum*. 2021;2(6):[e211054](https://doi.org/10.1001/jamahealthforum.2021.1054). doi:10.1001/jamahealthforum.2021.1054
5. Daw JR et al. Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth. *Health Affairs (Millwood)*. [2017 Apr 1;36\(4\):598-606](https://doi.org/10.1377/hlthaff.2016.1241). doi:10.1377/hlthaff.2016.1241.

## HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD  
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



*American College of Obstetricians and Gynecologists  
Hawai'i, Guam & American Samoa Section*

TO: House Committee on Finance  
Representative Sylvia Luke, Chair  
Representative Kyle T. Yamashita, Vice Chair

DATE: Friday, April 1, 2022, 3:00PM

FROM: ACOG Hawai'i Section  
Reni Soon, MD, MPH, FACOG, Chair

**Re: SB 2634, SD1, HD1 – Relating to Health  
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) **strongly supports SB2634, SD1, HD1** which would provide appropriations to extend postpartum insurance coverage for pregnant people receiving Medicaid for their pregnancy to 12 months (from 60 days), and would **promote access to safe, high-quality maternity care** for all of Hawai'i's families.

Our Hawai'i Maternal Mortality Review Committee found that half of the maternal deaths in Hawai'i in 2015 and 2016 occurred in the late postpartum period (43 days to 1 year after the pregnancy ended).<sup>1</sup> Mortality is just the tip of the iceberg – for every one maternal death, experts estimate there are over 100 life-threatening complications occurring related to pregnancy (e.g. stroke, organ failure, seizures).

**Maternal morbidity (illness or complication) exacts a high cost not only from the individual and their family, but from the healthcare system and society as a whole.** The increasing rates of not-so-uncommon pregnancy complications like gestational diabetes, pregnancy-related high blood pressure, obesity, and depression are imposing a substantial economic burden on health systems.<sup>2</sup> The cost to society of these complications increases when these illnesses are left untreated and therefore worsen.

Because many of the complications associated with pregnancy do not end when the pregnancy ends, it is critical that postpartum people have uninterrupted health insurance and access to healthcare. Access to healthcare would prevent more severe complications arising and could also prevent another high-risk, high-cost pregnancy from occurring before stability of the illness is achieved. Preventing a severe illness has always been more cost-efficient than treating one.

By appropriating funds for Hawai'i State Medicaid to apply for the waiver and extend postpartum coverage to 12 months, the state would also **qualify for matching federal funds**. Not only should there be no price tag on a mother's life, but the cost we pay up front will more than pay for itself.

We thank the Hawai'i State Legislature for showing its commitment to improving maternal health in Hawai'i by passing the legislation that created the Hawai'i Maternal Mortality Review Committee in 2016. It is time to take the findings of this committee and take the next step in recognizing the importance of access to health care for a full year postpartum and the importance of this access to ALL of Hawaii's women and families. For these reasons, HI ACOG supports SB 2634, and we respectfully ask this committee to pass this measure.

Thank you for the opportunity to testify.

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<sup>1</sup> Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.

<sup>2</sup> Moran et al. Economic burden of maternal morbidity-a systematic review of cost-of-illness studies. PLoS One, 2020; 15:e0227377



# HMIHC

HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE

**Friday, April 1, 2022, 3:00 PM, CR 308 & Videoconference**

**To: Committee on Finance**

Representative Sylvia Luke, Chair  
Representative Kyle Yamashita, Vice-Chair

**From: Hawaii Maternal and Infant Health Collaborative**

**Re: SB 2634 SD 1 HD 1 - Relating to Health**

**Position: Strong Support**

Dear Chair Luke, Vice-Chair Yamashita, and Members of the Committee Finance,

The Hawai'i Maternal & Infant Health Collaborative (HMIHC) **strongly supports SB 2634 SD 1 HD 1**. This measure takes action to increase equitable access to postpartum healthcare by extending postpartum insurance coverage for pregnant people receiving Medicaid for their pregnancy to 12 months (from 60 days) and would promote access to safe, high-quality maternity care for all families in Hawai'i.

According to the Hawai'i Department of Health, half (10/20) of the maternal deaths in 2015 and 2016 occurred in the late post-partum period (43 days to 1 year after the pregnancy ended), and the Hawai'i Maternal Mortality Review Committee determined over half of maternal deaths were preventable. These statistics highlight that complications associated with pregnancy do not always resolve when the pregnancy ends or even within 60 days postpartum. Therefore, extending coverage for 12 months postpartum is necessary to ensure the health and safety of birthing people following a pregnancy. It is also important to consider how the health and wellbeing of the entire family are affected when a postpartum parent is managing health complications that impact their physical, mental, and emotional health. These challenges, compounded with the lack of access to care that can help to effectively manage health complications can create stress in families that have the potential to last for years. This underpins the importance of this measure as its impacts are felt at the individual level, within a family, and within communities. Additionally, pregnancy is often a highly motivating factor for people, prompting them to address health care problems and make lifestyle changes that support the health and wellbeing of themselves and the pregnancy. Loss of health insurance coverage can disrupt their progress and inhibit behavior change. Thus, passing this measure will not only support access to care but serve as a mechanism for long-lasting behavior change that can increase health and well-being.

