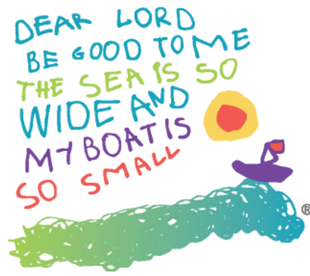

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Testimony to the Assembly Health Committee and Assembly Task Force on Women's Issues Public Hearing

Improving Maternal and Newborn Health: Access to and Quality of Perinatal Care

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Public Hearing Testimony: Improving Maternal and Newborn Health: Access to and Quality of Perinatal Care

About the Children's Defense Fund – New York

The Children's Defense Fund – New York (CDF-NY) is grateful to the New York State Assembly Health Committee and the Assembly Task Force on Women's Issues for the opportunity to submit testimony for this Public Hearing on Improving Maternal and Newborn Health: Access to and Quality of Perinatal Care.

CDF-NY is a non-profit child advocacy organization that works statewide to ensure *every* child in New York State has a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and a successful passage to adulthood with the help of caring families and communities. As the New York office of the Children's Defense Fund (CDF), a national organization with roots in the Civil Rights Movement, we are committed to advancing racial equity and to leveling the playing field for vulnerable New York children, youth and families. We envision a state – and a nation – where children flourish, leaders prioritize their well-being and communities wield the power to ensure they thrive. CDF-NY provides a strong, effective and independent voice for children who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of children living in poverty, children of color and those with disabilities. CDF-NY strives to improve conditions for children through research, public education, policy development, organizing and advocacy. Our policy priorities are racial justice, health justice, education justice, child welfare, youth justice and economic mobility. To learn more about CDF-NY, please visit www.cdfny.org.

New York must take swift action to safeguard the health of its most vulnerable mothers and their newborn children.

The postpartum period stretching from one week to one full year after birth is a medically vulnerable period for many women. In fact, one in every three pregnancy-related deaths in the United States occur during the postpartum period, the majority of which are preventable.[1] This maternal mortality crisis disproportionately impacts Black women and other communities of color. New York State is especially vulnerable with regards to maternal mortality – New York's maternal mortality rate is approximately 20 deaths per 100,000 live births, with Black women in our State more than three times more likely to die of pregnancy-related causes than white women [2] and large racial and

[1] Jamie R. Daw, Katy Backes Kozhimannil, and Lindsay K. Admon, "High Rates of Perinatal Insurance Churn Persist After The ACA," *Health Affairs Blog,* September 16, 2019, https://www.healthaffairs.org/do/10.1377/hblog20190913.387157/full/.

[2] New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes, "Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities," March 2019, https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/maternal_mortality_Mar12.pdf.

ethnic disparities in severe maternal mortality. [3] Since the first wave of the COVID-19 pandemic in early March 2020, at least four Black women have died giving birth or within the first 42 postpartum days in New York City alone. [4] In a nation and a State that is as affluent as ours, it is a societal failure and a moral travesty to allow such stark maternal mortality rates and racial disparities to persist.

In order to protect the health of New York's mothers and their newborn children, our State must:

1. Extend Medicaid coverage from 60 days after the end of pregnancy to one full year.

Having health insurance coverage is a critical factor in determining access to comprehensive and affordable postpartum care, with disruptions in coverage associated with adverse health outcomes. The Centers for Disease Control and Prevention (CDC) recommends ensuring access to care for at least one year after pregnancy to avoid care disruptions that can lead to preventable deaths. Similarly, the New York State Expert Panel on Postpartum Care recently recommended that our State ensure "all birthing people have seamless health insurance coverage that includes comprehensive preventive and primary care, including mental health and substance use services, without disruption or delay, for one year after giving birth." [5] One full year of insurance coverage is necessary to facilitate adequate postpartum follow-up care, particularly for women with chronic health conditions or substance use disorder, or those experiencing perinatal depression.

Medicaid provides comprehensive and affordable health care coverage to one out of every three of our State's residents, and in 2018, covered approximately half of all births in New York. [6] For too many New York women, however, Medicaid coverage ends long before the threat of maternal mortality subsides. Medicaid provides health coverage during pregnancy and for 60 days postpartum to those who fall within 223 percent of the federal poverty level (FPL). Beginning on the 61st postpartum day, our State will now enroll the former Medicaid beneficiary into a Silver-level Marketplace plan. However, one particularly vulnerable and marginalized group – undocumented immigrant women – are left with no coverage because they are not eligible for

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[3] Sophie Wheelock, Mark Zezza, and Jessica Athens, "Complications of Childbirth: Racial & Ethnic Disparities in Severe Maternal Morbidity in New York State," NYS Health Foundation, August 2020, https://nyshealthfoundation.org/wp-content/uploads/2020/08/severe-maternal-morbidity.pdf.

[4] Jessica Madris, "Why Did This Black Woman Die During Treatment for Postpartum Depression?," *The Daily Beast,* November 8, 2021, https://www.thedailybeast.com/why-did-denise-williams-a-black-woman-die-during-treatment-for-postpartum-depression.

[5] New York State Expert Panel on Postpartum Care, "January 2021 Report," January 2021, https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/2021-01_expert_panel_on_postpartum_care_final_report.pdf.

[6] New York State Department of Health, "Table 13: Live Births by Financial Coverage and Resident County New York State – 2018," Vital Statistics of New York State 2018, https://www.health.ny.gov/statistics/vital_statistics/2018/table13.htm.

enrollment in Marketplace plans, consequently making up the majority of those who lose coverage in the postpartum period in New York. [7] For those women who are eligible to enroll in this Marketplace plan, they become responsible for the plan's cost-sharing as well as its $1,300 deductible – both of which can pose significant barriers to care for many new parents. And even without these affordability barriers, a new health insurance plan can mean changing health care providers during a time when continuity of care is vital.

