



**Testimony of Maine Public Health Association In Support of:
LD 1357: An Act to Require Private Insurance Coverage for Postpartum Care**

Joint Standing Committee on Health Coverage, Insurance and Financial Services
Room 220, Cross State Office Building
Wednesday, May 5, 2021

Good morning Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of LD 1357 “An Act to Require Private Insurance Coverage for Postpartum Care.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities and we take that responsibility seriously.

This bill requires insurers, in individual policies that cover maternity benefits, to provide coverage for postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists (ACOG).

The period after childbirth is a critical time for women and infants to receive medical care. New mothers experience psychological and physical challenges, all while raising a new infant. Eleven percent of Maine women experience postpartum depression,¹ which impacts their well-being as well as their infants’ emotional and cognitive development in the year after birth. These changes are exacerbated if the mother is experiencing other chronic conditions, such as obesity, gestational diabetes, or pregnancy-related hypertension, which all require ongoing monitoring and care after giving birth.¹ Additionally, during this “fourth trimester” new mothers will likely experience stress, fatigue, heavy bleeding, and pelvic floor dysfunction.

While, historically, postpartum care has prioritized one visit approximately six weeks after delivery, data demonstrate the importance of on-going care that is comprehensive and individualized. As outlined in [ACOG’s recommendations](#) to optimize postpartum care, the World Health Organization calls for routine evaluation of all women at 3 days, 1-2 weeks and 6 weeks postpartum and the National Institute for Health Care and Excellence recommends mental health screenings at 10-14 days after birth. Research shows that while mothers may receive prenatal care, postpartum care is often infrequent and late.² System constraints that impede comprehensive care include discontinuities in health insurance, misaligned incentives in reimbursement models, and high costs of care.³ In addition, the health issues that women may experience in the fourth trimester can intersect, compounding concerning health outcomes.² On-going, comprehensive care that is covered by health insurance

will enable women to receive the care they need and address postpartum health issues that are unable to be addressed by a single visit, 6-weeks post-delivery.

Underscoring the importance of requiring private insurance coverage to meet ACOG's recommendations, are data showing the U.S. has a high maternal mortality rate, compared with other developed nations, with one third of pregnancy-related deaths occurring between one week and one year following childbirth.⁴ In fact, U.S. women are more likely to die from causes related to birth or pregnancy than women in any other developed nation.⁵

This bill will enable new mothers in Maine to receive the optimal care they need post-delivery, both ensuring better health outcomes for the new mother and for their new infant. Maine Public Health Association supports the passage of this bill, which will expand health insurance coverage, decrease maternal and infant mortality, reduce medical outlays, improve postpartum health outcomes, and promote health equity. Thank you for your consideration.

¹McMorrow S, Dubay L, Kenney G, et al. Uninsured new mothers' health and health care challenges highlight the benefit of increasing postpartum Medicaid coverage. *Urban Institute Health Policy Center*. 2020

²Tully KP, Stuebe AM, Verbiest SB. The fourth trimester: A critical transition period with unmet maternal health needs. *Am J Obstet Gynecol*. 2017 Jul;217(1):37-41.

³Horwitz MEM, Molina RL, Snowden JM. Postpartum care in the United States — new policies for a new paradigm. *N Engl J Med* 2018; 379:1691-1693.

⁴Johnson K, Rosenbaum S, Handley M. 2020. The next steps to advance maternal and child health in Medicaid: Filling gaps in postpartum coverage and newborn enrollment. *Health Affairs*.

⁵U.S. Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. 2019. Pregnancy-related deaths. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.html>.

