

October 28, 2020

The Honorable Mitch
McConnell Senate Majority
Leader United States Senate
Washington, DC 20510

The Honorable Charles Schumer
Senate Minority Leader
United States Senate
Washington, DC 20510

The Honorable Charles Grassley
Chairman, Senate Finance
Committee United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Grassley, and Ranking Member Wyden:

On behalf of the undersigned national, regional and local organizations from the fields of maternal, child, and mental health, **we urge passage of the bipartisan H.R. 4996, the *Helping MOMS Act***, before the end of this Congress. The U.S. House of Representatives passed this bipartisan bill by voice vote on September 29, 2020. Now is the time for the Senate to act as well, so we ask that this critical bipartisan legislation be included in any end-of-year package in this Congress.

This important bipartisan legislation would provide states with a streamlined pathway to extend Medicaid coverage for eligible women to one year following pregnancy to support the health and wellbeing of new mothers in our country. By increasing access to continuous coverage in the postpartum period, the *Helping MOMS Act* would provide a critical tool for addressing multiple public health crises, including our nation's high rates of maternal death and maternal near misses, important mental health and behavioral health issues, stark racial inequities in maternal health outcomes, and devastating impacts of the COVID-19 pandemic.

MEDICAID has long provided excellent care to the most vulnerable Americans and is the primary payer of maternity care in the United States, covering 43% of births nationwide,¹ including 66% of births to Black women¹ and the majority of births in rural areas.¹ Under current law, pregnancy-related Medicaid coverage includes pregnancy, delivery, and early postpartum care, but ends 60 days after delivery, leaving new mothers uninsured at one of the most medically vulnerable periods in their lives.

MATERNAL MORTALITY RATES in the United States have increased from 10.3 per 100,000 live births in 1991² to 17.4 in 2018³ making the United States the only industrialized nation in the world where the maternal mortality rate is increasing.^{4,5} Maternal mortality rates are an important indicator of the health and well-being of a country, and reflect women's overall status, access to health care, and attention to the unique

¹ "Medicaid's Role in Financing Maternity Care," MACPAC Fact Sheet, January 2020. (<https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>)

² "Pregnancy-related Mortality in the United States, 1991-1997," *Obstet Gynecol.* 2003 Feb; 101(2):289-96. (<https://www.ncbi.nlm.nih.gov/pubmed/12576252>).

³ Centers for Disease Control and Prevention, "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018." (www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf).

⁴ "Global, Regional, and National or Territory Number of Maternal Deaths, Maternal Mortality Ratio, and Annualised Rates of Change in Percent, 1990-2015," *The Lancet*, October 2016. (www.thelancet.com/action/showFullTableHTML?isHtml=true&tableId=tbl1&pii=S0140-6736%2816%2931470-2).

⁵ "What is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?" Commonwealth Fund, December 2018. (www.commonwealthfund.org/sites/default/files/2018-12/Gunja_status_womens_health_sb.pdf).

medical needs of reproductive -age women. Each year, 700 women die in the United States during pregnancy or the year following pregnancy⁶ and an additional 50,000 women experience severe pregnancy complications.⁷ Black women and Indigenous women are 3.3 and 2.5 times more likely, respectively, to die from pregnancy-related causes than non-Hispanic white women.⁸ The Centers for Disease Control and Prevention (CDC) have determined that 66% of pregnancy-related deaths are preventable.⁹

MENTAL HEALTH conditions contribute to maternal mortality rates; in fact, suicide is one of the leading causes of death in the first year following pregnancy with 75% of deaths by suicide occurring after 43 days postpartum.¹³ Mental health conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women, and represent an underlying cause for 9% of pregnancy-related deaths.^{9,10,11} Untreated maternal mental health conditions can have long-term negative impacts on mother, child, and the entire family. The cost of not treating maternal mental health conditions was \$32,000 per mother-infant pair or \$14.2 billion for all births in 2017.¹²

