

Ensure More Texas Mothers and Babies are Healthy by Extending Health Coverage to One Year Post Delivery for Eligible Women

Testimony to the House Committee on Human Services in Support of House Bill 1110

Healthy pregnancies, healthy births, and healthy moms provide the foundation for healthy kids. Access to health care helps ensure more Texas mothers and babies are healthy. One in four Texas women of childbearing age are uninsured and do not have regular access to health care. Currently, Texas Medicaid covers pregnant women with low incomes during pregnancy and up to 60 days following the birth of the baby. However, many women experience complications and health challenges more than 60 days postpartum. In Texas from 2012 to 2015, the majority (56 percent) of maternal deaths occurred more than 60 days postpartum.

House Bill 1110 by Representative Davis would extend the length of time eligible women are covered by Medicaid from 60 days post-delivery to 12 months. This extension of coverage would help ensure moms have access to primary, specialty, and behavioral health care during a critical window of time following the birth of their baby.

Postpartum care is vital for the health of Texas mothers 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.

- Healthy pregnancies are not just about prenatal care. Postpartum care in the weeks and months after a baby's birth is critical to manage pregnancy complications, discuss breastfeeding, and treat health conditions like high blood pressure and diabetes that could harm a future pregnancy.
- Postpartum care is also vital to screen for behavioral health conditions like postpartum depression, which affects 1 in 6 new moms and can arise up to a year after birth of a baby. If untreated, postpartum depression can have devastating effects on a baby's health and development. For instance, a mom with untreated postpartum depression is less likely to

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implement injury prevention measures, such as putting the baby on his or her back to sleep; and a baby may face delayed language and brain development.

- 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.
- New moms may have postpartum visits with their OB/GYN in the weeks and months after childbirth. But in many cases, a mother needs to see a specialist, such as a cardiologist or mental health provider, to manage and treat health conditions or pregnancy complications. In many cases, she may need extra laboratory tests or even a hospital stay to prevent complications from getting worse. **That's why postpartum care should include primary, behavioral, and specialty care that new mothers need to recover from pregnancy, manage complications, and get healthy for a future pregnancy.**

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.

Almost 400 Texas mothers lost their lives during and after pregnancy between 2012 and 2015. The majority of maternal deaths occurred more than 60 days postpartum.

- Childbirth, one of life's greatest joys, can turn into tragedy when the infant's mother dies. Between 2012 and 2015, the Texas Maternal Mortality & Morbidity Task Force identified 382 maternal deaths where a mom died while pregnant or up to one year after the end of pregnancy.ⁱ
- The Task Force found that the majority of maternal deaths (56 percent) between 2012 and 2015 occurred between 60 days and one year postpartum (see Appendix).
- The leading causes of maternal death from 2012 to 2015 were drug overdose, other causes, cardiac event, homicide, infection/sepsis, and suicide (see Appendix).
- Low-income women of any race faced a higher risk of maternal death or pregnancy complications from 2012 to 2015, according to the Task Force's findings. This points to the need for better access to health care for low-income mothers during the year following birth.
- The Task Force did an in-depth review of maternal death cases in 2012. It found that the vast majority (nearly 80 percent) of the maternal deaths were *potentially preventable*, meaning there was at least some chance of preventability; and the majority of maternal deaths were to women enrolled in Medicaid at the time of delivery (61 of the 89 cases, or 68.5 percent). While insurance status at time of death is unknown, it's very likely that these women lost Medicaid 60 days after childbirth and lost access to comprehensive health care at this point.

Maternal deaths are only one part of the story, with many more moms facing severe pregnancy complications. Pregnancy complications like obstetric hemorrhage, sepsis/infection, and cardiac event often lead to hospital stays and follow-up doctor's visits.

- The Task Force analyzed statewide trends of severe maternal morbidity (SMM) – also called severe pregnancy complications. The Center for Disease Control defines SMM as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.
- In Texas, obstetric hemorrhage was the leading cause of severe maternal morbidity in 2014.
- Black Texas women were at a higher risk of severe maternal morbidity involving obstetric hemorrhage.

In Texas, Medicaid expires 60 days after a mother gives birth, leaving many Texas moms without access to medical and behavioral health care during a critical time.

More than one in four Texas women of childbearing age are uninsured.ⁱⁱ While new moms are auto-enrolled in Healthy Texas Women when Medicaid cuts off, Healthy Texas Women is not insurance and only covers basic preventive care.

- Medicaid is a much-needed insurance option for low-wage women who don't get insurance through their job and don't qualify for subsidies in the Health Insurance Marketplace. In fact, Medicaid for Pregnant Women covers about 54 percent of births in the state.
- But Medicaid is only available during pregnancy and cuts off 60 days after childbirth, meaning many Texas moms lose access to comprehensive health insurance at a critical time after birth.
- While mothers are auto-enrolled in Healthy Texas Women, this is not insurance. HTW is a limited scope program focusing on preventive care, including family planning, cervical cancer screenings, and well-woman exams. HTW covers *some* screening and treatment for postpartum depression, hypertension, and diabetes. But, this includes medications but only when provided in the primary care setting. If a woman needs to see a cardiologist for a heart conditions or receive counseling from a mental health provider, this is not covered.

