



March 10, 2023

The Honorable Michael Dunleavy
Governor of Alaska
State Capitol, Third Floor
Juneau, AK 99801

RE: Support for Medicaid Postpartum 12-Month Continuous Coverage

Dear Governor Dunleavy,

Chugachmiut writes in support of House Bill 59 (HB 59) and Senate Bill 58 (SB 58) to add 12-month continuous postpartum coverage as a Medicaid optional service. Ensuring expanded access to coverage for postpartum mothers will improve access to critical health and behavioral health care services and improve maternal postpartum outcomes for new mothers in Alaska. This is particularly important for our Alaska Native and American Indian (AN/AI) mothers, who experience disparate health outcomes compared to the general population.

Chugachmiut was formed in 1974 and is an original Co-Signer to the Alaska Native Tribal Health Compact with the IHS. The IHS Compact is negotiated on behalf of Nanwalek, Port Graham, Tatitlek, Chenega, and Qutekcak (Seward). According to data from the State of Alaska - Division of Community & Regional Affairs, the total Native and Non-Native populations in Chugachmiut's service area is 5,607. This includes the population adjacent to Seward from Lowell Point, Bear Creek, Primrose, Crown Point, and Moose Pass, all of which use services in Seward.

The current Medicaid coverage for postpartum mothers is only 60 days, often resulting in a gap in coverage as new mothers transition from one health care coverage to another during a vulnerable period. Often, mothers who fall off Medicaid coverage struggle to find new health care coverage and may go without any health care coverage. Expanding the period of coverage from 60 days to 12 continuous months ensures access to vital services for postpartum mothers, including maternal check-ups, postpartum care, and behavioral health services.

AN/AI women and their newborns are overrepresented in adverse outcomes related to maternal and infant health. The national pregnancy-related mortality rate for AN/AI women between 2000-2017 was 29.7 out of 100,000 live births, while it was only 12.7 for non-Hispanic white women.¹ Looking at more recent data from 2017-2019, a review of 36 state Maternal Mortality Review Committees' data shows that pregnancy-related deaths for AN/AI women were 93.3 percent preventable.² The same 2017-2019 data showed that of those pregnancy-related mortalities, 31.3 percent were due to mental health conditions, and 29.4 percent of the mortalities occurred between 43-365 days after giving birth, falling largely outside the current Medicaid postpartum coverage requirement of 60 days.

¹ Heck, J.L., et al. "Maternal Mortality Among American Indian/Alaska Native Women: A Scoping Review", *Journal of Women's Health*, Vol. 30, Issue 2. <https://www.liebertpub.com/doi/10.1089/jwh.2020.8890>

² Trost, S., et al. "Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019", *Centers for Disease Control and Prevention's Maternal Mortality Review Information App*. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc-aian.html>

In Alaska, AN/AI women are the most impacted by pregnancy-related mortality.³ The majority of pregnancy-related deaths in Alaska from 2014-2018 were linked to drug or alcohol overdose or other medical causes. Overall, 31 percent of pregnancy-related mortality in Alaska was linked to mental health. All suicides of new mothers during that period were AN/AI mothers, accounting for 20 percent of all pregnancy-related deaths of new AN/AI mothers. Of the Alaska pregnancy-related mortality, 85 percent were deemed preventable. Finally, these concerns are only worsening; the January 2023 Alaska Maternal Mortality Review Findings showed during the COVID-19 pandemic (in 2021), pregnancy-related maternal mortality was 109% higher than the previous 5-year average.⁴

Reflecting increased risk factors, infants born to women of color are also at higher risk for mortality compared to those born to white women. Infant mortality, while caused by a variety of factors, is elevated for AN/AI infants nationally, at 7.7 per 1,000 live births, nearly double the rate of white infants (4.4 per 1,000 live births).⁵ When we considered Alaska-specific data, AN/AI infant mortality has been significantly higher than white infants for decades. The most recent data shows that in 2019, AN/AI infant mortality was 10.3 per 1,000 live births; the white population, infant mortality rate, was 2.9 per 1,000 live births.⁶ Providing postpartum health care coverage for mothers will continue to allow them to access critical services such as postpartum check-ups, postnatal education, and behavioral health services, which can improve these infant outcomes as well.

Chugachmiut supports HB59/SB58 to provide 12 continuous months of Medicaid coverage for postpartum mothers. AN/AI mothers and infants experience disparities in health outcomes. We believe this expanded coverage will improve access to critical health care and behavioral health services during a vulnerable time for new mothers and families. Improved health care during this time will improve the lives of mothers and their infants who rely on Medicaid for their health care coverage. If you have any comments or questions regarding our support for this legislation, you can contact me at 907-562-4155.

