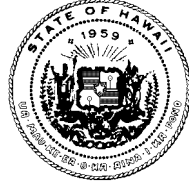


DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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

February 20, 2022

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

FROM: Cathy Betts, Director

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

Hearing: February 23, 2022, 10:05 a.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 support for the expansion from two to twelve months for postpartum care 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 12/31/2050. (SD1). The SD1 amended the measure by defecting the effective date and making technical amendments.

The "pregnant women" eligibility category 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 end of 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."ⁱ

Thank you for the opportunity to testify on this measure.

ⁱ 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/>



LATE

STATE OF HAWAII
Executive Office on Early Learning
2759 South King Street
HONOLULU, HAWAII 96826

February 22, 2022

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

FROM: Coleen Momohara, Interim Director
Executive Office on Early Learning

SUBJECT: **Measure:** S.B. No. 2634 S.D. 1 – RELATING TO HEALTH
Hearing Date: Wednesday, February 23, 2022
Time: 10:05 a.m.
Location: Conference Room 211 and Videoconference

Bill Description: Appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Effective 12/31/2050. (SD1.)

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Supports

Aloha. I am Coleen Momohara, Interim Director of the Executive Office on Early Learning (EOEL). EOEL supports S.B. No. 2634 S.D. 1 and defers to the Department of Human Services (DHS).

EOEL is statutorily responsible for the development of the State's early childhood system that shall ensure a spectrum of high-quality development and learning opportunities for children throughout the state, from prenatal care until the time they enter kindergarten, with priority given to underserved or at-risk children.

Improving the health and well-being of mothers, infants, and young children is an important public health goal. **It is necessary to provide the best environment for our children and for those closest to our children, particularly in their most vulnerable periods of development.** The United States has some of the highest maternal mortality rates amongst high-income countries and, according to the CDC, adequate medical attention could have prevented up to 60 percent of postpartum related deaths in 2019.

Furthermore, the Hawaii Maternal Mortality Review Committee, established in part through the passage of Act 203 in 2016, has been reviewing all maternal deaths in Hawaii dating back to 2015 and has found that approximately half of maternal deaths have occurred 43 days to one year postpartum. However, current standards of care only extend to 6 weeks postpartum. This bill would extend coverage for a longer period, when mothers are at highest risk.

As we work to ensure a spectrum of high-quality development and learning opportunities for our keiki, ensuring adequate health services from the prenatal stages and beyond support children in their growth, development, and learning.

We defer to the DHS as it pertains to the bill, particularly on implementation. We would also like to note that the DHS has appropriation requests for the purpose of extending and sustaining postpartum Medicaid coverage in the Executive Supplemental Budget, Fiscal Year 2023.

Thank you for the opportunity to provide testimony on this bill.

DAVID Y. IGE
GOVERNOR



LATE

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 SENATE COMMITTEE ON WAYS AND MEANS
ON
SENATE BILL NO. 2634, S.D. 1

February 23, 2022
10:05 a.m.
Room 211 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, 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.



LATE

DISABILITY AND COMMUNICATION ACCESS BOARD

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

February 23, 2022

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Senate Bill 2634, Senate Draft 1 – Relating to Health

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

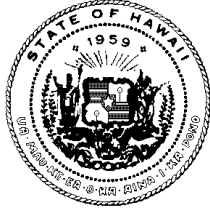
Postpartum can cause serious health conditions and complications if left untreated. Extending Medicaid postpartum coverage reduces the stress of losing health benefits and additional treatments needed to recover from childbirth.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

Kristine Pagano

for KIRBY L. SHAW
Executive Director



LATE

‘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 S. Committees on Ways and Means

In Support of SB2634 SD1

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and Honorable Members,

The Hawai‘i State Commission on the Status of Women writes in **support** of SB2634 SD1 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.

Sincerely,

Khara Jabola-Carolus



February 23, 2022 at 10:05 am
Via Videoconference

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

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

Re: **Testimony in Support**
SB 2634 SD 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 20,000 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.



Date: Wednesday, February 23, 2022

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

From: Peggy Mierzwa, Community and Government Relations

RE: SB2634 SD1 Relating to Health

AlohaCare appreciates the opportunity to provide testimony in **STRONG SUPPORT** of **SB2634 SD1**. 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 nearly 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.ⁱ 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 that will support women's health.

