

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

Pregnancy Medicaid covers a range of necessary and important medical services for eligible women during pregnancy and the postpartum period. However, this coverage ends 60 days after a mother delivers their baby, resulting in many mothers with a lack of insurance in the critical postpartum period. About 22% of new mothers in Georgia become uninsured within a year of delivery. Moreover, about 30,000 mothers receiving Medicaid do not receive timely postpartum care. Mothers who lose this needed medical coverage 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, approximately 65% of Georgia's pregnancy-related deaths that occur between six weeks and one year postpartum were determined to be preventable. **We support extending pregnancy Medicaid to one year postpartum.**

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

About 70% of Georgia women of child-bearing age are in the workforce. Yet, there are no state-level laws in Georgia that govern workplace protections and accommodations for employees during pregnancy and the postpartum period. Currently, 27 states nationwide, including six southern states, have instituted legislation to ensure working women can be protected from discrimination while pregnant or postpartum. Reasonable, low-cost accommodations such as adequate water and food-breaks, or access to a seat during the work-day, help women stay on the job and support healthy pregnancies. It is also important for employers to support breastfeeding by providing lactation policies to support families as they return to work. Only 22% of Georgia women are meeting the American Academy of Pediatrics recommendation of exclusively breastfeeding for six months. 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 women reasonable accommodations for a safe and healthy pregnancy and postpartum period.**

## **Ensure rural access to perinatal support and services.**

Georgia continues to have abysmal rankings in maternal mortality (48th), infant mortality (45th), prematurity (42nd) and low-birthweight (45th). In 2019, HMHBGA was funded by the Georgia General Assembly to open three satellite perinatal support sites in Meriwether, Randolph, and Wilcox counties. These sites will improve maternal and infant health outcomes in rural Georgia through prenatal/postpartum education, support services, breastfeeding support, and the provision of needed maternal and infant supplies. Satellites also provide workforce development in rural areas through the training of perinatal support workers. By working with local health departments and other rural partners, perinatal satellites help amplify current efforts in the region surrounding public health education while addressing gaps in access. **We support maintaining funding for these perinatal satellites and other initiatives that increase perinatal service access in rural communities.**

## Support one or more changes in our tobacco laws to deter smoking.

Smoking during pregnancy puts moms and babies at higher risk for medical complications including placental hemorrhaging, 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). 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 49th of the 50 states. Currently, the Georgia tobacco tax is only .37 cents per pack, whereas the national average is \$1.66 per pack. E- cigarettes and comparable products (such as vaping) do not fall under Georgia's tobacco product statute and are therefore not subject to the tobacco excise tax at all. Both of these dynamics lead to increased tobacco use, and a significant budget impact on state resources.

We support the following:

- an increase to the State tobacco product excise tax;
- an equity tax on e-cigarette and tobacco alternative products which would bring them on par with tobacco products; and
- increasing the minimum age of tobacco purchase to 21.

## 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, neonatal abstinence syndrome prevention, and resource access. The agency also oversees the Maternal Mortality Review Committee and convenes the Georgia Perinatal Quality Collaborative. Vital programs such as these help in addressing Georgia's current ranking across maternal and infant health indicators. We support 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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