



**House Bill 174
Proponent Testimony**

Gary Dougherty
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American Diabetes Association®
House Health and Family Services Committee
February 10, 2022

Chair Moser and Members of the Health and Family Services Committee:

My name is Gary Dougherty and I am the Director of State Government Affairs for the American Diabetes Association® (ADA), the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic.

I regret that I am unable to join you today; however, I want to thank Representative Cantrell for introducing House Bill 174, which would extend postpartum Medicaid coverage for new mothers up to 12 months after the last day of pregnancy, and urge your support.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families. Allowing postpartum coverage to 12 months for those on Medicaid will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color.

Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies.

One such condition is gestational diabetes which is diabetes that is first diagnosed during pregnancy and can cause serious complications. According to the Centers for Disease Control (CDC), about 6% to 9% of pregnant women develop gestational diabetes. Diabetes during pregnancy has increased in recent years. Recent studies found that from 2000 to 2010, the percentage of pregnant women with gestational diabetes increased 56%.¹ Gestational diabetes can be managed under the care of medical professionals.

According to the CDC, cardiovascular conditions, thrombotic pulmonary or other embolism, or other non-cardiovascular medical conditions are the leading causes of maternal deaths that occur between 43 days and one year after delivery.² Women with bleeding disorders are also at elevated risk for postpartum hemorrhage, and secondary postpartum hemorrhage can occur as late as twelve weeks after childbirth.³ Additionally, postpartum coverage will extend access to

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mental health care which is important since postpartum depression is fairly common in women with diabetes.

Access to quality, affordable coverage throughout the lifespan is necessary for all patients to manage their health conditions, and many chronic medical conditions that can have implications for maternal outcomes need to be managed before pregnancy as well as during and after delivery.

On behalf of your constituents who are considering pregnancy and may have diabetes or develop gestational diabetes, I urge you to support HB 174 as another tool to support patient access to care.

Thank you very much for your attention. If you have any questions, please direct them to me at gdougherty@diabetes.org and I will do my best to answer them for you.

¹ <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/diabetes-during-pregnancy.htm>

² Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6818e1> https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

³ VanderMeulen H, Petrucci J, Floros G, Meffe F, Dainty KN, Sholzberg M. The experience of postpartum bleeding in women with inherited bleeding disorders. Res Pract Thromb Haemost. 2019 Oct; 3(4): 733-740. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6782019/>.

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