



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Tuesday, February 23, 2021**

**SB 910, An Act Expanding Coverage For Post-Partum Care To 12 Months After A
Medicaid Beneficiary Gives Birth To A Child**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 910, An Act Expanding Coverage For Post-Partum Care To 12 Months After A Medicaid Beneficiary Gives Birth To A Child**. CHA supports the expansion of maternal coverage proposed in this bill.

Before commenting on this bill, it is important to acknowledge that, since early 2020, Connecticut's hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals.

The United States is the only industrialized nation with a [pregnancy-related mortality rate on the rise](#), increasing 26 percent between 2000 and 2014. These statistics include all maternal deaths that occur during pregnancy or within a year of the end of pregnancy for any cause related to the pregnancy. In recent years, this trend has begun to level off, though the overall rate remains high; and it remains a stunning health disparity—Black women and American Indian/Alaska Native women are 3.3 and 2.5 times more likely, respectively, to die from pregnancy-related causes than non-Hispanic white women. [These disparities apply](#) across education levels and persist even after controlling for differences in household income.

The period following pregnancy is a time of increased risk to mothers. Many women on Medicaid are at risk of losing their health insurance coverage just 60 days after the end of pregnancy. [Recent research](#) has found that nearly 60 percent of pregnant women experienced a month-to-month change in insurance type during the nine months of pregnancy, and half were uninsured at some point in the six months following birth.

Once coverage ends, many women remain at heightened risk for pregnancy-related health problems. In fact, according to the Centers for Disease Control and Prevention (CDC) National Vital Statistics System (NVSS), [nearly one out of four](#) pregnancy-related deaths occur between 43 and 365 days postpartum. These numbers are higher for Black women, who represent a large portion of Medicaid beneficiaries.

Extending coverage would provide continuous access to healthcare services when a young mother remains most vulnerable to adverse health outcomes. It would also align the mom's coverage with that of her infant, because infants born on Medicaid remain eligible for coverage through the first year of life. Most importantly, it would save lives. Keeping women covered through Medicaid can reduce the risk of adverse outcomes.

Many women who have high blood pressure (hypertension) and diabetes get their first inklings of chronic disease when they are pregnant and have hypertension of pregnancy and gestational diabetes. Hypertension and diabetes in turn cause kidney disease. Hypertension in women over their lifetime impacts 31% of adult women and costs more than \$50 billion a year. Diabetes affects over 10 million women a year, and people with diagnosed diabetes have medical expenditures approximately 2.3 times higher than what expenditures would be in the absence of diabetes. Chronic kidney disease, primarily caused by hypertension and diabetes, impacts 15% of women and the costs are upwards of \$50 billion a year. Last, 10% – 15% of women experience ongoing behavioral health illness, the emotional cost of which is seen in children and the women themselves.

Recent [research also suggests](#) that extending coverage improves health outcomes. Specifically, access to Medicaid expansion has been associated with [1.6 fewer maternal deaths](#) per 100,000 women compared with states that did not expand the Medicaid program.

SB 910 takes a major step forward in protecting young mothers by extending Medicaid coverage for one year following the end of pregnancy. It takes another major step forward by extending this protection to women of color covered by Medicaid, who are at greatest risk of avoidable adverse maternal outcomes.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.