



# Testimony to the House Public Health Committee: Supporting Healthy Mothers and Babies in Texas

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We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

### Our Focus Areas:

- Maternal and Child Health
- Mental Wellbeing
- Child Safety and Protection
- Early Childhood
- Youth Justice

# Testimony Outline

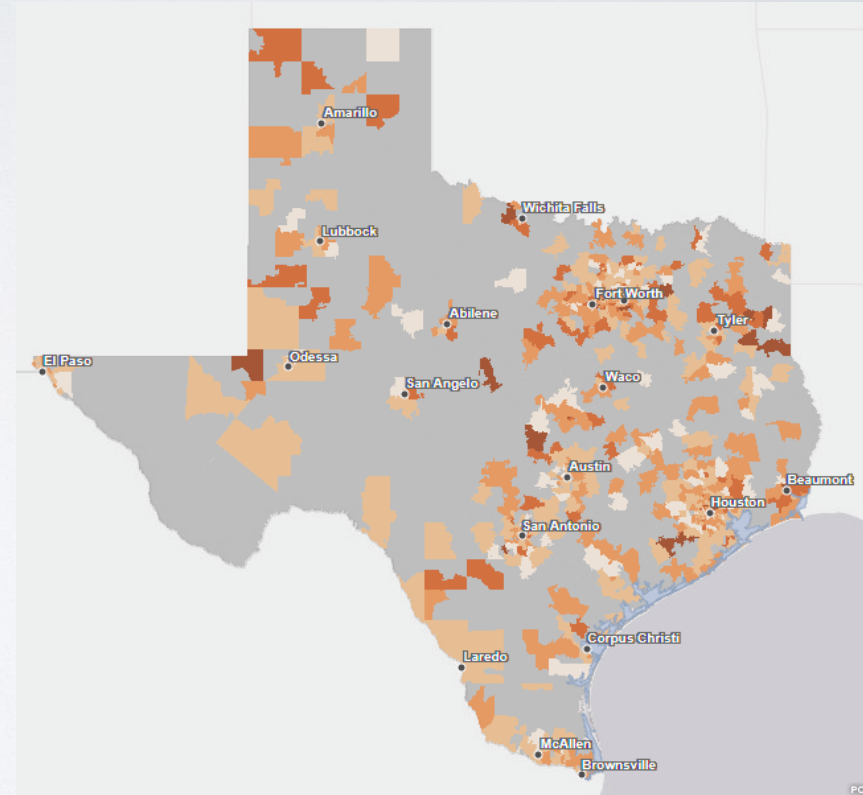
- **Background:** Importance of maternal health for women's health and the health and development of Texas children
- **Six steps that state leaders can take to ensure more mothers and babies are healthy**
  1. Support smoother transitions between health programs
  2. Increase access to health care before and after pregnancies
  3. Improve Medicaid non-emergency transportation benefit so women can attend critical prenatal and postpartum medical appointments
  4. Promote innovative practices through Medicaid health plans & integrated care models
  5. Promote health equity through steps that ensure all Texas moms & babies are healthy
  6. Support healthy pregnancies through effective tobacco prevention & cessation programs

# State policies that support maternal health will save lives and promote children's health and development

- The next generation of honor roll students, community leaders, and entrepreneurs starts with healthy pregnancies, healthy births, and healthy mothers.
- Texas has made some progress reducing infant deaths and preterm births. But still 1 in 10 Texas babies is born too early (premature) and 1 in 12 babies is born too small (low birth weight).
  - These rates have been higher than the national average for the last decade.

# Infant mortality rates vary dramatically from one zip code to the next

- One area of **Fort Worth** had an infant mortality rate (death of a baby before age 1) **six times higher** than neighboring areas of Fort Worth.
- In **Longview and Wichita Falls**, some zip codes had infant mortality rates **two or more times higher** than the overall state rate.
- In certain parts of **San Antonio**, the Hispanic infant mortality rates were **over double** the state rate.
- Among Black mothers in **Houston**, there was an eight-fold difference in infant mortality rates across the city.