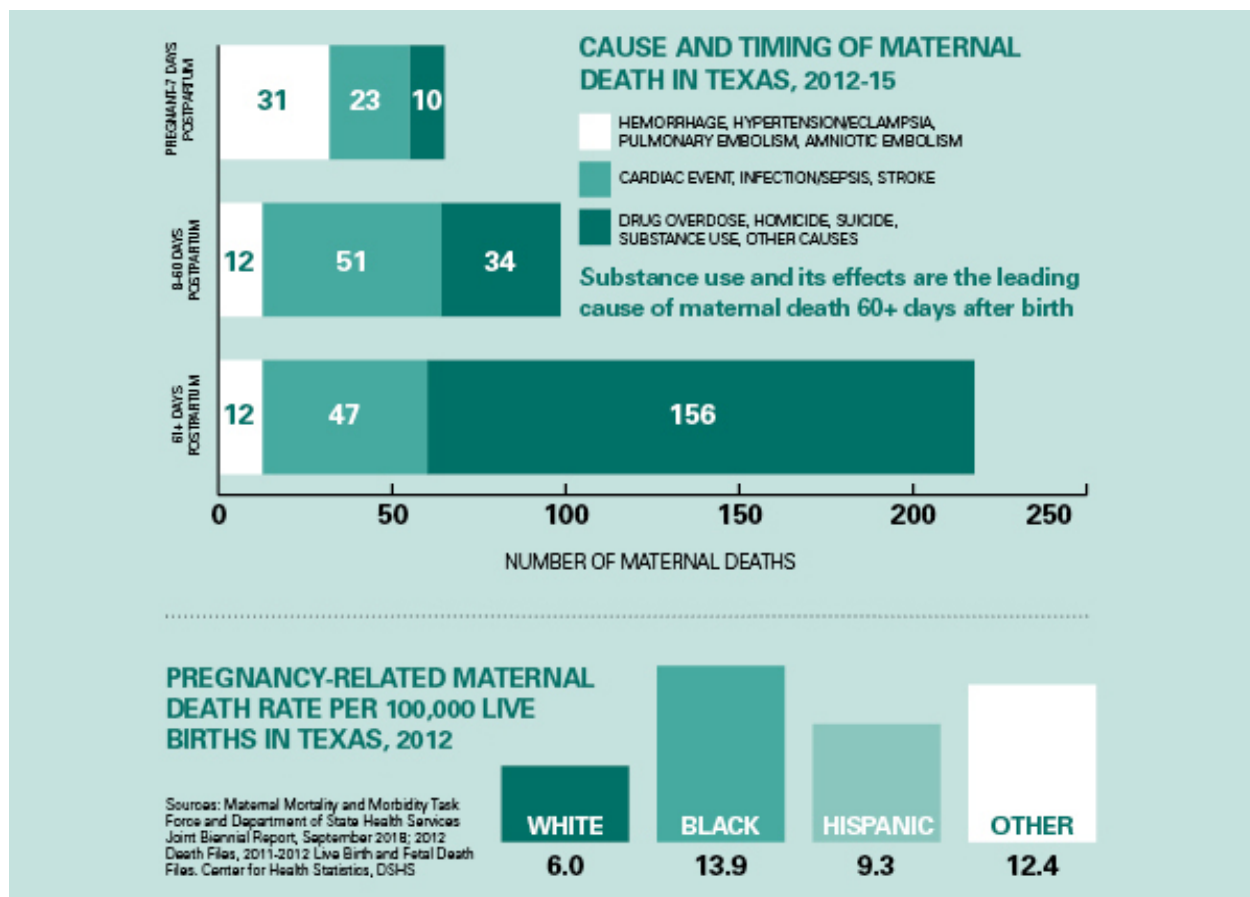
HB 1110 would improve the health of moms and babies by extending the length of coverage for already eligible women.

Extension of coverage for a year would help more Texas mothers access primary, specialty, and behavioral health care during a critical window of time following the birth of their baby.

- The number one recommendations of the Texas Maternal Mortality & Morbidity Task Force 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.”**

- Although there may be many factors contributing to poor maternal health outcomes, one of the best strategies to reverse these trends is to ensure women have access to health care *during and after pregnancy* – as recommended by the Task Force.
- Additionally, the Texas House Select Committee on Mental Health, 84th Legislature, examined the high prevalence of postpartum depression and other mental health issues affecting Texas families. The Select Committee recommended: “additional funding to address post-partum care” and “increas[ing] the length of treatment to one year after the date a woman gives birth to her child.” Extending Medicaid coverage for a full year means more moms suffering from postpartum depression could receive mental health counseling, medications, or other treatments.
- Extending coverage for already-eligible women is a key step to combatting maternal mortality and morbidity in Texas – and ensuring more Texas children and families thrive.

Appendix



Appendix C. Statewide Trends of Maternal Deaths

Table C1. Maternal Death by Cause and Timing of Death, Texas, 2012-2015

Cause of Death	TIMING OF DEATH					TOTAL
	While Pregnant	0-7 Days Postpartum	8-42 Days Postpartum	43-60 Days Postpartum	61+ Days Postpartum	
Drug Overdose	0	3	7	5	49	64
Other Causes	5	5	6	3	44	63
Cardiac Event	2	12	9	5	27	55
Homicide	2	1	5	2	32	42
Infection/Sepsis	1	3	14	3	11	32
Suicide	0	1	2	2	28	33
Cerebrovascular Event	0	8	9	1	9	27
Hemorrhage	3	12	2	0	3	20
Hypertension/Eclampsia	0	7	4	0	7	18
Pulmonary Embolism	2	3	4	2	2	13
Amniotic Embolism	1	9	0	0	0	10
Substance Use Sequelae (e.g., liver cirrhosis)	0	0	2	0	3	5
TOTAL	16	64	64	23	215	382

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

ⁱ Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." September 2018. Accessed at <https://docs.house.gov/meetings/IF/IF14/20180927/108724/HHRG-115-IF14-20180927-SD022.pdf>.

ⁱⁱ Center for Public Policy Priorities. State of Texas Children: The Road to a Brighter Future. (Nov. 2018)(Based on analysis of 2016 1-year American Community Survey (ACS) PUMS).