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



February 18, 2022

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

Re: SB 2634 SD1 – Relating to Health

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2634, SD1, which appropriates moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy. Effective 12/31/2050.

HMSA believes it is important for mothers to be able to access care for a longer period postpartum as it 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 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 of childless adults.

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

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



To: Chair Donovan Dela Cruz
Vice Chair Gilbert Keith-Agaran
Senate Committee on Ways & Means

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

Re: SB 2634 SD1, Relating to Health; **In Support**
February 23, 2022; Conference Room 211

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, 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. Thank you for the opportunity to submit testimony on this measure.



DATE 20 Feb 2022

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

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

Hrg: 23 Feb 2022, 10:05 AM Conference room 211 & Videoconference

Dear Chair Donovan, Vice Chair Keith-Agaran, and Members of the Committees,

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, 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.¹ 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.² 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).³ The Hawai'i Maternal Mortality Review Committee determined over half of Hawai'i's maternal deaths were preventable.³ In addition, addressing morbidity is important as there are over 100 life-threatening complications related to pregnancy for every 1 maternal death.⁴ 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.¹ 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. 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,

A handwritten signature in black ink, appearing to read 'J. Leocadia Conlon'.

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-medicare-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>



To: Hawaii State Senate Committee on Ways and Means
Hearing Date/Time: Wednesday, February 23, 2022, 10:05 a.m.
Place: Hawaii State Capitol, Conference Room 211 & Videoconference
Re: Testimony of Hawaii Women's Coalition in strong support of S.B. 2634, SD1

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

The Hawaii Women's Coalition writes in strong support of S.B. 2634, SD1. 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



**Testimony to the Senate Committee on Ways and Means
Wednesday, February 23, 2022; 10:05 a.m.
State Capitol, Conference Room 211
Via Videoconference**

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

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of Senate Bill No. 2634, Senate 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 December 31, 2050.

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.

~~LX~~ (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 ~~(E)~~ (F)
of the Act

Per PM # 42-4
dated 8/19/92

(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, attached.)

Testimony on Senate Bill No. 2634, Senate Draft 1
Wednesday, February 23, 2022; 10:05 a.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.

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

**EXECUTIVE SUPPLEMENTAL BUDGET
(IN DOLLARS)**

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

PROGRAM COSTS	FY 2022		FY 2023		BIENNIUM TOTALS		
	CURRENT APPRN	ADJUSTMENT	RECOMMEND APPRN	ADJUSTMENT	CURRENT BIENNIUM	RECOMMEND BIENNIUM	PERCENT CHANGE
OTH CURRENT EXPENSES	2,808,020,520		2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383
TOTAL OPERATING COST	2,808,020,520		2,808,020,520	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383
BY MEANS OF FINANCING							
GENERAL FUND	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	2,753,320	2,753,320
FEDERAL FUNDS	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	26,949,590	26,949,590
INTERDEPT. TRANSF	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	26,041,343	2,834,061,863	5,616,041,040	5,642,082,383

**Narrative for Supplemental Budget Requests
FY 2023**

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

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.

SB-2634-SD-1

Submitted on: 2/20/2022 7:34:04 PM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Michael Ching, MD, MPH	Testifying for American Academy of Pediatrics, Hawaii Chapter	Support	No

Comments:

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran, and Members of the Committee on Ways and Means,

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



HAWAII MEDICAL ASSOCIATION

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www.hawaiimedicalassociation.org

SENATE COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

Date: February 23, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

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

Pregnancy related deaths (defined as death within 1 year of pregnancy¹) are a significant health challenge in Hawaii, and although identifying causes are complex, coverage lapses are a factor²⁻⁵.

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

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2. Report to the 31th 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/>
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**American
Heart
Association.**

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

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

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SB 2634, SD1 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 or contact your nearest AHA office.

Respectfully submitted,

Don Weisman

Government Relations/Communications and Marketing Director



Alliance Advocates - Hawai'i

To: Hawai'i State Senate, Committee on Ways and Means
Hearing Date/Time: Wednesday, February 23, 2022 at 10:05 am
Place: Hawai'i State Capitol, Room 211 & videoconference
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in support of SB 2634, relating to health

Dear Chairs 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.¹ 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

¹ 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>

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

To: Hawaii State Legislature – Senate Committee on Ways and Means
Date: Wednesday, February 23, 2022 at 10:05 am
Re: Testimony of Save Medicaid Hawaii in support of SB 2634, Relating to Health

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

My name is Doris Segal Matsunaga, representing Save Medicaid Hawaii, and we strongly support SB 2634, SD 1.

