

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 7, 2022

TO: The Honorable Senator Joy A. San Buenaventura, Chair  
Senate Committee on Human Services

The Honorable Senator Jarrett Keohokalole, Chair  
Senate Committee on Health

FROM: Cathy Betts, Director

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

Hearing: February 10, 2022, 3:00 p.m.  
Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the intent of this measure and offers comments. DHS respectfully requests 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 state funds required to draw down the federal matching funds to extend Medicaid postpartum coverage to twelve months following the end of pregnancy.

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."<sup>i</sup>

Thank you for the opportunity to testify on this measure.

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



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

February 7, 2022

**TO:** Senator Joy A. San Buenaventura, Chair  
Senator Les Ihara, Jr., Vice Chair  
Senate Committee on Human Services

Senator Jarrett Keohokalole, Chair  
Senator Rosalyn H. Baker, Vice Chair  
Senate Committee on Health

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

**SUBJECT:** **Measure:** S.B. No. 2634 – RELATING TO HEALTH  
**Hearing Date:** Thursday February 10, 2022  
**Time:** 3:00 p.m.  
**Location:** Conference Room 225 and Videoconference

**Bill Description:** Appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.

**EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Supports the Intent**

Aloha. I am Coleen Momohara, Interim Director of the Executive Office on Early Learning (EOEL). EOEL supports the intent of S.B. No. 2634 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.

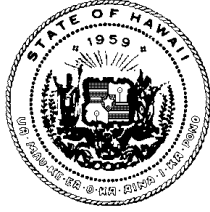
Improving the health and well-being of mothers, infants, and young children is an important public health goal. **It is necessary to provide the best environment for our children and for those closest to our children, particularly in their most vulnerable periods of development.** The United States has 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.



‘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 Human Services and Health

In Support of SB2634

Dear Chairs Buenaventura and Keohokalole, Vice Chairs, and Honorable Members,

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

Sincerely,

Khara Jabola-Carolus

DAVID Y. IGE  
GOVERNOR



CRAIG K. HIRAI  
DIRECTOR

GLORIA CHANG  
DEPUTY DIRECTOR

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

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

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 COMMITTEES ON HUMAN SERVICES AND HEALTH  
ON  
SEANTE BILL NO. 2634

**February 10, 2022**  
**3:00 p.m.**  
**Room 225 and Videoconference**

RELATING TO HEALTH

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

Senate Bill No. 2634 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.



Date: Thursday, February 10, 2022

To: Senator Joy A. San Buenaventura, Chair Committee on Human Services  
Senator Jarrett Keohokalole, Chair Committee on Health

From: Peggy Mierzwa, AlohaCare

RE: SB2634 Relating to Health

AlohaCare appreciates the opportunity to provide testimony in **STRONG SUPPORT** of **SB2634**. 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.<sup>i</sup> Furthermore, long-term birth control methods are typically administered after a 60-day postpartum period.

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

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

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





## HIPHI Board

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For Children in Hawai'i

Garret Sugai

Titiiamae Ta'ase, JD  
State of Hawai'i, Deputy Public Defender

## 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 9, 2022

To: Senator Joy A. San Buenaventura, Chair  
Senator Les Ihara, Jr., Vice Chair  
Members of the Committee on Human Services

Senator Jarrett Keohokalole, Chair  
Senator Rosalyn H. Baker, Vice Chair  
Members of the Committee on Health

Re: Support for SB 2634, Relating to Health

Hrg: February 10, 2022 at 3:00 PM via videoconference

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

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

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

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

Mahalo,



Amanda Fernandes, JD  
Policy and Advocacy Director

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

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

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

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

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

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

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

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

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

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To: Hawaii State Legislature – Senate Committees on Human Services and Health

Date: Thursday, February 10, 2022 at 3:00 pm

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

Dear Chair San Buenaventura, Chair Keohokalole, and Members of the Committees:

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

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 Hawai'i. Email: [savemedicaidhawaii@gmail.com](mailto:savemedicaidhawaii@gmail.com)  
Visit our webpage: <https://www.facebook.com/SaveMedicaidHawaii/>



# ACOG

The American College of  
Obstetricians and Gynecologists

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

TO: Senate Committee on Human Services  
Senator Joy A. San Buenaventura, Chair  
Senator Les Ihara, Jr., Vice Chair  
Senate Committee on Health  
Senator Jarrett Keohokalole, Chair  
Senator Rosalyn H. Baker, Vice Chair

DATE: Thursday, February 10, 2022, 3:00PM

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

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

As a section of the Nation's leading group of physicians dedicated to improving reproductive health care, the Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) represents more than 200 obstetrician/gynecologist physicians in our state. HI ACOG **strongly supports SB 2634**. This legislation 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.

**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.**

- Approximately 700 women in the U.S. die from pregnancy-related issues each year.<sup>1</sup>
- Half (10/20) of the maternal deaths in Hawai'i in 2015 and 2016 occurred in the late postpartum period (43 days to 1 year after the pregnancy ended),<sup>2</sup> and the Hawai'i Maternal Mortality Review Committee determined over half of Hawai'i's maternal deaths were preventable.
- Mental health disorders, including substance use disorders, are one of the largest causes of maternal mortality – most of these health problems do not resolve in 60 days.
- Mortality is the tip of the iceberg – for every 1 maternal death, experts estimate there are over 100 life-threatening complications occurring related to pregnancy (e.g. stroke, organ failure, seizures)
- The health of the entire family is often impacted, sometimes for years, when a mother is struggling with health complications, mental health disorders, or substance use disorders.
- All of our members, even our trainees, have cared for pregnant people with health complications that lasted longer than 60 days – this is not uncommon. We are their doctors and it is extremely frustrating and heart-breaking when our patients stop coming to these essential healthcare visits because they've lost their insurance.

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<sup>1</sup> "Pregnancy-Related Deaths." Centers for Disease Control and Prevention. Published May 7, 2019. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

<sup>2</sup> Hawaii Department of Health. Report to the 30th Legislature, State of Hawaii, 2019.

**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.**

- Pregnant people seek treatment for mental health disorders or substance use disorders during pregnancy, and are more likely to relapse if they cannot continue their treatment (treatment which usually lasts longer than 60 days).
- Other common health conditions such as high blood pressure or diabetes, which pregnant people are also very motivated to address during pregnancy, require comprehensive and continuous coverage after pregnancy. Unfortunately, women who lose access to health care shortly after delivery often are no longer able to control those conditions and the next time an obstetrician sees them is her next pregnancy. Often these conditions have worsened making this next pregnancy even more complicated and high-risk.
- Health insurance is also critical for access to contraception which would help a woman delay her next pregnancy until she can optimize her health.

