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THE MAINE SENATE

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### **Sponsor's Testimony in Support of LD 1357**

#### **An Act To Require Private Insurance Coverage for Postpartum Care**

Good morning Senator Sanborn, Representative Tepler and esteemed members of the Committee on Health Coverage, Insurance and Financial Services. I am Anne Carney, representing Senate District 29, which includes South Portland, Cape Elizabeth and part of Scarborough.

I am pleased to introduce [LD 1357](#), An Act To Require Private Insurance Coverage for Postpartum Care. This bill would provide urgently needed health insurance coverage and align insurance policies issued in Maine with current medical recommendations related to postpartum care.

Complications following childbirth include pain and bleeding, high blood pressure, lactation difficulties, and pelvic floor dysfunction. For example, more than 1/4 of US women have pelvic floor disorder with symptoms such as long term urinary incontinence. Treatment like physical therapy can strengthen the pelvic floor muscles and improve quality of life. Private insurance coverage for postpartum care, though, is very limited and doesn't cover this and other necessary medical care. In fact, most insurance policies provide coverage based on an outdated and insufficient framework for postpartum care involving just one office visit at six weeks postpartum.

The American College of Obstetricians and Gynecologists issued a Committee Opinion in May 2018 and affirmed in 2021, titled "[Optimizing Postpartum Care](#)." The Opinion adopts a new framework for postpartum care as an ongoing process rather than a single encounter, with services and support tailored to the patient's individual needs. This new framework is often referred to as "fourth trimester" care. The Opinion states:

Rather than an arbitrary six-week check, the American College of Obstetricians and Gynecologists recommends that the timing of the comprehensive postpartum visit be individualized and woman centered. To better meet the needs of women in the postpartum period, care would ideally include an initial assessment ... within the first three weeks postpartum to address acute postpartum issues ... followed up with ongoing care as needed, concluding with a comprehensive well-woman visit no later than 12 weeks after birth. Insurance coverage policies should be aligned to support this tailored approach to "fourth trimester" care.

Unfortunately, health insurance and reimbursement models conflict with this new framework for postpartum care. An analysis in the New England Journal of Medicine, [Postpartum Care in the United States — New Policies for a New Paradigm](#) points out that “[c]omplex health insurance systems and maternity care reimbursement models are at odds with universal, high-quality postpartum care in the United States. In particular, the bundled-payment model for maternity care may impede equitable access to care.” A reimbursement model that drives healthcare providers and patients to a single office visit at six weeks is simply not adequate to treat things like pelvic floor disorder that require ongoing physical therapy, and the many other medical issues like postpartum depression, high blood pressure, lactation difficulties and serious cardiac issues that can arise in the postpartum period.

LD 1357 would require private insurers to shift from coverage based on the single six week visit to coverage that aligns with the “fourth trimester” care model recommended by the American College of Obstetricians and Gynecologists. This shift can improve maternal health outcomes without significant premium increases, and the New England Journal article points to cost-effective approaches to delivering postpartum care that are being used in other countries.

The three months following birth of a child are wonderful and challenging. New moms are recovering from childbirth, caring for an infant, sometimes navigating preexisting medical conditions and simultaneously preparing to return to work at the end of 12 weeks of family medical leave. Insurance coverage that supports the “fourth trimester” care model will allow Maine women to successfully transition to parenthood, a stable health condition and return to work.

Thank you for your thoughtful consideration of LD 1357. I am happy to answer your questions.