September 29, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker Pelosi and Leaders McConnell, McCarthy, and Schumer:

The Helping Medicaid Offer Maternity Services (MOMS) Act of 2019, introduced by Rep. Robin Kelly, chair of the Congressional Black Caucus Health Braintrust and co-led by Representatives Michael Burgess, MD (R-TX), Buddy Carter (R-GA), Jaime Herrera Beutler (R-WA), Cathy McMorris Rodgers (R-WA), Ayanna Pressley (D-MA) and Lauren Underwood (D-IL), is a first step in addressing maternal mortality in this Congress. By incentivizing states to extend Medicaid coverage from sixty days to a full 12 months postpartum, the Helping MOMS Act will help moms seek the care they need and protect their health, as well as the health of their baby. We applaud this historic bipartisan action to position us for more robust policy change to address maternal health and birth justice—starting with access. Accessing health services for 12 months postpartum is paramount and foundational, and the Helping MOMS Act will pave the way for states to ensure that every birthing family has access to the health care they need during this critical period. However, we are greatly concerned that the present iteration of the bill provides no increase in the federal matching rate, which would facilitate states’ adoption of this coverage extension opportunity. As COVID-19 ravages state budgets, this increase is vital to support the ability of statewide Medicaid plans to effectively provide this much needed coverage option.

With some of the worst maternal health outcomes among high-resource countries, the United States maternity care system had been failing to meet families’ needs long before the COVID-19 crisis. Racial inequities in maternal health have reached crisis proportions, with
mortality for Black and Indigenous women nearly four times as high as for white women.¹ Prior to the pandemic, Congress had considered multiple initiatives aimed at improving maternal health outcomes, particularly for the more than 42% of births that are covered by Medicaid.²

About a third of maternal deaths happen not before or during childbirth, but rather during the vulnerable postpartum year.³ Nearly one-quarter of deaths happen more than six weeks postpartum, a period when new mothers can face a range of medical challenges, such as complications from childbirth, chronic conditions, or postpartum depression, all while caring for a newborn.⁴ Despite these risks, pregnancy-related Medicaid currently only covers women for eight weeks after the birth of a child. This coverage cutoff exposes new mothers to a health insurance cliff and, particularly in states without Medicaid expansion, can leave them without access to medical services that are essential for their well-being, as well as the health of their infants. The Helping MOMS Act would enable states to use a state plan amendment to extend Medicaid coverage for new moms through one year postpartum, allowing them to access critical health services, but this will remain a significant challenge without additional funding for state Medicaid.

Coverage is only a start to ensuring that birthing people can access integrated care with dignity, and the extension of Medicaid coverage must be accompanied by an increase in Federal Medical Assistance Percentages to ensure that states are incentivized to implement this critical change. This is the first step in our work towards an intersectional and systems-level set of policies that can help us move from merely surviving pregnancy and childbirth, to thriving families. Across the country, advocates have demanded action to improve maternity care for women of color, and the extension of postpartum Medicaid has consistently been a priority for legislative action. Black women and all birthing people are deserving of access to insurance that is inclusive of holistic quality care that addresses gaps in care and ensures continuity of care.⁵

We applaud this initial and important first step in improving maternal health and urge Congress to pass additional legislation, guided by the voices of advocates centering the needs of moms and birthing people.

Together, our organizations offer our support of the Helping MOMS Act and are prepared to work together to continue the momentum by strengthening our health care policies to effectuate the changes needed to reverse rates of maternal death and morbidity, specifically for Black and Brown people. This legislation begins to pave the way for more targeted and robust policy opportunities to address the deep inequities in our country’s poor maternal health outcomes. We urge passage of this critical and timely legislation, and want to be clear that we view this as the beginning of the work we need to do together to improve maternal health and equity.

Sincerely,
Black Mamas Matter Alliance
Black Women’s Health Imperative
Community Catalyst
Every Mother Counts
Families USA
March for Moms
National Birth Equity Collaborative
National Medical Association

---


4747 Earhart Boulevard Suite I New Orleans, LA 70125