**SB 2634 would promote EQUITABLE access to healthcare for some of Hawaii's most vulnerable communities**

- While anyone can suffer complications associated with pregnancy, low-income people, immigrants, and people of color disproportionately experience these complications.
- In Hawaii, Compact of Free Association (COFA) migrants are most affected by the lapses or disruptions in health care coverage and are also disproportionately affected by such pregnancy complications as diabetes and high blood pressure.
- Medicaid recipients are 82% more likely to experience severe maternal morbidity and mortality than women with private health insurance.<sup>3</sup>

Five other states have obtained waivers from the federal government to extend postpartum coverage for Medicaid patients, and 15 other states have indicated that they will be applying for this waiver as well. In addition, two Congressional omnibus bills aim to reduce maternal mortality and one of the mechanisms each of these bills is proposing is extending Medicaid postpartum coverage to 12 months. Hawaii can and should continue to be a national leader in health care.

HI ACOG thanks the Hawaii State Legislature for showing its commitment to improving maternal health in Hawaii by passing the legislation that created the Hawaii 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.

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<sup>3</sup> <https://www.modernhealthcare.com/medicaid/medicaid-changes-could-address-maternal-mortality-driven-social-determinants>



**February 10, 2022 at 3:00 pm**  
**Via Videoconference**

**Senate Committee on Human Services**

To: Chair Joy A. San Buenaventura  
Vice Chair Les Ihara, Jr.

**Senate Committee on Health**

To: Chair Jarrett Keohokalole  
Vice Chair Rosalyn H. Baker

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

**Re: Testimony in Support**  
**SB 2634, 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.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | [HAH.org](http://HAH.org) | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, American Association for Homecare and Council of State Home Care Associations



**American  
Heart  
Association.**

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

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

SB 2634 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.

Respectfully submitted,

Don Weisman

Government Relations/Communications and Marketing Director

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



February 5, 2022

The Honorable Joy A. San Buenaventura, Chair  
The Honorable Les Ihara, Jr., Vice Chair  
Senate Committee on Human Services

The Honorable Jarrett Keohokalole, Chair  
The Honorable Rosalyn H. Baker, Vice Chair  
Senate Committee on Health

**Senate Bill 2634 – Relating to Health**

Dear Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker, and  
Members of the Committee:

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

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

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

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





**Testimony to the Senate Joint Committee on Human Services and Health  
Thursday, February 10, 2022; 3:00 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

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

Chair San Buenaventura, Chair Keohokalole, and Members of the Joint 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, 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.

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)  
AUGUST 1991

OMB No.: 0938-

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.

~~IX~~ (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 (F)  
of the Act

Rev PM # 42-4  
dated 9/19/92

(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**  
**Tuesday, February 10, 2022; 3:00 p.m.**  
**Page 3**

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

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

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](mailto:eabe@hawaiiipca.net).

**EXECUTIVE SUPPLEMENTAL BUDGET  
(IN DOLLARS)**

REPORT: S61-A

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

PROGRAM COSTS	FY 2022		FY 2023		BIENNIUM TOTALS		
	CURRENT APPRN	RECOMMEND APPRN	CURRENT APPRN	RECOMMEND APPRN	CURRENT BIENNIUM	RECOMMEND BIENNIUM	PERCENT CHANGE
OTH CURRENT EXPENSES	2,808,020.520	2,808,020.520	2,808,020.520	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	26,041,343	5,616,041.040	5,642,082.383	0.46
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	26,041,343	5,616,041.040	5,642,082.383	0.46

**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.



To: Hawaii State Senate Committee on Human Services/Committee on Health  
Hearing Date/Time: Thursday, February 10, 2022, 3:00 p.m.  
Place: Hawaii State Capitol, Conference Room 225 & Videoconference  
Re: Testimony of Hawaii Women's Coalition in strong support of S.B. 2634

Dear Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker, and Members of the Committees,

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



February 6, 2022

The Honorable Joy A. San Buenaventura, Chair  
The Honorable Les Ihara, Jr., Vice Chair  
Senate Committee on Human Services

The Honorable Jarett Keohokalole, Chair  
The Honorable Rosalyn H. Baker, Vice Chair  
Senate Committee on Health

Re: SB 2634 – Relating to Health

Dear Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker, and  
Committee Members:

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

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.

Sincerely,

Matthew W. Sasaki  
Assistant Vice President  
Government & External Relations



# KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES

2239 N. SCHOOL STREET ♦ HONOLULU, HAWAII 96819 ♦ TEL: 808-791-9400 ♦ FAX: 808-848-0979 ♦ [www.kkv.net](http://www.kkv.net)

February 4, 2022

To: Hawaii State Legislature - House Committee on Health

Date: February 10, 2022

Re: Testimony of Kokua Kalihi Valley in support of SB2634

Dear Members of the Committee:

My name is Sara Bauer, and I am a Registered Nurse and the Director of Maternal Child Health at Kokua Kalihi Valley Comprehensive Family Services. Kokua Kalihi Valley strongly supports this bill.

At least 200 women enter prenatal care at Kokua Kalihi Valley (KKV) each year, and each year we serve approximately 300 women with services during pregnancy, delivery and through 3 months post-partum. The number is higher still if we include mothers provided with "interconception care" during the year after childbirth.

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

Since 2015 when the state of Hawaii stopped MedQuest coverage for all non-pregnant, non-disabled COFA residents over age 18 or under age 65, COFA women of childbearing age face serious loss and discontinuity of care when they lose MedQuest coverage at two months post-partum. In the first busy sleep deprived months with a newborn, appointments for mom may become a low priority. Increasingly, we see young mothers returning to the workforce shortly after pregnancy due to economic necessity. Two months is also a very short period of time for busy medical providers and case managers to address and work with high risk mothers on all the health issues we know can prevent future health problems for mom and baby, such as supporting breastfeeding and newborn care, assisting new mothers to choose an optimum family planning method, and addressing diabetes, postpartum depression, domestic violence, smoking relapse, substance abuse etc. and all while they still have insurance coverage.

It is true that most low-income COFA mothers are eligible for enrollment in ACA at 2 months post-partum, but the transition is anything but seamless. KKV finds that due to changes in address, many do not receive a notice that insurance has ended, or they do not understand the system well enough to know they have lost insurance until the time they seek out care due to a medical



need. Or they may receive a letter that their MedQuest has ended and are then afraid to come for care out of fear they will get bills they cannot pay. Despite PAP (premium assistance), under ACA many still have a deductible and co-pays and may avoid routine care because they cannot pay the bills. To a low-income family, the 20% share of a \$1,000 ER or ultrasound bill is a small fortune. KKV and other CHC's work hard to explain the complexities and enroll such women in the ACA when we see or can contact them, but it is common for women to drop out of sight after baby is born and the next time we see them is when they walk in for a pregnancy test in the second or third trimester, less than a year after the last baby was born. Per ACOG (2), the optimal interval between delivery and subsequent pregnancy is 18 months to 5 years; the greatest risk of low birth weight and preterm birth occurs when a mother has become pregnant less than 6 months after her previous birth.