Sincerely,



Angela "Jan" Vanderpool
Chugachmiut Chief Executive Officer

CC: Senate Health and Social Services Committee
House Health and Social Services Committee
The Honorable Heidi Hedberg, Commissioner of Health
Heather Carpenter, Policy Advisor, Dept. of Health

³ Alaska Dept. of Health and Social Services, Division of Public Health. "Pregnancy-Associated Mortality in Alaska" January 2020.

<https://health.alaska.gov/dph/wcfh/Documents/mcheipi/mcdr/2019%20maternal%20mortality%20factsheet%20final.pdf>

⁴ Alaska Dept. of Health, Division of Public Health. "Alaska Maternal Mortality Review" January 2023. <https://drive.google.com/file/d/1AuyX2KJVuITQDTFWfJVng6Jhp6JqXAYU/view>

⁵ Hill, L., S. Artiga, and U. Ranji. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them", *Kaiser Family Foundation*. Published Nov. 1, 2022. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>

⁶ ANTHC Epidemiology Center. "Alaska Native Health Status Data Fact Sheet 2021: Infant Mortality". <http://anthctoday.org/epicenter/healthData/factsheets/2022%20Factsheets/Infant-Mortality.pdf>



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

February 24, 2023

The Honorable Michael Dunleavy
Governor of Alaska
State Capitol, Third Floor
Juneau, AK 99801

RE: Support for Medicaid Postpartum 12-Month Continuous Coverage

Dear Governor Dunleavy,

The Native Village of Eyak writes in support of House Bill 59 (HB 59) and Senate Bill 58 (SB 58) to add 12-month continuous postpartum coverage as a Medicaid optional service. Ensuring expanded access to coverage for postpartum mothers will improve access to critical health and behavioral health care services and improve maternal postpartum outcomes for new mothers in Alaska. This is particularly important for our Alaska Native and American Indian (AN/AI) mothers who experience disparate health outcomes compared to the general population.

The NVE operates the Ilanka Community Health Center, located in Cordova, Alaska within the traditional Eyak Lands.

The current Medicaid coverage for postpartum mothers is only 60-days, often resulting in a gap in coverage as new mothers transition from one health care coverage to another during a vulnerable period. Often, mothers who fall off Medicaid coverage struggle to find new health care coverage and may go without any health care coverage. Expanding the period of coverage from 60-days to 12 continuous months ensures access to vital services for postpartum mothers including maternal check-ups, postpartum care, and behavioral health services.

AN/AI women and their newborns are overrepresented in adverse outcomes related to maternal and infant health. The national pregnancy-related mortality rate for AN/AI women between 2000-2017 was 29.7 out of 100,000 live births, while it was only 12.7 for non-Hispanic white women.¹ Looking at more recent data from 2017-2019, a review of 36 state Maternal Mortality Review Committees' data shows pregnancy-related deaths for AN/AI women were 93.3 percent preventable.² The same 2017-2019 data showed that of those pregnancy-related mortalities, 31.3 percent were due to mental health conditions, and 29.4 percent of the mortalities occurred between 43-365 days after giving birth; falling largely outside the current Medicaid postpartum coverage requirement of 60-days.

In Alaska, AN/AI women are the most impacted by pregnancy-related mortality.³ The majority of pregnancy-related deaths in Alaska from 2014-2018 were linked to drug or alcohol overdose or other medical causes. Overall, 31 percent of pregnancy-related mortality in Alaska were linked to mental health. All suicides of new mothers during that period were AN/AI mothers, accounting for 20 percent of all pregnancy-related deaths of new AN/AI mothers. Of the Alaska pregnancy-related mortality, 85 percent were deemed preventable. Finally, these concerns are only worsening; the January 2023 Alaska Maternal Mortality Review Findings showed during the COVID-19 pandemic (in

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² Trost, S., et al. "Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019", *Centers for Disease Control and Prevention's Maternal Mortality Review Information App*. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc-aian.html>

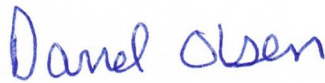
³ Alaska Dept. of Health and Social Services, Division of Public Health. "Pregnancy-Associated Mortality in Alaska" January 2020. <https://health.alaska.gov/dph/wcfh/Documents/mchebi/mcdr/2019%20maternal%20mortality%20factsheet%20final.pdf>

2021), pregnancy-related maternal mortality was 109% higher than the previous 5-year average.⁴

Reflecting increased risk factors, infants born to women of color are also at higher risk for mortality compared to those born to white women. Infant mortality, while caused by a variety of factors, is elevated for AN/AI infants nationally, at 7.7 per 1,000 live births, nearly double the rate of white infants (4.4 per 1,000 live births).⁵ When we considered Alaska-specific data, AN/AI infant mortality has been significantly higher than white infants for decades. The most recent data shows that in 2019, AN/AI infant mortality was 10.3 per 1,000 live births; the white population infant mortality rate was 2.9 per 1,000 live births.⁶ Providing postpartum health care coverage for mothers will continue to allow them to access critical services such as postpartum check-ups, postnatal education, and behavioral health services which can improve these infant outcomes as well.

