



Legislative Testimony
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Written Testimony Supporting Senate Bill 910, An Act Expanding Medicaid Coverage for Post-Partum Care to Twelve Months After a Medicaid Beneficiary Gives Birth to a Child

Senator Moore, Representative Abercrombie, Ranking Members Berthel and Case, and distinguished members of the Human Services Committee:

My name is Kelly McConney Moore, and I am the interim senior policy counsel for the American Civil Liberties Union of Connecticut (ACLU-CT). I am submitting this testimony to testify in support of Senate Bill 910, An Act Expanding Medicaid Coverage for Post-Partum Care to Twelve Months After a Medicaid Beneficiary Gives Birth to a Child.

The ACLU-CT is an organization that defends, promotes, and preserves the rights of people to control all their reproductive decisions. A key component of ensuring reproductive autonomy for all people is supporting people whose pregnancies end in the birth of a child. All those who give birth are entitled to quality prenatal and post-partum healthcare; a lack of such care prohibits people from making the intensely personal decision about whether to become pregnant and continue a pregnancy fully autonomously.

The failure of the American medical system to care for the bodies and lives of pregnant persons cannot be overstated. Each year in the United States, 700-900 people die from pregnancy or child-birth related causes and 65,000 people nearly die from pregnancy related causes. Three in five of those deaths are preventable.¹ This is by far the worst rate of pregnancy mortality in the developed world.² These deaths are not merely

¹ Hannah Katch, "State and federal policymakers should extend postpartum Medicaid coverage." Center on Budget and Policy Priorities, Aug. 27, 2020, *available at* <https://www.cbpp.org/blog/state-and-federal-policymakers-should-extend-postpartum-medicaid-coverage>.

² Nina Martin & Renee Montagne, "The last person you'd expect to die in childbirth." NPR, May 12, 2017, *available at* <https://www.npr.org/2017/05/12/527806002/focus-on-infants-during-childbirth-leaves-u-s-moms-in-danger>.

limited to during pregnancy or on the day of delivery; over half of such deaths happen in the post-partum period.³ The medical needs of a postpartum person do not simply end after giving birth, and it is incumbent upon this Committee to take the necessary steps of protecting this vulnerable population.

U.S. failure to care adequately for pregnant and birthing people disproportionately impacts parents of color. Black people are over three times as likely to die during pregnancy compared to white people; Indigenous people are more than two times as likely to die compared to white people.⁴ Due to systemic racism in public health policy, pregnant people of color are more likely to be low-income and have Medicaid coverage than white people.⁵ Failure to adequately care for people during and after pregnancy is a life-or-death matter that disproportionately harms people of color, especially Black parents.

Extending Medicaid coverage for a longer post-partum period is a good way to improve care for parents, and particularly for Black parents. Nationwide, 42% of all people giving birth are covered by Medicaid.⁶ Approximately half of all birthing people experience a gap in medical insurance coverage within six months of giving birth.⁷ Despite this, the current cutoff for postpartum Medicaid coverage “does not reflect the medical and socioemotional needs of the postpartum period.”⁸ Extending Medicaid coverage for a year after birth would resolve these problems and would likely lead to better outcomes for the parent and the child.

Providing adequate care for pregnancy, birth, and the postpartum period is a critical factor in supporting people fully in their autonomous reproductive decisions. Senate Bill 910 recognizes and helps meet people’s need to access care. Accordingly, we fully support this bill and urge this Committee to support Senate Bill 910.

³ Emily E. Peterson et al., “Vital signs: Pregnancy-related deaths, United States, 2011-2015 and strategies for prevention, 13 states, 2013-2017.” Centers for Disease Control and Prevention, May 10, 2019, *available at* https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w.

⁴ *Id.*

⁵ Planned Parenthood, “Medicaid and Reproductive Health,” *available at* <https://www.plannedparenthoodaction.org/issues/health-care-equity/medicaid-and-reproductive-health>.

⁶ *Id.*

⁷ <https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicare-coverage>

⁸ Gray Babbs, Lois McCloskey, & Sarah H. Gordon, “Expanding postpartum Medicaid benefits to combat maternal mortality and morbidity.” *Health Affairs*, Jan. 14, 2020, *available at* <https://www.healthaffairs.org/doi/10.1377/hblog20210111.655056/full/>.