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February 25, 2020

To: Members of the Health and Human Services Committee
From: Julia Isaacs Tse, Policy Coordinator for Economic Stability and Health
RE: Support for LB 1170 - Provide for implicit bias training, coverage under the medical assistance program for doula services and postpartum women, instruction to health professionals, and a pilot program

Nebraska's children deserve every opportunity to grow up to be happy, healthy, and productive adults. Access to affordable and quality health care ensures that children get the best start in life, and public health insurance programs are an essential investment in the health of Nebraska kids. Voices for Children in Nebraska supports LB 1170 because it invests in healthier pregnancies for more Nebraska mothers.

Together, Medicaid and the Children's Health Insurance Program (CHIP), provide health insurance coverage to nearly 29 percent of all Nebraska children, or nearly 140,000 Nebraska children in total.[i] Pregnant women can also receive coverage through CHIP at a higher income level than other adults, at 194% of the federal poverty level (FPL), and are currently eligible for a 60-day postpartum period after delivery as is currently required by federal law.[ii] Nearly a third of all Nebraska births were covered by Medicaid in 2016.[iii]

The maternal mortality rate in the United States is an extreme aberration among industrialized nations and has consistently increased by 26 percent: from 18.8 deaths per 100,000 births in 2000 to 23.8 deaths per 100,000 births in 2014.[iv] Black women and American Indian or Alaska Native women are significantly more likely to die from a pregnancy-related complication: 3.3 and 2.5 times as high, respectively, as their White counterparts.[v] Though the risk for and prevalence of childbirth complications are much the same by race, these disparities persist even after controlling for income and education level, indicating that there are systemic barriers to quality care for Black and Native mothers.[vi]

Similarly, infant death rates in the United States was 76 percent higher than infants in other wealthy nations.[vii] Though infant deaths rates have largely declined in the country over time, disparities by race have widened, with Black and American Indian or Alaska Native infants experiencing the worst outcomes, at 11.2 and 8.5 deaths per 1,000 live births.[viii] In Nebraska, the infant mortality rate has been on the rise since 2013. In 2017, there were 144 infant deaths, at a rate of 5.6 deaths per 1,000 live births.[ix] Black and

American Indian or Alaska Native infants in Nebraska experienced significantly higher mortality rates at 10.2 and 8.3 deaths per 1,000 live births.[x]

Health disparities for women of color are the result of a range of systemic barriers to healthy pregnancies that include access to reproductive health care, exposure to chronic stress, and even the availability of quality hospitals located in communities of color.[xi] LB 1170 addresses one aspect of health equity for women of color—discrimination and implicit bias in health care institutions. Study after study has shown that Black patients are treated differently by health care providers than White patients with the same symptoms.[xii] A recent national survey of nearly 1,600 American women found that 22 percent of Black women and 29 percent of native women reported being discriminated against during a doctor or health clinic visit.[xiii]

LB 1170 further invests in doula care for Medicaid-eligible women, who are significantly less likely to utilize the benefits of doula care due to cost. Doulas are trained to provide support to women from pregnancy through birth, by providing information and offering support to women in communicating effectively with clinical professionals. A systematic review of 22 studies involving more than 15,000 women found that that this form of continuous support through childbirth results in positive outcomes, including lower rates of caesarean births, lower utilization of pain medications, shorter labor periods, increased breastfeeding, higher levels of satisfaction, and decreased likelihood of postpartum depression.[xiv] Currently, at least two other states have expanded such coverage through a State Plan Amendment in their Medicaid programs.[xv]

Finally, the expansion of postpartum Medicaid coverage for Nebraska mothers in LB 1170 fills a critical and overlooked gap in maternal and infant health in our state. Postpartum health conditions can require treatment well beyond the first two months after birth, and this provision ensures that lower-income mothers can continue to receive the care they need to address childbirth complications, lactation difficulties, pain, depression, reproductive needs, and anxiety, during an already-stressful time in their family's lives.[xvi] Until the full implementation of Medicaid expansion to all adults under 138% of FPL, many low-income Nebraska mothers will likely find themselves uninsured after the 60-day period. Mothers in non-expansion states were three times more likely to be uninsured postpartum than their counterparts in expansion states,[xvii] while states that have expanded Medicaid see earlier initiation of prenatal care and lower rates of maternal and infant mortality.[xviii] Two states have sought federal approval to expand coverage for new mothers in this manner, and in December of last year, South Carolina became the first state to receive approval to extend postpartum eligibility from 60 days to a year.[xix]

We thank Senator Cavanaugh for her leadership on this issue and this committee for their time and consideration. We would urge the committee to advance LB 1170. Thank you.

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