

Testimony in Support of LD 1357: An Act to Require Private Insurance Coverage for Postpartum Care

Joint Committee on Health Coverage, Insurance and Financial Services

Wednesday, May 5, 2021

Good morning Senator Sanborn, Representative Tepler and the esteemed members of the Committee on Health Coverage, Insurance and Financial Services. My name is Heather Drake. I am a resident of Cape Elizabeth and public health professional and am here to testify in support of LD 1357: An Act to Require Private Insurance Coverage for Postpartum Care.

As a public health professional, I know the importance of providing optimal care to mothers in the postpartum period given the numerous health issues that can and will arise. The majority of mothers will experience stress, anxiety, bleeding and incontinence. Postpartum depression is a serious health concern, with consequences for not only the mother, but her new infant and impacts 11% of mothers in Maine. 20% of mothers will stop breastfeeding before their 6 week check-up. These are a sampling of health issues that require more than a single medical visit to address and should be addressed prior to 6 weeks. Unfortunately, current standards of care recommend one, single visit 6 weeks post-delivery. This bill will enable new mothers experiencing these health concerns to receive the care they need, beginning at 3 weeks, and in an on-going manner to appropriately address their health needs. Of utmost importance, this bill will require that this care recommended by the American College of Obstetricians and Gynecologists, be covered by private insurance, reducing financial barriers and cost burdens.

As a new mother, I have experienced firsthand the inadequacies of our health care system and its poor treatment of new mothers. My prenatal care and delivery experience was top notch, but after the birth of my son it was as if my health and well-being were no longer relevant. My discharge instructions were to simply watch for heavy bleeding and take it easy; see you in 6 weeks. While I was lucky to have a complication free pregnancy and delivery, I did, and am suffering from pelvic floor complications, just over 6 months postpartum. At my 6 week check-in, that was delayed due to scheduling conflicts on the providers side, I expressed concern with urinary incontinence and was advised to do kegel exercises. The advice was that if it got worse, to call for a physical therapy referral. If you've ever had to deal with leaking urine while walking or an inability to hold in urine, you don't really want to take a wait and see, do the kegels approach. Putting on my public health hat, the goal is to prevent health complications, not wait for them to get worse, leading to the need for more care, more expenses and taxing of our health system. I advocated for myself and scheduled a PT appointment, that was put off for several weeks due to holidays, snow, and scheduling. Unfortunately, my first PT bill was almost \$400, with a request to come weekly. I simply couldn't afford this and had to end treatment. My new treatment plan involved the searching the internet and physical therapy posts on Instagram. In other countries, pelvic floor therapy is a part of postpartum care and covered by insurance. It should be here, too, along with addressing mental health, lactation, high blood pressure and other pregnancy related complications as outlined by ACOG.

So as both a public health professional and a new mother, I believe these inadequacies in care and lack of health insurance coverage need to be addressed. We should take better care of our mothers and we can take better care of our mothers. I thank you for your time and urge you to vote in favor of this bill.