



To: Health and Human Services Committee  
From: Marion Miner, Associate Director of Pro-Life and Family Policy  
Nebraska Catholic Conference  
Subject: LB929 (Require Submission of a Medicaid State Plan Amendment or Waiver to  
Extend Postpartum Coverage) (Support)  
Date: February 11, 2022

Chairman Arch and Members of the Health and Human Services Committee,

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church by engaging, educating, and empowering public officials, Catholic laity, and the general public. We regret not being able to attend the hearing for LB929 on January 26. I write, however, to express the Conference's support for LB929.

Catholic social teaching, when considering questions of whether and to what extent the state ought to intervene to further the common good, always applies the principles of solidarity and subsidiarity. Both principles are permanent "pillars" of Catholic social teaching.

Solidarity is "first and foremost a sense of responsibility on the part of everyone with regard to everyone"<sup>1</sup> and "a firm and persevering determination to commit oneself to the common good."<sup>2</sup> It recognizes that individuals are more than autonomous bearers of rights—every person is dependent on others to varying degrees, and every person is a member of many communities to which he or she owes duties for the common good, beginning with the family and extending to churches, schools, voluntary associations, and political institutions. Each of these (often overlapping) communities has its own defined sphere of responsibility for furthering the good of its members and society as a whole.

Subsidiarity is the principle restraining (in part) unjustified and excessive intervention by the state into society, encroaching on and crowding out the work of "intermediate" communities such as churches, volunteer groups, non-profits, and private companies that provide for furtherance of the common good in their own unique and original ways. Subsidiarity counsels that because individuals, families, and intermediate institutions each have something unique and original to offer the community, the state ought to respect and give space to people and institutions to do their work without undue interference. The state must be careful not to monopolize the field of providing for the common welfare and thereby: (1) drive out providers whose unique contributions cannot be replaced; and (2) incentivize dependency on the state itself as provider.

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<sup>1</sup> Pope Benedict XVI, *Caritas in Veritate*, no. 38.

<sup>2</sup> *Compendium of the Social Doctrine of the Church*, no. 193.

Sometimes local and intermediate institutions, however, cannot fulfill some important need of the larger community by their own efforts or are simply not the appropriate authority to do so. In such circumstances, the complementary principles of solidarity and subsidiarity counsel that it is appropriate and necessary for the state to assume proportionate responsibility. Its intervention must not be invasive but should be commensurate with society's real needs.<sup>3</sup>

It is the position of the Conference that LB929's proposal to extend the time period that low-income mothers would receive Medicaid coverage after giving birth is not invasive and is commensurate with true need. This assistance would be temporary, but also timely, helping the mother during an important time in her life and the life of her newborn. Studies suggest that the health of mothers is particularly vulnerable in the first year after giving birth,<sup>4,5</sup> and the danger is particularly high when a mother, who is responsible for taking care of her child as well as herself, has little or no means of support from family or other social institutions.

The health of both a mother and her dependent children depends on adequate and accessible medical care. A mother who meets Medicaid's postpartum eligibility requirements may not otherwise have it, and the estimated cost to the state—approximately \$10 million per year—is not so high, in our estimation, as to raise alarm about whether it excessively burdens the state in comparison with the benefit it would provide. Mothers with little income have a special need for and a special difficulty in obtaining good health care. LB929 would provide them with temporary support at a time that is especially important for them and their children.

For these reasons, the Nebraska Catholic Conference respectfully urges your support for LB929.

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<sup>3</sup> *Id.*, no. 351.

<sup>4</sup> Hoyert DL, Minino AM. "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018." *National Vital Statistics Reports*, Vol. 69, No. 2, January 30, 2020.

<sup>5</sup> "Maternal Morbidity and Mortality in Nebraska, 2014-2018," Office of Maternal and Child Health Epidemiology, September 2021.