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
Visit our webpage: <https://www.facebook.com/SaveMedicaidHawaii/>



February 18, 2022

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

Senate Bill 2634 SD1 – Relating to Health

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

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on SB 2634 SD1. 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.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
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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: February 21, 2022

To: Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair
Members of the Committee on Ways and Means

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

Hrg: February 23, 2022 at 10:05 AM via videoconference

The Obesity Prevention Task Force, a program of Hawai'i Public Health Instituteⁱ (HIPHI), is in **support of SB 2634, SD1**, 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.ⁱⁱ 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.ⁱⁱⁱ

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.^{iv} Eighty percent were deemed preventable.^v One quarter of maternal deaths were among Native Hawaiian and Pacific Islander women.^{vi} 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.^{vii} 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**. Thank you for the opportunity to provide testimony.

Mahalo,



Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ 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.

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

ⁱⁱⁱ Healthy Women, Healthy Pregnancies, Healthy Futures, *supra*.

^{iv} 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.

^v *Id.*

^{vi} *Id.*

^{vii} *Id.*

SB-2634-SD-1

Submitted on: 2/22/2022 6:12:05 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Ann S. Freed	Testifying for AAUW of Hawaii	Support	No

Comments:

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

Members of AAUW of Hawaii thank you for this opportunity to testify in strong support of this measure that appropriates moneys to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

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.

Mahalo,

Ann S Freed,

Public Policy Committee, AAUW of Hawaii

publicpolicy-hi@aauw.net

The American Association of University Women (AAUW) of Hawaii is an all volunteer, statewide chapter of a national organization and is made up of six branches: Hilo, Honolulu, Kaua'i, Kona, Maui, and Windward Oahu. UH Hilo, UH Manoa, UH Maui College, and Windward Community College are also AAUW partners. AAUW's mission is to advance gender equity for equal opportunities in education, at workplace and for economic security, and in leadership.

Wednesday, February 23, 2022 at 10:05 AM
Via Video Conference

Senate Committee on Ways and Means

To: Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

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

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

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 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.



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

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

DATE: Wednesday, February 23, 2022

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

**Re: SB 2634_SD1 – Relating to Health
Position: SUPPORT**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) **strongly supports SB 2634_SD1**, 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).¹ 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.² 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 women 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 urge this committee to pass this measure.

Thank you for the opportunity to testify.

¹ Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.

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



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February 22, 2022

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Group Testimony in Support of SB2634

Relating to Health – extending postpartum Medicaid coverage

'Ahahui o Nā Kauka supports SB2634'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 symptoms¹. While the onset of postpartum depression occurs during the first postpartum month about half of the time (54%)², data also shows 30-50% of patients with postpartum depression still suffer from symptoms a year later³.

¹ 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.

² 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.

³ 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*

A 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 whites⁴. Gestational diabetes also confers approximately 10 times the risk of developing type 2 diabetes after pregnancy⁵. 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 birth⁶.

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%⁷. 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 2015-2017⁸. We urge you to consider all the above factors and extend Hawai‘i Medicaid postpartum coverage to 12 months.

⁴ 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)

⁵ Elpida Vounzoulaki^{1,2}, Kamlesh Khunti^{3,2}, Sophia C Abner^{3,2}, Bee K Tan⁴, Melanie J Davies³, Clare L Gillies^{3,2} 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.

⁶ Society for Maternal-Fetal Medicine (SMFM); Erika F Werner¹, Phinarra Has², Dwight Rouse³, Melissa A Clark⁴ 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

⁷ 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.

⁸ 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.



Submitted Online: February 22, 2022

Date: February 23, 2022

To: Senate Committee on Ways and Means
Sen. Donovan Dela Cruz, Chair
Sen. Gilbert Keith-Agaran, Vice-Chair

From: Eva Andrade, President

Re: Support for SB 2634 SD1 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.ⁱ 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.”ⁱⁱⁱ 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.ⁱⁱⁱ

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.

ⁱ 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>.

