

February 24, 2021

Dear Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services,

I join you today on behalf of the Maine Women's Lobby. For over forty years, the Maine Women's Lobby has advocated for public policy which increases the health, wellness, safety, and economic security of Maine women and girls, with a focus on the most marginalized populations and communities.

We are here **in support of LD 265, "An Act to Provide Women with Affordable Postpartum Care."** We thank Senator Carney for sponsoring this important bill.

Maternal health and mortality in Maine, and the United States, is among the worst in the developed world. As one of the only countries in the world without paid family leave and the only developed country without universal health care, we experience significantly higher rates of maternal and infant mortality and decreased maternal and postpartum health. The burden of this ill health falls disproportionately on women of color, Black and Indigenous women, and low-income and rurally-located women. Our [2020 Roadmap for Women's Economic Justice](#) shows us that:

- Not investing in continuous care for people before and after birth has serious social, moral, and economic consequences. **The United States is last in the world among wealthy nations for maternal mortality.**¹
- **The ability to access maternal and post-partum healthcare is an issue of racial equity.** 62.6% of African Americans in Maine who are pregnant access prenatal care, as compared to 82.5% of white pregnant people.² Nationally, Black women have higher maternal mortality rates than white women and are more likely to be lower income. Ongoing access to health care can mitigate some of these effects.
- Lower income parents are more likely to have barriers to ongoing coverage – exactly the population this bill will support. **More than 40% of lower-income people in Maine received no health care in the year prior to their most recent pregnancy.**³
- Among women reporting postpartum depression, **70.2% of women reporting postpartum depression are insured by MaineCare** - as compared to 42.2% of non-depressed women.⁴ Post-partum depression can have lifelong consequences for parents and their children, yet many people who need to access mental health supports are unable to do so when health coverage ends so soon after birth.

¹ Centers for Disease Control and Prevention. (2020, January 30). National Vital Statistics Report. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf>

² Maine Data Research and Vital Statistics. <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Womens-Health-Data-Sheets-All-012020.pdf>

³ Ibid.

⁴ March of Dimes. (2020) 2020 March of Dimes Report Card. Retrieved from https://www.marchofdimes.org/materials/MOD2020_REPORT_CARD_and_POLICY_ACTIONS_BOOKLET_FIN.pdf



Maine Women's Lobby

THE VOICE OF MAINE WOMEN

Investing in the health and wellness of people who give birth - not only before birth but through the following year – supports babies, parents, our workforce, and our healthcare system (by allowing people to access the care they need when they need it, instead of during emergencies). It is also an issue of equity, and could significantly improve outcomes for all Mainers, regardless of gender, class, and race or ethnicity. It is time to make this investment, to ensure that all people in Maine who give birth can access the care they need and deserve.

Please vote 'yes' on LD 265.

Sincerely,

Destie Hohman Sprague, Executive Director
Maine Women's Lobby / mainewomen.org