



## Ensure More Texas Mothers and Babies are Healthy by Streamlining Medical Transportation Options for New Moms

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*Support HB 25 by Rep. Mary Gonzalez to create a pilot program to streamline non-emergency medical transportation services in Medicaid so more pregnant women and new mothers can get to prenatal and postpartum appointments. This bill has bipartisan support, no fiscal note, and was unanimously voted out of House Human Services.*

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

- Prenatal care and postpartum visits after a baby is born are key components of a healthy pregnancy.
  - Prenatal care starting in the first trimester and throughout the 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>i</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.
- Unfortunately, too few Texas moms are able to attend prenatal and postpartum care appointments
  - In its review of cases from 2012 to 2015, the Texas Maternal Mortality & Morbidity Task Force found that late or no prenatal care was associated with an increased risk for maternal death in Texas.
  - In Texas, only 66 percent of 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>ii</sup>
  - Prenatal care access varies dramatically by zip code. A high number of women accessed no prenatal care in areas of Houston, Galveston, Lubbock, Laredo, Dallas/Fort Worth, Corpus Christi.<sup>iii</sup>
  - In 2016, 1 in 3 Texas women in Medicaid did not have a postpartum visit between 21 and 56 days postpartum.<sup>iv</sup>
- For many women in rural and urban areas, transportation to medical appointments is a significant barrier, and may lead to missed appointments 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.<sup>v</sup>

- Under MTP, HHSC contracts with Medical Transportation Organizations (MTOs, also known as regional brokers) 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).<sup>vi</sup>
  - The dispatched vehicle in MTP also must be scheduled more than 48 hours before of a doctor's appointment, which can pose problems for pregnant women who need to see their doctor quickly. These restrictions are big barriers for pregnant women and new mothers with kids.
  - Transportation barriers lead to missed appointments and costs to the health care system. 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>vii</sup> Missed medical appointments cost the U.S. health care system \$150 billion per year.<sup>viii</sup>
  - Missed appointments are associated with increased medical care costs for the patient, disruption of patient care and provider-patient relationships, delayed care, and increased emergency department visits.<sup>ix</sup>
- **This bill would strengthen transportation options for mothers by creating a pilot program through existing Medical Transportation Organizations that ensures moms and their children can travel together and moms can request rides quickly and more efficiently.**
- The pilot would leverage innovations and partnerships that Medical Transportation Organizations have with taxi cabs and other curbside-to-curbside transportation, such as ridesharing services where available.
  - 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 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.

<sup>i</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>ii</sup> Department of State Health Services, Center for Health Statistics (data for 2015).

<sup>iii</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>iv</sup> Postpartum care visit data is available through HHSC Medicaid data only; data not available for Texas population overall. See Texas Healthcare Learning Collaborative, public portal (quality measure on postpartum care for STAR Medicaid).

<sup>v</sup> *More information on the Medical Transportation Program*: Under the direction of HHSC, MTP is responsible for ensuring consistent, appropriate, reasonably prompt, and cost-effective non-emergency medical transportation (NEMT) services to eligible Medicaid clients who do not have other means of transportation to covered healthcare services. MTP is available to Medicaid clients, including pregnant and postpartum women, children, and people with disabilities. Over the last two decades, Texas Medicaid has used several different MTP service models. In 2012, the state changed to a capitated regional broker model, in which Medical Transportation Organizations (MTOs) contract with HHSC to operate MTP in regions of Texas. The MTO vendors that contract with HHSC is responsible for arranging all types of non-emergency transportation for Medicaid clients. In return, the MTO is paid a capitated rate.

<sup>vi</sup> In other words, state and federal funding do not currently support transport of individuals who are not the Medicaid beneficiary going to his or her medical appointment. Exceptions are for beneficiaries riding with personal attendants, and when the client is a child who must be transported with a caregiver adult.

<sup>vii</sup> <https://www.aarp.org/health/healthy-living/info-2018/uber-hospital-trips-fd.html>.

<sup>viii</sup> <https://www.scisolutions.com/uploads/news/Missed-Appnts-Cost-HMT-Article-042617.pdf>.

<sup>ix</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. Retrieved from <https://link.springer.com/article/10.1007/s10900-013-9681-1>