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

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



2/23/2022

STRONG SUPPORT FOR SB2634SD1, RELATING TO HEALTH

To: Senate Committee on Ways and Means
Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair
Hawaii State Capitol
415 South Berentania Street
Honolulu, HI 96813

From: **Midwives Alliance of Hawai'i**
Le'a Minton, MSN, APRN, CNM, IBCLC, President
Richard Chong, Treasurer
Destiny Warring, LM, CPM, Kaua'i Representative
Melissa W. Chong, LM, CPM, Maui Representative
Nina Millar, LM, RN, CPM, Hawai'i Island Representative

Time: Thirty-First Legislature Regular Session of 2022
Wednesday, February 23, 2022 at 10:05AM

Dear Senator Donovan Dela Cruz, Senator Keith-Agaran and committee members:

Midwives Alliance of Hawai'i (MAH) is in **strong support of SB2634SD1** and supports The American College of Obstetrician and Gynecologists testimony. As participants in the Hawai'i Maternal Mortality Review Committee, we see that there are preventable maternal deaths occurring within the 2-12 month postpartum period. As healthcare providers we have seen the positive impact that the Declaration of a Public Health Emergency has had on clients lives as they continue to receive access to critical healthcare beyond 2 months postpartum that they otherwise would not have been able to afford out of pocket. Inadvertently, the pandemic has given us a pretty good estimate of the cost to maintain mothers on Medicaid for the additional 10 months postpartum that they otherwise would not have had. What we find is providing 12 months of postpartum medicaid coverage to mothers is absolutely needed, a reasonable cost, definitely doable, and is 100% the right thing to do.

In reading the Budget and Finance comments from the last hearing, and in reviewing the HMS/HTH committee report, it appears that the Ways and Means committee is tasked with ensuring that our general funds have enough money to meet our obligations for Elementary, Secondary and Higher Education funding related to having received Covid related funds. Midwives Alliance of Hawai'i has full confidence that the Ways and Means committee can ensure that the State meets our financial obligations, while also ensuring that we have adequate funding to care for our mothers in Hawai'i. Noting that our State has a budget surplus, and noting that there is a federal match available for us to receive related to the State's participation in expanding postpartum coverage through medicaid, we believe you have many resources to work with to ensure that SB2634SD1 can be passed and implemented in perpetuity.

Thank you for this opportunity to testify in **strong support of SB2634SD1** and the appropriation of designated funds to the Department of Human Services for the wellness of our community.

MIDWIVES ALLIANCE OF HAWAI'I
P.O. BOX 241 HAU'ULA, HI 96717
Midwiveshawaii@gmail.com
www.midwiveshawaii.org



February 22, 2022

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

Re: S.B. 2634, SD 1, RELATING TO HEALTH

Hearing: Wednesday, February 23, 2022, 10:05 a.m. (videoconference)

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran, and Members of the Committee on Ways and Means:

Hawaii Women Lawyers (“HWL”) **supports S.B. 2634, SD 1**, which appropriates state funds to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

The proposed bill recognizes that Medicaid pregnancy coverage expires 60 days after childbirth, that many women need ongoing postpartum care beyond that period, and that many women struggle to maintain health care coverage following childbirth. Nearly half of all births in the United States are paid for by Medicaid. According to the Centers for Disease Control and Prevention, most pregnancy-related deaths are preventable and are caused by factors including access to care, missed or delayed diagnoses, and not recognizing warning signs. Expanding post-partum Medicaid coverage is critical to the health and wellbeing of women and their families.

Thank you for the opportunity to submit testimony on this measure.



HMIHC

HAWAII MATERNAL & INFANT
HEALTH COLLABORATIVE

Wednesday, February 23, 2022, 10:05AM, Videoconference

To: Committee on Ways and Means

Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

From: Hawaii Maternal and Infant Health Collaborative

Re: SB 2634 SD 1- Relating to Health

Position: Strong Support

Dear Chairs Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee on Ways and Means,

The Hawai'i Maternal & Infant Health Collaborative (HMIHC) **strongly supports SB 2634 SD 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.¹ 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 impacted 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 why this measure is important as its impacts are felt not only at the individual level, but within a family, and 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. When insurance coverage is terminated, this 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 wellbeing.

If this measure is adopted into law, Hawai'i will join 5 other states in obtaining waivers from the federal government to extend postpartum coverage for Medicaid patients, along with 15 other states who have indicated they will be applying for this waiver as well. This measure is in alignment 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 important 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 8% reduction in preterm births and 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 work groups.

