



To: Chair Will Carpenter, and members of the House Social Services Budget Committee

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

Date: February 8, 2021

RE: KDHE Budget, Post-partum Extension-Proponent

Chair Carpenter and Members of the Committee:

Thank you for the opportunity to provide public comment in support of several important maternal and child health provisions included in the Kansas Department of Health and Environment's budget.

Specifically, we are writing in support of including funds in the budget to extend postpartum coverage for new mothers enrolled in KanCare to 12 months. **The KanCare Oversight Committee and the Mental Health Modernization Committee have both formally endorsed the proposed postpartum coverage extension.**

In addition to supporting the extension of postpartum coverage, we are writing in support of two other important budget items that improve the health of parents and children—Kansas Department of Health and Environment's universal home-visiting program and adding adult dental coverage to Medicaid benefits.

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.**

Extending Postpartum Coverage

As a result of the ongoing public health emergency, Kansas cannot currently discontinue coverage for new mothers after 60 days. Kansas has seen the benefits of this temporary policy change. Extending Medicaid coverage postpartum from 60 days to 12 months has enabled mothers to access critical health care and mental health services, ensuring mothers and their babies have the healthiest start to life. This coverage will end when the public health emergency expires, meaning someone who gets pregnant today may have worse postpartum care than people who recently gave birth.

Extending postpartum coverage for new mothers enrolled in KanCare would have a significant impact in Kansas, where nearly 40% of births are covered by KanCare.¹ Prior to the COVID-19 pandemic, each year most mothers covered by KanCare—9,000 women—lost coverage 60 days after

¹ Kaiser Family Foundation. 2019. *Births Financed by Medicaid*. October. <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/>.

giving birth.² 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 (while pregnant or within one year of pregnancy regardless of cause) occurred in the same period. [Non-white minority women](#) were nearly twice as likely to die within a year of pregnancy as non-Hispanic white women.³

In Kansas, between 2016 and 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, in part this is because of women who died after losing their coverage. 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 gap.⁴

As highlighted by the Kansas Department of Health and Environment's impact paper, with many of the pregnancy-associated deaths involving health care and occurring months after delivery, the 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.⁵

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. Extended postpartum coverage is 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.⁶

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).⁷ A married woman with a single child would lose coverage on day 61 if her combined annual household income was above \$8,345.

Extending KanCare coverage to 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.⁸ Therefore, it is important for the health of the mother and child during the critical 12-month postpartum period that both mother and child can access health care.

² Governor's Commission on Racial Equity & Justice. 2021. *Social Determinants of Health - First Report*. Topeka: State of Kansas.

³ Kansas Maternal Mortality Review Committee. 2020. "Kansas Maternal Mortality Report 2016-2018: Including Severe Maternal Morbidity, 2016-2019."

⁴ Kansas Maternal Mortality Review Committee. 2020. "Kansas Maternal Mortality Report 2016-2018: Including Severe Maternal Morbidity, 2016-2019."

⁵ Rosenberg, Jaime. 2019. *Medicaid Expansion Linked to Lower Maternal Mortality Rates*. February 6. <https://www.ajmc.com/view/medicaid-expansion-linked-to-lower-maternal-mortality-rates>.

⁶ Members of the Equitable Maternal Health Coalition. 2020. "Making the Case for Extending Medicaid Coverage Beyond 60 Days Postpartum: A Toolkit for State Advocates." *The American College of Obstetricians and Gynecologists Web site*. June. <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>.

⁷ Ranji, Usha, Ivette Gomez, and Alina Salganicoff. 2021. *Expanding Postpartum Medicaid Coverage*. March 9. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>.

⁸ Venkataramani, Maya, Craig Evan Pollack, and Eric T. Roberts. 2017. "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services." *PubMed.gov*. November 13. <https://pubmed.ncbi.nlm.nih.gov/29133576/>.

Nearly 20% of Kansas women below 200% of the federal poverty level experienced postpartum depression in the year after giving birth. In addition, 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.⁹ Extending postpartum coverage would enable mothers to get substance use services that could prevent interaction with the child welfare system. For these reasons, it is vital that mothers have access to mental health and substance use services beyond 60 days.

We urge you to support extension of postpartum KanCare coverage to 12 months in order to save lives, improve health outcomes for mothers and babies, increase health coverage for kids, prevent interaction with the child welfare system, reduce disparities and save the state money. We welcome the opportunity to work with you to strengthen the health of our state.

The contents of this testimony also appeared in a [December letter](#) to the Bob Bethell Joint Committee on Home and Community Based Services and KanCare Oversight. The letter was signed by 29 agencies and is included with this testimony.

Universal Home-Visiting

We support inclusion of \$1.4 million in CIF funds in the budget for KDHE universal home visiting. This funding will increase the number of families served while ensuring even coverage of services across the state. By standardizing home visits, new parents across Kansas will have a greater continuum of postpartum care as they return home from hospitals or birthing centers.

