

Health Coverage for One Year After Pregnancy Promotes Good Health for Moms and Babies

For Texas mothers with newborns, many medical issues and complications arise in the year following pregnancy. **House Bill 133 by Rep. Rose** would allow mothers to keep Medicaid coverage for 12 months after pregnancy rather than just 2 months. This step is the top [recommendation](#) of the Texas Maternal Mortality & Morbidity Review Committee. Medicaid for Pregnant Women offers comprehensive coverage, including medically-needed primary, specialty, and mental health care. **In contrast to the limited options when women become uninsured, this bill allows new moms to get needed medications, access consistent health care, and continue seeing their doctor, specialist, or other professional without disruption.**



There are very limited options for new mothers when Medicaid coverage cuts off 60 days after pregnancy.

Texas women with low incomes can get Medicaid coverage while they are pregnant, but it cuts off 60 days after pregnancy, leaving new moms uninsured at a time that is pivotal for their health and their baby's healthy development. Very few women qualify for Medicaid after delivery -- a married mother of a newborn loses coverage if the household's annual income exceeds \$3,733. When a new mom becomes uninsured, she can obtain some health services from safety-net clinics, and the state's Healthy Texas Women-Plus program, but those options all have significant limitations. Too often, women must rely on hospital emergency rooms for care better treated by a doctor or clinic. These options are no substitute for health insurance.

- **Health Centers:** Federally-Qualified Health Centers (FQHCs) offer comprehensive primary care on a sliding fee scale, but they do not provide specialty care. FQHCs are located in 133 Texas counties, leaving many rural counties without a safety-net clinic to get primary or preventive care.
- **County Indigent Health Care:** All counties must offer indigent health care for patients earning up to 25% of the Federal Poverty Level (\$5,400 annual income for a family of three). While some urban counties offer more generous eligibility, services remain limited. Rural counties often spend their allocated funds by January or February each year and cannot match the significant need.
- **HTW Plus:** Texas recently launched Healthy Texas Women Plus offers preventive care as well as limited specialty care to treat the most common causes of maternal death -- cardiovascular conditions, postpartum depression, and substance use disorders. This is a step in the right direction, but it is by no means comprehensive.
- When women cannot obtain outpatient care, they turn to **costlier emergency departments** instead.

Example: Sandra and James welcomed a new baby this year. Sandra had Medicaid coverage during her pregnancy, but it cut off 60 days after her baby was born. She has diabetes, but after her pregnancy, she developed complications, so her primary care provider recommended seeing a diabetes specialist, an endocrinologist. However, diabetes specialty care is not covered in HTW Plus and not available at a local safety-net clinic. Sandra also has a common thyroid disease, but the medication to treat it also is not covered. She needs treatment and medication to stay healthy before her second pregnancy. Poorly managed diabetes contributes to poor birth outcomes, including potential birth defects (e.g. neural tube defects, congenital heart defect) that are expensive to repair and have lifelong impacts on the infant.



12-month postpartum coverage would offer comprehensive care for new moms, leverage Texas' existing Medicaid provider network, and allow the state to draw down federal matching funds.

- HTW Plus provides important specialty services, including select cardiovascular, mental health, and substance use disorder services. But it is not comprehensive coverage. Many important services are not covered, including the full range of physician specialty and surgical care; hospital inpatient and outpatient care, full prescription drug formulary; intensive mental health care, such as rehabilitative services or residential substance use treatment; and physical therapies (many new mothers need physical therapy for months to recover from childbirth).
 - Extending 12-month postpartum coverage will provide comprehensive coverage, meaning medically-needed primary, specialty, and behavioral health care for new moms.
 - Medicaid has a broad provider network that Texas should leverage rather than recreate. A new mom should be able to continue seeing her doctor, mental health professional, or specialist to manage postpartum-related issues. More than 80% of all Texas doctors are currently in Medicaid managed care plan networks. But HTW Plus has virtually no specialty-care or mental health network to deliver covered services.
 - 12-month postpartum coverage would allow Texas to receive federal matching funds for postpartum coverage (60% federal/40% state match) instead of using only General Revenue to operate HTW Plus. Texas has applied for federal funds for HTW Plus but it is unclear -- and even unlikely -- federal funds will be obtained.
 - Extensive client outreach and education on HTW Plus will be needed to promote enrollment in and awareness of HTW Plus. Texas is ending auto-enrollment from Medicaid to HTW in 2021. This means that at a hectic time for new moms -- when a mom has a one- or two-month-old baby -- moms will need to submit documentation within a short timeframe to enroll in HTW after Medicaid ends. This new process will undoubtedly result in gaps in care, undermining postpartum health.
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While the bill has a cost, several factors and potential savings have not been included in the Fiscal Note.

- The bill's cost is mainly because women enrolled in Medicaid during pregnancy would receive an additional 10 months of coverage to get the health care they need. Coverage would be covered through a mix of federal funds and state funds.
 - When mothers have coverage for a longer length of time, it prevents pregnancy complications & maternal deaths and families can focus on raising their babies.
 - The fiscal note does not include savings from uncompensated care costs borne by health care providers, urban and rural hospitals, and local taxpayers. When mothers lose coverage and end up in the emergency room or in surgery due to infection, blood loss, or cardiac event, health providers and local taxpayers pay for this care through increased uncompensated care costs. Greater uncompensated care costs put providers, particularly rural hospitals, at greater risk of closure, resulting in great harm to local communities.
 - The fiscal note does not include savings from preventing birth defects because mothers can properly manage diabetes after their pregnancy. See the example on page 2. Poorly managed diabetes *going into a pregnancy* contributes to poor birth outcomes, including birth defects (e.g. neural tube defects, congenital heart defects) that are expensive to repair, result in long NICU hospital stays, and can lead to lifelong disabilities for children. Extra health care costs for the infant are paid for by the state via Children's Medicaid. Postpartum coverage allows a new mom to continue to properly manage diabetes so she does not enter a second pregnancy with complications and risk of birth defects.
 - The fiscal note does not include savings from avoiding the economic costs of failing to treat postpartum depression. A recent [Mathematica report](#) found that failing to treat maternal mental health conditions costs Texas \$2.2 billion for one year of births due to productivity losses (\$610 million), child behavioral and developmental disorders (\$556 million), and extra health expenditures for mom (\$445 million).
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