Pregnant women who have recently immigrated to Hawaii with documents (green card) are in a similar situation as COFA migrants. Undocumented pregnant immigrants are not eligible for prenatal care benefits under MedQuest but can get emergency medical coverage for the hospital delivery only. These groups also would benefit greatly from having MedQuest benefits extended through 12 months post-partum.

At KKV, 60% of prenatal patients are Micronesian, primarily from Chuuk. Despite serving a low income, high risk and transient perinatal population where 51% of pregnant women enter care after the first trimester, KKV birth outcomes are generally close to the US national average, and 70% of KKV patients had at least one post-partum visit in 2021. By collaborating across the traditional silos of OB, Pediatrics, WIC, Family Planning and Family Practice, employing bi-lingual case managers and interpreters, and combining outreach (home and hospital visits) with in-reach (i.e.: 2-generation care at well-child visit), we are often able to contact hard-to-reach moms. It is not unusual for post-partum clinic visits to occur after 2 months post-partum. However, private providers, and even some community health centers, do not have this same depth and integration of services, and therefore may see higher adverse birth outcomes among high-risk patients. The Quest Integration health plans have case management programs of varying design and quality, but uniformly lack staff who speak COFA languages, nor do they have the community-based relationships with these patients that are essential to do effective and often long-term work.

Extending MedQuest coverage through 12 months postpartum is a good investment that national data and local experience indicates will likely pay for itself in lower costs resulting from improved birth outcomes and fewer NICU admissions. We strongly urge our legislators to support this important benefit change.

**SB-2634**

Submitted on: 2/6/2022 9:40:16 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

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

Comments:

Dear Chairs, Vice-Chairs, and Members of the Committees on Human Services and Health

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

According to the Kaiser Family Foundation:

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

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

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

Sincerely,

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



Alliance Advocates - Hawai'i

To: Hawai'i State Senate, Committee on Human Services and Committee on Health  
Hearing Date/Time: Thursday, February 10, 2022 at 3:00 pm  
Place: Hawai'i State Capitol, Room 225 & 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 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 for 12 months postpartum. 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 have access to 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 include 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.

Furthermore, 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 for the adult expansion eligibility population.<sup>1</sup> These efforts signal that federal policymakers recognize the urgency this policy has during the current public health and economic crisis, which has increased financial uncertainty, made it more difficult to access preventive reproductive health care, and created additional uncertainty and anxiety for people trying to plan their families.

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

Sincerely,

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

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



To: Senator San Buenaventura, Chair  
Senator Ihara, Vice Chair  
Senate Committee on Human Services

Senator Keohokalole, Chair  
Senator Baker, Vice Chair  
Senate Committee on Health

Re: **SB 2634- Relating to health**  
3:00 PM, February 10, 2022

Chair San Buenaventura, Chair Keohokalole, Vice Chair Ihara, Vice Chair Baker, and committee members,

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

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

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

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

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

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



February 9, 2022

Senator Joy A. San Buenaventura, Chair  
Senator Les Ihara, Jr., Vice Chair  
Senate Committee on Human Services

Senator Jarrett Keohokalole, Chair  
Senator Rosalyn H. Baker, Vice Chair  
Senate Committee on Health

**Re: S.B. 2634, RELATING TO HEALTH**

**Hearing: Thursday, February 10, 2022, 3:00 p.m.** (videoconference)

Dear Members of the Committee on Human Services and the Committee on Health:

Hawaii Women Lawyers (“HWL”) **supports S.B. 2634**, 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.

Date: February 7, 2022

To: Committee on Human Services  
Senator Joy A. San Buenaventura, Chair  
Senator Les Ihara, Jr., Vice Chair

From: Early Childhood Action Strategy

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

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

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

This is important because:

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

Thank you for the opportunity to testify.





## HAWAII MEDICAL ASSOCIATION

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

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

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

### SENATE COMMITTEE ON HUMAN SERVICES

Senator Joy A San Buenaventura, Chair

Senator Les Ihara Jr, Vice Chair

### SENATE COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Date: February 10, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

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

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

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

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

### REFERENCES

1. Pregnancy Mortality Surveillance System. *Center for Disease Control and Prevention*. [CDC.gov](https://www.cdc.gov) accessed 2/6/2022.
2. Report to the 31<sup>th</sup> Legislature, State of Hawaii 2021, Dec 2020. *Hawaii Department of Health*. <https://health.hawaii.gov/oppdp/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/>

### HMA OFFICERS

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Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



**HAWAII MEDICAL ASSOCIATION**

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4. Daw JR et al. Factors Associated With Postpartum Uninsurance Among Medicaid-Paid Births. *JAMA Health Forum*. 2021;2(6):[e211054](#). doi:10.1001/jamahealthforum.2021.1054
  
5. Daw JR et al. Women In The United States Experience High Rates Of Coverage 'Churn' In Months Before And After Childbirth. *Health Affairs (Millwood)*. [2017 Apr 1;36\(4\):598-606](#). doi: 10.1377/hlthaff.2016.1241.

**HMA OFFICERS**

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Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander

**SB-2634**

Submitted on: 2/6/2022 3:48:46 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Alec Marentic	Testifying for Hawai'i Association of School Psychologists (HASP)	Support	No

Comments:

HASP supports this bill.



Submitted Online: February 7, 2022

**Date:** February 7, 2022

**To:** Senate Committee on Human Services  
Sen. Joy San Buenaventura, Chair  
Sen. Les Ihara, Vice-Chair

Senate Committee on Health  
Sen. Jarrett Keohokalole, Chair  
Sen. Rosalyn Baker, Vice-Chair

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

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

Medicaid is the largest single payer of pregnancy-related services and covers over 42 percent of births nationally.<sup>i</sup> Beneficiaries lose their benefits, typically within a 60 day period.

The American College of Obstetricians and Gynecologists report that “[o]ur nation’s rate of maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes such as overdose and suicide, occur after pregnancy-related Medicaid coverage ends.”<sup>iii</sup> In fact, this issue is a priority issue for them.