CONTINUITY OF CARE in the postpartum period is essential to addressing these public health crises. Lack of insurance and churn between types of insurance can limit access to clinical care, contributing to delayed diagnosis and care.¹³ Women of color, women living in poverty, and women with chronic health conditions are at the highest risk for insurance disruptions and for pregnancy-related complications and deaths; nearly half of all Black women had disruptions in insurance coverage from pre-pregnancy to postpartum.¹⁴ Some statewide analyses have found that the majority of pregnancy-related deaths in their states occur beyond 60 days postpartum, which is after pregnancy Medicaid coverage ends.¹⁵

COVID-19 may exacerbate issues related to maternal mortality and has already compounded maternal mental health conditions and racial and ethnic health disparities. CDC data show that pregnant women are more likely to be hospitalized due to COVID-19 and are at a higher risk for admission to the intensive care unit than nonpregnant women.¹⁶ The CDC also reports that Black and Latinx women are disproportionately impacted by the COVID-19 virus, and that Black women are twice as likely as non-Black women to die from COVID-19 during pregnancy.¹⁶ Rates of anxiety and depression among pregnant and postpartum

⁶ Centers for Disease Control and Prevention, “Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017,” May 10, 2019. (www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w).

⁷ Centers for Disease Control and Prevention, “Severe Maternal Morbidity in the United States,” 1993-2014. (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>)

⁸ Center for Disease Control and Prevention, “Racial/ethnic disparities in pregnancy-related deaths – United States, 2007-2016,” 2019. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

⁹ Centers for Disease Control and Prevention, “Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017,” 2019. (www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html).

¹⁰ “The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta Analysis,” *J Clin Psychiatry*, July 23, 2019. (www.ncbi.nlm.nih.gov/pmc/articles/PMC6839961/pdf/EMS84767.pdf).

¹¹ Centers for Disease Control and Prevention, “Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression – United States, 2018,” May 15, 2020. (www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm?s_cid=mm6919a2_w).

¹² “Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States,” *Am J Public Health*, June 2020. (<https://pubmed.ncbi.nlm.nih.gov/32298167/>).

¹³ Centers for Disease Control and Prevention, “Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015, and Strategies for Prevention, 13 States, 2013-2017,” May 10, 2019. (www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w).

¹⁴ “Racial and Ethnic Disparities in Perinatal Insurance Coverage,” *Obstet & Gynecol.* March 2020. (www.ncbi.nlm.nih.gov/pmc/articles/PMC7098441/)

¹⁵ Equitable Maternal Health Coalition, “Continuing Medicaid/CHIP Postpartum Coverage,” June 2020. (www.equitablemhc.org/ppmedicaidtoolkits).

¹⁶ Centers for Disease Control and Prevention, “Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status – United States, January 22–June 7, 2020,” June 26, 2020. (www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm).

women during the pandemic are three to four times the rate as prior to the pandemic.¹⁷ Women of color and women of low socioeconomic status are on the frontlines of the pandemic, often working low-paying jobs in health care and the food and service industries that do not allow social distancing or working from home.¹⁸

EXTENDING MEDICAID COVERAGE for a full year following pregnancy is essential in addressing issues of maternal mortality, maternal mental health, racial and social inequities, and the pandemic. Congress recognized the importance of continued insurance coverage in light of COVID-19 by ensuring continuous coverage for Medicaid beneficiaries – including new mothers who would normally lose their coverage 60 days postpartum -- for the duration of the COVID-19 national emergency.

However, a longer-term solution is necessary to ensure that new mothers continue to have insurance coverage after the end of the COVID-19 pandemic. Extending Medicaid coverage to one year postpartum is a foundational step to addressing maternal mortality, eliminating inequities in maternal health outcomes, and making strides in reducing the burden of maternal mental health conditions. Therefore, **we urge you to pass the bipartisan *Helping MOMS Act* before the end of the 116th Congress.**

Thank you for your commitment to reducing maternal mortality, improving maternal health, and eliminating inequities in maternal health outcomes. Should you require any additional information, please contact Adrienne Griffen, Executive Director of Maternal Mental Health Leadership Alliance, at 571-643-2738 or agriffen@mmhla.org.