If this measure is adopted into law, Hawai'i will join five other states to obtain waivers from the federal government to extend postpartum coverage for Medicaid patients, along with 15 other states who have also indicated they will be applying for this waiver. This measure is aligned with Congressional efforts to reduce

maternal mortality through omnibus bills, which propose extending Medicaid postpartum coverage to 12 months. Passing this measure demonstrates Hawai'i's commitment to health equity.

Thank you for the opportunity to submit testimony in **support** of this critical legislation.

Hawaii Maternal and Infant Health Collaborative, founded in 2013, is a public-private partnership committed to Improving Birth Outcomes and Reducing Infant Mortality. 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 Hawaii 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 an 8% reduction in preterm births and a 4% reduction in infant mortality. To date over 150 people across Hawaii 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 workgroups.



HOUSE COMMITTEE ON FINANCE  
Representative Sylvia Luke, Chair  
Representative Kyle T. Yamashita, Vice Chair

Date: April 1<sup>st</sup>, 2022  
From: Hawaii Chapter of American College of Emergency Physicians (HACEP)  
Elizabeth England MD, Chair, HACEP Legislative Committee

**Re: SB 2634 SD1 HD1: Department of Human Services; Pregnancy; State-funded Medical Assistance; Medicaid Coverage; Appropriation**  
**Position: Support**

HACEP is the Hawaii Chapter of the American College of Emergency Physicians and represents over 150 emergency physicians, residents and medical students working and training across the state.

The United States currently has the highest maternal mortality rate of any industrialized country in the world, and the problem only appears to be worsening. From 1990 to 2020, the mortality rate more than doubled from 12 to 35 deaths per 100,000 live births<sup>1</sup>. Over 50% of these deaths occur within one year postpartum, or after delivery and it is estimated that up to 60% of the total number of deaths are preventable<sup>2</sup>. Marginalized populations and persons of color are disproportionately affected, with African American individuals suffering a death rate over twice the national average. Despite these concerning statistics, approximately half of women in the postpartum period do not receive standard follow-up care.

Up to 12% of deaths occur between 43 days and 1 year, extending well past the 60-day limit for Medicaid postpartum coverage that is currently in place<sup>2</sup>. While there are many factors that contribute to maternal mortality, access to appropriate medical care should not be one of them. Extending Medicaid postpartum coverage will facilitate healthcare accessibility, particularly for our most vulnerable communities. Thank you for allowing the HACEP to testify in support of this measure.

#### REFERENCES

1. One-year postpartum Medicaid coverage: Are states ready to offer it .... (n.d.). Retrieved March 31, 2022, from <https://healthjournalism.org/blog/2022/01/one-year-postpartum-medicaid-coverage-are-states-ready-to-offer-it-soon>.
2. Postpartum Care for Women Up to One Year After Pregnancy .... (n.d.). Retrieved March 31, 2022, from <https://effectivehealthcare.ahrq.gov/products/postpartum-care-one-year/protocol>



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Sylvia Luke, Chair  
The Honorable Kyle T. Yamashita, Vice Chair  
Members, House Committee on Finance

From: Jacce S. Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: April 1, 2022

Re: Support for SB2634 SD1 HD1: Relating to Health

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The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of on SB2634, SD1 HD1, which appropriates funds to allow Hawai'i to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. There is growing awareness that women face increased health risks not only during pregnancy, labor, and delivery, but also potentially for several months afterward. Nearly a quarter of postpartum-related deaths occur six weeks to a year after the end of a pregnancy.

According to the federal Centers for Disease Control and Prevention, nearly 23% of pregnancy-related deaths after the day of delivery occur in the period between six weeks after delivery and the end of the first year. Yet for most pregnant women who receive health coverage through Medicaid, those benefits end 60 days after delivery, leaving them without health insurance during this postpartum period. Queen's supports providing this expansion of Medicaid benefits to qualifying mothers in our community.

Thank you for the opportunity to testify in support of SB2634, SD1 HD1.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*



DATE 31 March 2022

To: Representative Sylvia Luke, Chair  
Representative Kyle T. Yamashita  
House Committee on Finance

Re: Testimony in Support of SB 2634 SD1 HD1 RELATING TO HEALTH

Hrg: 01 April 2022, 3PM House Conference Room via Videoconference

Dear Chair Luke, Vice-chair Yamashita, and members of the committee,

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy. Additionally, HPHA aims to call attention to issues around social justice and equity in areas that extend beyond the traditional context of health (e.g., education, digital equity, cultural sensitivity), which can have profound impacts on health equity and well-being. As stewards of public health, HPHA is also advocating for equity in all policies.

