



May 5, 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 write today **in support of LD 1357, "An Act To Improve Private Insurance Coverage for Maternity and Postpartum Care."** We thank Representative Carney for sponsoring this bill.

As we've discussed several times this session, **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 mortality and decreased maternal and postpartum health. The burden of this poor health infrastructure falls disproportionately on women of color, Black and Indigenous women, and low-income and rurally located women.

One key factor in the struggle that many women face before and after birth is that our systems tend to focus on the infant, and the physical and emotional work of pregnancy, labor, delivery, and postpartum recovery is rarely addressed routinely and systematically. This is true to such an extent that it is not a given that postpartum depression, pelvic floor injuries, or other normal and commonly occurring health needs are seen as an extension of the birth.

The structural oversight of women's health as part of the birth process has many affects that LD 1357 will address, but I want to raise up just one, which is the need to address postpartum mental health. In 2020, the United Health Foundation state health rankings put Maine at fiftieth in the country for rates of depression and anxiety among women ages 18-44 – with more than one in three experiencing depression and 14 percent experiencing anxiety. At the same time, one in five women ages 18-44 have avoided needed mental health care in the last year, due to the cost.¹ Postpartum depression affects one in ten women in Maine and can have lifelong implications for those who suffer from it and their families. **There is no practical reason why private health insurance programs should not cover this need, and comprehensive wellness of people who give birth in the months and years following the event.**

Investing in the health and wellness of people who give birth - not only before birth but through the postpartum period – 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).

¹ United Health Foundation. (2020). Maine State Summary. Retrieved from <https://www.americashealthrankings.org/learn/reports/2020-health-of-women-and-children/state-summaries-maine>



Maine Women's Lobby

THE VOICE OF MAINE WOMEN

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 ensure that all people in Maine who give birth can access the comprehensive care they need and deserve.

We hope you will vote 'ought to pass' on LD 1357.

Sincerely,

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