

PUBLIC COMMENTS

HB 133

HOUSE COMMITTEE ON HUMAN SERVICES

Hearing Date: March 23, 2021 8:00 AM

Eric Kunish, NAMI Central Texas Advocacy Chair

National Alliance on Mental Illness (NAMI)

Austin, TX

Thank you for letting us use this avenue to address these issues. Texas has the ninth highest rate of maternal mortality, or deaths that occur during pregnancy or within a year postpartum, in the nation. Many of these women who died from a mental health or substance use disorder-related issue within a year postpartum died after losing coverage.

Maternal mental health challenges—sometimes called postpartum depression or maternal depression—are among the most common complications of pregnancy, affecting 1 in 7 Texas women.

Ensuring that new mothers are able to obtain mental health care in the first year postpartum will improve health outcomes of mothers and children. Thank you again!

Marilyn Hartman

Member and Advocate, National Alliance on Mental Illness (NAMI) Central Texas

Austin, TX

I support this bill. Please pass it.

Sarah Kate Jones

self, parent educator and graduate counseling student

Dallas, TX

As postpartum mood disorders may not show until after 60 days of birth, this would be a crucial contribution to preventing child abuse and neglect, as well as ongoing serious mental health issues. Women I work with have had serious need for continuity of care but were not able to access it. Extending coverage would help clients access necessary care, address health issues related to childbirth and childrearing, and increase the quality of care these mothers can give to their children. Many of the women I work with stopped their postpartum appointments after their medicaid ran out. They were unable to access care and had to manage mastitis and other issues on their own. This led to a decrease in breastfeeding and more dependence on formula. We absolutely should care for these mothers as their health outcomes can directly lead to better health outcomes in their children.

Jennifer Bump Robinson, Dr.

Self

Houston, TX

Dear Representative,

My name is Jennifer Bump Robinson. I am an obstetrician/gynecologist, gratefully trained in Texas and serving the Texas community.

I encourage you to support HB 133 by Rep. Toni Rose when it comes up on Tuesday in the House Human Services Committee.

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The health of mothers and babies is very important to me. In addition to maternal mortality, pregnancy complications and other medical issues often come up months after pregnancy. For example, postpartum depression is one of the most common complications and often arises weeks and months after a baby's birth. Other issues like infection, eclampsia, or heart issues may lead to urgent hospital stays, extra medications, and follow-up medical procedures. It's in the state's interest -- and all of our interest -- to prevent issues before they come up or become life-threatening.

Under the state's current policy, which has been temporarily suspended during the pandemic, Texas terminates Medicaid health insurance for mothers two months after pregnancy. Many Texas moms then become uninsured because their jobs do not offer insurance benefits, Texas is one of the states that generally does not make low-wage adults eligible for Medicaid insurance, and subsidies on [healthcare.gov](https://www.healthcare.gov) are only available for people above the poverty line.

Losing health insurance two months after childbirth makes it much harder for moms to get the health care they need during a critical time for their health and their baby's health. In the end, children, their families, and our state pay the price.

HB 133 will address that problem by allowing mothers to remain enrolled in Medicaid coverage for up to 12 months after pregnancy, rather than 2 months.

This bill is good for babies. This bill is good for combating maternal deaths. This bill is a key step in supporting mental health.

This bill will ultimately save Texas money by treating conditions early when they are less expensive, rather than waiting until lives are devastated and treatments are much more costly.

Last session, the House passed similar legislation on a strong bipartisan vote, although the bill ran out of time in the Senate. We encourage you and the rest of the House to quickly pass this bill so the Senate has no excuse for failing to take up the bill this session.

I appreciate your consideration!

Sincerely,

Jennifer Bump Robinson, M.D., M.B.A.
Houston, TX
Obstetrician/Gynecologist

Sydney Carter, Mental Health Policy Fellow
Network of Behavioral Health Providers
Houston, TX

Good morning Madame Chairman and members,

My name is Sydney Carter, and I am the Mental Health Policy Fellow at the Network of Behavioral Health Providers (NBHP). NBHP is a collaborative of the leadership of over 40 public and private, for-profit and non-profit mental health and substance use disorder services providers in greater Houston. I am pleased to be providing testimony concerning HB 133, relating to the Medicaid eligibility of certain women after a pregnancy.

