

July 23, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Majority Leader McConnell, Leader McCarthy, and Minority Leader Schumer:

The undersigned organizations, committed to improving the health and wellbeing of our nation's mothers, urge you to address our nation's maternal health crisis by enacting legislation to extend Medicaid coverage for pregnant patients to a full year postpartum. Extending postpartum Medicaid is fundamental to lowering the nation's unacceptably high maternal mortality rate. We were pleased that the House Energy & Commerce Committee advanced the Helping MOMS Act (H.R. 4996) in late 2019, which would incentivize state Medicaid programs to cover pregnant patients for a full year postpartum. Congress should build upon this momentum by including H.R. 4996, which has already gained bipartisan support, in forthcoming COVID-19 response legislation.

In recent years, Congress has taken important steps to lower the nation's alarming maternal death rate and address the significant racial and ethnic inequities in maternal health outcomes. But more must be done to protect the lives of the 700 mothers that die from pregnancy-related causes each year, the more than 50,000 women in the United States who experience a severe maternal morbidity, and to prevent Black and American Indian/Alaska Native mothers from dying at rates two to three times higher than their white peers.^{i,ii,iii} While improving these unacceptable outcomes requires a multi-faceted response, 12 months of continuous Medicaid coverage after the end of pregnancy is critical to improving maternal health. Currently, pregnancy-related Medicaid coverage ends just 60 days after giving birth, terminating health insurance at a vulnerable time for new mothers. Data from the Centers for Disease Control and Prevention indicate that about 33 percent of pregnancy-related deaths occur during the time between seven days to one year following childbirth, and greater than one-third of those deaths occur 43-365 days postpartum.^{iv} As these statistics do not include deaths attributable to suicide or drug overdose, both of which occur in greater numbers in the later postpartum period, this is likely an underestimate. Closing the postpartum coverage gap will ensure that the 43 percent of pregnant women covered by Medicaid at the time of their child's birth can receive treatment for the many physical and behavioral health issues that have been shown to cause maternal deaths in the postpartum period.

We are concerned that the COVID-19 pandemic may be worsening the maternal mortality crisis. We are, therefore, grateful that the Families First Coronavirus Response Act (P.L. 116-127) included a continuous coverage requirement for the duration of the COVID-19 national public health emergency, meaning that women will not lose their Medicaid coverage after 60 days postpartum. However, we must continue to pursue a longer-term solution to ensure that postpartum women on Medicaid continue to have needed coverage after the end of the current national public health emergency. Closing this critical gap can mean the difference between life and death for many women.

Thank you for your commitment to our nation's mothers and families. We look forward to working with you to swiftly advance legislation that will save lives and promote equity by extending 12 months of continuous postpartum Medicaid coverage for new mothers. Please direct questions to Rebecca Abbott, Director of Government Relations, Society for Maternal-Fetal Medicine (rabbott@smfm.org, 405.642.9391).

Sincerely,

1,000 Days

AIDS Alliance for Women, Infants, Children, Youth, & Families
American Academy of Family Physicians
American Academy of Pediatrics
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Nurses Association
American Organization for Nursing Leadership
American Public Health Association
Amniotic Fluid Embolism Foundation
Anthem, Inc.
APS Foundation of America, Inc
Association of Maternal & Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Black Women's Health Imperative
Center for Law and Social Policy
Healthy Mothers, Healthy Babies Coalition of Georgia
HealthyWomen
HOPE Project
Hyperemesis Education and Research (HER) Foundation
Johns Hopkins School of Medicine, Women's Mood Disorders Center
Johnson & Johnson
March of Dimes
Maternal Mental Health Leadership Alliance
Medical University of South Carolina
Mental Health America of Ohio
Mom Congress
MomsRising
National Association of County and City Health Officials
National Black Women's HIV/AIDS Network
National Family Planning & Reproductive Health Association
National Healthy Start Association
National WIC Association
Nurse-Family Partnership
Planned Parenthood Federation of America
Postpartum Resource Center of New York
Postpartum Support International
Sepsis Alliance
Society for Maternal-Fetal Medicine
Society for Reproductive Investigation
Society for Women's Health Research
The Joint Commission

ⁱ Centers for Disease Control and Prevention (CDC). Pregnancy-Related Deaths. Accessed July 7, 2020. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>.

ⁱⁱ Petersen EE, Davis NL, Goodman D, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep 2019; 68:762–765. Available at: <http://dx.doi.org/10.15585/mmwr.mm6835a3>.

ⁱⁱⁱ Centers for Disease Control and Prevention (CDC). Severe Maternal Morbidity in the United States. Accessed July 7, 2020. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>.

^{iv} Vital Signs: Pregnancy-Related Deaths, United States. Petersen EE, Davis NL, Goodman D, et al., 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. Available at: <http://dx.doi.org/10.15585/mmwr.mm6818e1>.