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

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

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

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

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

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



DATE 8 Feb 2022

To: Chair Joy A. San Buenaventure  
Vice Chair Les Ihara Jr.  
Senate Committee on Human Services

Chair Jarrett Keohokalole  
Vice Chair Roz Baker  
Senate Committee on Health

Re: Testimony in Support of SB 2634 RELATING TO HEALTH

Hrg: 10 Feb 2022, 3:00PM Conference room 225 & Videoconference

Dear Chairs Chairs San Buenaventure and Keohokalole, Vice Chairs, 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, relating to health. This bill provides the needed support to improve health care for pregnant people by appropriating moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy. Adequate postpartum coverage will allow individuals the opportunity to optimize their health and take care of their families.

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



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

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

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

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

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

Respectfully submitted,

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



1. *Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality: Proceedings of a Workshop 2021*. The National Academies of Science, Engineering, and Medicine. <http://nap.edu/26307>
2. *Extend Postpartum Pregnancy Coverage, Policy Priority*, American College of Obstetricians and Gynecologist. <https://www.acog.org/advocacy/policy-priorities/extend-postpartum-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>

Thursday, February 10, 2022 at 3:00 PM  
Via Video Conference

**Senate Committee on Human Services**

To: Senator Joy San Buenaventura, Chair  
Senator Les Ihara, Vice Chair

**Senate Committee on Health**

To: Senator Jarrett Keohokalole, Chair  
Senator Rosalyn Baker, Vice Chair

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

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

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

I am writing in SUPPORT of SB 2634 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.

## Helping Hawai'i Live Well

**Testimony to the House Committees on Human Services and Health  
Wednesday, February 10<sup>th</sup>, 2022, 3:00 p.m.  
Via videoconference**

### **SB2634, Medicaid Postpartum Coverage**

Dear Senator San Buenaventura, Chair, and Senator Ihara, Vice Chair, Senate Committee on Human Services; and Senator Keohokalole, Chair, and Senator Baker, Vice Chair, Senate Committee on Health; and members of the committees:

Mental Health America of Hawaii is in **strong support of SB2634**, which ‘appropriates moneys to extend Medicaid postpartum coverage to 12 months following the end of pregnancy.’

Mental Health America of Hawai'i (MHAH), an affiliate of the renowned national organization, is a highly regarded 501(c)(3) non-profit organization serving the State of Hawai'i. For nearly 80 years, MHAH has been fulfilling its mission “to promote mental health & wellness through education, advocacy, service, and access to care” through its vision of ‘mental wellness for all.’ We endeavor to reduce the shame and stigma of mental illness and improve the overall care, treatment, and empowerment of those with or at risk for mental health challenges across all stages of life in Hawai'i.

Extending postpartum coverage to 12 months following the end of pregnancy is an investment in improved maternal and infant health outcomes. In fact, research shows that there is a positive association between length of maternity leave and mother’s mental health.<sup>1</sup> Pregnancy, and the months following the end of a pregnancy are the riskiest time for symptoms of depression and suicidal ideation. In fact, according to the CDC, at least 1 in every 8 women experience postpartum depression, and that, the rate of depression diagnoses at delivery is increasing.<sup>2</sup> As can be imagined, those impacted by racial, ethnic, and socioeconomic inequities are disproportionately represented in these statistics.

Furthermore, an article in Psychiatry Online noted that “preventable maternal deaths associated with psychiatric illness occur predominantly in the postpartum period and often in the period after the standard six-week postpartum obstetric visit.”<sup>3</sup> Furthermore, extended maternity leaves are also associated with decreased perinatal, neonatal, and post-neonatal mortality rates, as well as lower child mortality.<sup>1</sup>

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<sup>1</sup> Staehelin, K., Bertea, P. C., & Stutz, E. Z. (2007). Length of maternity leave and health of mother and child--a review - PubMed. *International Journal of Public Health*, 52(4). <https://doi.org/10.1007/s00038-007-5122-1>

<sup>2</sup> Center’s for Disease Control. (2021, December 15). *Depression during and after pregnancy*. Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

<sup>3</sup> Moran, M. (2021). Suicide, overdose are significant contributors to pregnancy-related maternal deaths. *Psychiatric News*, 56(01). <https://doi.org/10.1176/appi.pn.2021.1.11>

## Helping Hawai'i Live Well

According to the Commonwealth Fund, "The U.S. has the highest maternal mortality rate among developed countries,"<sup>4</sup> and data demonstrates a worsening trend. In fact, according to the CDC, the pregnancy-related mortality ratio in the U.S. jumped from 7.2/100,000 in 1987, to 17.3/2017 – an 82% increase.<sup>5</sup> In Hawai'i, 35% (or about 5,500) of the births in 2020 were paid for by Medicaid.<sup>6</sup>

Considering the above, Mental Health America of Hawai'i strongly urges your positive review of SB2634.

Mahalo,



Bryan L. Talisayan  
Executive Director

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<sup>4</sup> Tikkanen, R, M Z Gunja, M Fitzgerald, and L Zephyrin. "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries." Maternal Mortality Maternity Care US Compared 10 Other Countries | Commonwealth Fund, November 18, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>

<sup>5</sup> "Pregnancy Mortality Surveillance System." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, November 25, 2020. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

<sup>6</sup> Kaiser Family Foundation. (2021, December 17). *Births Financed by Medicaid*. KFF. Retrieved February 7, 2022, from <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



# HMIHC

HAWAII MATERNAL & INFANT  
HEALTH COLLABORATIVE

**Thursday, February 10, 2022, 3:00 PM, Videoconference**

**To: Committee on Human Services**

Senator Joy San Buenaventura, Chair

Senator Les Ihara Jr., Vice Chair

**Committee on Health**

Senator Jarrett Keohokalole, Chair

Senator Rosalyn Baker, Vice Chair

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

**Re: SB 2634 - Relating to Health**

**Position: Strong Support**

Dear Chairs San Buenaventura and Keohokalole, Vice Chairs Ihara and Baker, and Members of the Committees on Human Services, and Health,

The Hawai'i Maternal & Infant Health Collaborative (HMIHC) **strongly supports SB 2634**. 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.<sup>1</sup> 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.



Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
Senate Committee on Human Services  
The Honorable Joy A. San Buenaventura, Chair  
The Honorable Less Ihara, Jr., Vice Chair

Senate Committee on Health  
The Honorable Jarrett Keohokalole, Chair  
The Honorable Rosalyn H. Baker, Vice Chair

February 10, 2022  
3:00 pm  
Videoconference

**Re: SB 2634 Relating to Health**

Chairs, Vice Chairs, and committee members thank you for this opportunity to provide testimony on SB 2634, which appropriates funds to extend the Medicaid postpartum coverage to 12 months following childbirth.

**Kaiser Permanente Hawai'i SUPPORTS SB 2634.**

Kaiser Permanente Hawai'i recognizes that the postpartum period is an important, but often neglected element of maternity care. Part of the motivation for postpartum extension is the nation's high rate of preventable pregnancy-related mortality and morbidity. 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 beyond Medicaid's 60-day postpartum coverage period.

