



To: Chairman Richard Hilderbrand, Vice Chair Brenda Landwehr, and members of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

From: David Jordan, President and CEO, United Methodist Health Ministry Fund

Date: September 17, 2021

RE: KanCare Maternal and Child Health and Postpartum Coverage

Chair Hilderbrand, Vice Chair Landwehr, and Members of the Committee:

Thank you for the opportunity to provide public comment regarding maternal and child health issues in Kansas. I want to focus on the importance of extending postpartum coverage for new mothers enrolled in KanCare.

The United Methodist Health Ministry Fund (Health Fund) is a 35-year-old, \$70 million health philanthropy located in Hutchinson. Our mission is to improve the health of Kansans. We focus on three strategic areas – access to care, early childhood development, and Healthy Congregations, a program aimed at addressing community health by engaging churches throughout Kansas. Over the last three decades we have provided more than \$75 million in funding to improve the health of Kansans.

We support and invest in early childhood initiatives because **research shows investing early creates the best health outcomes and the greatest return on investment.**

One maternal and child health issue that has emerged during the pandemic that ties together our interests and investments is extending postpartum coverage for Kansas mothers enrolled in KanCare.

In 2018, Medicaid covered 39% of the 36,268 births in Kansas – 14,145 newborns. Prior to the public health emergency resulting from the COVID-19 pandemic, the majority of new mothers enrolled in KanCare would have lost their coverage 60 days after giving birth.

As a result of the ongoing public health emergency, Kansas cannot discontinue coverage for new mothers after 60 days. Kansas, like other states, has seen the benefits of this temporary policy change. Extending Medicaid coverage postpartum to 12 months enabled mothers to access critical health care and mental health services, ensuring mothers and babies have the healthiest start to life.

Recent federal policy change creates the opportunity for Kansas to extend coverage. Already, other states like Indiana and Tennessee are taking advantage of this opportunity.

Healthy mothers are important to building healthy families, which is why we need to act before the public health emergency ends. Otherwise, new mothers may lose their current health coverage to the detriment of their health, their children's health, and long-term family stability.

Coverage ends too soon: Maternal Mortality and New Mothers

Before the pandemic, pregnant Kansans were eligible for Medicaid coverage through the duration of their pregnancy and 60 days postpartum if their household income was at 171% or less of the

federal poverty level. Although their newborn remained covered by Medicaid through their first year of life, the postpartum mother lost coverage on day 61 unless her household income was at [38% or less of the federal poverty level](#) (FPL). A married woman with a single child would lose coverage on day 61 if her combined household income was above \$8,345.

Before coverage was extended during the pandemic, each year in Kansas approximately [9,000 postpartum mothers](#) lost Medicaid coverage 60 days after the end of pregnancy.

The Kansas Maternal Mortality Review Committee found that between 2016 and 2018 nearly one-quarter of all Kansas [pregnancy-related deaths](#) occurred between 43 days and one year postpartum. Nearly half of all pregnancy-associated deaths occurred in the same period.

According to Kansas Department of Health and Environment (KDEH) Impact paper on postpartum coverage, *“Findings from 2016-2018 cases revealed that **women covered by Medicaid during pregnancy and delivery were more than three times as likely to die within one year** of pregnancy when compared to women covered by private insurance.¹ Among non-Hispanic Black women in Kansas, a greater proportion of pregnancy-associated deaths occurred during pregnancy (62.5%). Extending postpartum Medicaid coverage to 12 months creates opportunities to improve access to quality health care for high-risk populations, before, during, after and between pregnancies, potentially reducing pregnancy-associated deaths and closing the disparity gap². With many of the pregnancy-associated deaths involving health care and occurring months after delivery, these data suggest that a Medicaid postpartum coverage extension will help more women access care necessary to address critical, potentially fatal health concerns. National data published in February 2019 by the American Journal of Managed Care (AJMC) reveals that extending Medicaid coverage to 12 months postpartum is associated with 1.6 fewer maternal deaths per 100,000 women compared to rates for states that only provide coverage for the required 60-day time period.³”*

Having coverage and access to routine and preventive health care can help prevent these deaths that occur largely after coverage ends. Ending Medicaid eligibility for postpartum mothers after 60 days is too soon. We urge the state to take action to extend access to health care for Kansas mothers to prevent deaths and to reduce disparities.

Expanding postpartum coverage 12 months will improve health outcomes in Kansas.

The emergency extension of postpartum coverage during the pandemic has affirmed the value of extending a mother’s coverage. Mothers have been able to access critical health and behavioral health services.

Extending Medicaid coverage for a continuous 12 months postpartum can improve health outcomes for mothers, children, and families across the state. It is important to note that a child’s health is tied closely to their parent’s health and access to health care. Parental enrollment in Medicaid is associated with a 29% higher probability that a child will receive an annual well-child visit.⁴

¹ Kansas Department of Health and Environment. 2020. *Kansas Maternal Mortality Report 2016-2018, Including Severe Maternal Morbidity 2016-2018*.

² Kansas Department of Health and Environment. 2020. *Kansas Maternal Mortality Report 2016-2018, Including Severe Maternal Morbidity 2016-2018*. Retrieved from https://kmmrc.org/wp-content/uploads/2021/02/KS-Maternal-Morbidity-Mortality-Report_Dec-2020_FINAL2-21.pdf

³ American Journal of Managed Care. 2019. *Medicaid Expansion Linked to Lower Maternal Mortality Rates*. Retrieved from <https://www.ajmc.com/view/medicaid-expansion-linked-to-lower-maternal-mortality-rates>.

⁴ Venkataramani M, Pollack CE, Roberts ET. *Spillover effects of adult Medicaid expansions on children’s use of preventive services*. Pediatrics. 2017 Dec;14.

Therefore, it is important for the health of the mother and child during the critical twelve-month period postpartum that both mother and child can access health care.

Nearly 20% of Kansas women below 200% of the federal poverty level experienced postpartum depression in the year after giving birth. It is vital that mothers have access to mental health and substance use services during this period because the postpartum period is a time when mothers are particularly susceptible to substance use relapse. Recognizing that according to KDHE, between state fiscal years 2012 and 2017, parental substance use was the primary reason that 70% of children under the age of one entered foster care, extending coverage to enable mothers to get substance use services can prevent interaction with the child welfare system.

Beyond improving health outcomes new mothers and children, extended postpartum coverage is also predicted to lead to a decrease in long-term Medicaid costs through the provision of early medical interventions and coordinated care, preventing postpartum complications and worsening chronic conditions due to a delay in early identification and intervention.⁵

Thank you for your consideration. Please, be in touch with questions or if I can be of assistance.

⁵ American College of Obstetricians and Gynecologists. 2020. *State White Paper for Making the Case for Postpartum Medicaid Extension*. Retrieved from <https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/state-white-paper-making-the-case-for-extending-medicaid-coverage-beyond-60-days-postpartum-a-toolkit-for-state-advocates.pdf>