

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

Testimony to the House Committee on Human Services in Support of House Bill 25

House Bill 25 by Representative Mary Gonzalez would create a pilot program to streamline non-emergency medical transportation 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. Prenatal care, for example, 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, like 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 doesn't 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 by creating a pilot program that allows Medicaid health plans to take on responsibilities of medical transportation for pregnant women and new mothers. Health plans would leverage existing partnerships with ridesharing services to arrange transportation that is quicker, more efficient, and works better for mothers traveling with kids.

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.

- 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.¹
- Late or inadequate prenatal care is a known risk factor for infant death and low birth-weight births.²
- 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.
- In its review of 2012 - 2015 cases, 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.³
- 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.⁴
- In 2016, Texas a lower proportion of women getting prenatal care in the first trimester than any other state in the U.S.⁵
- 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, and Corpus Christi.⁶
- In 2016, 1 in 3 Texas women in Medicaid did not have a postpartum visit between 21 and 56 days postpartum.⁷

¹ 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.

² 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.

³ 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>.

⁴ 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>.

⁵ Ibid.

⁶ 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.

⁷ See Texas Healthcare Learning Collaborative, public portal (quality measure includes postpartum care visits for STAR Medicaid clients between 21 and 56 days postpartum).

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, 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).
- 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. 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.⁸ Missed medical appointments cost the U.S. health system \$150 billion per year.⁹
- 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.¹⁰

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 for Medicaid health plans to take on responsibilities of the Medical Transportation Program for women in Medicaid. Health plans would leverage existing partnerships with ridesharing services to arrange transportation that is quicker, more efficient, and works better for moms traveling with kids.

⁸ See AARP, <https://www.aarp.org/health/healthy-living/info-2018/uber-hospital-trips-fd.html>.

⁹ Health Management Technologies. <https://www.scisolutions.com/uploads/news/Missed-Appts-Cost-HMT-Article-042617.pdf>.

¹⁰ 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>.

- Medicaid health plans frequently work with their enrollees to find a doctor, get prescriptions, and coordinate primary and specialty services. Health plans know the local area and are in a good position to work with enrollees on transportation to medical care.
- Many health plans already have partnerships with ridesharing services to get enrollees to health appointments – and the pilot would leverage these existing partnerships. Mothers and their children could travel together and rides could be set up more quickly as compared to the dispatched vehicle, which needs to be set up 48 hours before a doctor’s visit.
- The legislation would fix a glitch in the current system. Funds currently being used in the medical transportation program in a region would transfer to Medicaid health plans that participate in the pilot in that region.
- The pilot would start in at least one HHSC managed care service areas, as determined by HHSC and the Texas Maternal Mortality Task Force, and would be an optional program for Medicaid plans.
- HHSC 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.
