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Testimony of the Maine Osteopathic Association
Before the Committee on Health and Human Services

In Reference to:

LD 1357, An Act To Require Private Insurance Coverage for Postpartum Care
Public Hearing: Wednesday, May 5, 2021 10:00 AM, Cross Building, Room 220

Senator Claxton, Representative Meyer, and distinguished members of the Committee on Health and Human Services,

My name is Romeo Lucas, D.O., and I am an obstetrician and gynecologist at Maine General in Augusta. On behalf of my physician colleagues, I am pleased to provide testimony in support of LD 1357, An Act To Require Private Insurance Coverage for Postpartum Care.

The Maine Osteopathic Association (MOA) is a professional organization representing approximately 400 osteopathic physicians as well as more than 700 residents and students. Our mission is to “serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of this State.”

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.

The American College of Obstetricians and Gynecologists (ACOG) contends that the maternal experience is highly individualized and any number of co-morbidities may indicate the necessity of several post-partum visits over the course of several months. At the least, it is recommended that all post-partum women are seen for a routine annual visit within 12 months of delivery. This ensures the health of the mother not only as far as transitioning into the non-pregnant state but also with regard to optimizing outcomes as far as future fertility and delivery. Ultimately, access to quality post-partum care results in a long-term reduction in healthcare costs.

The ACOG also believes that “Optimizing care and support for postpartum families will require policy changes. Changes in the scope of postpartum care should be facilitated by reimbursement policies that support postpartum care as an ongoing process, rather than an isolated visit.”¹

Unfortunately, in light of COVID-19, typical postpartum follow up and surveillance has had to be altered due to restrictions with regard to transportation access, provider availability and building or hospital “in person” capacity guidelines.

LD1357 is a step in the right direction and would help provide crucial care to new mothers. It is for these reasons that the MOA supports this bill. Please do not hesitate to contact us at info@mainedo.org if you have any questions. Thank you.

¹ ACOG Committee Opinion: Optimizing Postpartum Care. (Number 736, May 2018). <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co736.pdf?dmc=1&ts=20200122T1452080128>