Date: February 22, 2022

To: Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair
And members of the Committee

From: Early Childhood Action Strategy

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

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. 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 Hawai'i'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 in support of this important measure.

SB-2634-SD-1

Submitted on: 2/19/2022 7:03:29 PM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Shandhini Raidoo	Individual	Support	No

Comments:

Aloha,

I am an obstetrician-gynecologist and I have been providing care to pregnant people and their families in Hawaii for over 6 years. While pregnancy and birthing can be exciting as people grow their families, there are also many medical problems that can complicate pregnancy, childbirth, and postpartum healing. For my patients who have complications during pregnancy, it often takes many months for them to heal and be healthy enough to care for their families in the ways that they want. By extending insurance coverage for 12 months postpartum, we can ensure that all pregnant and birthing people can be as healthy as possible as they recover from growing their families.

Thank you for your attention to the health and wellness of Hawaii's families,

Shandhini

SB-2634-SD-1

Submitted on: 2/20/2022 9:53:39 PM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Thaddeus Pham	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the WAM Committee,

I write in strong support of SB2634 SD1, 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-SD-1

Submitted on: 2/21/2022 2:47:18 PM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Colleen Inouye	Individual	Support	No

Comments:

Dear Senator Dela Cruz, Chair, and Senator Keith-Agaran, Vice-Chair, and the members of the Committee on Ways and Means,

Thank you for allowing me to submit testimony in support of SB2634 SD1, Medicaid insurance coverage for twelve (12) months instead of two (2) months for postpartum patients. I am an OB/Gyn on Maui and have seen what happens to my patients without insurance a few months after giving birth. They do not have access to effective contraception and become pregnant within the year after their last pregnancy, they do not have money to buy medications that are needed for their chronic health conditions that resulted from pregnancy such as high blood pressure or diabetes, and/or do not have access to medications or counseling for their substance abuse.

Please support SB2634 SD1 and thank you for allowing me to provide testimony in support of this bill.

Sincerely,

Colleen F Inouye MD MMM MS-PopH FACHE FAAPL FACOG

To: Hawaii State Legislature – Committee on Ways and Means
Hearing: Date/Time: Wednesday, 2-23-2022 10:05am
Place: Hawaii State Capitol, Room CR 211 & Videoconference
Re: Judith Ann Armstrong is in support of SB634 (Relating to Health)

Aloha Chair Donovan M. Dela Cruz and Vice Chair Senator Gilbert S. C. Keith-Agaran 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



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

Re: **SB 2634 SD1- Relating to health**
10:05 AM, February 23, 2022

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

On behalf of HCAN Speaks!, thank you for the opportunity to **testify in support of Senate bill 2634 SD1, 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.¹ 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.²

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

¹ 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/>

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

SB-2634-SD-1

Submitted on: 2/22/2022 6:43:47 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Chrystie Fujimoto	Individual	Support	No

Comments:

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of Senate Bill 2634. I have been privileged to take care of many pregnant people covered under Medicaid insurance. These are some of our most medically complex patients and currently postpartum coverage for pregnant people under Medicaid is guaranteed only for 60 days. This is simply not enough time for us to take care of these women and their families. Many of these patients lose access to care and return with preventable complications.

Recent data shows that 50% of the maternal deaths in our state between 2015-2016 were in the late postpartum period, which includes 43 days to one year after delivery. With the current Medicaid coverage, this is the exact time period when many women lose their insurance coverage. Several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for ALL of our patients will improve the health of Hawaii's women, children, and families.

I urge you to pass this measure.

Sincerely,

Chrystie Fujimoto, MD

SB-2634-SD-1

Submitted on: 2/22/2022 7:47:17 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Avery Olson	Individual	Support	No

Comments:

Dear Senators of the Ways and Means committee,

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

As an OBGYN I have been privileged to take care of many pregnant people covered under Medicaid insurance. Each day that I start my clinic, I expect to see more than one patient covered by medicaid. These patients are often the most complex on my schedule, requiring more intensive care before, after, and during pregnancy.