Currently, Texas allows low-income women to receive health care coverage under Medicaid during pregnancy and up to 60 days post-partum. This cut-off leaves many of these new mothers with a significant coverage gap at a critical time of their baby's development. National studies show a percentage of new mothers who could not access health care fell sharply after Medicaid expansion: there was a 41% decrease in mothers with an unmet need for prescription drugs due to cost, as well as a 44% decrease in mothers who were uninsured. Expanding Medicaid coverage so that low-income women can remain enrolled in continuous coverage before, during, and after pregnancy, is critically important for the health and future of the new family.

Uninsured and underinsured pregnant women and new mothers are among the most vulnerable populations across the nation. Many mothers face an extremely tumultuous period of life after birth, including changes in income, employment, relationship status, and beyond. These pressures and stressors can have a serious impact upon the health and wellbeing of new mothers:

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- Post-partum depression is extremely prevalent among women in Texas; an estimated 1 in 10 Texas mothers will experience postpartum depression.
- Evidence suggests that women with substance use disorders are more likely to experience relapse and overdose 7-12 months post-partum.
- A recent study found that failing to treat mental health conditions cost Texas \$2.2 billion for one year of childbirths.

A new mother having longer-term access to quality care to address behavioral health and other health care needs is critically important for the welfare of the new family. NBHP urges the Legislature to pass HB 133 to extend coverage for pregnant women and new mothers up to one year after delivery. Thank you for your time and consideration.

Shanna Combs, Dr.

Self-Ob/Gyn Physician

Fort Worth, TX

Hello,

My name is Shanna Combs, MD, and I am a practicing Ob/Gyn in Fort Worth, TX.

I encourage you to support HB 133 by Rep. Toni Rose when it comes up on Tuesday in the House Human Services Committee.

The health of mothers and babies is very important to me. In addition to maternal mortality, pregnancy complications and other medical issues often come up months after pregnancy. For example, postpartum depression is one of the most common complications and often arises weeks and months after a baby's birth. It happens in about 1 of every 7 women who give birth. Other issues like infection, eclampsia, or heart issues may lead to urgent hospital stays, extra medications, and follow-up medical procedures. It's in the state's interest -- and all of our interest -- to prevent issues before they come up or become life-threatening.

Under the state's current policy, which has been temporarily suspended during the pandemic, Texas terminates Medicaid health insurance for mothers two months after pregnancy. Many Texas moms then become uninsured because their jobs do not offer insurance benefits, Texas is one of the states that generally does not make low-wage adults eligible for Medicaid insurance, and subsidies on healthcare.gov are only available for people above the poverty line.

Losing health insurance two months after childbirth makes it much harder for moms to get the health care they need during a critical time for their health and their baby's health. In the end, children, their families, and our state pay the price.

HB 133 will address that problem by allowing mothers to remain enrolled in Medicaid coverage for up to 12 months after pregnancy, rather than 2 months.

This bill is good for combating maternal deaths. This bill is a key step in supporting mental health.

As a practicing ob/gyn, I have seen the impact this has on moms after delivery. Frequently medical problems are discovered during pregnancy and the postpartum period, and moms are left with no options for care due to a lack of coverage. Healthy moms lead to healthy babies and families. By extending Medicaid for 1 year postpartum, health issues can be addressed allowing moms to return to full functional status then return to the workforce.

Last session, the House passed similar legislation on a strong bipartisan vote, although the bill ran out of time in the Senate. We encourage you and the rest of the House to quickly pass this bill so the Senate has no excuse for failing to take up the bill this session.

I appreciate your consideration!

Sincerely,

Shanna Combs, MD

Fort Worth, TX

Ob/Gyn

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Ariel Stolbun
Children's Defense Fund - Texas
Houston, TX

As an authorized representative of Children's Defense Fund - TX, I want to register our organization's support of HB 133. Expanding Medicaid coverage for women for a period of 12 months postpartum will not only be a cost savings for the state, but it will also improve the health and wellbeing of Texas moms and babies. The Texas Maternal Mortality and Morbidity Review Committee called for this 12 month expansion of coverage for new mothers in its most recent report in December 2020. HB 133 can help to lower Texas' high maternal mortality rate while improving health outcomes for new moms by extending their access to affordable healthcare. In accordance with our mission to provide children a strong start in life, this bill will help to ensure more moms are alive and healthy to take care of their new babies. For all of those reasons, I again reiterate Children's Defense Fund - TX's support of HB 133.

