



February 9, 2021

Representative Mike Freiberg  
Chair, Preventive Health Policy Committee  
381 State Office Building  
Saint Paul, MN 55155

Dear Chair Freiberg and Members of the Committee:

Minnesota's Prenatal to Three Coalition (PN-3) requests your support for HF 521. The PN-3 Coalition advocates for equitable state policies to support strong families and give children the best start in life. Minnesota currently provides Medicaid coverage 60 days postpartum, which causes unnecessary interruptions and barriers to health care to women when they are most vulnerable. According to the Center for Disease and Control, approximately 30% of pregnancy-related deaths—*not* counting those that were caused by suicide or overdose—occur 43 to 365 days postpartum.<sup>1</sup> Extending Medicaid postpartum the first year of life can reduce these barriers and improve health outcomes for mom and baby.

In Minnesota maternal death rates are 2-3 times higher for Black, American-born African American women and Indigenous women in Minnesota.<sup>2</sup> Having access to care and coverage can help mitigate these inequities. With over 40% of births in Minnesota are to woman on Medicaid, HF 521 can make a big impact in stabilizing care and coverage to women and their children.

Thank you for consideration and support. If you have any questions or concerns regarding our support and and/or request for additional action, please contact our Policy and Legislative Affairs Director, Deb Fitzpatrick at [dfitzpatrick@childrensdefense.org](mailto:dfitzpatrick@childrensdefense.org) or Coalition Coordinator, Laura LaCroix-Dalluhn at [Laura@LaCroixDalluhnConsulting.com](mailto:Laura@LaCroixDalluhnConsulting.com),

Thank you,

Bharti Wahli,  
Children's Defense Fund  
Co-Chair

Nancy Jost,  
West Central Initiative  
Co-Chair

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<sup>1</sup> In 2018, a total of 658 women were identified as having died of maternal causes in the United States, and an additional 277 deaths were reported as having occurred more than 42 days but less than 1 year after delivery in 2018. These numbers are based on an updated method of coding (the "2018 method") maternal deaths based on the implementation of a revised U.S. Standard Certificate of Death. See Centers for Disease Control and Prevention, "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," available at: [https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69\\_02-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf).

<sup>2</sup> Pregnancy-related Mortality in the United States, 1991-1997," *Obstet Gynecol.* 2003 Feb; 101(2):289-96. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/12576252>.