



April 8, 2022

The Honorable Dr. Jim Wood, Chair
Assembly Health Committee
Capitol Office, 1020 N Street, Room 390
Sacramento, CA 94249

Re: AB 1930 (Arambula) – Request for Support for Medi-Cal Comprehensive Perinatal Services Program

Dear Assemblymember Dr. Wood:

The Children's Partnership, as a proud co-sponsor of this bill, writes to request your support on Assembly Bill 1930 (Arambula). We are proposing this bill to improve access to critical social and other supports for mothers and infants of color throughout the Medi-Cal's new 12-month postpartum eligibility period. By extending the care coordination and support services provided by the Comprehensive Perinatal Services Program (CPSP), this bill would ensure Californians have a healthy start in life.

The Children's Partnership (TCP) is a statewide children's advocacy organization that advances child health equity through public policy, community engagement, and research. We envision a California where all children, regardless of their race, ethnicity or place of birth - have the resources and opportunities they need to grow up healthy and thrive.

Black mothers in California are now dying at a rate of almost six times the rate of white mothers and at a rate worse than the national average.¹ The alarming elevated risk of death for Black women reflects the impact of structural racism on health outcomes, and the inequalities experienced by Black women in health care quality, bias and shared decision-making, and an array of social and economic conditions that shape theirs and their children's health and well-being including Adverse Childhood Experiences (ACEs) before and after childbirth.

Because a large number of pregnant and postpartum individuals in Medi-Cal are people of color, Medi-Cal has a pivotal role to play in advancing health equity for them and their children through anti-racist policies that explicitly identify and address systemic issues that lead to the disparate outcomes they face. One approach is through benefits that connect individuals with both health care workers who reflect their racial, ethnic, cultural, linguistic and other identities; as well as provide whole-person services that address and improve the social and economic conditions that also shape an individual's health and well-being. Currently, in Medi-Cal's, one such program is the CPSP benefit, which provides "wraps around" medical care and includes social drivers of health assessments in each trimester of pregnancy as well as during the post pregnancy period; individualized care plans; and, critically, follow-up services when indicated to address social needs—such as insecurity in the areas of food, housing, transportation,

¹ <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/CA-PMSS/CA-PMSS-Surveillance-Report-2008-2016.pdf>

childcare, personal safety, employment, income, or immigration concerns and stress, anxiety, social isolation, depression and other mental health conditions or substance use disorders.

CPSP provides the necessary infrastructure and is already part of Medi-Cal's State Plan with federal matching funds, without regard to immigration status. Recent federal guidance on implementing 12-month post-pregnancy coverage encourages states to provide the kinds of supportive services that CPSP does.² *These comprehensive services provide the full array of care postpartum individuals need and serve as a model of whole-person care approach.* As the California Maternal Quality Care Collaborative has recently noted, "warm hand offs" to ongoing medical care and supportive services will be critical for maternal health needs after obstetrical care ends.³

However, while the Department would allow CPSP units of support services allotted for the first 60 days to be "carried over" during the additional 10 months of post pregnancy eligibility, such an approach fails to address the needs of the many post pregnancy people who exhaust the currently allotted service units during the initial 60 days, or for whom social needs are not identified until well into the 12-month post pregnancy period.

Therefore, to promote maternal and infant health this bill proposal would (1) continue Medi-Cal's Comprehensive Perinatal Services Program (CPSP) benefit beyond the initial 60-day postpartum period; and (2) adopt the federal option to allow Comprehensive Perinatal Health Workers to provide supportive services in the mother's home or elsewhere in the community, not just at a clinic or doctor's office.

1. Continue Medi-Cal's Comprehensive Perinatal Services Program (CPSP) benefit beyond the initial 60-day postpartum period

Unfortunately, people of color in low-income households are more likely to experience ACEs as well as food and housing insecurities growing up. Given that many negative impacts of postpartum depression may not manifest until several months after childbirth, the current two-month allotment of CPSP's support services will leave a gap in support at a most critical time in the caregivers' and child's life.

AB 1930 attempts to address these issues by extending CPSP's care coordination and support services throughout the full year of postpartum eligibility, providing any necessary supports for food and housing insecurity, personal safety, immigration, toxic stress, anxiety and depression.

2. Adopt the federal option to allow Comprehensive Perinatal Health Workers to provide supportive services in the family's home or elsewhere in the community, not just at a clinic or doctor's office

Perinatal health workers of CPSP can play an important role in promoting healthy early childhood development and healthy families: These culturally concordant perinatal health workers, who are specialized community health workers, help screen for behavioral and physical health issues, promote preventative healthcare, provide nutritional and health education, and support stronger parent-child bonds. This can include identifying and addressing postpartum depression. Additionally, perinatal health workers can connect parents to programs that address food and housing insecurity and other support services.

² <https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf>, pp. 9-10.

³ Slide 34 of CMQCC's January 27, 2022 presentation to the Maternal, Child and Adolescent Health Committee of the California Conference of Local Health Officers. Available on request.

Currently, these services are covered in medical settings. This bill would allow coverage of perinatal health worker services rendered in the family's home or elsewhere in the community, through a federal preventive care option.

In summary, we are proposing to:

- Include CPSP's health education, nutrition, and psychosocial benefits in its Medi-Cal coverage for the entire 12 months of post pregnancy eligibility;
- Align covered activities and number of reimbursable units of service during the additional 10 months of CPSP with the amount, duration and scope of benefits currently available during pregnancy and the initial 60-day post pregnancy period; and
- Include periodic post pregnancy assessments, with updates to the Individualized Care Plan, related post pregnancy services, and documentation in the medical record;
- Require seeking the federal option to cover perinatal health workers services in the home; and
- Establish a stakeholder group to work with the Department to design the extended benefit.

For these reasons, we ask that you support AB 1930 (Arambula) so that California can address racial disparities in maternal health, provide needed family supports during the critical first year of a baby's life so they can grow up healthy and thrive.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Golden Testa', written in a cursive style.

Kristen Golden Testa
Health Policy Director
The Children's Partnership

cc: Assembly Health Committee, Members, and Staff
Assemblymember Dr. Joaquin Arambula, Author