While Medicaid pays for nearly half of all births and must cover pregnant women through 60 days postpartum, after that period, it is up to the states to extend postpartum coverage for a longer period of time. In states that haven't expanded Medicaid, many women are left without a pathway to coverage and become uninsured during a medically vulnerable phase of their lives. In some instances, these women may become uninsured at the end of the 60-day postpartum coverage because their income levels are too high to requalify for the Medicaid postpartum, even though their infants are eligible for their first year of life. Given the impact and large role of Medicaid in maternal health outcomes, Kaiser Permanente Hawai'i supports SB 2634 because

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Honolulu, Hawaii 96813  
Telephone: 808-432-5224  
Facsimile: 808-432-5906  
Mobile: 808-282-6642  
E-mail: John.M.Kirimitsu@kp.org

expanding postpartum coverage for the full year after Medicaid birth may help to close the gaps in Medicaid's eligibility for pregnancy and postpartum care.

Thank you for the opportunity to comment.



**Thursday, February 10, 2022, 3:00 PM, Videoconference**

**To: Committee on Human Services**

Senator Joy San Buenaventura, Chair

Senator Les Ihara Jr., Vice Chair

**Committee on Health**

Senator Jarrett Keohokalole, Chair

Senator Rosalyn Baker, Vice Chair

**From: Association for Infant Mental Health in Hawaii; AMIH HI**

**Re: SB 2634 - Relating to Health**

**Position: Strong Support**

Dear Chairs San Buenaventura and Keohokalole, Vice Chairs Ihara and Baker, and Members of the Committees on Human Services, and Health,

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

According to the Hawai'i Department of Health, half (10/20) of the maternal deaths in 2015 and 2016 occurred in the late post-partum period (43 days to 1 year after the pregnancy ended), and the Hawai'i Maternal Mortality Review Committee determined over half of maternal deaths were preventable. These statistics highlight those 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 following a pregnancy. It is also important to consider how the health and wellbeing of the entire family is 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 within communities. Additionally, pregnancy is often a highly motivating factor for people, prompting them to address health care problems and make lifestyle changes that support the health and wellbeing of themselves and the pregnancy. 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.

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

JoAnn Farnsworth, M.S.,IMH-E®

Association for Infant Mental Health in Hawaii,President







‘Ahahui o Nā Kauka – Association of Native Hawaiian Physicians  
677 Ala Moana Blvd, Suite 1015  
Honolulu, HI 96813

February 7, 2022

**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 symptoms<sup>1</sup>. While the onset of postpartum depression occurs during the first postpartum month about half of the time (54%)<sup>2</sup>, data also shows 30-50% of patients with postpartum depression still suffer from symptoms a year later<sup>3</sup>.

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

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

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

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

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

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

Lastly, the anticipated impact on late postpartum maternal mortality mentioned by our ACOG colleague’s would also be anticipated to provide great benefit to our Native Hawaiian/Pacific Islander population who were shown to be overrepresented at 23% of the total maternal deaths in 2015-2017<sup>8</sup>.

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

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

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

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

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

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



**LATE**



healthymothers  
healthybabies

COALITION OF HAWAII

Testimony in **Strong support** of SB2634

Aloha Chair Senator San Buenaventura , Chair Keohokalole, Vice Chair Ihara , Vice Chair Baker and esteemed members of both committees,

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

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

Thank you for your support for this important measure.

Sincerely,  
Healthy Mothers Healthy Babies Coalition of Hawaii

**LATE**

**SB-2634**

Submitted on: 2/9/2022 3:59:46 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Aaron Ruddick	Testifying for HHHRC	Support	No

Comments:

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

The current postpartum coverage duration under MedQUEST is insufficient to address the needs of pregnant people, especially for chronic hepatitis B. People living with hepatitis B need ongoing care, especially after giving birth, but often cannot continue with health services once MedQUEST coverage ends. Additionally, extending the duration of post-partum Medicaid coverage has been shown to improve infant and parental outcomes.

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

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

Thank you for the opportunity to testify.

Aaron Ruddick

Hepatitis Care Coordinator

**SB-2634**

Submitted on: 2/7/2022 8:43:46 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
pahnelopi mckenzie	Individual	Support	Yes

Comments:

Greetings Representatives working for the future of Hawai'i wellbeing.

I am writing today in full support of SB2634. Thank you for your time and diligence in the efforts to bring SB2634 to the table.

The Postpartum period is one that so much healing and critical health care can and should be implemented for each birthing person. Insurance is something that dictates actual care someone wants in their pregnancy, birth and postpartum care. Yet when we are talking about healthy societies and ignoring the critical postpartum healing and new life of a human then society can never truly be healthy. In the Medical Industrial Complex postpartum visits are not treated as essential. People come back for around 3 scheduled visits in the postpartum care within the Medical providers care. This is truly neglect in my opinion and experience of Birthing people and they're healing process. Medicaid should absolutely cover a full year of postpartum care and also allow that care to be extended to Midwives as caregivers. Insurance companies seem to be running the health care system.

WE ask is insurance a service that is focused on capital gain, long term health prevention or creation of long term health problems for that capital gain? We ask who health care providers work for insurance companies or for the people. We ask, is the foundation of a society honored and the new life coming in seen as a crucial contribution? There are so many questions about health care and insurance coverage that these questions may never end. Yet data and generations show that postpartum healing is absolutely essential and one year coverage should absolutely be implemented for all birthing people. The days of upholding patriarchal violence and neglect for people who have uterus's must end. The system of white supremacy does not give focus on Women's health in respects to healing and restorative care. Extended Postpartum care is shifting the perimeters of neglect that has been happening in Medicalized care. America has the highest mortality and morbidity rates in all developed nations specifically for Black and Brown human beings. We are in a Maternal Health crisis that is perpetuated and maintained by White supremacist systems. When implementing insurance to cover long term postpartum health care is one answer to working to end this crisis. I appreciate this bill and the brilliant clarity that it defines. Creating more collaborative care, medical and traditional in the health care system will support well woman care and well being. I pray SB 2634 passes and thank you for making this one step to a better world. Together we can end the current Maternal Health crisis we are in!! Thank you for your time and important work, Pahnelopi McKenzie

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

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

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

Please consider joining us in supporting Senate Bill 2634.

Thank you,

Theresa Myers, MD



**SB-2634**

Submitted on: 2/8/2022 10:36:08 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Divya Dethier	Individual	Support	Yes

Comments:

Chair San Buenaventura, Chair Keohokalole, and members of the committee,

My name is Divya Dethier, I am an obstetrician gynecologist practicing in Hawaii. I am writing in strong SUPPORT of senate bill 2634 that would extend Medicaid coverage for 12 months postpartum.

