



April 3, 2020

The Honorable Chuck Grassley  
Senate Finance Committee Chairman  
U.S. Senate

The Honorable Ron Wyden  
Senate Finance Committee Ranking Member  
U.S. Senate

**Subject: Request for Information: Solutions to Improve Maternal Health**

Dear Chairman Grassley and Ranking Member Wyden:

On behalf of Texans Care for Children, thank you for the opportunity to submit feedback on proposed policies and initiatives that have been considered by the Senate Finance Committee to improve maternal health. **Specifically, we write to express our strong support for the proposal to extend Medicaid coverage for pregnant women and new moms from 60 days to one year after childbirth.** From our perspective in Texas, improving access to comprehensive coverage during the postpartum year is a critical step to combat maternal mortality, prevent harmful pregnancy complications, and improve the lives of women, children, and families.

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise. We collaborate with community leaders, health stakeholders, and local partners across Texas to identify challenges facing children and develop policy solutions to improve the well-being of Texas children and families. These comments draw upon Texans Care for Children's expertise in maternal and infant health policy and our work on-the-ground with professionals and community programs serving mothers and infants.

**There is growing recognition in Texas that the state should extend Medicaid to low-income mothers for a full year after pregnancy rather than leaving them uninsured approximately 60 days after the birth of their baby.** This policy was the first recommendation in the latest report by the Texas Maternal Mortality and Morbidity Review Committee, which was created by the Texas Governor and Legislature. In 2019, the Texas House passed legislation, HB 744, to implement this change, although the legislative session ended before the Senate took up the bill.

**Medicaid coverage during the year after pregnancy is incredibly important for Texas families and communities.** Childbirth, one of life's greatest joys, can turn into tragedy when a baby's mother dies. In Texas, after years of in-depth reviews, the state's health department and the Texas Maternal Mortality and Morbidity Review Committee found that almost 400 Texas mothers died while pregnant or up to one year after pregnancy between 2012 and 2015. **Notably, the**

**majority of maternal deaths in Texas occurred more than 60 days postpartum.**<sup>1</sup> The Texas Maternal Mortality and Morbidity Review Committee also found that the vast majority (nearly 80 percent) of the maternal deaths were potentially preventable.<sup>2</sup> Moreover, the majority of maternal deaths in 2012 were to women enrolled in Medicaid at the time of delivery. These women likely lost Medicaid 60 days after childbirth and lost access to comprehensive health care at this point.<sup>3</sup>

**Maternal deaths are only the tip of the iceberg, with many more Texas mothers facing severe pregnancy complications.** Pregnancy complications like obstetric hemorrhage, sepsis or infection, and cardiac event can lead to emergency hospital stays and long-term consequences for a mother's health. In addition, postpartum depression – which is one of the most common complications of pregnancy, affecting 1 in 7 new mothers – can harm a mother's health and a child's health, brain development, and school readiness.<sup>4</sup> In fact, recent research found that the societal costs of not treating postpartum depression is substantial – about \$14.2 billion in 2017 – when taking into account lower productivity, absenteeism, and higher health care costs attributable to worse maternal and child health.<sup>5</sup>

**Despite the life-threatening risks that women face in the postpartum period, Texas Medicaid expires 60 days after the birth of a baby, leaving many Texas mothers without access to medical and behavioral health care during a critical time.** Texas has the highest uninsured rate in the nation, with one in four Texas women of childbearing age without health insurance.<sup>6</sup> Medicaid is a much-needed insurance option for low-wage women who do not receive insurance through their job and do not qualify for subsidies in the Health Insurance Marketplace.

**Extension of Medicaid coverage for a full year would help more Texas mothers access primary, specialty, and behavioral health care during a critical window of time following the birth of their baby.** The Texas Maternal Mortality & Review Committee summarized why it recommended health coverage for a full year after pregnancy by underscoring that this step is critical “to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe” and this step is needed “to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing.”<sup>7</sup>

**The majority of Texans agree that lawmakers should do more to improve maternal health.** Recent statewide polls from the Kaiser Family Foundation and the Episcopal Health Foundation found that a majority of Texas men and women say that reducing the number of women who die from causes related to pregnancy and childbirth should be a top priority for lawmakers.<sup>8</sup>

Thank you for the opportunity to provide feedback on policy solutions to combat maternal mortality and help more mothers and babies stay healthy. We welcome the opportunity to work with you. For more information, please contact me at 512-473-2274 or [akohler@txchildren.org](mailto:akohler@txchildren.org).

Sincerely,

Adriana Kohler  
Policy Director  
Texans Care for Children

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<sup>1</sup> Texas Department of State Health Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Sept. 2018).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> See American College of Obstetricians and Gynecologists. Screening for Perinatal Depression. Committee Opinion, No. 757. (Oct. 2018). Centers for Disease Control and Prevention. PRAMStat System. Available at: <https://www.cdc.gov/prams/prams-data/work-directly-PRAMS-data.html>. Katherine L. Wisner, MD, MS, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women with Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490-498 (2013). See Sohr-Preston SL, Scaramella LV. Implications of timing of maternal depressive symptoms for early cognitive and language development. *Clinical Child & Family Psychology Review*. 9(1):65-83 (2006). Martins C, Gaffan E. Effects of early maternal depression on patterns of infant-mother attachment: A meta-analytic investigation. *Journal of Child Psychology and Psychiatry*. 41(6):737-746 (2000). Beck, CT. A meta-analysis of the relationship between postpartum depression and infant temperament.

<sup>5</sup> Luca, D. L., Garlow, N., Staatz, C., Margiotta, C., & Zivin, K. Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematica Policy Research*. (Apr. 2019).

<sup>6</sup> Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. *Center for Children and Families* (May 2019).

<sup>7</sup> Texas Department of State Health Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Sept. 2018).

<sup>8</sup> Liz Hamel, Bryan Wi, Mollyann Brodie, Shao-Chee Sim, Elena Marks. Views and Experiences Related to Women's Health in Texas Selected Findings from the Kaiser Family Foundation/Episcopal Health Foundation 2018 Texas Health Policy Survey (Oct. 2018).