Currently, postpartum coverage for pregnant people under Medicaid is only guaranteed for 60 days. Simply, this is just not enough time. Women who come into my clinic deserve more for them and their families. If three months after delivery a patient decides she is done childbearing and wants contraceptive care, she should be able to receive it. If a patient has late onset postpartum depression, she should be able to receive psychiatric care to care for herself and to benefit her children at home. It just makes sense.

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

Other states have decided to prioritize one year of postpartum coverage, and we are overdue. Providing uninterrupted health care coverage for one year after delivery for ALL of our patients will improve the health of Hawaii's women, children, and families.

I strongly support Senate Bill 2634, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,

Dr. Avery Olson, MD

SB-2634-SD-1

Submitted on: 2/22/2022 8:45:46 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Lauren Ing	Individual	Support	No

Comments:

Dear Chair Dela Cruz other 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 have been privileged to take care of many pregnant people covered under Medicaid insurance. These are some of our most medically complex patients who need care both during and after their pregnancy. Currently, postpartum coverage for pregnant people under Medicaid is only guaranteed for 60 days. This is simply not enough time for us to take care of the women of Hawai'i and their families. Some of our patients lose insurance after this time period and lose access to health care. Their medical problems are not taken care of and the next time we see them, they are pregnant again with more complex issues. Instead, we need to make sure coverage lasts for one year after delivery in order to ensure adequate postpartum care for our patients.

As an example, I recently took care of a patient who had hypertension that was diagnosed during pregnancy, but probably predated her pregnancy and was undiagnosed. She was delivered early due to her worsening blood pressures and then after delivery she had difficulty establishing care with a primary care physician who could better manage her hypertension over the long term. She lost her insurance, and I'm sure she ran out of the antihypertensive medication prescribed to her post-partum. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

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

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted

health care coverage for one year after delivery for ALL of our patients will improve the health of Hawaii's women, children, and families.

I strongly support Senate Bill 2634, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,

Lauren Ing, MD

SB-2634-SD-1

Submitted on: 2/22/2022 8:56:51 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kevin Saiki, MD	Individual	Support	No

Comments:

TO: Senator Donovan M. Dela Cruz, Chair, Senator Gilbert S.C. Keith-Agaran, Vice Chair, and members of the Committee on Ways and Means

DATE: Wednesday, February 22, 2022, 10:05AM

FROM: Kevin Saiki, MD

Re: [SB 2634, SD1](#) – Relating to Health

Position: SUPPORT

I am a practicing obstetrician-gynecologist in Hawaii, and I am writing in strong support of Senate Bill 2634, SD1.

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

As an example, I work in the field of high-risk obstetrics and many of my patients enter into pregnancy with chronic disease. Some women have complex heart disease that can be worsened by pregnancy. These women are recommended routine check-ups and close consultation with multiple medical specialties and sometimes need surgery or interventions ensure they remain healthy. In the last year, I witnessed a teenager with a complex cardiac problem have her condition worsen in pregnancy and in the postpartum time period. After she delivered her baby, she needed repeated hospitalization that included time in the intensive care unit as well as consultation with heart surgeons. Due to her acutely worsening disease, she passed away shortly after delivering her baby. The tragedy of this story highlights the critical need for women to have insurance coverage for a full year following the end of pregnancy as underlying illnesses do not go away when baby is born. This is a patient who would have needed heart surgery, hospitalization, consultation with high risk obstetricians, and gynecologic care including contraception counseling and management.

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

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

I strongly support Senate Bill 2634, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,
Kevin Saiki, MD

SB-2634-SD-1

Submitted on: 2/22/2022 8:56:54 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Marit Pearlman Shapiro	Individual	Support	No

Comments:

Dear Committee members,

I am a practicing obstetrician-gynecologist, providing prenatal care to patients at Wahiawa Health Center and I am writing in strong support of Senate Bill 2634.

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

As an example, I recently took care of a patient at Wahiawa Health Center diagnosed with postpartum depression. We were able to connect her with behavioral health counseling services and she was starting to see improvements in her mood. Contributing to her depression, she was struggling with breastfeeding and needed further visits to treat mastitis and correct her infant's latch. However, her coverage ended at 60 days postpartum in the middle of these treatments and she was unable to continue with these necessary healthcare services when her baby was just a few weeks old. This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year.

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

Many other states have decided to prioritize one year of postpartum coverage. In fact, several Maternal Mortality Review Committees have specifically recommended ensuring one year of

postpartum coverage to decrease maternal mortality across the nation. Providing uninterrupted health care coverage for one year after delivery for ALL of our patients will improve the health of Hawaii's women, children, and families.