I am an obstetrician - I care for women during pregnancy, delivery, and postpartum. I am also a new mother. As I have learned personally and professionally, the first few weeks postpartum are a blur, in which a mother puts her child's health first, and her own second. 60 days go by very fast.

I have the privilege of caring for many patients covered under Medicaid, who are some of our most medically and socially complex patients. 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. The first 60 days postpartum go by very fast. Transportation and child care to go to medical appointments is particularly challenging for these patients, during the immediate postpartum period. Once 60 days go by, some patients lose insurance and access to health care. Medical problems that were discovered in pregnancy go untreated and ignored, and these patients often present sicker. A lot of the time, this would have been preventable had insurance coverage lasted longer. We need to provide coverage for one year after delivery in order to ensure adequate postpartum care for our patients.

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.

Mahalo

**SB-2634**

Submitted on: 2/4/2022 6:33:01 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Nancy Yang	Individual	Support	No

Comments:

As an OBGYN provider in Hawai'i, I see countless patients who were lost to follow-up after pregnancy and develop complications that affect their next pregnancy or become lifelong. My most memorable patient was M, a woman who had an abnormal pap smear in pregnancy a few years ago. She delivered her baby and did not get to follow-up her abnormal pap postpartum. Now she has been hospitalized for advanced cervical cancer that will require aggressive treatment. She is only in her 30s, but she will have lifelong disabilities from the disease. Cervical cancer is largely preventable in the US. Many of the patients I care for may only have access to preventive healthcare during pregnancy because of state-provided insurance, and 2 months postpartum just is not enough time to fit in all the care they need. If M had more than just 2 months of postpartum care, she may have been able to get follow-up for her abnormal pap and prevented her cervical cancer.

**SB-2634**

Submitted on: 2/5/2022 10:20:07 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Anne Leake	Individual	Support	No

Comments:

Babies born to women living in poverty are already at a disadvantage for cognitive development. Extending post-partum care to 12 months for women enrolled in Medicaid will allow more opportunity for staying on WIC and preventing unintentional pregnancies. Society will benefit from healthier infants.

Mahalo,

Anne Leake APRN

**SB-2634**

Submitted on: 2/5/2022 1:57:04 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sara Harris	Individual	Support	No

Comments:

Dear Chair Keohokalole, Chair San Buenaventura and members of the Senate Health Committee and Senate Human Services Committee,

My name is Sara Harris and I am writing in support of SB2634. I am an OBGYN and have been practicing for almost 5 years. I was born, raised and completed medical school and residency training in Hawaii.

I provide obstetric and postpartum care for many patients and it is clear that postpartum issues can persist far beyond the traditional 60 day window. I am currently caring for a patient who had a healthy and normal pregnancy but had a complicated laceration at time of delivery. This has resulted in delayed healing and long term pain limiting her daily life. She delivered almost 6 months ago and is still undergoing treatment for her condition. If she had Medicaid insurance which ended after 60 days, she would be suffering without the appropriate medical care. I previously took care of another patient who had Medicaid coverage who was from an outer island. She had preterm labor and was transferred to Oahu. Her baby was born so prematurely that her baby was still in the NICU at 60 days postpartum. This patient is high risk for postpartum complications, being without her social support, concerned for her medically complex child. She should not have to worry about if she will have medical coverage for herself.

Postpartum complications are not limited to 60 days after delivery. Please help to ensure that our most vulnerable patients are able to access the care that they deserve. Thank you very much for your consideration!

Respectfully submitted,

Sara C. Harris, MD

**SB-2634**

Submitted on: 2/5/2022 4:53:58 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Tamara Swift	Individual	Support	No

Comments:

The US has long been behind Europe in supporting new moms. Babies require their mother's care for nursing and bonding, while mothers require time to heal from the long and sometimes difficult health problems associated with child bearing. This is a woman's issue but this kind of time off could also be good for men who choose to stay home with new borns.

**SB-2634**

Submitted on: 2/6/2022 2:17:50 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Colleen Inouye	Individual	Support	No

Comments:

Dear Chair Senator Keohokalole and the Committee on Health and Chair Senator San Buenaventura and the Committee on Human Services,

Thank you for allowing me to submit testimony in support of SB2634, 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 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

**SB-2634**

Submitted on: 2/6/2022 6:48:43 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Melanie Maykin	Individual	Support	No

Comments:

Dear Health Committee (Chair Jarrett Keohokalole) and Human Services Committee (Chair Joy San Buenaventura),

I'm an obstetrician who cares for high-risk pregnancies including individuals who have cardiovascular conditions, mental health disorders, and other complex medical comorbidities. In the last 2.5 years that I have been practicing in Hawaii, I have experienced several times more maternal deaths than in all of my 7 years caring for pregnant people. All of these deaths occurred in the postpartum period. The death of a new mother is especially tragic. These individuals represent the cornerstone of their families and to imagine what a family must endure caring for infants without their mother is unnatural and indescribably heart breaking.

As stated in the bill, the Hawaii Maternal Mortality Review Committee found that almost half of maternal deaths occurred at least 43 days and up to 1 year postpartum. Moreover, half of these deaths were deemed preventable and a disparate proportion occurred in Native Hawaiian individuals. Should the State of Hawaii be vested in reducing maternal mortality, extending medicaid coverage beyond the arbitrary 60 days postpartum and up to 12 months after birth will ensure there is no lapse in critical health services during this vulnerable time period. I strongly support SB 2634. Please do not hesitate to contact me should you have any questions. Thank you for trying to improve the care of Hawaii's birthing individuals.

Melanie Maykin, MD

Maternal-Fetal Medicine Fellow



**SB-2634**

Submitted on: 2/6/2022 7:33:23 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Michele Yamada Pangilinan	Individual	Support	No

Comments:

Aloha,

I am an OBGYN physician with specialty in addiction medicine. I STRONGLY SUPPORT this bill.

As a mother who has 2 sons, a 9 year old and a 7 year old, I can testify that the postpartum time is particularly precarious. A woman is pushed to her limits of sanity by not sleeping, breastfeeding or trying to breastfeed/breast pump, worrying about the wellbeing of her infant, and struggling to continue normal household functioning including caring for her other children, cooking, cleaning, etc. I suffered from postpartum depression after the birth of my first son, and after my second son, I suffered from a more severe form of postpartum depression. As it turns out, postpartum depression affects 10-20% of mothers and is usually underdiagnosed. This risk is increased in women from disadvantaged socioeconomic backgrounds, who tend to have Medicaid insurance. It takes many months (more than just 2 months) before mothers somewhat have a routine in place to be able to think about their own health needs. Extension of postpartum coverage for 12 months would catch many of these women with significant chronic health issues like high blood pressure, diabetes, heart conditions, mental illness, etc. to maximize their health and establish healthy behaviors before their subsequent pregnancies, optimizing the outcomes of those pregnancies, decreasing maternal and fetal morbidity and mortality, and also maximizing their own personal health and wellness.

