



RHODE ISLAND KIDS COUNT

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**Testimony Re: S-2202 Extending Postpartum Medicaid Coverage
Senate Health and Human Services Committee**

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Elizabeth Burke Bryant, Executive Director

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its strong support for Senate Bill 2202. This bill and budget article would extend full benefit Medicaid coverage to 12 months from the current 60 days postpartum, regardless of immigration status. We want to sincerely thank Senator Goodwin for her longtime leadership on this issue as the sponsor of this important bill and thank Governor McKee for including this issue in his proposed budget for Fiscal Year 2023. We also want to thank the cosponsors, Senators Cano, DiMario, Pearson, Miller, Coyne, Kallman, Euer, Quezada, and Murray. This bill also has the support of and is a campaign priority of Right from the Start, a legislative and budget campaign to advance state policies for young children and their families. It is led by 8 organizations and many champions.

Current RIte Care/Medicaid coverage for pregnant and postpartum women:

Pregnant women with incomes up to 250% of the Federal Poverty Level (FPL) are currently eligible for Medicaid/RIte Care. However, 60 days after giving birth women can only stay on Medicaid if their income is at or below 138% FPL. Many women, including women who do not have qualified immigrant status, who give birth on Medicaid are no longer eligible for Medicaid 60 days postpartum and must seek coverage elsewhere or become uninsured, creating a gap in coverage. This compromises continuity of care in the postpartum period, a critical time for both mom and baby.

Extending postpartum coverage is a key strategy for addressing racial/ethnic disparities in maternal health:

Evidence clearly demonstrates that women of color are less likely to have access to adequate maternal health care services and are more likely to die in pregnancy and childbirth than white women. Nationally, Black women are three to four times more likely than white women to die of pregnancy-related complications. Evidence shows that many of these deaths occur after pregnancy-related Medicaid coverage ends. Nationally, 12% of pregnancy related deaths occurred between 6 weeks and 12 months postpartum.

This is especially important given the unacceptable racial and ethnic disparities we see in maternal and infant health outcomes in Rhode Island.

For example, between 2014 and 2018, Black women in Rhode Island were 83% more likely to experience a severe complication at birth compared to white women. During that same time period, Hispanic/Latina women were 34% more likely to experience a severe complication at or after birth compared to white women.

Extending postpartum coverage would support maternal mental health

Postpartum care is extremely important to new parents as they also navigate the responsibilities of being a new parent and looking after an infant. These competing priorities influence mental health as well as physical health. In Rhode Island between 2018 and 2020, over 29% of women with Medicaid/RIte care experienced depression symptoms during or after their most recent pregnancy compared to only 18% of women with private insurance. Studies have consistently shown that poor maternal mental health is associated with lower quality of maternal-infant bonding. Improving low-income parents' coverage and access to health care is critically important to supporting healthy infants and children.

Ensuring women have uninterrupted Medicaid coverage during the postpartum period is important for identifying preventable health conditions, including maternal depression. **This bill would assure that all low-income women have 12 months of continuous coverage after pregnancy and would support improvements in infant and maternal health outcomes.**

The current 60 days of postpartum Medicaid coverage is simply insufficient to support families and ensure that mothers and infants are healthy. This legislation can help reduce pregnancy related deaths in the state and address the severe maternal mortality crisis, especially among women of color.

This fiscal impact of this proposal, based on the EOHHS budget plan, estimates that the total cost of the proposal in the first year would be \$5.1M, plus \$0.7M for required one-time MMIS and RI Bridges system modifications.

Rhode Island KIDS COUNT urges you to support Senate Bill 2202, which will extend postpartum coverage to 12 months and support mothers' and infants' physical, emotional, and mental health.

Thank you for the opportunity to testify today.