Blair Wallace
ACLU of Texas
Houston, TX

Dear Chairman and Members of the House Human Services Committee:

We strongly support HB 133 by Representative Toni Rose. This legislation would apply the leading recommendation of the Texas' Maternal Mortality and Morbidity Review Committee and is the right thing to do for Texas families. This bill would help pregnant Texans by extending Medicaid eligibility by 12 months after pregnancy. This policy is an important step towards addressing the maternal mortality rate in the state of Texas and is only the tip of the iceberg.

According to the Maternal Mortality and Morbidity Review Committee and the Department of State Health Services' 2020 Biennial Report, nearly 40% of maternal death cases reviewed were identified as pregnancy-related. This is why many organizations have called for this expansion, including the Medicaid and CHIP Payment and Access Commission, and if enacted, the federal government would provide a 100% fiscal match.

Texas has one of the highest maternal mortality rates in the nation. Black Texans are 2 to 3 times more likely to die while pregnant or within a year after pregnancy than their white counterparts. We must expand Medicaid to treat the most common health conditions, cardiovascular issues and mental health issues so that Texans can live and take care of their children. Access to postpartum health care is a racial justice issue and this policy would save lives.

We believe Texas must reduce premature births, low birth weight babies, pregnancy complications, the rates of infant mortality, postpartum depression, and maternal deaths. This is a policy that would simply increase people's access to living the sort of future we envision for all Texans. A Texas where people have their needs met and are able to have the family they want to have. We strongly support this bill and hope that you will do what is right for Texas and for Texas families.

Thank you,

Blair Wallace
Policy & Advocacy Strategist, ACLU of Texas

Linda Yarbrough
Self
Arlington, TX

Medicaid 12-month coverage allows the ability to have preventative mental health screenings, covered health check-ups, and coverage of mental health care at an extremely vital time in a woman's life. Currently, coverage is ONLY 60 days postpartum. THAT IS NOT ENOUGH! Many women develop postpartum depression symptoms beyond 60 days. Postpartum depression leads

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to relationship strain between the mother and child, prolonged depression onset if not treated, and delayed infant development.

Janet Dudding

Self

Bryan, TX

I STRONGLY SUPPORT.

50% of Texan pregnancies are covered by Medicaid, yet the woman giving birth drops off coverage 3 months after delivery. This is literally killing our Texan women. Texas' maternal mortality rate is the highest in nation and alarmingly higher than in most developed countries.

While the child is covered by CHIP, here in Texas, we do not cover a non-pregnant, non-disabled parent unless they make less than ~\$250/a month.

Lack of healthcare access is killing Texans. Expand Medicaid coverage.

Tissie Elliott

St. Matthew's Episcopal Church, Austin

Austin, TX

I support this bill.

Lorena Chavira, Administrative Service Director

Aliviane

El Paso, TX

Mr. Chairman and Members of the House Human Services Committee. Thank you for the opportunity to testify in support of H.B. 133. My name is Ivonne Tapia, and I serve as Aliviane's Chief Executive Officer. Aliviane is a nonprofit behavioral health organization based in El Paso and serving West Texas counties for the past 50 years. Aliviane exists to help people recover from addiction through a holistic approach of behavioral health that includes prevention, intervention, treatment, and recovery support services. For over fifty years, Aliviane has been a prominent leader in substance use and other mental health cooccurring disorder services and a staunch client advocate.

I am also the Past Chair for the Association of Substance Abuse Programs in Texas. This statewide association represents over 60 organizations and provides a coordinated leadership to ensure Texans have full access to prevention, intervention, treatment, and recovery support substance use disorder services.

I am here to ask that you support H.B 133 on behalf of the thousands of women that Aliviane serves on a yearly basis. Today, I want to tell you about Cristina, she is a client at our Residential Treatment Center in El Paso. Last week, while in our care, she delivered a premature baby.

We arranged for Cristina to start receiving prenatal care, health, dental, and vision treatment. She has a history of seizures that worsen during her pregnancy. For the next two months, Cristina will be stable, taking lifesaving medication, and scheduling follow up doctor's appointments. However, Cristina's health improvement and her hope for a better future will come to a halt if you do not vote in favor of H.B. 133.