In my subspecialty of addiction medicine, I care for pregnant and parenting women with substance use disorders and significant trauma. Addiction is another chronic disease, highly stigmatized and complex, that requires long term sobriety (at least 12 months) to increase possibility of long term recovery. Pregnancy is usually a window of opportunity for women who have substance use disorders to seek care and become sober as they are compelled to do what is healthy for their babies and selves. Many enter care and are stabilized on medication or in treatment programs. They deliver healthy newborns and are stable, but fragile in their new recovery. Imagine a mother struggling with substance use and adding the normal added stressors of motherhood. Many mothers relapse under the emotional, mental, physical and financial stress. Some of these women die from overdosing during a relapse. I can remember a patient that accessed care during pregnancy, was stabilized on medication that helped her maintain abstinence from heroin. She delivered a healthy baby girl and was doing well on her medication

postpartum until she lost her coverage and was lost to follow up. I later discovered that she died from a heroin overdose leaving her 9 month old baby motherless and traumatized.

Drug related deaths are responsible for 17.0% of maternal deaths in the late postpartum period (43-365 days) per a recent study in *Obstetrics and Gynecology* Volume 139 Number 2, February 2022. This study also demonstrated for maternal deaths due to drug related causes, half of them occurred in this late postpartum period (43-365 days). Extending coverage for women with substance use disorder to 12 months could help them to maintain access to healthcare services to help support their sobriety and maximizing their chance for long term recovery, all of which would benefit the family unit and the community.

This bill will make a difference. It will save lives. It will help to bring equity to very vulnerable populations, pregnant and parenting women from disadvantaged socioeconomical backgrounds with or without substance use disorders.

Mahalo for this opportunity to testify.

Michele Pangilinan, MD

**SB-2634**

Submitted on: 2/7/2022 7:02:14 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Caroline Kunitake	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Vice Chair Ihara, the Committee on Human Services, Chair Keohokalole, Vice Chair Baker and the Committee on Health,

I support SB 2634.

Women living in poverty face very difficult medical challenges after their pregnancy. They are financially fragile and lack the resources and support that women in high economic classes disregard as a given.

In order to ensure the well being of these women and babies on Medicaid, it is vital to expand post partum care coverage. An indigent mother who has recently given birth will have a better chance to heal and recover from her pregnancy and in turn will be able to provide better care to her infant.

Please support SB2634.

Thank you for your time and attention to this matter. I appreciate the opportunity to provide testimony in support of SB2634.

Mahalo,

Caroline Kunitake

**SB-2634**

Submitted on: 2/7/2022 9:02:11 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Avery Olson	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Chair Keohokalole and other committee members,

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**

Submitted on: 2/7/2022 9:40:03 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Ronnie Texeira	Individual	Support	No

Comments:

Individual testimony:

Dear Chair San Buenaventura, Chair Keohokalole and 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.

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,

Ronnie Texeira, MD

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[\[RS1\]](#)Please personalize

**SB-2634**

Submitted on: 2/7/2022 11:48:22 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Shandhini Raidoo	Individual	Support	No

Comments:

Aloha,

I am an obstetrician-gynecologist and an abortion provider and I am submitting this testimony in support of SB2282. While our state has admirably protected abortion access, there remains a need to affirm our protection of abortion access for all pregnant people and not only those who identify as women. Transgender men and non-binary people also have the capacity to become pregnant and deserve access to the full spectrum of reproductive options as well. In the US abortion rights are under constant attack, and the right to bodily autonomy and to choose to have an abortion is at risk. This bill will rectify inconsistencies in our state laws and affirm our state's support of reproductive rights and abortion access for all people.

Mahalo for your support of all pregnancy-capable people in our state,

Shandhini Raidoo, MD, MPH



**SB-2634**

Submitted on: 2/7/2022 12:51:45 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sabra Della Lucia	Individual	Support	No

Comments:

Medicaid is set up to be a safety net for our most vulnerable populations. To assume that care would be complete after two months of giving birth is to assume that childcare is free and accessible, parents are well supported by those around them, and basic food and shelter needs are met. In the State of Hawai'i today, we have proven time and time again that we are unable to meet these needs for women and children. At the very least, we can provide the basic health care needs for survival extending into the first vulnerable year of life.

**SB-2634**

Submitted on: 2/7/2022 2:30:02 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kelsi Chan	Individual	Support	No

Comments:

My name is Kelsi Chan, a current OB/GYN resident physician in Honolulu. I testify to support SB2634. As an OB/GYN resident, I have seen how the limited Medicaid coverage for pregnant women postpartum has been a detriment. Something we often forget about is the 4th trimester of pregnancy- that is after baby is born and mom is healing from the physical and mental aspects of pregnancy and birthing. Not to mention chronic disease states. 60 days is simply not enough to sufficiently assist mothers improve their health outcomes postpartum. In my short 7.5 years of training, I have never seen diabetes, high blood pressure, or major mental illness be successfully managed within 60 days. I currently care of a pregnant patient who is on dialysis for her end stage kidney disease secondary to poorly controlled diabetes, which was unable to be managed in the short time of 60 days after her last pregnancy, ultimately making this current pregnancy much higher risk. I hope we are able to extend Medicaid coverage for our patients to 1 year postpartum, so that we may give opportunity to improve the health outcomes of some of Hawaii's most vulnerable population. Mahalo for your time.

Kelsi Chan, MD R3

**SB-2634**

Submitted on: 2/7/2022 9:05:13 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Lauren Ing, MD	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Chair Keohokalole and 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**

Submitted on: 2/8/2022 9:05:22 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Sharde Freitas	Individual	Support	No

Comments:

Support

**SB-2634**

Submitted on: 2/8/2022 12:13:34 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
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 only guaranteed 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**

Submitted on: 2/8/2022 9:39:39 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Thaddeus Pham	Individual	Support	No

Comments:

Aloha Chairs, Vice Chairs, and Members of the HMS/HTH Committees,

I write in strong support of SB2634, 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)

To The Committee on Health and the Committee on Human Services:

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 SB 2634. It is an important step forward towards adequate healthcare to all members of our community.

Sincerely,

LeighAnn Frattarelli, MD, MPH



My name is Samantha Kaiser and I am an OB/Gyn physician in Hawaii. I am writing in STRONG SUPPORT of SB 2634. This bill would provide funding to extend insurance coverage for pregnant people on Medicaid for 12 months after delivery. Currently the coverage is only 60 days. This change would promote access to safe, high-quality maternity care and would likely decrease the rate of severe maternal illness and maternal death in our state.