HPHA strongly supports SB 2634 SD1 HD1, relating to health. This bill provides the needed support to improve health care for pregnant people by appropriating moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Adequate postpartum coverage will allow individuals the opportunity to optimize their health and take care of their families.

According to the *Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality* report from the National Academies of Science, Engineering, and Medicine the United States faces an alarmingly high rate of maternal morbidity and mortality.<sup>1</sup> This report, along with the American College of Obstetricians and Gynecologists (ACOG), and many state Maternal Mortality Review Committees, have specifically recommended 12 months of postpartum coverage to decrease maternal morbidity and mortality.<sup>2</sup> Nationally, reducing maternal mortality is a priority with two bills introduced in Congress (Build Back Better Act and Black Maternal Health Momnibus Act) that include extending Medicaid coverage to 12 months postpartum.





Fifty (50) percent of the maternal deaths in Hawai'i in 2015 and 2016 were in the late postpartum period (43 days – 1years after pregnancy).<sup>3</sup> The Hawai'i Maternal Mortality Review Committee determined over half of Hawai'i's maternal deaths were preventable.<sup>3</sup> In addition, addressing morbidity is important as there are over 100 life-threatening complications related to pregnancy for every 1 maternal death.<sup>4</sup> The postpartum period then is an essential time for the management of chronic conditions, especially for individuals who experience complications of mental health, high blood pressure and diabetes. The postpartum period is also an optimal time to address preventive health and family planning.

This bill also has significant impact on promoting health equity as maternal mortality and severe morbidity exhibits racial, ethnic and geographical disparities.<sup>1</sup> Migrant and immigrant populations, and low-income individuals are at the highest risk for lapses in care and inadequate postpartum coverage. Extending Medicaid coverage for pregnant people for a full year after the end of pregnancy is a first step to eliminating health care disparities and improving health outcomes.

The American Rescue Plan Act, signed into law in March 2021, makes available a new pathway that states can use to extend Medicaid coverage for pregnant people to 12 months postpartum, signaling a commitment by the Biden Administration for this issue. This pathway – called a state plan amendment (SPA) – becomes effective April 2022. This is an opportunity to get federal dollars to improve healthcare in Hawai'i.

**We strongly support SB 2634 SD1 HD1.** Providing extended, uninterrupted health care coverage into the postpartum period so that pregnant and birthing people can access screening, counseling and treatment will improve the health of the most vulnerable of the families and children of Hawai'i.

Thank you for the opportunity to provide testimony on this important public health issue.

Respectfully submitted,

J. Leocadia Conlon, PhD, MPH, PA-C  
Legislative Committee Chair  
Hawai'i Public Health Association



1. *Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality: Proceedings of a Workshop 2021*. The National Academies of Science, Engineering, and Medicine. <http://nap.edu/26307>
2. *Extend Postpartum Pregnancy Coverage, Policy Priority*, American College of Obstetricians and Gynecologist. <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-medicaid-coverage>
3. Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.
4. *Pregnancy-Related Deaths*. Centers for Disease Control and Prevention. Published May 7, 2019. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

*SAVE MEDICAID HAWAII: Medicaid is Good for Everyone in Hawai'i*

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To: Hawaii State Legislature – House Committee on Finance

Date: Friday, April 1, 2022 at 3:00 pm

Re: Testimony of Save Medicaid Hawaii in support of SB 2634, SD1, HD1, Relating to Health

Dear Chair Luke, Vice Chair Yamashita, and Members of the Committee

My name is Doris Segal Matsunaga, representing Save Medicaid Hawaii, and we strongly support SB 2634, SD1, HD1.

Low income women in Hawaii, especially those in migrant and immigrant families 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 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 lower maternal mortality and health complications, improved birth outcomes, and fewer NICU admissions.

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

**Save Medicaid Hawaii** (SMH) is a network of people advocating for NO CUTS in Medicaid and working towards a stronger health care system in Hawai'i that provides high quality universal health care for all. SMH, founded in 2017 as the Affordable Care Act and Medicaid came under threat at the federal level, continues to advocate for effective and equitable health care in Hawaii. Email: [savemedicaidhawaii@gmail.com](mailto:savemedicaidhawaii@gmail.com)  
Visit our webpage: <https://www.facebook.com/SaveMedicaidHawaii/>

**SB-2634-HD-1**

Submitted on: 3/31/2022 12:41:26 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sunny Chen	Individual	Support	Written Testimony Only

Comments:



**To: Hawaii State House Committee on Finance**

**Hearing Date/Time: Friday, April 1, 2022**

**Re: Testimony of Strong support of SB 2634 SD1 HD1**

**Dear Chair Luke, Vice Chair Yamashita and Members of the Committee,**

**Healthy Mothers Healthy Babies writes in strong support of SB 2634 SD1 HD1. In Hawaii those most impacted and at the highest risk of poor birth outcomes and increased NICU admissions are Black, Indigenous, Native Hawaiian and Pacific Islander birthing people and their babies. There are many barriers and reasons for this disproportion in birth outcomes and those most impacted could benefit greatly from an extension in postpartum care and services. Many deaths, near misses and co-morbidities happen during the first year postpartum. For reasons of health, safety and the public purse, it makes good sense for Hawaii to extend MedQuest postpartum benefits through 12 months postpartum for all pregnant people.**

**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,**

**Healthy Mothers Healthy Babies Coalition of Hawaii**



## 'Ahahui o nā Kauka

677 Ala Moana Blvd., Suite 1015

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Phone 808.548.0270

E-mail [huikauka@gmail.com](mailto:huikauka@gmail.com)

### 2021-2022 Advocacy Committee

March 30, 2022

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### COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Kyle T. Yamashita, Vice Chair

### Group Testimony in Support of SB2634SD1HD1

Relating to Health – extending postpartum Medicaid coverage

'Ahahui o Nā Kauka supports SB2634SD1HD1's extension of postpartum Medicaid coverage from 60 days to 12 months in our ongoing efforts to improve the health of Native Hawaiians and our communities. In our experience, cutting off Medicaid benefits at 60 days postpartum often puts vulnerable populations, who often still would qualify for Medicaid, without insurance during this critical time due to birth related changes in income and/or difficulty understanding the public and private health insurance enrollment systems. This critical postpartum period carries with it an increased risk of harm particularly from late postpartum maternal mortality complications, postpartum depression, diabetes, and lack of continuous access to contraception/family planning.

A study of self-reported postpartum depression symptoms in Hawai'i from 2012-2015 showed these symptoms were 1.77 times as likely to occur in Native Hawaiians than whites, and Filipinos, Japanese, and other Pacific islanders were all 2-3 times as likely to suffer from these symptoms<sup>1</sup>. While the onset of postpartum depression occurs during the first postpartum month about half of the time (54%)<sup>2</sup>, data also shows 30-50% of patients with postpartum depression still suffer from symptoms a year later<sup>3</sup>.

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<sup>1</sup> Carlotta Ching Ting Fok, PhD, Donald K. Hayes, MD, MPH, Amy B. Curtis, PhD, Wendy K. Nihoa, MA, and Matthew J. Shim, PhD. Prevalence and Risk Factors for Self-Reported Postpartum Depression Symptoms (SRPDS) in Hawai'i, 2012–2015. *Hawaii J Health Soc Welf.* 2020 May 1; 79(5): 153–160.

<sup>2</sup> Altemus M, Neeb CC, Davis A, Occhiogrosso M, Nguyen T, Bleiberg KL. Phenotypic differences between pregnancy-onset and postpartum-onset major depressive disorder. *J Clin Psychiatry.* 2012 Dec;73(12):e1485-91.

<sup>3</sup> Vliegen, Nicole PhD\*; Casalin, Sara PhD\*; Luyten, Patrick PhD. The Course of Postpartum Depression. A Review of Longitudinal Studies. *Harvard Review of Psychiatry: January/February 2014 - Volume 22 - Issue 1 - p 1-22*

Another study from 2010-2011 in Hawai‘i showed Native Hawaiian and other Pacific Islander pregnancies are affected by diabetes approximately 10% of the time, about twice the rate of whites<sup>4</sup>. Gestational diabetes also confers approximately 10 times the risk of developing type 2 diabetes after pregnancy<sup>5</sup>. An oral glucose tolerance test to screen for type 2 diabetes has been routinely recommended within the first 60 days postpartum to try to identify those who are at risk of developing diabetes, largely because the peripartum turnover of red blood cells impairs our ability to diagnose type 2 diabetes by easier methods such as the Hemoglobin A1c test. As a result, the majority of gestational diabetics do not complete the oral glucose tolerance screening test. Extended Medicaid coverage would better enable us to diagnose and treat the estimated 35% of gestational diabetics who develop pre-diabetes and the 4% who develop type 2 diabetes during the year after giving birth<sup>6</sup>.

Hawai‘i was found to have second highest rate of unintended pregnancies in the US in 2010, and Native Hawaiians demonstrated the highest rate of unintended pregnancy of any major ethnic group in Hawai‘i at 54%<sup>7</sup>. Extending Medicaid coverage during the first year postpartum would enable better access to contraception which would be anticipated to decrease costs and improve outcomes of future pregnancies by extending interval between births.

Lastly, the anticipated impact on late postpartum maternal mortality mentioned by our ACOG colleague’s would also be anticipated to provide great benefit to our Native Hawaiian/Pacific Islander population who were shown to be overrepresented at 23% of the total maternal deaths in 2015-2017<sup>8</sup>. We urge you to consider all the above factors and extend Hawai‘i Medicaid postpartum coverage to 12 months.