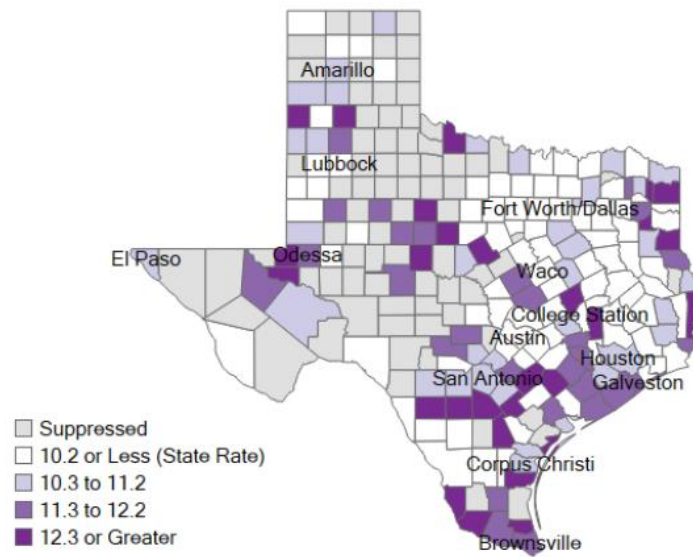


# State policies that support maternal health will save lives and promote children's health and development

- Babies born too early or too small may face long term health issues like hearing loss, asthma, or disabilities that can affect their ability to be healthy and successful in school and beyond.
- Both preterm birth and low birth weight births can be prevented and influenced by the health of a woman before and during pregnancy.

**Figure 16**

Percent of Births That Were Preterm (Less Than 37 Weeks) Using Obstetric Estimate of Gestation, 2015



Source: 2015 Birth File  
Prepared by: Maternal & Child Health Epidemiology Unit  
Oct 2017

# Maternal mortality and morbidity data are warning signs that we need stronger maternal health policies to support Texas moms and kids

- In recent years, hundreds of Texas women have died during pregnancy, childbirth, or the year after delivery.
  - The Task Force found that most of the maternal deaths it reviewed were preventable.
  - Black mothers bear the greatest risk for maternal death or serious pregnancy-related complications compared to other Texas moms.
- Maternal mortality is just the tip of the iceberg.
  - Severe pregnancy complications (like hemorrhage, critically high blood pressure, and eclampsia) are about 50 times more common than maternal death and can be very damaging to mother and infant.

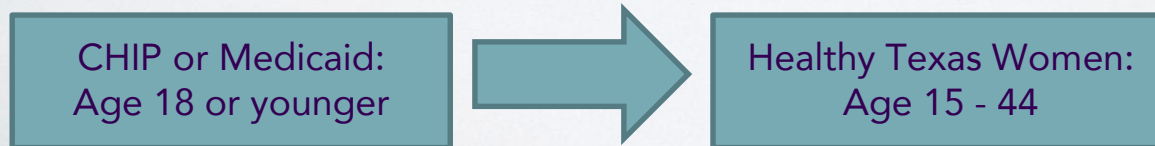
A close-up photograph of a newborn baby lying down, partially covered by a white cloth. An adult's hand is gently holding the baby's arm. The image is dimmed to serve as a background for the text.

# Six Steps State Leaders Can Take to Ensure More Mothers and Babies are Healthy



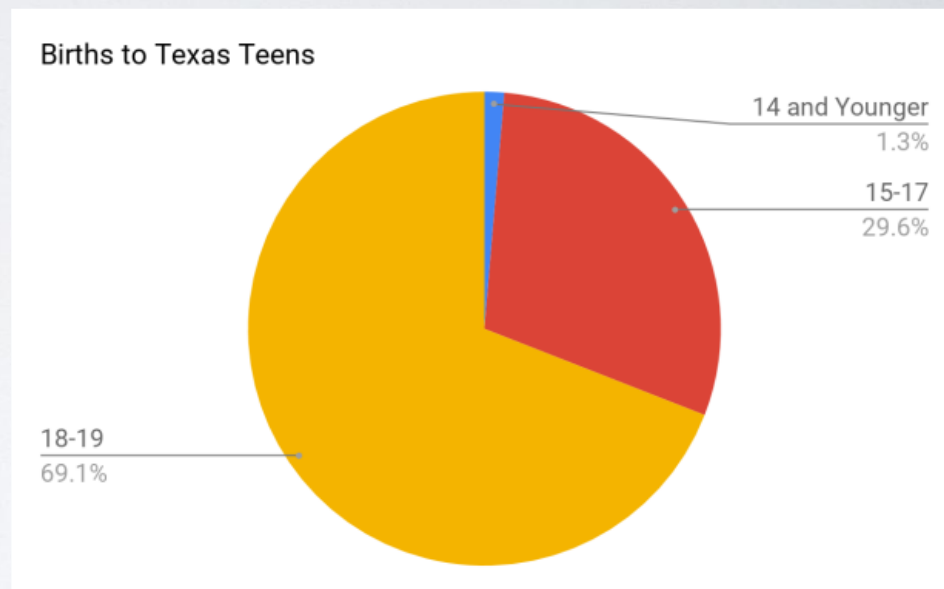
# (1) Support Smoother Transitions Between Health Programs

- Establish auto-enrollment for women aging out of Children's Medicaid and Children's Health Insurance Program (CHIP) into Healthy Texas Women program.
- Auto-enrollment would increase access to women's preventive care and reduce unplanned pregnancies.
- Recent HHSC report found that auto-enrollment would save \$58.7 million in state general revenue between 2020 and 2025.