I strongly support Senate Bill 2634, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,

Marit Pearlman Shapiro, MD

SB-2634-SD-1

Submitted on: 2/22/2022 9:32:16 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Lea Minton	Individual	Support	No

Comments:

Dear Senate Committee on Ways and Means,

Thank you for this opportunity to testify in **STRONG SUPPORT of SB2634SD1**. As you know, Hawai'i is eligible to participate in a federal match for medicaid expansion of 12 months postpartum medical coverage, and this begins in April of 2022. We would be wise to participate immediately in order to be eligible to receive the federal match as soon as possible. Providing healthcare during the duration of what we consider the postpartum period, 12 months after delivery, is essential in order to improve maternal health outcomes. Currently our maternal mortality review committee is tasked with reviewing mortality cases up through 12 months after delivery, as this is considered the postpartum period. It is imperative that our medical coverage move into alignment with the definition of postpartum rather than arbitrarily cutting healthcare at 2 months post delivery.

The requested sum by the Department of Human Services to implement this coverage is small compared to the benefits for our entire state. As a tax payer, I approve of this use of our funds towards such services.

Thank you for this opportunity to testify in **STRONG SUPPORT of SB2634SD1**.

Mahalo,
Le'a Minton, MSN, APRN, CNM, IBCLC

LATE

SB-2634-SD-1

Submitted on: 2/22/2022 7:46:02 PM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Caroline Kunitake	Individual	Support	No

Comments:

Please support SB2634 SD1

LATE

SB-2634-SD-1

Submitted on: 2/22/2022 9:54:31 PM
Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Melissa W. Chong	Individual	Support	No

Comments:

Thank you for hearing my testimony today. I fully support extending postpartum Medicaid coverage to twelve months following the end of pregnancy.

LATE

SB-2634-SD-1

Submitted on: 2/23/2022 3:30:09 AM

Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Laura Hughes	Individual	Support	No

Comments:

Paid maternity leave is crucial for family stability and childhood development. It is in my experience living within the EU what allows young people my age to first spend more time with their children also importantly it fosters a healthy family dynamic both for the child and parents. But more importantly it allows for stable family planning, and allows parents the flexibility and ability to provide for their child without having to worry about making ends meet. In short, it is unheard of to not have paid maternal leave, it is crucial. I am a firm believer that my home state Hawai'i and eventually the rest of the United States will and can eventually catch up with the benefits offered to mothers and by extension fathers in the rest of the developed (and many "underdeveloped") countries in the world.

I firmly support this measure, I believe that it can offer a much brighter future for Hawai'i's keiki.

LATE

SB-2634-SD-1

Submitted on: 2/23/2022 6:38:04 AM
Testimony for WAM on 2/23/2022 10:05:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Bliss Kaneshiro	Individual	Support	No

Comments:

As an OBGYN who cares for people during their pregnancy, I support this measure as a means to improve the health of pregnant people and families.

LATE

To: House Committee on Finance

Representative Sylvia Luke, Chair

Representative Kyle T. Yamashita, Vice Chair

I am a gynecologist who started practicing in Hawaii in 2000. I have always been proud of Hawaii's emphasis on access to health care. The state's ability to recognize the healthcare needs of its people and the legislature's willingness to listen and assist with meeting these needs makes us a leader among the states. The American Rescue Plan Act of 2021 allows us the option of continuing to improve access to healthcare by extending Medicaid postpartum coverage from 60 days to 12 months.

Hawaii (and the entire nation) has a high rate of preventable pregnancy-related mortality and morbidity, especially among underserved and low-income communities. The effects of pregnancy on the body including hypertension and diabetes often do not stop at 60 days post-parturition. Postpartum depression does not stop at 60 days after birth. I have personally experienced an incident of postpartum depression leading to suicide beyond the 60 days traditional postpartum period and it was horribly tragic. Beyond that 60 days, under the current Medicaid coverage, many patients are no longer able to afford their medications and their health care visits. Thus, these patients fall out of the health care bubble and are forced to confront their physical and mental health problem alone.

I strongly support HB 1773. It is an important step forward towards adequate healthcare to all members of our community.

Sincerely,

LeighAnn Frattarelli, MD, MPH