



Legislative Affairs
One Whitehall Street
New York, NY 10004
212-607-3300
www.nyclu.org

2021 – 2022 Legislative Memorandum

**Subject: Relates to extending the coverage period for medical assistance to a period of one year beginning on the last day of pregnancy
S. S1411-A (Rivera) / A. 307-A (Gottfried)**

Position: SUPPORT

More women¹ in the United States die of causes related to pregnancy and childbirth than in any other developed nation – and the United States is the only nation in the developed world where the maternal mortality rate is rising.²

At the state level, New York is far from a beacon of hope: The state ranks thirtieth in the nation based on maternal death rates.³

S.1411-A (Rivera)/A.307-A (Gottfried) will reduce maternal mortality and morbidity by expanding Medicaid coverage for one year post-pregnancy. The bill has passed the Senate, and the NYCLU urges the Assembly to pass it before closing session.

Thirty-three percent of pregnancy-related deaths occur in the weeks and months after pregnancy.⁴ The majority of these deaths are preventable.⁵ Yet, far too few people have insurance coverage to seek the care they need after pregnancy.⁶ Medicaid

¹ The NYCLU recognizes that all people, including transgender and nonbinary people, with the capacity to become pregnant need access to health insurance coverage and pregnancy-related care; however, many of the available statistics pertain only to cisgender women.

² *Health of Women and Children: Maternal Mortality in New York in 2018*, United Health Foundation, available at https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/NY.

³ *Id.*

⁴ Emily E. Petersen, Nicole L. Davis, David Goodman, Shanna Cox, Nikki Mayes, Emily Johnson, Carla Syverson, Kristi Seed, Carrie K. Shapiro-Mendoza, William M. Callaghan, & Wanda Barfield, *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. 68 MMWR MORB MORTAL WKLY REP 423, 423 (2019), available at <http://dx.doi.org/10.15585/mmwr.mm6818e1>.

⁵ *Id.*

⁶ Amer. Academy of Family Physicians, Amer. Academy of Pediatrics, Amer. College of Obstetricians & Gynecologists, Amer. College of Physicians, Amer. Osteopathic Assoc., & Amer. Psychiatric Assoc., *Helping Ensure Healthy Mothers and Healthy Babies: Eliminating Preventable Maternal Mortality and Morbidity*, Sept.

covers 42.6 percent of births in the United States,⁷ but pregnancy-related Medicaid coverage in New York lapses sixty days after a pregnancy ends even though the risks of maternal mortality and morbidity persist for a full year.

This is widely supported in the medical community as a policy solution to reduce maternal mortality.⁸

Underscoring the issue's urgency, maternal mortality is a public health crisis with stark racial disparities. Black women are nearly four times more likely than white women to die of causes related to pregnancy or childbirth.⁹ And, a greater proportion of maternal mortality-related deaths among Black women occur 43 to 365 days after pregnancy than among white women.¹⁰

The NYCLU urges the Assembly to expediently pass S.1411-A (Rivera)/A.307-A (Gottfried) – we cannot wait any longer.

16, 2019, <http://www.groupof6.org/content/dam/AAFP/documents/advocacy/prevention/women/ST-G6-MaternalMortality-091619.pdf>.

⁷ *Id.*

⁸ *Id.*

⁹ *Pregnancy Mortality Surveillance System*, Centers for Disease Control and Prevention, *available at* <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>.

¹⁰ Emily E. Petersen, Nicole L. Davis, David Goodman, Shanna Cox, Nikki Mayes, Emily Johnson, Carla Syverson, Kristi Seed, Carrie K. Shapiro-Mendoza, William M. Callaghan, & Wanda Barfield, *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*. 68 *MMWR MORB MORTAL WKLY REP* 423, 425 (2019), *available at* <http://dx.doi.org/10.15585/mmwr.mm6818e1>.