

TESTIMONY OF MICHAEL KEBEDE, ESQ.

Ought To Pass – LD 265

An Act To Provide Women Access to Affordable Postpartum Care

Submitted to the

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

February 24, 2020

Senator Claxton, Representative Meyer, and Members of the Committee on Health and Human Services, greetings. My name is Michael Kebede and I am Policy Counsel for the ACLU of Maine, a statewide organization committed to advancing and preserving civil liberties in Maine. On behalf of our more than 10,000 members, I urge you to support LD 265, a bill that would take a step towards providing necessary postpartum care to parents in Maine.

Since 1972, the ACLU's Women's Rights Program has been working to secure gender equality and ensure that all women and girls are able to lead lives of dignity, free from discrimination. The ACLU of Maine also recognizes that people must have access to affordable, quality, and safe health care in order to fully exercise their civil rights. This legislation fits squarely within the intersection of that work. Today, hundreds of pregnant, or recently-pregnant Mainers cannot afford health care or do not live close enough to health care providers to access it.¹²

In the United States, 700 people die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them. This makes the United States the most dangerous place in the developed world to give birth.³ For people of color, the dangers of giving birth are even more severe. Black people who are pregnant are more than three times as likely to die from pregnancy-related

¹ Harris DE et al., *Impact of Rurality on Maternal and Infant Health Indicators and Outcomes in Maine*, Rural Remote Health, (July-Sept 2015).

² *Maine Perinatal Health: Social Detriments of Health*, Maternal and Child Health Block Grant Data Brief (Feb. 21, 2021), <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Maine-Perinatal-and-Infant-Health-Priority-Summaries-All-012020.pdf>.

³ March of Dimes, *Nowhere to Go: Maternity Care Deserts Across the U.S.* (Feb 22, 2021), https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.

complications as their white peers. Native Americans are more than twice as likely to die from childbirth-related issues.⁴

In rural regions of Maine, people who give birth, and their children are at a particularly acute risk. One reason for higher infant mortality rates in rural areas is a lack of access to health care, particularly in remote and isolated regions. Pregnant people in rural areas often must travel an hour or more to receive reproductive care.⁵ Other pervasive issues for pregnant people, include post-partum depression, which affected 11% of pregnant people in Maine last year.⁶

Most, if not all, risk factors that make maternal mortality a credible fear for Maine parents could be assuaged with an extended period of eligibility under MaineCare. According to the Maine Maternal Fetal and Infant Mortality Review Panel, risk factors regarding maternal mortality include patient lack of knowledge, lack of adherence or creation of medical regimens, misdiagnosis and delays in diagnosis, failures to screen, failures to follow-up, and inadequate or absent systems of care policies, and procedures.⁷

Maine is facing a population problem.⁸ This state has been losing population for several years, and statistically is the oldest state in the county. According to the Maine Department of Labor, there are 100,000 fewer people age 0 - 20 than those age 40 - 60.⁹ And yet, despite the desperation with which we need safe, and healthy children, today, the medical support this state currently gives their indigent parents is a mere 60 days.

The weeks following birth are a critical period for a new parent and their infant. To optimize the health of postpartum families, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.¹⁰ Optimizing care and support for postpartum families will require policy changes, and these changes should recognize that postpartum care is an ongoing process, rather than an isolated visit or two.

⁴ *Id.*

⁵ *See supra* note 2.

⁶ America's Health Rankings, *Postpartum Depression*, (Feb. 23, 2021) https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/ME.

⁷ MAINE MATERNAL, FETAL INFANT MORTALITY REVIEW PANEL, Annual Report Submitted to the Jount Standing Committee on Health and Human Services SFY 2019,, at 11 (2019) <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/Maternal-Fetal-and-Infant-Mortality-Review-Panel-2019-Report-011020.pdf>.

⁸ Don Carrigan, *Maine's Shortage of Young People is a Big Problem, Experts Say*, News Center Maine (Feb. 16, 2017), <https://www.newscentermaine.com/article/news/community/maines-shortage-of-young-people-is-a-big-problem-experts-say/97-409040927>.

⁹ *Id.*

¹⁰ The American College of Obstetricians and Gynecologists, *ACOG Committee Opinion Optimizing Postpartum Care* (May 2018), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2018/05/optimizing-postpartum-care.pdf>.

By extending from 60 days to 12 months, the period of time following delivery of a baby that a new parent may be eligible for services under MaineCare, this committee would be taking an affirmative step to support those who have children, support those who take care of those children, and the next generation of future Mainers. We urge the committee to support LD 265 and submit a waiver or state plan amendment request no later than January 1, 2022 to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the provisions of this legislation that extend MaineCare coverage to a new parent following delivery of a baby from 60 days to 12 months.