



Connected for Life

February 8, 2023

Chairman Dever and Committee Members,

I am writing to urge your support for Senate Bill (SB) 2181 which would allow continuous coverage up to 12 months postpartum for individuals on Medicaid.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families. Extending postpartum coverage to 12 months for those on Medicaid will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes.

This extension will help to prevent gaps in healthcare coverage for low-income women during the postpartum period. The need to increase coverage during this period is clear, as 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.<sup>1</sup> These gaps in coverage are especially problematic for individuals with serious and chronic health conditions; patients who are in the middle of treatment for a life-threatening disease, rely on regular visits with healthcare providers or must take daily medications to manage their chronic conditions cannot afford a sudden elimination of coverage and gap in their care.

Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. One such condition is gestational diabetes which is diabetes that is first diagnosed during pregnancy and can cause serious complications. According to the Centers for Disease Control (CDC) about 6% to 9% of pregnant women develop gestational diabetes. Diabetes during pregnancy has increased in recent years. Recent studies found that from 2000 to 2010, the percentage of pregnant women with gestational diabetes increased 56%.<sup>2</sup> Gestational diabetes can be managed under the care of medical professionals.

According to the CDC, cardiovascular conditions, thrombotic pulmonary or other embolism, or other non-cardiovascular medical conditions are the leading causes of maternal deaths that occur between 43 days and one year after delivery.<sup>3</sup> Women with bleeding disorders are also at elevated risk for postpartum hemorrhage, and secondary postpartum hemorrhage can occur as late as twelve weeks after childbirth.<sup>4</sup> Additionally, postpartum coverage will extend access to mental healthcare. This is

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<sup>1</sup> Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage 'churn' in months before and after childbirth. *Health Aff (Millwood)*. 2017; 36(4): 598–606. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241>.

<sup>2</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm> accessed on 3.1.21

<sup>3</sup> Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:423–429. DOI: <http://dx.doi.org/10.15585/mmwr.mm6818e1>  
[https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s\\_cid=mm6818e1\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w)



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particularly important given that at least one in ten women experience perinatal depression,<sup>5</sup> yet less than 20% of women get treated for perinatal mental health conditions postpartum,<sup>6</sup> even when they do screen positive.<sup>7</sup>

Access to quality, affordable coverage throughout the lifespan is necessary for all patients to manage their health conditions, and many chronic medical conditions that can have implications for maternal outcomes need to be managed before pregnancy as well as during and after delivery

We urge your support of the postpartum coverage outlined in SB 2181. Thank you for the opportunity to provide comments.

Sincerely,

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<sup>4</sup> VanderMeulen H, Petrucci J, Floros G, Meffe F, Dainty KN, Sholzberg M. The experience of postpartum bleeding in women with inherited bleeding disorders. *Res Pract Thromb Haemost*. 2019 Oct; 3(4): 733-740. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6782019/>.

<sup>5</sup> Usha Ranji, Ivette Gomez, Alina Salganicoff. Expanding Postpartum Medicaid Coverage. December 21, 2020. Kaiser Family Foundation. Available at: <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

<sup>6</sup> E. Cox et al. The Perinatal Depression Treatment Cascade: Baby Steps Toward Improving Outcomes. *J Clin Psychiatry* 2016;77(9):1189-1200.

<sup>7</sup> Goodman JH, Tyer-Viola L: Detection, treatment, and referral of perinatal depression and anxiety by obstetrical providers. *J Womens Health (Larchmt)*. 2010;19:477-490.