



## **Doctors for Change 2019 Policy Priorities**

### **Decrease Maternal Morbidity in Texas**

#### **ABOUT DOCTORS FOR CHANGE**

Doctors for Change is a member-based organization with over 1,500 participating health care providers, students, and medical residents throughout the Houston region. Our members, Board of Directors, and Leadership Team donate countless hours to make our organization run. The Board and Leadership team work closely with committees and our staff members to accomplish all of the work that we do. Doctors for Change works to increase access to care and improve the health of all Houstonians and all Texans through research, education, collaboration, and advocacy.

#### **WHY MATERNAL MORBIDITY**

**Between 2012- and 2015, 382 Texas mothers died within a year of giving birth. Causes of death included overdose, cardiac events, homicide, and suicide. Medicaid covered 52% of births in Texas in 2015, and most new mom's Medicaid coverage ends 60 days after she delivers her baby.**

Medicaid provides comprehensive care for eligible women from the time they find out they are pregnant until 60 days after delivery. When Medicaid pregnancy-related coverage ends, Texas automatically enrolls adult women into the Healthy Texas Women (HTW) program, which connects them with preventive health services, including contraceptive services, and basic primary care. HTW provides coverage to low-income women of reproductive age before pregnancy, too. But it provides little or no treatment for acute or chronic conditions, leaving women with complex medical needs, such as diabetes, substance use disorder, or postpartum depression, without coverage for specialty care.

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#### **A QUOTE FROM DFC MEMBER AND LOCAL MEDICAL STUDENT**

*“Right after we found out that we were expecting, we immediately grappled with how we were going to do this - I was in medical school and my wife was working to both provide for our family and put me through school. She would come home from work and often leave to babysit while I stayed home studying. Money was tight, but it was worth it - we knew that this was an investment and that one day I would be able to care for the people that had inspired me to go into medicine - the vulnerable, the sick, and the afflicted. And as we went over all of the decisions that we'd need to make over the next 9 months, we came back to the same problem. Although my wife was lucky enough to still be on her parents' insurance, she would be turning 26 soon and would therefore lose coverage. A friend told us that we would be eligible for*



*Medicaid while my wife was pregnant, and she signed up. It was a weird feeling - I had spent the last couple of years learning about the healthcare system, and never did I hear the word Medicaid and think that my family would one day be part of the group that it covered. After receiving confirmation that Medicaid would cover my wife during her pregnancy, she left for her first appointment. She imagined walking up to the counter, presenting her Medicaid card, and immediately feeling herself placed into a box as another person too poor to take care of herself or her baby during her pregnancy. What she experienced, however, was the exact opposite. Not once did we feel like we lacked quality care, and we literally slept soundly knowing that no matter the absolute momentous changes happening both in our home and to my wife, that she and our soon-to-be-born son would be taken care of and given every chance to be healthy. She was excited that Medicaid allowed her to choose her obstetrician and she didn't need to worry about if her doctor had admitting privileges at a hospital that would accept our insurance. And, on February 28 at 5:30 am when my wife woke up with the beginning stages of labor and we rushed to the hospital, not once did we have to stress about what bill we would have to leave unpaid and if we would have to forgo on food for hospital bills. At 8:35 pm on the last day of February, we got to hold our new, healthy son in our arms, grateful for the medical care that we were able to receive.*

*We remember how disappointed we were when the Medicaid coverage for my wife expired 2 months after the birth of our son. The care had been so comprehensive and of such excellent quality that we were sad to see it go, and we were back to the struggle of finding affordable health insurance that would cover any potential postpartum problems that could appear. We were lucky that although post-partum depression runs in my wife's family, she did not develop any symptoms after her Medicaid coverage ended. We were worried that, without Medicaid coverage, should my wife need mental health services that they would be difficult for us to afford. In medical school, our lecturers constantly reminded us that just because we were learning about a disease didn't mean that every cough meant we actually had that disease. Far from imagining myself sick, I remember reading about all of the potential problems for the mom that can appear after childbirth and immediately picturing what would happen if my wife was the recipient of those problems. My wife often talked about how she missed the peace of mind knowing that any potential, unforeseen problem would have been covered with Medicaid without having to navigate the difficult-to-understand insurance market.*

*We are forever grateful for the peace of mind that Medicaid afforded us during my wife's pregnancy and delivery, and we just wish that peaceful "Medicaid honeymoon" period would have lasted just a little longer."*

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## **TO DECREASE MATERNAL MORBIDITY AND MORTALITY IN TEXAS, WE RECOMMEND**

- Optimize access to care either through accepting federal matching funds to expand Medicaid or pursue a federal demonstration waiver to increase access to comprehensive services for low-income women before, during, and after pregnancy (fund Medicaid for a full 12 months after delivery).
- Automate the transition from Medicaid to HTW for adolescents aging out of Medicaid and CHIP, and for CHIP-P enrollees to the Texas Family Planning Program.
- Increase substance use disorder treatment capacity by allocating dollars to promote and establish community-based treatment options.
- Improve access to long-acting reversible contraceptives (LARCs). Provide funding to make LARCs available immediately following delivery to women enrolled in CHIP-P. Increase teen access to contraceptive care by allowing adolescents to enroll in both CHIP and HTW (with parental consent).
- Improve data collection and analysis on women's health to clarify understanding of the incidence of maternal mortality and to guide our efforts to reduce maternal mortality and severe maternal morbidity.

Pertinent legislation:

- SB 750 (Kolkhorst): Relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs. **Considered in hearing in Health and Human Services on 4/2.**
- HB 938 (Davis, Sarah): Relating to the capacity of certain minors to consent to maternal health care. Referred to Public Health 2/25.
- SB 149 (Rodriguez): Relating to the capacity of certain minors to consent to examination or medical treatment related to childbirth and contraception. Referred to Health and Human Services 2/1.
- HB 800 (Howard): Relating to covered benefits under the child health plan. **Considered in Calendars on 3/27.**
- Women's Medicaid coverage for 12 months after giving birth
  - HB 241 (Farrar): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Human Services 2/19.
  - HB 411 (Thierry): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Human Services 2/20.
  - HB 610 (Walle): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Human Services 2/21.
  - HB 744 (Rose): Relating to the Medicaid eligibility of certain women after a pregnancy. **Left pending in committee on 3/19 in Human Services.**
  - HB 1110 (Davis, Sarah): Relating to the Medicaid eligibility of certain women after a pregnancy. **Scheduled for public hearing in Human Services on 4/9.**
  - HB 1589 (Ortega): Relating to providing notification to certain pregnant women regarding their eligibility for coverage under Medicaid and the Healthy Texas Women program. **Considered in Calendars on 4/2.**
  - SB 147 (Rodríguez): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Health & Human Services 2/1.
  - SB 308 (Watson): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Health & Human Services 2/7.
- Establish seamless transition for young women from Children's Medicaid and the Children's Health Insurance Program (CHIP) to Healthy Texas Women
  - HB 606 (Thierry): Relating to the automatic enrollment of certain women in the Healthy Texas Women program. Referred to Public Health 2/21.
  - HB 1879 (Sarah Davis): Relating to the automatic enrollment of certain women in Medicaid and the Healthy Texas Women and CHIP perinatal programs. Referred to Public Health 3/5.
  - SB 189 (Miles): Relating to the automatic enrollment of certain women in the Healthy Texas Women program. Referred to Health & Human Services 2/1.