Universal home visiting provides parents with needed resources to ensure parents and babies have the healthiest start. This universal program will give parents access to screenings, referral programs, and resources they need for success.

Adult Dental Coverage

Healthy kids need healthy parents. Oral health is important to overall health, which is why we support including adult dental benefits as part of KanCare. Dental care presents higher [financial barriers](#) than other areas of health care.¹⁰

Currently, KanCare covers only emergency extractions for adults. The KanCare managed care organizations offer some limited dental benefits for adults, but they vary from one MCO to another and from year to year. Oral health problems can exacerbate existing inequities like race and gender wage gaps. Providing adult dental coverage through KanCare will improve the overall health of Kansans.

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

⁹ Kansas Department of Health and Environment. 2021. "Extending Kansas Medicaid Postpartum Coverage to 12 Months." Topeka.

¹⁰ Vujicic, Marko, Thomas Buchmueller, and Rachel Klein. "Dental Care Presents The Highest Level Of Financial Barriers, Compared To Other Types Of Health Care Services." *Health Affairs* 35, no. 12 (December 2016). <https://doi.org/10.1377/hlthaff.2016.0800>.



Senator Richard Hilderbrand
Senate Majority Whip
Kansas State Senate
300 SW 10th St
Topeka, KS 66612

Representative Brenda Landwehr
Chair, House Health Care Committee
Kansas House of Representatives
300 SW 10th St
Topeka, KS 66612

December 6, 2021

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

As organizations that represent thousands of Kansans, we are writing to you to support the extension of postpartum KanCare coverage to 12 months.

As a result of the ongoing public health emergency, Kansas cannot currently discontinue coverage for new mothers after 60 days. Kansas has seen the benefits of this temporary policy change. Extending Medicaid coverage postpartum from 60 days to 12 months has enabled mothers to access critical health care and mental health services, ensuring mothers and their babies have the healthiest start to life. This coverage will end when the public health emergency expires, meaning someone who gets pregnant today may have worse postpartum care than people who recently gave birth.

Extending postpartum coverage for new mothers enrolled in KanCare would have a significant impact in Kansas, where nearly 40% of births are covered by KanCare.¹ Prior to the COVID-19 pandemic, each year most mothers covered by KanCare—9,000 women—lost coverage 60 days after giving birth.² 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 (while pregnant or within one year of pregnancy regardless of cause) occurred in the same period. [Non-White minority women](#) were nearly twice as likely to die within a year of pregnancy as non-Hispanic White women.³

In Kansas, between 2016 and 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, in part this is because of women who died after losing their coverage. 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 gap.⁴

As highlighted by the Kansas Department of Health and Environment's impact paper, with many of the pregnancy-associated deaths involving health care and occurring months after delivery, the data suggest that a Medicaid postpartum coverage extension will help more women access care necessary

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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.⁵

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Sincerely,

United Methodist Health Ministry Fund
Alliance for a Healthy Kansas
American College of Obstetricians and Gynecologists

⁵ Rosenberg, Jaime. 2019. *Medicaid Expansion Linked to Lower Maternal Mortality Rates*. February 6. <https://www.ajmc.com/view/medicaid-expansion-linked-to-lower-maternal-mortality-rates>.

⁶ Members of the Equitable Maternal Health Coalition. 2020. "Making the Case for Extending Medicaid Coverage Beyond 60 Days Postpartum: A Toolkit for State Advocates." *The American College of Obstetricians and Gynecologists Web site*. June. <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>.

⁷ Ranji, Usha, Ivette Gomez, and Alina Salganicoff. 2021. *Expanding Postpartum Medicaid Coverage*. March 9. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>.

⁸ Venkataramani, Maya, Craig Evan Pollack, and Eric T. Roberts. 2017. "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services." *PubMed.gov*. November 13. <https://pubmed.ncbi.nlm.nih.gov/29133576/>.

⁹ Kansas Department of Health and Environment. 2021. "Extending Kansas Medicaid Postpartum Coverage to 12 Months." Topeka.

American Heart Association
Behavioral Health Association of Kansas
Build Your Village
Child Advocacy and Parenting Services
Community Care Network of Kansas
Community Health Center in Cowley County, Inc.
Community Health Council of Wyandotte County
KanCare Advocates Network
Kansas Action for Children
Kansas Birth Equity Network
Kansas Breastfeeding Coalition
Kansas Chapter, American Academy of Pediatrics
Kansas Head Start Association
Kansas Infant Death and SIDS Network, Inc.
Kansas State Nurses Association
Metro Organization for Racial and Economic Equity
Motherhood Redefined (TJZ Therapy, LLC)
Nurture KC
Oral Health Kansas
Postpartum Support International Kansas Chapter
REACH Healthcare Foundation
Russell Child Development Center
Success By 6 Coalition of Douglas County
The Holding Space KC
Thrive Allen County
Wichita Birth Justice Society