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<sup>4</sup> Ann Lee Chang, Eric Hurwitz, Jill Miyamura, Bliss Kaneshiro & Tetine Sentell. Maternal risk factors and perinatal outcomes among Pacific Islander groups in Hawaii: a retrospective cohort study using statewide hospital data. [BMC Pregnancy and Childbirth](#) volume 15, Article number: 239 (2015)

<sup>5</sup> Elpida Vounzoulaki<sup>1,2</sup>, Kamlesh Khunti<sup>3,2</sup>, Sophia C Abner<sup>3,2</sup>, Bee K Tan<sup>4</sup>, Melanie J Davies<sup>3</sup>, Clare L Gillies<sup>3,2</sup> Progression to type 2 diabetes in women with a known history of gestational diabetes: systematic review and meta-analysis. *BMJ*. 2020 May 13;369:m1361.

<sup>6</sup> Society for Maternal-Fetal Medicine (SMFM); Erika F Werner<sup>1</sup>, Phinarra Has<sup>2</sup>, Dwight Rouse<sup>3</sup>, Melissa A Clark<sup>4</sup> Two-day postpartum compared with 4- to 12-week postpartum glucose tolerance testing for women with gestational diabetes. *Am J Obstet Gynecol*. 2020 Sep;223(3):439.e1-439.e7

<sup>7</sup> Reni Soon, Jennifer Elia, Nina Beckwith, Bliss Kaneshiro, and Timothy Dye. Unintended Pregnancy in the Native Hawaiian Community: Key Informants’ Perspectives. *Perspect Sex Reprod Health*. 2015 Dec; 47(4): 163–170.

<sup>8</sup> Melanie Maykin, MD and Stacy Pai-Jong Tsai, MD, MPH, MCR. Our Mothers Are Dying: The Current State of Maternal Mortality in Hawai‘i and the United States. [Hawaii J Health Soc Welf](#). 2020 Oct 1; 79(10): 302–305.



## HIPHI Board

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## HIPHI Initiatives

Coalition for a  
Tobacco-Free Hawai'i

Community Health  
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free  
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: March 31, 2022

To: Rep. Sylvia Luke, Chair  
Rep. Kyle T. Yamashita, Vice Chair  
Members of the Committee on Finance

Re: Support for SB 2634, SD1, HD1, Relating to Health

Hrg: April 1, 2022 at 3:00 PM in Conference Room 308 and via  
Videoconference

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The Obesity Prevention Task Force, a program of Hawai'i Public Health Institute<sup>i</sup> (HIPHI), is in **support of SB 2634, SD1 HD1**, which appropriates funds to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

Although roughly half of all births in the United States are insured through Medicaid, this coverage only lasts sixty days after delivery. Pregnancy complications and pregnancy-related conditions do not necessarily resolve once the person gives birth and often last well beyond sixty days. Postpartum care typically requires multiple visits and follow up care that can last a year or longer. The termination of coverage after only sixty days puts patients at serious risk, as one third of maternal deaths nationally occur between 7 days and one year after delivery.<sup>ii</sup> The U.S. has one of the highest maternal mortality rates among countries with comparably advanced healthcare systems, and sixty-six percent of all pregnancy-related deaths are preventable.<sup>iii</sup>

Between 2015 and 2017, there were 25 maternal deaths in Hawai'i, and half of these deaths occurred between 43 days and one year after delivery.<sup>iv</sup> Eighty percent were deemed preventable.<sup>v</sup> One quarter of maternal deaths were among Native Hawaiian and Pacific Islander women.<sup>vi</sup> Early detection of mental health conditions such as perinatal depression and suicidality is especially critical, as mental health disorders play a significant role in maternal deaths in Hawai'i.<sup>vii</sup> Access to healthcare in the postpartum stage is also necessary for the early detection, screening, and treatment of chronic medical conditions such as cardiovascular disease. Expanding treatment beyond sixty days will almost certainly save lives.

For these reasons, we respectfully request that the Committee **PASS SB 2634, SD1, HD1**. Thank you for the opportunity to provide testimony.



Mahalo,



Amanda Fernandes, JD  
Policy and Advocacy Director

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<sup>i</sup> Created by the legislature in 2012, the Obesity Prevention Task Force is comprised of over 60 statewide organizations, and works to make recommendations to reshape Hawai'i's school, work, community, and health care environments, making healthier lifestyles obtainable for all Hawai'i residents. The Hawai'i Public Health Institute (HIPHI) convenes the Task Force and supports and promotes policy efforts to create a healthy Hawai'i.

Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

<sup>ii</sup> U.S. Department of Human Services. *Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America*.

<sup>iii</sup> Healthy Women, Healthy Pregnancies, Healthy Futures, *supra*.

