November 16, 2020

The Honorable
Robert P. Casey, Jr.
393 Russell Senate Office Building
Washington DC, 20510

The Honorable
Patrick Toomey
248 Russell Senate Office Building
Washington DC, 20510

Dear Senator Casey and Senator Toomey,

On behalf of the Maternal Health Subgroup of the Pennsylvania Prenatal-to-Age-Three Collaborative, we are seeking your help to address our nation's unacceptable maternal health crisis.

Maternal mortality is an important measure of human and social development, and in the United States 60% of maternal deaths are preventable.[1] The impact of maternal death is profound — the loss of a mother can have long-term negative consequences on families for generations. Severe maternal morbidity also represents a significant threat. Access to high-quality care for mothers for at least one year after birth is a key strategy for mitigating maternal mortality and morbidity.[2] It is imperative the Senate Committee on Finance prioritize greater access to coverage by expanding pregnancy eligibility for Medicaid to at least one year for postpartum care. An investment in keeping moms alive is an investment in the health and prosperity of families and in a more equitable and effective health care system.

Accounting for 43% of U.S. births in 2018,[3] Medicaid is the largest single payer of pregnancy-related services in the United States.[4] As such, Medicaid is critical for improving maternal health and reducing disparities in outcomes. In addition to maternal mortality, maternal morbidity is a major driver of the U.S. maternal health crisis. According to the Centers for Disease Control and Prevention, for every maternal death from pregnancy-related causes, another 70 women experience severe maternal morbidity. As recently as 2014, 50,000 women in the U.S. experienced severe maternal morbidity.[5] The impact of severe maternal morbidity does not end 60 days postpartum. Maternal morbidities can negatively impact a mother's lifelong health and are costly to treat. For pregnant Medicaid enrollees, the average total per patient cost nearly

doubles when a severe morbidity is present.[6] Continuous coverage mitigates the cost of untreated morbidities by ensuring access to care and treatment through the postpartum period. Expanding pregnancy Medicaid to at least one year postpartum would ensure all women have access to the care they need to be as healthy as possible after having a baby.

The link between the health of a mother and the health of her baby is clear — healthy parents are best equipped to nurture the health and development of their children. In fact, parental enrollment in Medicaid increases the probability that a child will receive an annual well-child visit by 29%.[7] Conversely, untreated maternal depression can have long term negative effects for a child, including poor cognitive and social-emotional development.[8] Perinatal mood and anxiety disorders, including maternal depression, are the leading complication of pregnancy and childbirth. Research shows approximately one in eight new mothers will experience symptoms of maternal depression.[9] For the health of the mother and her baby, it is imperative all moms have access to continuous coverage throughout the one year postpartum period.[10]

Finally, expanding Medicaid for at least one year postpartum would contribute to a more efficient and effective health care system by reducing overall Medicaid costs. Women who are eligible for Medicaid due to pregnancy are likely to enroll in Medicaid again. Without continuous coverage many women who re-enroll are sicker, which can result in more costly health care conditions at the time of re-enrollment.[11] There are also administrative cost savings. Aligning the continuous coverage period for a mother to that of her baby, who currently receives one year of coverage, eliminates the need to conduct two separate redeterminations at two different times. Such savings offset the costs of expanding Medicaid coverage to one year postpartum and contribute to a more efficient and streamlined system overall.

Thank you for your consideration of our recommendation. Ensuring all mothers — particularly Black, American Indian, and Alaskan Native mothers — have equitable access to comprehensive and continuous health coverage throughout their pregnancies and the postpartum period is a necessary step in addressing the maternal health crisis. As the Senate Committee on Finance develops policy recommendations to expand and improve Medicaid coverage and services for pregnant and postpartum mothers, we urge you to prioritize extending coverage to at least one year postpartum. To discuss the above recommendation further, please contact Sara Jann, Director of Policy & Advocacy, Maternity Care Coalition at sjann@maternitycarecoalition.org.

Sincerely,

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