Medicaid for Pregnant Women covers an estimated 47.5% of births in Texas. Extending medical assistance to women eligible for medical assistance for pregnant women for a period of not less than 12 months following the date the woman delivers or experiences an involuntary miscarriage not only will improve the health of the woman; it will improve the

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health of the baby and save millions of dollars in health cost savings.
This is one example of the thousands of women that Aliviane sees on a yearly basis. I urge you to vote in favor of H.B. 133.
Respectfully,
Ivonne Tapia, CEO
Aliviane, Inc.

Jeana Foxman
Temple Emanu-El Dallas
Dallas, TX

HOUSE HUMAN SERVICES COMMITTEE

PUBLIC HEARING MARCH 23, 2021

COMMENTS ON HB 133 FROM TEMPLE EMANU-EL, DALLAS, TEXAS

To: The Honorable Members of the House Human Services Committee

Fm: Temple Emanu-El of Dallas, Texas

Re: Comments on HB 133

On behalf Temple Emanu-El in Dallas, a Reform Jewish congregation with over 2700 voting-eligible members, we thank you for the opportunity to comment on HB 133. We support the passage of HB 133 and urge you to vote in favor of this bill.

We will explain our support below, but first would like to note that our backing is grounded in our faith and religious values. We place the highest value on the preservation of human life for all people. Advocating for an expansion of health care access for people who are uninsured or do not have the ability to afford health care services is one of the most important pursuits originating from our rich religious traditions.

As a congregation that houses one of the preeminent preschools in our city, we recognize the importance of enabling young children to thrive in the context of loving and healthy mothers, fathers, siblings and grandparents. To create an environment where this can happen, we understand the health of mothers and babies must remain a top priority, no matter the race or socioeconomic status of a family.

Under the state's current policy, which has been temporarily suspended during the pandemic, Texas terminates Medicaid health insurance for mothers two months after pregnancy. Many Texas moms then become uninsured because their jobs do not offer insurance benefits, or they are too poor to qualify for subsidies under the Affordable Care Act.

In addition to maternal mortality, pregnancy complications and other medical issues often come up months after pregnancy, leaving them vulnerable to conditions that threaten their ability to protect their infant's health and safety as well as their own and that of their family.

For example, postpartum depression is one of the most common complications and often arises weeks and months after a baby's birth. Other issues like infection, eclampsia, or heart issues may lead to urgent hospital stays, extra medications, and follow-up medical procedures. No mother, or family, should have to think twice about seeking medical care when needed; choosing between a potentially life-saving doctors or hospital visit, and the anxiety that comes with the possibility of facing eviction, a family going hungry and more.

Our tradition teaches that we have a duty to protect the vulnerable. The year following the birth of a child leaves mothers vulnerable to an array of medical needs. Expansion of the Medicaid program as provided in HB 133 would provide much needed health care services to these mothers and will have a positive impact on their families as a whole.

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Respectfully submitted,
The Clergy, Board, and Advocacy Committee of Temple Emanu-El

Lindsey Vasquez, Dr.

self OBGYN

Richmond, TX

My Name is Dr. Lindsey R. Vasquez. I represent the Hispanic community and the OBGYN community. I am the Assoc. Medical Director for the OBGYN service line at Legacy Community Health, the largest FQHC in Texas. I am practicing OBGYN and spend my clinical days taking care of some of the most indigent and high risk women in Texas and in Harris County.

I encourage you to support HB 133 by Rep. Toni Rose when it comes up on Tuesday in the House Human Services Committee.

The health of mothers and babies is very important to me. In addition to maternal mortality, pregnancy complications and other medical issues often come up months after pregnancy. For example, postpartum depression is one of the most common complications and often arises weeks and months after a baby's birth. Other issues like infection, eclampsia, or heart issues may lead to urgent hospital stays, extra medications, and follow-up medical procedures, or even death. It's in the state's interest -- and all of our interest -- to prevent issues before they come up or become life-threatening.

Under the state's current policy, which has been temporarily suspended during the pandemic, Texas terminates Medicaid health insurance for mothers two months after pregnancy. Many Texas moms then become uninsured because their jobs do not offer insurance benefits, Texas is one of the states that generally does not make low-wage adults eligible for Medicaid insurance, and subsidies on healthcare.gov are only available for people above the poverty line.