# (1) Support Smoother Transitions Between Health Programs

- Texas has the fourth highest teen birth rate and highest repeat teen birth rate in the U.S.
- About 3% of Texas teens have a baby each year.
- **Teen birth rates are higher among older teens – age 18-19 years.**



## (2) Increase access to health care before and after pregnancies

- Seek a federal waiver to create a program providing 12 months continuous coverage for primary, behavioral, and specialty care before, during, and after pregnancy.
- Healthy pregnancies and births is about much more than prenatal care.
- A woman and her doctor may make progress managing a condition during pregnancy – like diabetes or hypertension. Progress may be lost when Medicaid coverage ends 60 days after delivery.
- Texas has the highest uninsured rate in the country.
- Under Texas Medicaid rules, women in low-wage jobs generally can only get health insurance during their pregnancy and for 60 days after delivery.

## (2) Increase access to health care before and after pregnancies

**Texas' Maternal Mortality & Morbidity Task Force first recommendation is:**

*"Increase access to health services during the year after pregnancy and throughout the interconception period to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing."*

- Texas has taken some steps – like promoting postpartum depression screenings during infant well-visits.
- Yet, a significant ongoing challenge is access to care to manage conditions before becoming progressively severe or more costly.



### (3) Improve the Medicaid transportation benefit so women can attend critical prenatal and postpartum medical appointments

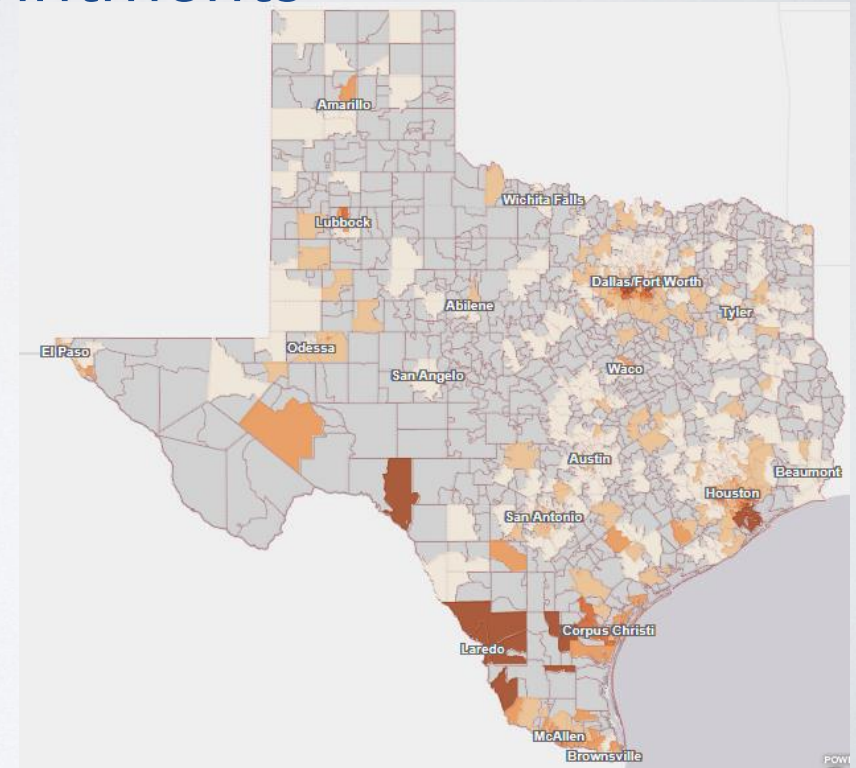
- **Allow mothers enrolled in Medicaid to travel with their dependent children to medical appointments through the Medicaid non-emergency transportation benefit.**
  - Transportation and child care are significant barriers to prenatal & postpartum care.
  - Non-emergency medical transportation (NEMT) services are for *Medicaid clients* that seek transportation services to a medical appointment.
  - In practice, this means only the *Medicaid client* may ride in the contractor-provided transportation (unless the Medicaid client is a minor; then may travel with guardian)

### (3) Improve the Medicaid transportation benefit so women can attend critical prenatal and postpartum medical appointments

- Prenatal and postpartum care are vital to the health of mothers and babies.
- DSHS and the Maternal Mortality & Morbidity Task Force found that late or no prenatal care was associated with increased risk of maternal death.
- **Almost 40%** of Texas women receive prenatal care late (after 1<sup>st</sup> trimester) or not at all. That's over 146,000 Texas pregnant women receiving late or no prenatal care in 2015 alone.
- In 2016, **1 in 3** Texas women in Medicaid did not have a postpartum visit between 21 and 56 days postpartum.