<sup>iv</sup> Maykin, Melanie, and Stacy Pai-Jong Tsai. "Our Mothers Are Dying: The Current State of Maternal Mortality in Hawai'i and the United States." *Hawai'i journal of health & social welfare* vol. 79,10 (2020): 302-305.

<sup>v</sup> *Id.*

<sup>vi</sup> *Id.*

<sup>vii</sup> *Id.*



P.O. Box 4270 Kaneohe, HI 96744  
[www.breastfeedinghawaii.org](http://www.breastfeedinghawaii.org)

TO: Representative Sylvia Luke, Chair  
Representative Kyle Yamashita, Vice Chair  
Members of the House Committee on Finance

FROM: Patricia L. Bilyk, RN, MPH, MSN, IBCLC (Retired)  
Treasurer, Breastfeeding Hawaii  
Maternal Infant Clinical Nurse Specialist

RE: SB2634 SD1 HD1 Relating to Health STRONG SUPPORT

DATE: Friday, April 1, 2022 3:00pm

Good Afternoon Chair Luke, Vice Chair Yamashita and Members of the House Committee on Finance

I am Patricia Bilyk, representing Breastfeeding Hawaii. Our Mission is to protect, promote and support breastfeeding with advocacy, education and collaboration throughout Hawai'i pae 'aina (Our Islands). As such we feel it is part of our Core Values of Kuleana (Responsibility), Malama (Protect/Take Care of) and Pilina (Connection/Relationship) to be involved and advocate for postpartum women.

Every day members of our Organization care for postpartum breastfeeding women and their infants who as they recover from birth, and learn to breastfeed, develop various issues not often expected. These issues do not come exclusively within the usual 2 months postpartum OB or Pediatric visits but often after that time up to 12 months and sometimes longer. Not having the Medicaid coverage to successfully treat these issues, causes women to delay care until drastic conditions arise causing increased morbidities such as cessation of breastfeeding, hypertension/stroke, cardiovascular conditions and depression, and even mortality.

To improve the health access and outcomes for these women and infants, extension of the Medicaid coverage postpartum especially for Native Hawaiian and Pacific Islanders, for 12 months will help improve the disparities that now exist. Further extended access to care provides the opportunity for preventative services such as intrapartum care and contraception.

Thank you for the opportunity to share our views on this important topic and we hope you will successfully pass this measure out of your Committee.



P.O. Box 4270 Kaneohe, HI 96744  
[www.breastfeedinghawaii.org](http://www.breastfeedinghawaii.org)

T

Date: March 31, 2022

To: Committee on Finance  
Rep. Sylvia Luke, Chair  
Rep. Kyle T. Yamashita, Vice Chair

From: Early Childhood Action Strategy

Re: **Support for SB2634 SD1 HD1, Relating to Health**

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Early Childhood Action Strategy (ECAS) is a statewide cross-sector partnership designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki.

**ECAS supports passage of SB2634 SD1 HD1.** This bill would provide appropriations to extend postpartum insurance coverage for pregnant people receiving Medicaid for their pregnancy to 12 months (from 60 days), and would promote access to safe, high-quality maternity care for all of Hawai'i's families.

This is important because:

- Complications associated with pregnancy do not always end when the pregnancy ends or even 60 days after – the evidence shows that 60 days of postpartum health care is not enough
- Pregnant people are highly motivated during pregnancy to address their healthcare problems, and that progress in their health can be disrupted when insurance coverage is lost.
- This bill would promote **EQUITABLE** access to healthcare for some of Hawaii's most vulnerable communities
- Providing extended, uninterrupted health care coverage into the postpartum period so that pregnant and birthing people can access screening, counseling and treatment will improve the health of the most vulnerable of the families, women, and children of Hawai'i.

Thank you for the opportunity to testify.

**SB-2634-HD-1**

Submitted on: 3/28/2022 9:51:27 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Luke, Vice Chair Yamashita, and Members of the FIN Committee,

I write in strong support of SB2634 SD1 HD1, which would extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

As a public health professional working with underserved and vulnerable communities, I have witnessed how the short postpartum coverage for Medicaid exacerbates infectious and chronic diseases among pregnant people, such as viral hepatitis B and syphilis. Accordingly, extending the duration of post-partum Medicaid coverage has been shown to improve infant and parental outcomes. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

To ensure a health community, and by extension a healthy economy, we must invest in the health our families, most especially our post-partum parents.

Mahalo,

Thaddeus Pham (he/him)

**SB-2634-HD-1**

Submitted on: 3/29/2022 1:15:42 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lea Minton	Individual	Support	Written Testimony Only

Comments:

Dear Chair Luke and Finance Committee Members:

Thank you for this opportunity to stand in strong support of SB2634D1HD1. It is imperative that we fund this measure and enact it effective upon Governor's signature so that we can take advantage of the federal matching funds as soon as possible as well as ensure the health and well being of our mothers now. As a midwife working in our community with clients who often are ineligible for MedQuest coverage after 60 days postpartum, there are numerous threats to their lives due to lack of health insurance. As a nation whose maternal death rates are atrocious for a wealthy and developed nation; and the rising mental and physical health conditions our mothers live with, it is imperative that we ensure that mothers can access care to help treat and manage their conditions postpartum. Families and babies, and our community - we all need our mothers to have access to health care in order for our community and selves to be well.