New York can ensure stable Medicaid coverage for one year following the last day of pregnancy by filing a State Plan Amendment with the Centers for Medicaid Services (CMS). Enacting *A 307A* (Gottfried) */ S1411A* (Rivera) would authorize the Department of Health to do this and would provide state-only funds so that individuals ineligible for federal funding can enroll. Extending postpartum Medicaid coverage to one full year after birth would enable more new mothers to access services essential for their physical and emotional well-beings, thereby improving their own health as well as their abilities to care for their newborns and infants. Extending Medicaid coverage also reduces maternal mortality – access to Medicaid expansion has been associated with 1.6 fewer maternal deaths per 100,000 women compared with states that didn't expand their Medicaid programs. [8] Continuous one-year Medicaid coverage would also prevent women from churning between our State's complex patchwork postpartum coverage options. Furthermore, Medicaid coverage – as opposed to a Marketplace plan – is critical because it secures automatic enrollment of the newborn into Medicaid coverage. The financial cost to the State for this coverage expansion would be an estimated $30 million annually – less than one tenth of one percent of the State's Medicaid spending.

New York must take decisive action and stand with the communities most in need of robust coverage following pregnancy. Extension of postpartum Medicaid — for citizens and immigrants alike – during this critical period is a concrete step our State can take towards enabling more patient-centered care following pregnancy.

2. Eliminate the $9 premium for Child Health Plus enrollees whose families earn below 250 percent of the federal poverty level (FPL).

Insurance premiums of any amount cause coverage disruptions and delays in obtaining and maintaining Children's Health Insurance Program (CHIP) coverage among low-income individuals. [9] Premiums can discourage enrollment in health insurance and cause churning when payments are missed. Our State currently does not

[7] Sophie Wheelock and Mark A. Zezza, "To Provide Seamless Postpartum Insurance Coverage, Keep It In The Medicaid Family," *Health Affairs Blog*, October 26, 2021, https://www.healthaffairs.org/do/10.1377/hblog20211022.658362/full/.
[8] Emily Eckert, "It's Past Time to Provide Continuous Medicaid Coverage for One Year Postpartum," *Health Affairs Blog,* February 6, 2020, https://www.healthaffairs.org/do/10.1377/hblog20200203.639479/full/.
[9] Kaiser Family Foundation, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," June 1, 2017, https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

require children in families earning under 160 percent of the FPL to pay a Child Health Plus (CHP) premium. However, families earning between 161 and 250 percent of the FPL must pay a $9 monthly premium per child, up to three children. In 2019, approximately 69,000 New York children (almost half of the children required to pay this $9 monthly premium) had their coverage terminated during at least one month during the year. New York can eliminate these disruptions by removing the CHP premium requirement. Earlier this year, New York eliminated monthly premiums for the over 400,000 Essential Plan enrollees with incomes between 150 and 200 percent of the FPL. This effectively removed all Essential Plan premiums and, in doing so, made care more affordable for New York families enrolled in the Essential Plan as well as promoted coverage for an additional 100,000 uninsured New Yorkers. New York can enact a similar policy for CHP enrollees through a statutory change enacted in our State budget for an estimated annualized cost of only $8.3 million.

3. Expand Child Health Plus benefits to ensure that the children who use it receive all of the health care services they need.

While CHP provides comprehensive coverage, the program still has some benefit gaps that cause children to forego certain services or leave families to contend with large medical bills for their child's care. For an annual cost of $44 million, New York could add the following benefits to CHP:

- Coverage of air ambulance services and additional emergency ambulance transportation, including emergency transportation between hospitals
- Medical supplies other than the currently covered supplies needed for ostomy or diabetes care
- All medically necessary orthodontia services to match Medicaid guidelines. CHP insurers frequently interpret the current guidelines for orthodontia so narrowly that children with a clear medical need for orthodontia are denied coverage and then must file claims to overturn these denials. CHP guidelines should clearly state that all medically necessary orthodontia is covered to eliminate these wasteful and unnecessary delays.
- Additional mental health services including Children and Family Treatment and Support Services (includes Crisis Intervention, Community Psychiatric Support and Treatment, Psychosocial Rehabilitation, Youth Peer Support and Training and Family Peer Support), Children's Home and Community Based Services, Assertive Community Treatment (ACT) and Residential Rehabilitation for Youth (RRSY).
- Expanded services for undocumented children in foster care, including nursing services, skill building service, treatment and discharge planning, clinical consultation/supervision services and liaison/administrative services.

4. Protect New York's youngest children against coverage losses by implementing continuous Medicaid eligibility for infants in their first three years of life.

Our State can further safeguard the health of the youngest New Yorkers, protect children against insurance churn and coverage losses, and offer continuity of care during a period of critical growth and development by implementing continuous Medicaid eligibility for infants in their first three years of life.

5. Reform our Certificate of Need (CON) process to promote health equity, transparency, and community engagement.

Over the last 20 years, New York State has lost more than 40 acute care hospitals – leaving some low-income communities of color that were hardest hit by COVID-19 without sufficient beds to meet their needs. Furthermore, the elimination of maternity, intensive care, inpatient psychiatric units, emergency departments and a full range of reproductive health services at some hospitals is reducing access to care for medically-underserved New Yorkers. Approval of proposed mergers, downsizing and closing of health facilities is carried out by the New York State Department of Health and by the Public Health and Health Planning Council (PHHPC) without thorough assessments of how these decisions would affect access to care for underserved individuals and communities. We thank the Senate and Assembly for passing legislation requiring a health equity assessment as part of CON applications (*S1451A* / *A191A*), and eagerly await Governor Hochul's signature of this critical legislation.

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