

## Ensure More Texas Mothers and Babies are Healthy: Remove Obstacles Preventing Transportation to Prenatal & Postpartum Care

### Testimony to the Senate Committee on Health & Human Services in Support of House Bill 25

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House Bill 25 by Representative Mary Gonzalez would create a pilot program to remove obstacles in the existing non-emergency medical transportation program and ensure more Texas mothers can attend prenatal care and postpartum care appointments. Prenatal and postpartum care are vital to the health of mothers and babies. For example, prenatal care reduces the risk that a baby is born premature, with low birth weight, or with other challenges that can lead to a lifetime of health problems or disabilities, such as hearing loss, asthma, or cerebral palsy. Unfortunately, transportation is a barrier for many mothers to get this critical care.

Texas has a program offering non-emergency medical transportation to Medicaid clients who are trying to get to health appointments but do not otherwise have transportation to get there. The program is very helpful for many Texans, but it does not account for the fact that many pregnant women and new mothers are taking care of young children when they have doctor's appointments. HB 25 would fix a glitch in the current system and create a pilot program through existing Medical Transportation Organizations to ensure mothers and their children can travel together and mothers can request rides more quickly and efficiently.

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**Prenatal and postpartum care are vital for the health of Texas mothers and babies, but transportation is a barrier for many mothers to get this critical care.**

**Prenatal and postpartum care are key components of a healthy pregnancy and birth.**

- Prenatal care starting in the first trimester and throughout pregnancy is necessary to identify and manage any health risks or medical conditions that could cause complications. Late or inadequate prenatal care is a known risk factor for infant death and low birth-weight births.<sup>1</sup>

- Prenatal care, for example, reduces the risk that a baby is born too early (premature), too small (low birth weight), or with other challenges that can lead to a lifetime of health problems or disabilities, like asthma, hearing loss, or cerebral palsy.<sup>2</sup>
- The American College of Obstetricians and Gynecologists (ACOG) recommends that all women have a postpartum visit within the first six weeks after the birth of a child.
- Earlier or more frequent postpartum visits may be needed to address birth complications or for women with gestational diabetes or high blood pressure. This is a vital time to discuss recovery from labor, infant feeding, and to screen for medical or behavioral conditions like postpartum depression.

### **Too few Texas moms are able to attend prenatal and postpartum care appointments.**

- Maternal deaths and severe pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children.
- The Texas Maternal Mortality & Morbidity Task Force found that between 2012 and 2015 late or no prenatal care was associated with an increased risk for maternal death in Texas.<sup>3</sup>
- Only 66 percent of Texas women get prenatal care during the first trimester, falling short of The Healthy People 2020 target for 78 percent of pregnant women to receive early care.<sup>4</sup>
- In 2016, a lower proportion of women in Texas received prenatal care in the first trimester than any other state in the U.S.<sup>5</sup>
- Prenatal care access varies dramatically by zip code. In 2015, a high number of women accessed no prenatal care in areas of Houston, Galveston, Lubbock, Laredo, Dallas/Fort Worth, and Corpus Christi.<sup>6</sup>
- In 2016, 1 in 3 Texas women in Medicaid did not have a postpartum visit between 21 and 56 days postpartum.<sup>7</sup>

### **For many women in rural and urban areas, transportation to medical appointments is a significant barrier, and may lead to missed appointments or delaying or forgoing health care during a critical time.**

- An issue exacerbating the problem is that the Medical Transportation Program (MTP) – which offers nonemergency medical transportation services to Medicaid enrollees – does not permit pregnant women or new mothers to travel with their children to medical appointments.
- Under MTP, HHSC contracts with Medical Transportation Organizations (MTOs) to arrange medical transportation in regions of Texas. A frequently used option is a dispatched vehicle (usually in the form of a multi-passenger van) that stops at multiple locations to pick up

passengers and take them to their appointments. Mothers cannot travel with their children in this dispatched vehicle because state and federal funds pay for transportation for the Medicaid enrollee only (not children traveling with mom).

