



December 3, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell and Minority Leader Schumer:

On behalf of the Partnership for Medicaid – a nonpartisan, nationwide coalition made up of organizations representing clinicians, health care providers, safety net plans, counties, and labor – the undersigned organizations urge you to include bipartisan maternal health legislation in any end of year package. Specifically, **we call for enactment of H.R. 4996, the Helping Medicaid Offer Maternity Services (Helping MOMS) Act**, which would create a state plan option to extend pregnancy-related Medicaid benefits to one year after the end of pregnancy.

Medicaid is a primary payer of maternity care in the U.S., covering 43 percent of births nationwide.¹ Yet under current law, pregnancy-related Medicaid coverage ends roughly 60 days after delivery. This arbitrary cutoff point leaves many women uninsured at a vulnerable time in their health and that of their infant. Indeed, many women have unmet health needs that can last up to one year after the end of pregnancy.^{2,3} As many maternal mortality review committees (MMRCs) have found, and the Centers for Disease Control and Prevention (CDC) has confirmed, about 33 percent of pregnancy-related deaths occur during the time between 7 days to one year following childbirth, and greater than one third of those deaths occur 43-365 days postpartum.⁴ Deaths from cardiovascular disease, including cardiomyopathy, and other preventable causes, including overdose and suicide, which are not captured in the above statistics, occur more frequently during this 12-month postpartum period.^{5,6} Disruptions in insurance status are considered a leading contributor to preventable maternal deaths.⁷

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.⁸ Closing this critical gap in coverage during this vulnerable time can mean the difference between life and death for many mothers. This is also a matter of health equity, as nearly half of all non-Hispanic Black women had discontinuous insurance from pre-pregnancy to postpartum.⁹ Black women also make up a disproportionate share of Medicaid enrollees and therefore would benefit from an extension of postpartum Medicaid coverage.¹⁰

The Partnership is also concerned that the COVID-19 pandemic will exacerbate the maternal mortality crisis and deepen racial inequities in access to care and health outcomes. We appreciate that the Families First Coronavirus Response Act (P.L. 116-127) included a continuous coverage requirement for the duration of the national emergency, meaning that postpartum women will not lose their Medicaid coverage. However, we must continue to pursue a longer-term solution to ensure that postpartum women on Medicaid continue to have coverage after the end of the national emergency. Therefore, **we urge enactment of the bipartisan Helping MOMS Act (H.R. 4996), to support states in extending postpartum Medicaid coverage beyond the duration of the COVID-19 pandemic.**

The Partnership for Medicaid looks forward to working with Congress to preserve and strengthen the Medicaid program through this uncertain time and support its vital role as a safety net for millions of Americans. If you have questions about the priorities discussed in this letter, please contact Emily Eckert at the American College of Obstetricians and Gynecologists, Policy Committee Co-Chair of the Partnership for Medicaid, at eeckert@acog.org.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Dental Education Association
America's Essential Hospitals
Association of Clinicians for the Underserved
Association for Community Affiliated Plans
Catholic Health Association of the United States
Children's Hospital Association
The Jewish Federations of North America
Medicaid Health Plans of America
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Health Care for the Homeless Council

¹ 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%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>.

² Spelke B and Werner E. The Fourth Trimester of Pregnancy: Committing to Maternal Health and Well-Being Postpartum. *R I Med J* (2013). 2018 Oct 1;101(8):30-33.

³ Tully KP, Stuebe AM, and Verbiest SB. The fourth trimester: a critical transition period with unmet maternal health needs. *Am J Obstet Gynecol*. 2017 Jul;217(1):37-41.

⁴ Vital Signs: Pregnancy-Related Deaths, United States. Petersen EE, Davis NL, Goodman D, et al., 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

⁵ Pregnancy and heart disease. ACOG Practice Bulletin No. 212. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2019;133:e320–56.

⁶ For Addicted Women, the Year After Childbirth Is the Deadliest. Vestal, Christine. (2018, August 14) Pew Stateline. Retrieved from <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/08/14/for-addicted-women-the-year-after-childbirth-isthe-deadliest>.

⁷ Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal

mortality review committees. Available at:

<https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>

⁸ "High Rates Of Perinatal Insurance Churn Persist After The ACA, " Health Affairs Blog, September 16, 2019.

DOI: 10.1377/hblog20190913.387157.

⁹ Daw JR, Kolenic GE, Dalton VK, Zivin K, Winkelman T, Kozhimannil KB, Admon LK. Racial and Ethnic Disparities in Perinatal Insurance Coverage. *Obstet Gynecol* 2020;135(4):917-924.

¹⁰ 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%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>.