Thank you for supporting this measure; I strongly encourage you to pass SB2634SD1HD1.

Sincerely,

Le'a Minton, CNM

Date: March 29, 2022

From: Caitlin Kryss  
P.O. Box 711687  
Mountain View, HI. 96771

To: Hawaii State Legislature

RE: Support for SB 2634

Dear Chair Luke, Vice Chair Yamashita, and committee members,

Please support SB 2634 relating to support for Postpartum care to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Women need this coverage. Please consider the following:

- Postpartum care is an ongoing process that typically requires multiple visits and follow up care that may last a year or even longer.
- Pregnancy complications or have chronic conditions, such as hypertension or diabetes often last beyond 60 days
- [Suicidality](#) among pregnant and postpartum people has risen over the past decade.
- One in [ten](#) women experience perinatal depression,
- [ACOG](#) recommends screening during the postpartum visit and initiation of treatment or referral to a mental health provider when a woman is identified with depression. often lasting beyond 60 days.
- At least [one-third](#) of maternal deaths occur in the postpartum period
- [Research](#) strongly indicates that access to health care throughout a woman's reproductive years, is essential for prevention, early detection, and treatment of some of the [conditions](#) that place women at higher risk for pregnancy-related complications, including cardiovascular disease, diabetes, and chronic hypertension.

Please support SB 2634.

Mahalo,  
Caitlin Kryss

**SB-2634-HD-1**

Submitted on: 3/30/2022 1:21:11 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jessica Redford	Individual	Support	Written Testimony Only

Comments:

I am submitting testimony in write STRONG SUPPORT of SB2634 SD1 HD1, which would fund and extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

The current postpartum coverage duration under MedQUEST is insufficient to address the needs of pregnant people, especially for chronic hepatitis B. People living with hepatitis B need ongoing care, especially after giving birth, but often cannot continue with health services once MedQUEST coverage ends. Additionally, extending the duration of post-partum Medicaid coverage has been shown to improve infant and parental outcomes. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

To ensure a health community, and by extension a healthy economy, we must invest in the health our families, most especially our post-partum parents. Please support SB2634 SD1 HD1.

Thank you for the opportunity to testify.



**SB-2634-HD-1**

Submitted on: 3/30/2022 9:58:51 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ashley Galacgac	AF3IRM Hawaii	Support	Written Testimony Only

Comments:

**Please pass SB2634 to increase postpartum coverage for Medicaid patients.** Birthing people need the time to recover and receive ongoing care and treatment. Healthy and supported birthing people will ensure the health of their babies.

Data from the 2019 Hawai'i Maternal Mortality Review Committee report shows that 50% of the state's maternal deaths between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery which is the exact time period when many women lose their Medicaid coverage and are unable to obtain necessary medical care.

Please pass this important measure.

**SB-2634-HD-1**

Submitted on: 3/31/2022 7:25:36 AM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Beatrice Zovich	Individual	Support	Written Testimony Only

Comments:

I am submitting testimony in write STRONG SUPPORT of SB2634 SD1 HD1, which would fund and extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

The current postpartum coverage duration under MedQUEST is insufficient to address the needs of pregnant people, especially for chronic hepatitis B. People living with hepatitis B need ongoing care, especially after giving birth, but often cannot continue with health services once MedQUEST coverage ends. Additionally, extending the duration of post-partum Medicaid coverage has been shown to improve infant and parental outcomes. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

To ensure a health community, and by extension a healthy economy, we must invest in the health our families, most especially our post-partum parents. Please support SB2634 SD1 HD1.

Thank you for the opportunity to testify.

Dear Committee members,

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of Senate Bill 2634.

As an obstetrician-gynecologist, I take care of people throughout their pregnancies and postpartum. Many of my patients are on Medicaid, as 1 in 3 births in Hawaii is covered by Medicaid. Medicaid income limits are slightly increased for pregnant patients, but pregnancy coverage currently ends at 60 days post-delivery. This puts significant stress on my patients and their families during a major life transition – they've just delivered a baby, and now they need to get everything with their healthcare organized as quickly as possible, before they lose their insurance coverage. Often, there are issues that cannot be fully addressed in that time, leaving problems to worsen without care.