### (3) Improve the Medicaid transportation benefit so women can attend critical prenatal and postpartum medical appointments

- Prenatal care access varies by zip code.
- High number of women receiving no prenatal care in areas of Houston, Galveston, Lubbock, Laredo, Dallas/Fort Worth, Corpus Christi



## (4) Promote innovative practices through Medicaid health plans and integrated care models

- Promote health care models that integrate behavioral health services into primary & well woman care.
  - Integration of behavioral health and medical services is proven to improve outcomes, save money, and reduce stigma related to mental health.
  - The Collaborative Care Model uses a team-based interdisciplinary approach to deliver medical and mental health care, and follow-up care.
  - Medicare and many commercial insurers cover Collaborative Care Model services, but not Medicaid.
- Health plans could incentivize patient navigators and care coordinators on-site at the practice level to help mothers navigate – and receive – needed services.



## (4) Promote innovative practices through Medicaid health plans and integrated care models

- The Maternal Mortality & Morbidity Task Force recommends supporting integrated care models that combine physical and behavioral health services for women.

*“Findings from the Task Force’s case reviews and statewide data trend analysis demonstrate the **need to champion care models that recognize that mental and physical health equally impact patient health and wellness.**”*

## (5) Promote health equity through steps that ensure all Texas moms and babies are healthy

- **Medicaid reimbursement for doula services during pregnancy, labor, and after delivery**
  - Proven to improve health outcomes for moms and babies
  - Reduces risk of complications, risk of postpartum depression, among other benefits
  - Helps reduce delivery costs



## (5) Promote health equity through steps that ensure all Texas moms and babies are healthy

- Promote Alliance for Innovation on Maternal Health (AIM) maternal health safety bundle designed to address disparities: “Reduction of Peripartum Racial/Ethnic Disparities”
  - Over 180 Texas hospitals have chosen to participate in other AIM bundles
  - Adding consistency in protocols & practices helps reduce bias
- Support patient navigators and community health workers

*“I helped my client by going with her to OB/GYN appointments and to the hospital when she had her baby. You get a strong bond with these ladies. By forming that bond, you know more about what she needs, and where to refer her for resources later.”*

*- Community health worker in Central Texas*

## (6) Promote healthy pregnancies through effective smoking prevention and cessation programs

- **Restore funding to Department of State Health Services to continue tobacco prevention and cessation programs that reduce tobacco-related health care costs and help save lives.**
  - DSHS' Tobacco Prevention and Control Programs have a proven track record of reducing smoking rates in Texas.
  - They have "contributed to a 3.6% reduction in adult smoking in Texas between 2004 and 2010, which translates to \$2.1 billion in cost avoidance of healthcare expenditures and \$1.7 billion in cost avoidance for reduced productivity."\*
  - Last Legislative session, the state budget for the Tobacco Prevention and Control Programs was cut by 50 percent.
  - An adequately funded prevention program will save lives by reducing the number of people who start smoking and helping those who do smoke to quit.

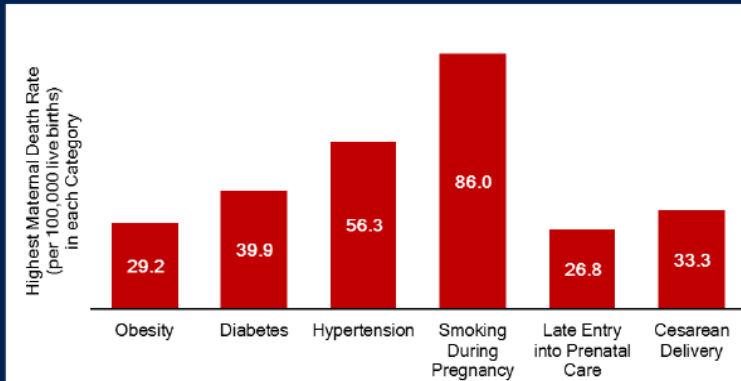


\*Texas Senate Committee on Health and Human Services Interim Report to the 85<sup>th</sup> Legislature, November 2016 available at <http://www.senate.state.tx.us/cmtes/85/c610/c610.InterimReport2016.pdf>.



## (6) Promote healthy pregnancies through effective smoking prevention and cessation programs

### Health Risk Factors for Maternal Death, 2012-2015



Source: 2012-2015 Death Files, 2011-2015 Live Birth and Fetal Death Files, Center for Health Statistics, DSHS

- Tobacco is still the leading cause of premature and preventable deaths.
- Smoking during pregnancy remains too high and is associated with increased risk of maternal death.
- Smoking during pregnancy causes serious health harms - miscarriage, birth defects, and increased risk of baby being born too small or too early.

# RECAP

1. Support smoother transitions between health programs.
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