Losing health insurance two months after childbirth makes it much harder for moms to get the health care they need during a critical time for their health and their baby's health. In the end, children, their families, and our state pay the price.

HB 133 will address that problem by allowing mothers to remain enrolled in Medicaid coverage for up to 12 months after pregnancy, rather than 2 months.

This bill is good for babies. The bill is good for combating maternal mortality. This bill is good for combating maternal deaths. This bill is a key step in supporting mental health.

I am actively involved with local and state wide efforts to combat the states alarming maternal mortality rate, higher than 3rd world nations, and improve Women's health access and the overall health equity to those patients that need us most.

Last session, the House passed similar legislation on a strong bipartisan vote, although the bill ran out of time in the Senate. We encourage you and the rest of the House to quickly pass this bill so the Senate has no excuse for failing to take up the bill this session.

I appreciate your consideration!

Sincerely,
Dr. Lindsey R. Vasquez, MD FACOG
Houston, TX

Malia Bauder

Self, graduate student

Houston, TX

Hello! My name is Malia and I am a graduate student in Houston.

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I encourage you to support HB 133 by Rep. Toni Rose when it comes up on Tuesday in the House Human Services Committee.

The health of mothers and babies is very important to me. In addition to maternal mortality, pregnancy complications and other medical issues often come up months after pregnancy. For example, postpartum depression is one of the most common complications and often arises weeks and months after a baby's birth. Other issues like infection, eclampsia, or heart issues may lead to urgent hospital stays, extra medications, and follow-up medical procedures. It's in the state's interest -- and all of our interest -- to prevent issues before they come up or become life-threatening.

Under the state's current policy, which has been temporarily suspended during the pandemic, Texas terminates Medicaid health insurance for mothers two months after pregnancy. Many Texas moms then become uninsured because their jobs do not offer insurance benefits, Texas is one of the states that generally does not make low-wage adults eligible for Medicaid insurance, and subsidies on healthcare.gov are only available for people above the poverty line.

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This bill is good for babies. This bill is good for combating maternal deaths. This bill is a key step in supporting mental health.

Last session, the House passed similar legislation on a strong bipartisan vote, although the bill ran out of time in the Senate. We encourage you and the rest of the House to quickly pass this bill so the Senate has no excuse for failing to take up the bill this session.

I appreciate your consideration!

Sincerely,

Malia Bauder, Houston

Beverly Kuhn

Self

COLLEGE STATION, TX

I support this bill. We need to ensure that women get the post-partum care they need to ensure they and their babies are healthy in all aspects.

Daniel Riconda, Mr.

Self

Houston, TX

Please support expansion of Medicaid for new mothers from 60 days to one year.

Thank you,

Dan Riconda

Stephanie Drake

Self, Advocate

Frisco, TX

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I support the extension of Medicaid to women for 12 months post partum so they can continue to have access to critical services.

Christine Yanas, VP of Policy & Advocacy
Methodist Healthcare Ministries of South Texas, Inc.
San Antonio, TX

Chair Frank and members of the committee:

Thank you for the opportunity to provide input today on House Bill 133. My name is Christine Yanas and I serve as the Vice President of Policy & Advocacy for Methodist Healthcare Ministries of South Texas, Inc. I am providing written testimony in support of House Bill 133.

A brief background on Methodist Healthcare Ministries. We are a private, faith-based, 501(c)3 not-for-profit organization dedicated to increasing access to health care for uninsured and low-income Texas families through direct clinical services, community partnerships and strategic grant-making in 74 counties spanning the Rio Grande Valley and South Texas. Created in 1995, we are a half owner of 10 Methodist Hospitals – nine in San Antonio and one in Atascosa County. Through our partnership with HCA Healthcare, Methodist Healthcare Ministries provides the local governance for the Methodist Healthcare System to ensure that the healthcare needs of the community are served.

House Bill 133 addresses the need to provide timely health coverage for a new mother immediately after she has given birth. These first 12 months postpartum are challenging on a young mother both physically and emotionally and should not be a time when health care services are unavailable to address her needs to care for herself and her newborn baby. The bill ensures that mothers can be covered through Medicaid for 12 continuous months. These first months following birth have proven to be periods when moms are vulnerable to unexpected complications that can quickly turn to critical and emergent needs, such as depression, life-threatening hemorrhaging and infections.