Just last month, I saw one of my patients for a new, unplanned pregnancy. She had diabetes during her last pregnancy, which carries a risk of becoming type 2 diabetes and continuing after the pregnancy. We usually test for diabetes again after pregnancy to see if it has resolved or developed into a chronic disease, but she was unable to complete her postpartum diabetes testing before she lost her insurance. When I saw her this time, we tested her for diabetes immediately, and she does have it. That means she's likely had diabetes for the entire time since her last pregnancy, without any access to care or even testing. Pregnancy with diabetes requires good control of blood sugar levels to protect both mom and baby. Unfortunately, the early weeks of pregnancy are critical, and uncontrolled diabetes during this time greatly increases the risk of birth defects. My patient didn't even know she had diabetes during that time and had no access to blood sugar monitoring or medication, placing her at much higher risk of a complicated pregnancy or birth defects. Also, this was an unplanned pregnancy. Many families are still adjusting to the rhythm of life with a newborn at two months postpartum and are not yet ready to discuss future pregnancies or birth control. After they lose their insurance, they then have no access to birth control. This patient had not yet decided on a birth control plan when she lost her insurance, and now has an unintended pregnancy. Had she had access to healthcare after her last delivery, we could have diagnosed her continuing diabetes, offered her ways to manage her blood sugar, and helped her optimize her health for herself and for any future pregnancies.

Extending postpartum Medicaid coverage is critical for protecting the health of Hawaii's families. Our maternal mortality data from here in Hawaii has shown that 50% of our maternal deaths occur in the late postpartum period, or 42 days to 1 year after birth. Currently, this is exactly when Medicaid coverage ends and women and families are left without access to healthcare. Also, for every maternal death recorded we must also remember that there are approximately 75 cases of serious illnesses or injury. To protect Hawaii's women and families, we need to ensure they have continuing healthcare coverage during this vulnerable time.

Please consider joining us in supporting Senate Bill 2634

Thank you,

Theresa Myers, MD

**SB-2634-HD-1**

Submitted on: 3/31/2022 12:44:30 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Deborah G. Nehmad	Individual	Support	Written Testimony Only

Comments:

PLease support this very important bill. It's so important for Hawaii's keiki and mothers

thank you

deb nehmad

hawaii Kai

**SB-2634-HD-1**

Submitted on: 3/31/2022 2:33:21 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nikki-Ann Yee	Individual	Support	Written Testimony Only

Comments:

I strongly support SB2634 because the women of Hawai'i need adequate postpartum coverage to optimize their health and take care of their families. Sixty days of coverage is simply not enough and extending Medicaid coverage for pregnant people for a full year after birth is the first step to eliminating disparities and improving outcomes. By extending postpartum coverage, you can improve the health of the most vulnerable families, women, and children of Hawai'i.

**SB-2634-HD-1**

Submitted on: 3/31/2022 2:58:54 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Avery Olson	Individual	Support	Written Testimony Only

Comments:

All,

I am a resident OBGYN physician in Honolulu. I care for medicaid patients daily, whether it be in their pregnancy, in their postpartum period, or at the end of their life. The postpartum period is a delicate time, one where medical conditions of pregnancy can be exacerbated and psychiatric conditions heightened. Maternal death can occur months after delivery, secondary to these concerns. If a patient cannot receive care past 60 days postpartum, they are not receiving the care they may need to be a healthy mother to their newborn. They may not be receiving that will impact whether they will be alive to see their child graduate from high school.

This bill would qualify the state for federal matching funds. It may decrease maternal mortality. Please support SB2634.

Mahalo,

Dr. Avery Olson

To: Hawaii State Legislature – Committee on Finance  
Hearing: Date/Time: Friday, 4-1-2022 3:00pm  
Place: Hawaii State Capitol, Room CR 308 & Videoconference  
Re: Judith Ann Armstrong is in support of SB2634 (Relating to Health)

Aloha Chair Rep. Patrick Pihana Branco and Vice Chair Rep. Kyle T. Yamashita and esteemed members of the Committee,

I am writing in support of SB2634 which seeks to extend Medicaid postpartum benefits to 12 months.

Low-income women in Hawaii, especially those in migrant and immigrant families 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 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 lower maternal mortality and health complications, improved birth outcomes, and fewer NICU admissions.

I respectfully request the committee support 2634.

Sincerely,  
Judith Ann Armstrong  
jaapfg@twc.com  
Honolulu, HI 96815

**SB-2634-HD-1**

Submitted on: 3/31/2022 8:32:59 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nancy Yang	Individual	Support	Written Testimony Only

Comments:

As an OBGYN physician practicing in Hawai'i, I support this bill and the expansion of Medicaid coverage. Many women do not access necessary preventive care outside of the time around pregnancy, and 6 weeks is simply not enough to do everything we as OBGYN providers need to do for high quality care. I recall one of my patients who had an abnormal pap smear during her pregnancy a few years ago. She became lost to follow-up care after delivery. Recently she was admitted to the hospital for advanced cervical cancer and will likely have lifelong disabilities even if she can be cured of her cancer. If she had access to Medicaid as part of her postpartum care for at least 1 year after her delivery, she may have been able to avoid her current condition, and would have been much less costly.