



**Testimony of Maine Public Health Association In Support of:
LD 265: An Act to Provide Women Access to Affordable Postpartum Care**

Joint Standing Committee on Health and Human Services
Room 220, Cross State Office Building
Wednesday, February 24, 2021

Good afternoon Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today in support of LD 265: An Act to Provide Women Access to Affordable 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 extends postpartum coverage for women eligible under MaineCare from 60 days to 12 months. By extending postpartum coverage, this bill reduces the financial barrier to accessing health care and ensures that both mothers and their newborns continue receiving needed care during the high-risk period after giving birth. This change protects the health of both new mothers and their babies.

The year after childbirth is a critical time for women and infants to receive medical care. New mothers experience psychological and physical changes, 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.¹ 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

Underscoring the importance of continuous care for at least the year following birth, are data showing the U.S. has a high maternal mortality rate, compared with other developed countries, with one third of pregnancy-related deaths occurring between one week and one year following childbirth.² In fact, U.S. women are more likely to die from causes related to birth or pregnancy than women in any other developed nation.³

While, historically, postpartum care has prioritized one visit approximately six weeks after delivery, data demonstrate the importance of on-going care that should last at least one year after birth.⁴ A study from the Urban Institute highlights that "without access to consistent, comprehensive health insurance coverage, many new mothers can face extreme challenges obtaining the care they need to support their and their infants'

health.”⁵ The same Urban Institute report found roughly half of all uninsured new mothers reported that losing Medicaid or other coverage after pregnancy was why they were uninsured.⁵

This bill is also important because Maine is still rebuilding its public health nursing workforce. Public health nurses would typically visit new mothers and their families in their homes during this period after birth, removing access barriers and improving care. As the state continues to build that workforce, ensuring continuity of health care coverage is even more important.

Maine Public Health Association supports the passage of this bill, which will expand health insurance coverage to vulnerable populations, decrease maternal and infant mortality, reduce medical outlays for an already low-income population, improve postpartum health outcomes, and promote health equity. Thank you for your time and consideration.

¹America’s Health Rankings. 2021. Health of Women and Children. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/ME

²Johnson K, Rosenbaum S, Handley M. The Next Steps to Advance Maternal and Child Health in Medicaid: Filling Gaps in Postpartum Coverage and Newborn Enrollment. *Health Affairs*. Published online January 9, 2020.

³U.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.htm>

⁴Ranji U, Gomez I, Salganicoff A. Expanding Postpartum Medicaid Coverage. *Kaiser Family Foundation*. Published online December 21, 2020.

⁵McMorrow 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*. Published online May 28, 2020.