

## **Support the extension of pregnancy Medicaid from six months to one year postpartum.**

During the 2019 legislative session, the Georgia General Assembly extended the coverage of pregnancy Medicaid from 60 days to six months postpartum. While this is a great step in improving maternal health, women are at risk for pregnancy-related mortality and morbidity throughout the first year after delivery and Georgia ranks among the worst states in the nation for maternal mortality. Pregnancy Medicaid covers a range of necessary and important medical services for eligible women. When new mothers lose this needed medical coverage after six months, they are no longer able to receive care for conditions that may have arisen during their pregnancy, leaving them at risk for mortality or morbidity in the postpartum period. In fact, 67% of Georgia's pregnancy-related deaths that occur between 6 months and one year postpartum were determined to be preventable. We support extending pregnancy Medicaid from six months to one year postpartum.

## **Support legislation to protect pregnant and postpartum employees in the workplace and provide appropriate workplace accommodations.**

About 70% of Georgia women of childbearing age are in the workforce. Yet, there are no state-level laws in Georgia that govern workplace protections and accommodations for employees during the full pregnancy and the postpartum period. Currently, 30 states nationwide, including eight southern states have instituted legislation to ensure pregnant and postpartum employees are protected from discrimination. Reasonable, low-cost accommodations such as adequate water and food-breaks, or access to a seat during the workday, help women stay on the job and support healthy pregnancies. Workplace accommodations help businesses by increasing employee retention and morale as well as reducing turnover. Establishing protections for pregnant and postpartum employees also helps employers avoid costly litigation by giving explicit standards around discrimination. We support legislation that affords employees reasonable accommodations for a safe and healthy pregnancy and postpartum period.

## **Support increasing the state tobacco product excise tax on both tobacco and tobacco alternative products.**

Smoking during pregnancy puts moms and babies at higher risk for medical complications including placental hemorrhage, fetal growth restriction, and preterm birth. Maternal smoking during pregnancy and second hand smoke exposure after birth are also significant risk factors for sudden infant death syndrome (SIDS), which accounts for 11% of infant deaths in Georgia. Raising the cost of tobacco can lower tobacco usage and improve health. Yet, Georgia has one of the lowest tobacco tax rates in the nation, ranking 48th of 50 states. Currently, the Georgia tobacco tax is only 37 cents per pack, whereas the national average is \$1.81 per pack. Raising the tobacco tax to the national average is estimated to generate about \$500 million in additional revenue, which is needed given the strain COVID-19 has put on Georgia's healthcare system and rural communities. We support an increase to the state tobacco product excise tax on both tobacco and tobacco alternative products.

## Ensure adequate funding to the Department of Public Health's Maternal & Child Health Section.

The Maternal & Child Health Section, under the Georgia Department of Public Health, is the state agency responsible for administering vital maternal and child health programs. Some of these programs include newborn screening, family planning, group prenatal care, neonatal abstinence syndrome prevention, and resource access. The agency also oversees the Maternal Mortality Review Committee and convenes the Georgia Perinatal Quality Collaborative (GaPQC). The current COVID-19 pandemic coupled with Georgia's maternal mortality crisis has brought a range of concerns highlighting the need for continued access to medical care in the perinatal period. Vital programs from the Department of Public Health help to address Georgia's abysmal ranking across maternal and infant health indicators:

- Infant mortality (6th)
- Prematurity (6th)
- Low birthweight birth (4th)

We support ensuring adequate funding to the Department of Public Health's Maternal & Child Health Section.

READY TO GET INVOLVED? Email Amber Mack, Research & Policy Analyst at [amber.mack@hmhbga.org](mailto:amber.mack@hmhbga.org).

For weekly advocacy updates during the legislative session, follow our e-newsletter *Keeping Current @ the Capitol* at: [hmhbga.org/newsletter-sign-up/](https://hmhbga.org/newsletter-sign-up/)

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