

April 3, 2020

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

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

Submitted electronically to MaternalHealth@finance.senate.gov

Dear Chairman Grassley and Ranking Member Wyden:

The undersigned organizations dedicated to improving maternal and child health thank you for the opportunity to submit comments to inform your effort to address our Nation's maternal mortality crisis. We are grateful for your leadership and dedication to addressing this crisis and strongly urge you to prioritize H.R. 4996, the Helping Medicaid Offer Maternity Services (MOMS) Act, a bipartisan compromise, which would support state efforts to extend continuous Medicaid coverage for 12 months postpartum. As our Nation faces COVID-19, a global pandemic and serious public health threat, it also grapples with a maternal mortality crisis. With additional stresses on the health care system presented by the COVID-19 pandemic, the crisis could worsen during this time. Closing the coverage gap experienced by many women during the vulnerable postpartum period is critical to eliminating preventable maternal deaths.

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

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

Importantly, the CDC defines the postpartum period as extending through 12 months after the end of pregnancy.^{xi} Compared to women with private insurance, women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions, such as diabetes—putting them at higher risk of maternal morbidity and mortality.^{xii} Additionally, cardiac disease—the leading cause of maternal mortality in the U.S. according to the CDC—is particularly linked to maternal deaths in the late postpartum period up to one year after the end of pregnancy.^{xiii} Closing the

gap in Medicaid coverage during this critical and vulnerable time can mean the difference between life and death for many women.

The Helping MOMS Act represents a positive step forward in ensuring that more women have health care coverage and access to critical health care services throughout the postpartum period. While we strongly urge Congress to secure full-scope postpartum coverage for no less than 12 months for every woman who relies on the Medicaid program, we applaud the House Committee on Energy and Commerce (E&C) for developing a strong, bipartisan bill that creates a pathway for individual states to pursue this life-saving policy. We strongly encourage the Senate Finance Committee to take up this bill, which has already advanced unanimously out of E&C. Enacting the Helping MOMS Act would surely help us move the needle on maternal mortality by mitigating barriers to coverage, helping to prevent disruptions in care, and providing women the access to care that is necessary to improving maternal health outcomes and eliminating preventable maternal deaths. This action is urgently needed and even more so during this time of enhanced stress on our healthcare system.

We appreciate your continued commitment to addressing the maternal mortality crisis and look forward to working with you as you explore this and other policies.

Sincerely,

AIDS Alliance for Women, Infants, Children, Youth & Families
America's Health Insurance Plans
American College of Obstetricians and Gynecologists
American College of Physicians
AmeriHealth Caritas
APS Foundation of America, Inc
Association for Community Affiliated Plans
Association of Maternal & Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Catholic Health Association of the United States
Center for Law and Social Policy (CLASP)
Center for Reproductive Rights
Guttmacher Institute
Health Care Service Corporation
March of Dimes
Medicaid Health Plans of America (MHPA)
MomsRising
NARAL Pro-Choice America
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Black Women's HIV/AIDS Network
National Family Planning & Reproductive Health Association
National Rural Health Association
National WIC Association
Nurse-Family Partnership
Preeclampsia Foundation
Society for Maternal-Fetal Medicine

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- ⁱ MacDorman, M., Declercq, E., Cabral, H., Morton, C., “Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues: Short title: U.S. Maternal Mortality Trends.” *Obstet Gynecol.* 2016 Sep; 128(3):447-55.
- ⁱⁱ Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429.
- ⁱⁱⁱ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Available at: https://reviewtoaction.org/Report_from_Nine_MMRCs
- ^{iv} Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>
- ^v Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429.
- ^{vi} Ibid.
- ^{vii} Medicaid and CHIP Payment and Access Commission. Medicaid’s Role in Financing Maternity Care. January 2020. Retrieved from <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid’s-Role-in-Financing-Maternity-Care.pdf>.
- ^{viii} High Rates Of Perinatal Insurance Churn Persist After The ACA. Health Affairs Blog. September 16, 2019. DOI: 10.1377/hblog20190913.387157.
- ^{ix} The Fourth Trimester of Pregnancy: Committing to Maternal Health and Well-Being Postpartum. Spelke B and Werner E. *R I Med J* (2013). 2018 Oct 1;101(8):30-33.
- ^x The fourth trimester: a critical transition period with unmet maternal health needs. Tully KP, Stuebe AM, and Verbiest SB. *Am J Obstet Gynecol.* 2017 Jul;217(1):37-41.
- ^{xi} Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>
- ^{xii} Medicaid and CHIP Payment and Access Commission, “Access in Brief: Pregnant Women and Medicaid,” November 2018, available at: <https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf>.
- ^{xiii} Pregnancy and heart disease. ACOG Practice Bulletin No. 212. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e320–56.