While we are supportive of the state's move to cover new mothers who have timed out of Medicaid into the Healthy Texas Women Plus program, the basic coverage lacks the benefits to address hospital inpatient or outpatient care, a robust prescription drug benefit, physical therapy, and surgical care. The program's network of specialty physicians and mental health providers is lacking and therefore unable to address the needs of postpartum mothers.

Congress has recently passed the American Rescue Plan Act that includes 12-month postpartum coverage for mothers, allowing states to implement the benefit with less red tape and a shorter approval process. Now is the time for state lawmakers to align with newly available federal coverage that can provide additional benefits for both mom and her baby.

We ask for your support of House Bill 133 which can provide health coverage for new mothers and ensure any future complications can be readily addressed before they become critical or worse, life-threatening for both mom and newborns.

Please be proactive in providing health coverage that can essentially deliver quality care, avoid the development of more serious complications and ultimately work to protect the life of both mother and child. This is what House Bill 133 aims to do.

Wendy Wilson
Consortium of Texas Certified Nurse-Midwives
Austin, TX

CTCNM supports HB 133

Anne Dunkelberg
Every Texan
Austin, TX

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Chair Frank and members of the Human Services,

Every Texan (formerly CPPP) appreciates the opportunity to express support for HB 133 by Rose. The Benedictine Sisters of Boerne, Texas, founded Every Texan (formerly CPPP) in 1985 to advance public policy solutions for expanding access to health care.

Every Texan strongly supports HB 133 by Rose as it directs the Health and Human Services Commission to provide women in Pregnant Women's Medicaid comprehensive Medicaid coverage for 12 months postpartum. Currently, Texas provides full-benefit Medicaid coverage to women during their pregnancy if their income is below 198% of the federal poverty guidelines and they meet citizenship/immigration requirements. Federal statute requires states to provide 2 months of Medicaid coverage to women after the end of their pregnancy. Texas is one of only a few states that does not provide a comprehensive Medicaid option to low-income women beyond the required two months. Without access to comprehensive health coverage, people are more likely to delay or fail to seek needed medical care because they are financially unable to afford health services.

HB 133 would implement the top recommendation of the most recent report from the Texas Maternal Mortality and Morbidity Review Committee by increasing access to comprehensive health coverage to women in the year following their pregnancy. The committee found that nine out of ten pregnancy-related deaths were preventable, and one-third of maternal deaths occurred 43 days to one year after pregnancy. Increasing access to comprehensive health coverage after pregnancy would improve a mother's ability to address chronic health conditions, a top contributing factor to maternal mortality.

Finally, the American Rescue Plan Act, signed into law on March 11, 2021, includes a bipartisan provision giving states the option of extending postpartum Medicaid coverage using a State Plan Amendment (SPA) instead of through a Section 1115 waiver. SPAs are a much faster way to secure federal Medicaid matching funds and less complex to implement. HB 133 could be strengthened by making it clear that HHSC should implement the program using the faster, more efficient SPA option.

I regret that I am unable to testify in person today. I hope you will support HB 133, which will be a win for Texan mom and babies.

Anne Dunkelberg, Associate Director
Dunkelberg@everytexan.org

Valerie Street
Texas Progressive Action Network
Austin, TX

On behalf of Texas Progressive Action Network, we strongly support HB 133, a bill that would extend Medicaid health insurance for new mothers from 60 days to one year after pregnancy; the key important recommendation of the Texas Maternal Mortality & Morbidity Review Committee. Similar legislation in the past has had bipartisan support in the legislature and we know that extending Medicaid postpartum coverage for a period of 12 months has the support of major national health organizations like the Society for Maternal-Fetal Medicine and the American Academy of Family Physicians. Thank you for considering this bill and we urge you to pass it out of committee.

Linda Townsend
The Children's Hospital of San Antonio
Irving, TX

To: Chairman Frank & Members of the House Human Services Committee
From: Cris Daskevich, CEO, The Children's Hospital of San Antonio and SVP Maternal Health Services, CHRISTUS Health
RE: Support for House Bill 133 by Representative Rose
Date: March 22, 2021

Chairman Frank and Members of the Committee, thank you for the opportunity to submit written testimony in support of House

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Bill (HB) 133 by Representative Rose. My name is Cris Daskevich and I am the CEO of the Children's Hospital of San Antonio and the Senior Vice President of Maternal Health Services for CHRISTUS Health. Thank you all for your service and for your commitment to strengthen maternal health in this state.

