



**RHODE ISLAND KIDS COUNT**  
ONE UNION STATION  
PROVIDENCE, RHODE ISLAND 02903  
401/351-9400 • 401/351-1758 (FAX)

**Testimony Re: Senate Bill 430 –Twelve-month continuous postpartum Medicaid coverage**

**Senate Health & Human Services Committee**

**March 24, 2021**

**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 offers its strong support for Senate Bill 430 which would ensure that women who give birth while enrolled in Medicaid continue to stay enrolled for Medicaid for 12 months after giving birth.

**Current Rite Care/Medicaid coverage for pregnant and postpartum women:**

Pregnant women with incomes up to 250% FPL (federal poverty level) are currently eligible for Medicaid/Rite Care. Sixty (60) days after giving birth, women can only stay on Medicaid if their income is at or below 141% FPL. (If their income is above 141% FPL, their Medicaid/Rite Care health insurance coverage ends after 60 days postpartum).

**Senate Bill 430 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.<sup>1</sup> Nationally, Black women are three to four times more likely than White women to die of pregnancy-related complications.<sup>2</sup> Evidence shows that many of these deaths occur after pregnancy-related Medicaid coverage ends.<sup>3</sup> Many women who give birth on Medicaid are no longer eligible for Medicaid sixty days postpartum and must seek coverage elsewhere or become uninsured, creating a gap in coverage.<sup>4</sup> This compromises continuity of care in the postpartum period, a critical time for both mom and baby.

Ensuring women have uninterrupted Medicaid coverage during the postpartum period is important for identifying preventable health conditions, including maternal depression.<sup>5</sup> **This bill would assure that low-income women have 12 months of continuous coverage after pregnancy and would support improvements in infant and maternal outcomes.**

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/Latinx women were 34% more likely to experience a severe complication at or after birth compared to White women.<sup>6</sup>

**Federal support for extending postpartum Medicaid coverage to a full 12 months:**

**The *American Rescue Plan Act of 2021* gives states a new option to extend Medicaid postpartum coverage from 60 days to 12 months** by filing a State Plan Amendment (SPA) to their Medicaid program. States that adopt this extension would continue to receive the current federal match for pregnancy-related Medicaid coverage. To date, 7 states and DC are taking steps to provide full or partial Medicaid coverage for 12 months postpartum. We urge this committee to pass this bill so Rhode Island can join these states and extend Medicaid postpartum coverage. Doing so will help Rhode Island ensure the health of women and infants and take an important step to address unacceptable racial and ethnic disparities in infant and maternal health outcomes.

**Closing:**

I would like to take the opportunity to thank Senator Goodwin for her leadership on this issue and for sponsoring this important bill. Rhode Island KIDS COUNT thanks the General Assembly for their dedication to improving child and maternal health in the state of Rhode Island and urges you to pass this bill.

**Sources:**

1,2 Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC. (2020). Retrieved February 3, 2020, from [www.cdc.gov](http://www.cdc.gov)

3 Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnston, E., ... & Barfield, W. (2019). Vital signs: pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *Morbidity and Mortality Weekly Report*, 68(18), 423.

4,5 McMorrow, S., Dubay, L. and Kenney, G., 2020. Uninsured new mothers' health and health care challenges highlight the benefits of increased postpartum Medicaid coverage. [online] Urban.org. Available at: <[https://www.urban.org/sites/default/files/publication/102296/uninsured-new-mothers-health-and-health-care-challenges-highlight-the-benefits-of-increasing-postpartum-medicaid-coverage\\_0.pdf](https://www.urban.org/sites/default/files/publication/102296/uninsured-new-mothers-health-and-health-care-challenges-highlight-the-benefits-of-increasing-postpartum-medicaid-coverage_0.pdf)> Accessed 24 March 2021.

6 Rhode Island Department of Health, Center for Health Data and Analysis, Maternal Child Health Database, 2013-2017.

