



TO: Health and Human Services Committee
FROM: Tom Venzor, Executive Director
Nebraska Catholic Conference
DATE: February 2, 2023
RE: LB419 (Extend Medicaid Postpartum Coverage) (Support)

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church and advances the Gospel of Life through engaging, educating, and empowering public officials, Catholic laity, and the general public.

Catholic social teaching has a rich tradition of contemplating and solving the difficult issues that face our society and common humanity. One important principle, among others, offered by Catholic social teaching that we should keep constantly in mind is “the preferential option for the poor.” Preferential option for the poor is “a *special form* of primacy in the exercise of Christian charity[.] It affects the life of each Christian inasmuch as he or she seeks to imitate the life of Christ, but it applies equally to our *social responsibilities*[.]... [T]his love of preference for the poor, and the decisions which it inspires in us, cannot but embrace the immense multitudes of the hungry, the needy, the homeless, those without health care and, above all, those without hope for a better future.”¹

This Christian charity for low-income mothers and families who lack access to basic and necessary health care is the impetus for the Nebraska Catholic Conference’s support of Sen. Wishart’s LB419, which would extend postpartum Medicaid coverage from 60 days to one year.

Maternal mortality and morbidity are issues that are increasingly on the consciousness of many, in large part because of the significant increase of both issues in recent years. As the report on Maternal Morbidity and Mortality in Nebraska states: “CDC reports [that] the rate of maternal mortality has been increasing since the 1980s, with the United States experiencing a higher maternal mortality rate than most other developed countries.”² The report further states that severe maternal morbidity “is more than 100 times as common as pregnancy-related mortality and has increased up to 75 percent in the last decade[.]”³

¹ John Paul II, Encyclical Letter *Sollicitudo Rei Socialis*, paragraph 42 (1988), accessible at https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_30121987_sollicitudo-rei-socialis.html (last accessed February 2, 2023).

² Office of Maternal and Child Health Epidemiology, “Maternal Morbidity and Mortality in Nebraska,” p. 11 (September 2021), accessible at <https://dhhs.ne.gov/PRAMS%20Documents/Maternal%20Mortality%20Report%202021.pdf> (last accessed on February 2, 2023).

³ *Ibid.*, p. 5.

But this does not have to be the case. Access to basic medical coverage for an extended time frame postpartum can provide the continuity of care needed to avoid and diminish the cases of mortality and morbidity that our Nebraska mothers are facing.⁴

For a mother who has her own set of health care needs, is without adequate support, and is also responsible for taking care of needs of her child or children, it becomes an imperative for the state and federal government to step in and provide the necessary assistance for health care coverage. To draw again from the Catholic social teaching tradition, this type of support, assistance, and care is in line with the principle of subsidiarity. Subsidiarity recognizes the basic fact that there are times when local and intermediate institutions (such as families, churches, non-profits, and private industry) cannot fulfill some important need of the larger community. When this occurs, it is wholly appropriate and even necessary for the larger political community to assume a proportionate responsibility in our care and concern for those in need.

While the Nebraska Catholic Conference is not the public health expert on this topic, the personal and public health care benefits of LB419 are numerous. Extended Medicaid postpartum coverage will help mothers deal with any number of issues that can present during the perinatal and postpartum period, such as gestational diabetes, preterm labor, recovery from caesarean sections and high risk pregnancies, preeclampsia, maternal depression and other mental health concerns, sepsis, pulmonary edema, and acute heart failure. Coverage also provides for future healthier pregnancies, as well as assisting mothers be more proactive in the health care they pursue for their newborns and infants. It can also help improve the health care disparities which occur among racial minorities and the poor. The benefits are numerous and, though the cost is not negligible, it is a cost that is well worth the benefits to the common good and to our recognition of the human dignity of the mother and her baby.

In the post-*Roe v. Wade*, culture of life we are trying to build here in Nebraska, where every preborn life is accepted in their full and inviolable dignity as a human person, it is also incumbent on us as a political community that we are walking with mothers in need. The Nebraska Catholic Conference firmly believes LB419 is an important piece of advancing a culture of life that “loves them both.”

For these reasons, the Nebraska Catholic Conference respectfully urges your support for LB419.

Thank you for your time and consideration.

⁴ Ibid., p. 19; Center for Disease Control and Prevention, “Severe Maternal Morbidity after Delivery among U.S. Women, 2010-2014,” (last reviewed 2021), accessible at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/smm-after-delivery-discharge-among-us-women/index.htm> (last accessed on February 2, 2023).