

HMHBGA 2022 Legislative Policy Agenda

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

During the 2019 legislative session the Georgia Assembly recognized the need to improve access to maternal health care in Georgia and extended pregnancy Medicaid from 60 days to 6 months post-partum. While this is a great step in improving maternal health, women are at risk for pregnancy-related mortality and morbidity throughout the entire first year after delivery. Unfortunately, Georgia continues to rank 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 statewide standards for pregnant and postpartum workers around discrimination.

We support legislation that affords employees reasonable accommodations for a safe and healthy pregnancy and postpartum period.



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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, group prenatal care, 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 (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), and low birthweight (4th).

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

Support Doula Medicaid Reimbursement for prenatal, birth, and postpartum doula services.

While Georgia's provider shortage has been well-documented, less attention has been paid to the lack of perinatal support professionals serving families in our state. Women receiving doula care have been found to have improved health outcomes for both themselves and their infants, including higher breastfeeding initiation rates, fewer low-birth weight babies, and lower rates of cesarean sections.

We support legislation that provides for Medicaid coverage for doula services which improves maternal and infant outcomes in Georgia through increased, equitable awareness and access to full spectrum doula care for birthing person, especially those with the fewest resources.



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Increase access to adequate oral healthcare for pregnant women

Dental care during pregnancy is an essential part of health management. Pregnant women are at risk for a host of poor oral health outcomes that not only affect the mother, but also the baby. Due to poor oral health in pregnancy, pregnant women can experience premature delivery, low birth weight baby, pre-eclampsia, gingival tissue ulcerations, pregnancy granuloma, gingivitis, pregnancy tumors (epulis gravidarum), loose teeth, mouth dryness, and dental erosions. Additionally, the changing hormone levels in pregnancy directly affect gum problems, and indirectly, tooth decay.

The CDC estimates that 60-75% of pregnant women have periodontal disease. Research has found that there is a significant association between periodontal disease and preterm labor, both conditions which are more likely among pregnant women covered by Medicaid. Preterm birth is the number one cause of death for Georgia's infants. Oral health promotion during pregnancy, therefore, is not only good for the pregnant women, but it may also decrease her risk for preterm birth.

We support legislation to increase access and awareness to adequate oral healthcare for pregnant women covered by Medicaid in Georgia.
