

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-910

AN ACT EXPANDING MEDICAID COVERAGE FOR POST-PARTUM CARE TO
TWELVE MONTHS AFTER A MEDICAID BENEFICIARY GIVES BIRTH TO A

Title: CHILD.

Vote Date: 3/9/2021

Vote Action: Joint Favorable Substitute

PH Date: 2/23/2021

File No.:

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This bill expands Medicaid coverage for post-partum care to twelve months after a Medicaid beneficiary gives birth. The intent of the bill is to expand access to health care which is critical to the health of mothers and infants within a year of birth. The language “within available resources” in line 3 was removed in response to recommendations by the Department of Social Services. This amendment will prevent a potential cap on enrollment based on a fixed allocation of funding, ensuring program access. The Department of Social Services recommended new language to reflect the budget reconciliation package that is currently being negotiated in Congress. If it passes, it will eliminate the need to include language in the state statute requiring DSS to seek an 1115 waiver. In response, language was added for the Commissioner to “amend the Medicaid state plan” in lines 6/7. This ensures that the state statute is accurately aligned with future federal law.

RESPONSE FROM ADMINISTRATION/AGENCY:

Deidre Gifford, Commissioner, Department of Social Services supports the intent of the bill. Dr. Gifford notes that a small percentage of Medicaid eligible women lose coverage two months following birth. This lapse in coverage impacts all women, although African American and Latinx women are disproportionately affected due to their increased risk of adverse health outcomes. Dr. Gifford also mentions that lack of coverage for mothers may impact access and utilization of care for children, although they remain eligible. She explains that funds to support this extension of eligibility are not included in the Governor’s budget. The

Department “has initiated preliminary modeling of the expected costs of this coverage expansion” and will finalize their projections soon. The Department notes that the language, ‘within existing resources.’ regarding extending coverage, could be interpreted to limit program access.

NATURE AND SOURCES OF SUPPORT:

Ellen Andrews, Executive Director, CT Health Policy Project

Samantha Lew, Policy Analyst and Advocacy Specialist, Health Equity Solutions,

Marijane Carey, Maternal and Child Health Consultant, CT Maternal and Child Health (MCH) Coalition and Every Woman CT (EWCT)

The Connecticut Hospital Association (CHA)

Nicole Sanclemente, Policy and Program Associate, The Connecticut Women’s Education and Legal Fund (CWEALF)

Jillian Gilchrest, CT State Representative

Dr. Iyanna Liles, Licensed Obstetrician Gynecologist

Monika Nugent, Member, CT Maternal Mortality Review Committee

Gretchen Raffa, Senior Director of Public Policy, Advocacy and Organizing at Planned Parenthood of Southern New England (PPSNE)

Samantha Tamulis, Certified Nurse Midwife,

Liz Gustafson, State Director, NARAL Pro-Choice Connecticut,

Amy D. Gagliardi, Medical Assistant

Kelly McConney Moore, Interim Senior Policy Counsel, American Civil Liberties Union of Connecticut (ACLU-CT)”

They support this bill because continuous access to Medicaid is critical in addressing our nation’s rising rate of preventable maternal mortality. It addresses the racial inequities in maternal health outcomes which disproportionately affect women of color, specifically Black women. Continuous access to care is extremely important because postpartum is a medically vulnerable period for mothers. The current cutoff for postpartum Medicaid coverage does not meet the physical and socio-emotional needs of women. Postpartum care allows women to follow up on pregnancy complications, manage chronic conditions, and address mental health conditions; it is critical to a healthy first year for mothers and babies. Extending Medicaid coverage to twelve months, from six weeks, will remove a barrier for women to seek and obtain appropriate postpartum care to address possible life-threatening conditions.

Ms. Carey, Rep. Gilchrest, and Ms. Lew mention that a majority of pregnancy-related deaths are preventable and often tied to lack of access to care after birth, as well as lapses in coverage that disrupt the continuity of care.

Rep. Gilchrest, Ms. Gustafson, Ms. Raffa, and The Connecticut Hospital Association all comment that by expanding Medicaid coverage for up to a year, Connecticut will be aligning a mother and child's health care coverage.

Ms. Andrews and Ms. Lew explain how a portion of mothers lose HUSKY after sixty days when eligibility falls from 263% of the federal poverty level to 138%. This eligibility cliff occurs at a time when mothers are vulnerable and need essential healthcare.

Ms. Gustafson adds, "it is crucial to acknowledge that not all people who experience pregnancy identify as women, I and urge lawmakers to ensure that this policy applies to all birthing persons."

Patricia A. Rossi supports this bill. She comments "it likely is cost-effective when weighed against care required from illness incurred during this time by un-covered women."

NATURE AND SOURCES OF OPPOSITION:

None expressed

Reported by: Gianna Vollano

Date: March 21, 2021