I remember vividly a patient that I took care of just a couple years ago. She was born with a heart condition and had undergone surgery as a baby. Once she became pregnant, that surgical repair couldn't withstand the increase in blood flow and increased physical stress of pregnancy. We delivered her baby by emergency C-section after only 7 months of pregnancy to relieve the stress on her body. After delivery, she needed to see multiple specialists – heart surgeons, cardiologists, etc – in addition to managing her recovery from a C-section, taking care of a premature baby, spending time on Oahu when she was from another island... You can imagine it's easy to miss an appointment here and there under those conditions!

We know that complications of pregnancy can persist long after 60 days from delivery. Hawaii state data shows that half of maternal deaths in our state occurred between 43 days and 1 year after delivery. Problems like mental health disorders, substance use, diabetes, and heart disease do not resolve quickly. It is not uncommon for me to see a patient who, during their routine pregnancy care, uncovers a medical condition that will require longer term care, as I described above. Expanding Medicaid coverage allows them time to establish contact with needed medical specialists, and to apply for additional insurance coverage.

I continue to worry about my patient. After 60 days, her insurance lapsed and she did not follow up with me after that. I worry about the strain on her body if she becomes pregnant again. Though we had talked about birth control to allow her to get her own health under control before a subsequent pregnancy, she lost insurance before she could get any method in place. Unfortunately, her access to things like medical specialists and effective birth control hinge on her insurance coverage.

SB 2634 would promote equitable access to healthcare for some of Hawaii's most at-risk communities. While anyone can suffer complications associated with pregnancy, low-income people, immigrants, and people of color disproportionately experience these complications. In Hawaii, Compact of Free Association (COFA) migrants are most affected by the lapses or disruptions in health care coverage and are also disproportionately affected by such pregnancy complications as diabetes and high blood pressure.

There is FEDERAL FUNDING available if Hawaii can apply for this extension! This is a unique opportunity to provide a needed service at a low cost to the state. Please vote to approve SB 2634.

Thank you for the opportunity to share my experience with you.  
Samantha Kaiser, MD

**SB-2634**

Submitted on: 2/9/2022 10:08:21 AM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Christine Kapiioho	Individual	Support	No

Comments:

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

TO: Health Committee and Human Services Committee, Chairs San Buenaventura and Keohokalole, as well as other committee members

DATE: Thursday, February 10, 2022, 3:00PM

FROM: Kevin Saiki, MD

Re: SB2634 – Relating to Health

Position: SUPPORT

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 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

**LATE**

**SB-2634**

Submitted on: 2/9/2022 5:37:28 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
MJL	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Chair Keohokalole and 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 high blood pressures and methamphetamine use in her pregnancy, which unfortunately resulted in a stroke and preterm delivery. What was especially sad is that she had both of these issues in her previous pregnancy and had been planning to obtain birth control but was unable to because of a loss of insurance. If she had been able to continue her medical care, her blood pressures would have been better controlled and she could have received treatment for her substance use disorder. Additionally, she would have been able to receive birth control which would have delayed her next pregnancy until she was healthier and ready for another baby. [\[RS1\]](#) 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,

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[\[RS1\]](#)Please personalize

Dear Chair San Buenaventura, Chair Keohokalole and 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 high blood pressures and methamphetamine use in her pregnancy, which unfortunately resulted in a stroke and preterm delivery. What was especially sad is that she had both of these issues in her previous pregnancy and had been planning to obtain birth control but was unable to because of a loss of insurance. If she had been able to continue her medical care, her blood pressures would have been better controlled and she could have received treatment for her substance use disorder. Additionally, she would have been able to receive birth control which would have delayed her next pregnancy until she was healthier and ready for another baby. [\[RS1\]](#) 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,

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[\[RS1\]](#)Please personalize

Dear Chair San Buenaventura, Chair Keohokalole and other committee members,

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

As a high risk obstetrician, 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 secondary syphilis, homelessness, high blood pressure, heart failure, and type 2 diabetes during pregnancy, which unfortunately resulted in a preterm birth. What was especially sad is that we were able to get her into a shelter after delivery, but we were no longer able to take care of her multiple medical issues because she is now 6 weeks postpartum and she no longer had a single provider to address her diabetes, hypertension, and heart failure while living in a shelter with an infant who was recently discharged from the intensive care unit. If she had been able to continue her medical care with the high risk obstetricians, her blood pressures, diabetes, and heart failure could be managed by a single provider instead of being "lost to follow up." This is just one of the many patients we see who would greatly benefit from postpartum coverage for one year instead of a potential tragedy if this new mother were to die in her sleep after working so hard to learn how to better take care of herself and her multiple medical problems while leaving her newborn motherless in a women's shelter.

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.

Sincerely,

Men-Jean Lee, MD



**LATE**

**SB-2634**

Submitted on: 2/9/2022 5:44:38 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Olivia Manayan	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Chair Keohokalole and 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 gestational diabetes during her pregnancy. While this diagnosis is relatively common and can be well-managed in pregnancy, it is of particular importance for these patients to have long term follow-up because a large percentage of them will go on to develop Type II Diabetes. If not properly managed, type II diabetes can have serious consequences, including heart disease, eye disease, and kidney failure, that can poorly affect her lifespan, as well as her quality of life. Often times, as a new mother is adjusting to taking care of her newborn, she will neglect her own health in the process. 60 days is simply not enough time to adequately adjust one's lifestyle in order to prevent sequelae such as the development of long-term diabetes.

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.

By passing this bill, we can continue our fight to provide equitable, accessible healthcare for all women of Hawai'i, particularly those who are underserved by our current system. I strongly support Senate Bill 2634, and I urge you to pass this measure. I appreciate the opportunity to provide this testimony.

Thank you,

Olivia Manayan, MD MPH

**LATE**

**SB-2634**

Submitted on: 2/9/2022 7:58:26 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Nikki-Ann Yee	Individual	Support	No

Comments:

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

**SB-2634**

Submitted on: 2/10/2022 7:00:18 AM

Testimony for HMS on 2/10/2022 3:00:00 PM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Stacy Tsai	Individual	Support	No

Comments:

I am a practicing OB/GYN who takes care of pregnant people with medical conditions, such as heart disease, diabetes, and mental health disorders. Oftentimes, when their postpartum coverage ends, they stopped receiving care for these conditions, which can be dangerous for the mother and baby. I am also the Chair of the Hawaii Maternal Mortality Committee and has seen majority of deaths occur in the postpartum period when women stopped receiving lifesaving health care.