

# Now is the Time for Broad and Bold Action on Postpartum Coverage

## Testimony to the Medicaid and CHIP Payment and Access Commission (MACPAC) In Support of Postpartum Coverage

Texans Care for Children urges the Medicaid and CHIP Payment and Access Commission (MACPAC) to take broad and bold action in its recommendations on Postpartum Coverage. We respectfully ask you to recommend that Congress provide for the highest possible federal matching (FMAP) rate and provide clear expectations for states to take action for moms and babies.

A mother's physical and mental health after pregnancy plays a big role in her own long-term health and her baby's health and development. Unfortunately, one in four Texas women of childbearing age are uninsured and do not have regular access to health care. Maternal deaths and pregnancy complications remain a big concern in Texas, resulting in tragedy and long term health issues as well as higher health care costs for the state and federal government. **What is at stake as MACPAC debates this important maternal health policy decision?**

- The health and lives of Texas mothers;
- The health, lives, and brain development of infants and toddlers;
- State and federal savings by preventing million-dollar stays in the NICU and other costs;
- The opportunity to address racial disparities and inequities.

With its recommendation, MACPAC can facilitate a critical step in addressing our maternal health crisis. In doing so, the Commission would help make an investment in keeping moms alive, promoting the health and prosperity of families, and promoting a more equitable and effective health care system.

## Maternal deaths and pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children and higher financial costs for the state and federal government.

- Childbirth, one of life's greatest joys, can turn into tragedy when the infant's mother dies. Almost 400 Texas mothers lost their lives during and after pregnancy between 2012 and 2015.<sup>i</sup>
- Texas' Maternal Mortality and Morbidity Review Committee recently released its biennial report in December 2020. The Committee's findings underscore the need for better access to health care for low-income mothers during the year following birth:
  - Among the reviewed 2013 cases of pregnancy-related death, the vast majority occurred after pregnancy and 31 percent occurred 43 days to 1 year after the end of pregnancy.<sup>ii</sup>
  - The vast majority (nearly 89 percent) of the maternal deaths were potentially preventable.<sup>iii</sup>
  - In Texas, mental disorders, including those associated with substance use disorder (SUD), were a leading underlying cause of pregnancy-related death and occurred most frequently between 43 days to 1 year postpartum.<sup>iv</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 urgent hospital stays and long-term health consequences for a mom or baby.
  - Pregnancy complications increase the risk of a baby being born too early or too small, which can lead to long NICU stays and long-term health problems for a child, such as asthma, developmental delays, or disabilities.
  - Postpartum depression — one of the most common complications of pregnancy, affecting 1 in 7 Texas mothers<sup>v</sup> — can harm a mother's health and a child's health, brain development, and school readiness.<sup>vi</sup>

## While all families are at risk, Texas has disturbing racial disparities in maternal health and birth outcomes.

- While Texas moms of all backgrounds died of pregnancy-related causes, there were disproportionately more deaths among Black women. Texas Maternal Mortality Committee's December 2020 report says: *"Among reviewed 2013 cases identified as pregnancy-related, 31 percent of deaths were among Non-Hispanic Black women, 41 percent among Non-Hispanic White women, 26 percent among Hispanic women, and 2 percent among women of other races and ethnicities. In contrast, 11 percent of live births in 2013 were among Non-Hispanic Black women, 34 percent among Non-Hispanic White women, 48 percent among Hispanic women, and 6 percent among women of other races and ethnicities."*<sup>vii</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 is one of the only states where Medicaid coverage is typically not available to women with jobs below the poverty line, except during their pregnancy and 60 days after childbirth.
- **Texas has the worst uninsured rate in the nation. Prior to the COVID-19 pandemic, 1 in 4 Texas women of reproductive age was uninsured.**<sup>viii</sup>
- Now, many more Texans have become uninsured. A Families USA report found that 659,000 Texans became uninsured from February to May 2020 as unemployment soared amid the COVID pandemic. In July, Families USA estimated that 3 in 10 nonelderly Texas adults (29 percent) were uninsured, the worst rate in the nation.<sup>ix</sup>

## **Experts agree that 12 months of postpartum coverage in Medicaid is a key step to improve maternal health. Momentum is building in Texas.**

- There is growing recognition in Texas that the state should extend Medicaid for a full year postpartum.
- **Texas' Maternal Mortality Review Committee's number one recommendation to improve maternal health is "that health care coverage be extended to 12 months postpartum to help identify and properly manage health conditions before they become life-threatening."**<sup>x</sup>
- 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.
- Also, 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>xi</sup>

## **A MACPAC recommendation to Congress – including a recommendation for enhanced federal funding and clear expectations for states to take action – would prompt action in Texas and across the nation that would combat maternal mortality and promote health for moms and babies.**

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<sup>i</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Sept. 2018). Available at <https://www.dshs.texas.gov/mch/MMMTFJointReport2018x.pdf>.

<sup>ii</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Dec. 2020) Available at <https://www.dshs.texas.gov/mch/pdf/DSHS-MMMRC-2020-UPDATED-11282020.pdf>.

<sup>iii</sup> Ibid.

<sup>iv</sup> Ibid.

<sup>v</sup> Texas Health and Human Services Commission. Rider 85 Report: Postpartum Depression Among Women Utilizing Texas Medicaid. (Feb. 2019) (citing Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System (PRAMS) combined CY 2014-2016 data).

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- <sup>vi</sup> See Earls, M. Clinical report—Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*. 126(5), 1032-1039 (2010). McLennan JD, Kotelchuck M. Parental prevention practices for young children in the context of maternal depression. *Pediatrics*. 105(5):1090 –1095 (2000). Kavanaugh M, et. al. Maternal depressive symptoms are adversely associated with prevention practices and parenting behaviors for preschool children. *Ambulatory Pediatrics*. 6(1):32–37 (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).
- <sup>vii</sup> <https://www.dshs.texas.gov/mch/pdf/DSHS-MMMRC-2020-UPDATED-11282020.pdf>
- <sup>viii</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. Appendix B. (May 2019). Available at: <https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/>.
- <sup>ix</sup> Families USA. The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History. July 2020. Available at <https://www.familiesusa.org/resources/the-covid-19-pandemic-and-resulting-economic-crash-have-caused-the-greatest-health-insurance-losses-in-american-history/>.
- <sup>x</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Dec. 2020) Available at <https://www.dshs.texas.gov/mch/pdf/DSHS-MMMRC-2020-UPDATED-11282020.pdf>.
- <sup>xi</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).