Sincerely,

2020Mom
AFE Foundation
All Encompassing Counseling LLC
American Art Therapy Association
American Association for Psychoanalysis in Clinical Social Work
American Association of Birth Centers
American Association of Suicidology
American Association of Suicidology
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Appalachian Perinatal Mental Health Alliance
Association for Ambulatory Behavioral Healthcare
Association of Maternal & Child Health Programs
Birth Sisters Doula Services
Boston Medical Center

¹⁷ “Moms Are Not OK: COVID-19 and Maternal Mental Health,” *Front. Glob. Womens Health*, 19 June 2020. (<https://doi.org/10.3389/fgwh.2020.00001>).

¹⁸ “On the Frontlines at Work and at Home: The Disproportionate Economic Effects of the Coronavirus Pandemic on Women of Color,” *American Progress*, April 2020. (www.americanprogress.org/issues/women/reports/2020/04/23/483846/frontlines-work-home/).

By Your Side Birth Services, LLC
California Pan-Ethnic Health Network
Cedars-Sinai, Los Angeles, CA
Centerstone
Depression and Bipolar Support Alliance
Education Development Center
Everyday Parenting Psychology PLLC
Felicity Women's Center
First 5 Butte County Children and Families Commission
Florida State University Center for Behavioral Health Integration
Foundation for the Advancement of Midwifery
Full Circle Grief Center
Global Alliance for Behavioral Health & Social Justice
Healthy Mothers, Healthy Babies, The Montana Coalition, Inc. (HMHB)
HealthyWomen
Heidi Koss, MA, LMHC, PLLC
Hennepin Health Care Inc. Redleaf Center
HER Foundation
Hudson Valley Birth Network
Hyperemesis Education and Research Foundation
Inseparable
International OCD Foundation
Jewish Healthcare Foundation
Johns Hopkins Women's Mood Disorders Center
Lamaze International
Legal Action Center
Lifeline4Moms Center at the University of Massachusetts Medical School
Marce of North America (MONA)
March of Dimes
Maternal Mental Health Leadership Alliance
Maternal Mental Health NOW
Mental Health America
Mental Health America of Ohio
Mom & Mind
Mom.ME.
MomsRising
MomsWell
NAADAC, the Association for Addiction Professionals
NACBHDD and NARMH
National Alliance on Mental Illness
National Alliance on Mental Illness
National Association for Behavioral Healthcare
National Association for Children's Behavioral Health
National Association of Social Workers
National Association of State Mental Health Program Directors
National Disability Rights Network
National Health Law Program
National League for Nursing
NCNW Sacramento Valley Section
NFFCMH
North American Society for Psychosocial Obstetrics and Gynecology (NASPOG)
North Shore Postpartum Help
Palo Alto Medical Foundation
Perigee Fund

Postpartum Health Alliance
Postpartum Resource Center of New York
Postpartum Support International
Postpartum Support International Texas Chapter
Postpartum Support International, Georgia Chapter
Preeclampsia Foundation
Pregnancy and Postpartum Health Alliance of Texas
Return to Zero: HOPE
Run Tell Mom
School Social Work Association of America
Society for Maternal-Fetal Medicine
The American Counseling Association
The Bloom Foundation for Maternal Wellness
The Jewish Federations of North America
The Kennedy Forum
The Motherhood Center of NYC
The National Alliance to Advance Adolescent Health
The Postpartum Adjustment Center
This Is My Brave, Inc.
University of Michigan
University of Michigan-Michigan Medicine
University of Pittsburgh Medical Center - Western Psychiatric Hospital
University of Rochester
Urban Baby Beginnings
US Lactation Consultant Assoc.
USC School of Medicine
Well Being Trust
Women's Wisdom Art
YourMomCares
Zero To Three