- Also, the MTP dispatched vehicle must be scheduled more than 48 hours before an appointment, which can pose problems for pregnant women who need to see their doctor quickly.
- Transportation barriers lead to missed appointments and costs to the health care system. Missed appointments can result in worsening health, emergency room visits, and expensive inpatient hospitalizations.<sup>8</sup> Missing appointments also wreak havoc on clinic schedules, resulting in lost revenue for providers, and disruption of patient care and provider-patient relationships.
- In fact, every year, 3.6 million Americans miss medical appointments due to a lack of reliable transportation, with no-show rates as high as 30 percent nationwide.<sup>9</sup> Missed medical appointments cost the U.S. health system \$150 billion per year.<sup>10</sup>

## **HB 25 would improve maternal and infant health by ensuring more Texas mothers can attend prenatal care and postpartum care appointments.**

**This bill creates a pilot program through existing Medical Transportation Organizations to ensure moms and their children can travel together and moms can request rides quickly and more efficiently.**

- The pilot addresses two big barriers in the current Medical Transportation Program: Mothers and their children would be able to travel together to prenatal and postpartum appointments, and rides could be set up more quickly (as opposed to the current system that requires clients to request rides more than two working days in advance).
- The bill does not require use of Transportation Network Companies (such as ridesharing), but if these types of transportation options are authorized to participate in MTP in the future, this bill would allow their use in the pilot.
- The pilot would start in one or more HHSC managed care service areas, as determined by HHSC and the Texas Maternal Mortality Task Force, and would be optional for Medical Transportation Organizations.
- The state would evaluate this innovative approach, including whether the pilot increases quality and cost effectiveness of transportation, improves access to medical care, decreases missed appointments, and reduces pregnancy-related complications.

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- <sup>1</sup> Partridge S, Balayla J, Holcroft CA, Abenheim HA. Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. *American Journal of Perinatology*. 2012 Nov. 1;29(10):787.
- <sup>2</sup> Saigal, S., & Doyle, L.W. "An Overview of mortality and sequelae of preterm birth from infancy to adulthood." *Lancet*. 371: 261–69 (2008). Hack, M., Flannery, D.J., Schluchter, M., Cartar, L., et al. "Outcomes in Young Adulthood for Very-Low Birth-Weight Infants." *The New England Journal of Medicine*. 346: 149-157 (2002). Bhutta, A. K.S. "Cognitive and Behavioral Outcomes of School-Aged Children Who Were Born Preterm." *JAMA*; 288(6):728-737.
- <sup>3</sup> Texas Health and Human Services. Maternal Mortality and Morbidity Task Force and DSHS Joint Biennial Report, 2018. (Sept. 2018). Available at <https://www.dshs.texas.gov/mch/MMMTFJointReport2018x.pdf>.
- <sup>4</sup> Texas Department of State Health Services. 2018 Healthy Texas Mothers and Babies Data Book. (Dec. 2018). Available at <https://www.dshs.texas.gov/healthytexasbabies/Documents/HTMB-Data-Book-2018.pdf>.
- <sup>5</sup> Ibid.
- <sup>6</sup> Nehme E, Mandell D, O'Neil M, Karimifar M, Elerian N, Patel D, Lakey D. (2018) Maternal Health Risk Factors in Communities Across Texas. Austin, TX: University of Texas Health Science Center at Tyler/University of Texas System.
- <sup>7</sup> See Texas Healthcare Learning Collaborative, public portal (quality measure includes postpartum care visits for STAR Medicaid clients between 21 and 56 days postpartum).
- <sup>8</sup> Syed, S. T., Gerber, B. S. & Sharp, L. K. (2013). Traveling towards disease: Transportation barriers to health care access. *Journal of Community Health*, 38(5): 976-993. Available at: <https://link.springer.com/article/10.1007/s10900-013-9681-1>.
- <sup>9</sup> See AARP, <https://www.aarp.org/health/healthy-living/info-2018/uber-hospital-trips-fd.html>.
- <sup>10</sup> Health Management Technologies. <https://www.scisolutions.com/uploads/news/Missed-Appts-Cost-HMT-Article-042617.pdf>.