The NVE supports HB59/SB58 to provide 12 continuous months of Medicaid coverage for postpartum mothers. AN/AI mothers and infants experience disparities in health outcomes, and we believe that this expanded coverage will improve access to critical health care and behavioral health services during a vulnerable time for new mothers and families. Improved health care during this time will improve the lives of mothers and their infants who rely on Medicaid for their health care coverage. If you have any comments or questions regarding our support for this legislation, you can contact Kari Collins, Health Administrator. Kari.collins@eyak-nnsn.gov.

Respectfully,



Darrel Olsen
Tribal Council Chairman
Native Village of Eyak

CC: Senate Health and Social Services Committee
House Health and Social Services Committee
The Honorable Heidi Hedberg, Commissioner of Health
Heather Carpenter, Policy Advisor, Dept. of Health

⁴ Alaska Dept. of Health, Division of Public Health. "Alaska Maternal Mortality Review" January 2023. <https://drive.google.com/file/d/1AuyX2KJVuITQDTFWfJVng6Jhp6JqXAYU/view>

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⁶ ANTHC Epidemiology Center. "Alaska Native Health Status Data Fact Sheet 2021: Infant Mortality". <http://anthctoday.org/epicenter/healthData/factsheets/2022%20Factsheets/Infant-Mortality.pdf>



Alaska Native Health Board

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State Capitol, Third Floor
Juneau, AK 99801

RE: Support for Medicaid Postpartum 12-Month Continuous Coverage

Dear Governor Dunleavy,

The Alaska Native Health Board (ANHB)¹ writes in support of House Bill 59 (HB 59) and Senate Bill 58 (SB 58) to add 12-month continuous postpartum coverage as a Medicaid optional service. Ensuring expanded access to coverage for postpartum mothers will improve access to critical health and behavioral health care services and improve maternal postpartum outcomes for new mothers in Alaska. This is particularly important for our Alaska Native and American Indian (AN/AI) mothers who experience disparate health outcomes compared to the general population.

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¹ ANHB was established in 1968 with the purpose of promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. ANHB is the statewide voice on Alaska Native health issues and is the advocacy organization for the Alaska Tribal Health System (ATHS), which is comprised of tribal health programs that serve all of the 229 Tribes and 180,000 Alaska Native and American Indian people throughout the state. As the statewide tribal health advocacy organization, ANHB helps Alaska's Tribes and Tribal programs achieve effective consultation and communication with state and federal agencies on matters of concern.

² Heck, J.L., et al. "Maternal Mortality Among American Indian/Alaska Native Women: A Scoping Review", *Journal of Women's Health*, Vol. 30, Issue 2. <https://www.liebertpub.com/doi/10.1089/jwh.2020.8890>

³ Trost, S., et al. "Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019", *Centers for Disease*

ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM

ALEUTIAN PRIBILOF
ISLANDS ASSOCIATION

ARCTIC SLOPE
NATIVE ASSOCIATION

BRISTOL BAY AREA
HEALTH CORPORATION

CHICKALOON VILLAGE
TRADITIONAL COUNCIL

CHUGACHMIUT

COPPER RIVER
NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN
INDIAN COMMUNITY

KODIAK AREA
NATIVE ASSOCIATION

MANILAQ ASSOCIATION

METLAKATLA INDIAN
COMMUNITY

MT. SANFORD
TRIBAL CONSORTIUM

NATIVE VILLAGE
OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE
OF TYONEK

NINILCHIK
TRADITIONAL COUNCIL

NORTON SOUND
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL
FOUNDATION

SOUTHEAST ALASKA REGIONAL
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM
HEALTH CORPORATION

VALDEZ NATIVE TRIBE

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or questions regarding our support for this legislation, you can contact ANHB at anhb@anhb.org or via telephone at (907) 729-7510.

Sincerely,

A handwritten signature in black ink, appearing to read "W F Smith". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Chief William F. Smith, Chairman
Alaska Native Health Board
Tribally-Elected Leader of the Valdez Native Tribe

CC: Senate Health and Social Services Committee
House Health and Social Services Committee
The Honorable Heidi Hedberg, Commissioner of Health
Heather Carpenter, Policy Advisor, Dept. of Health