CHRISTUS Health is an international, not-for-profit, Catholic, health care system based in Irving, Texas. The health and well-being of mothers and children is at the heart of our mission to extend the healing ministry of Jesus Christ. In Texas CHRISTUS' thirteen urban and rural hospitals account for over 15,500 deliveries annually, with 62% of those deliveries covered by Medicaid. The extension of benefits one year postpartum would greatly impact the outcomes we see in both our maternal and pediatric patient populations. It is because of our first-hand experience with postpartum women that we strongly support HB 133 and extending Medicaid edibility for women for one year postpartum.

As you know, the Maternal Mortality and Morbidity Task Force recommended increasing access to health services for up to twelve months postpartum to improve continuity of care, enable effective care transitions, and reduce maternal morbidity. Additionally, the Healthy Texas Women program implemented policies to allow women to access services in the year after delivery, and added family planning, screening and treatment for hypertension and diabetes, as well as screening for postpartum depression. Extending the period for services will also allow for other behavioral health issues, such as screening and treatment for substance use disorders.

Approximately one-third of all pregnancy related deaths occur one week to one year postpartum according to the CDC. Extending Medicaid coverage for a full year postpartum would allow our patients to continue access to preventative care, increasing the likelihood that a life-threatening medical condition can be identified and managed prior to becoming severe. Research shows that extending coverage improves outcomes, leading to 1.6 fewer maternal deaths per 100,000 women.

Expanding access to coverage will help health care professionals identify and manage a woman's health conditions before the condition becomes life-threatening. We also believe that expanding coverage for a mother will help to ensure the health and safety of her child. For these reasons, we strongly support HB 133 and ask for a favorable vote from this committee.

Sincerely,

Cris Daskevich, FACHE
CHRISTUS Health

Nadine Scamp, CEO
Santa Maria Hostel, Inc.
Houston, TX

My name is Nadine Scamp, and I am the CEO for Santa Maria Hostel, Inc. in Houston, Texas. Santa Maria is one of only a few providers to offer a full continuum of services for pregnant and parenting women and their families, and one of the only places in the state where a mother may bring her children with her while she accesses substance use disorder treatment. During FY20 we served nearly 6,000 women, children and family members, including 848 women and their 221 children through substance use disorder treatment services and 301 women and their 594 children through the Caring for Two pregnant and postpartum intervention program.

Through our work, we have seen how the current timeframe of Medicaid ending for mothers 60 days postpartum disrupts their access to healthcare. Conditions that were stabilized during the perinatal period are at risk of threatening a mother's health again due to loss of prescription drug coverage, disruption in provider-patient relationships due to change in insurance status, and delay in seeking care until a manageable condition becomes an emergency because the mother is worried about how she will afford payment. Reviewing Texas data for maternal mortality, we know that nearly a third of pregnancy-related deaths are occurring 43 days to one year after delivery. Deaths during this timeframe could potentially be reduced if mothers had access to continuous, comprehensive health coverage.

In addition, we know that in order for our newest generation of Texans to reach their full potential, they must have stable, supportive caregivers who are able to meet their emotional and developmental needs. The Adverse Childhood Experiences (ACE) study has provided a large body of research showing that adverse events and trauma in childhood negatively impact future adult

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health behaviors and outcomes because of changes to the developing brain. Consistent, positive caregiver interactions promote positive infant brain development and protect the infant from the effects of stress and adverse experiences, but untreated maternal behavioral health conditions such as postpartum depression or substance use disorder can interfere with development of strong maternal-child attachment and consistent caregiver interactions. Ensuring mothers have access to needed healthcare, including services to address behavioral health, during the critical first twelve months of a child's brain development supports the long term health and well-being of both mom and baby.

The expansion of comprehensive health coverage for twelve months postpartum supports the entire family by providing stability and access to vital health services during a very vulnerable time. Thank you for your time and consideration.

Cheryl Williams, Director of Nurse-Family Partnership

Any Baby Can

Austin, TX

I am the Director for the Nurse-Family Partnership (NFP) program for Any Baby Can in Austin, TX. Any Baby Can works with families to overcome challenges and support the health and development of their children. Our NFP program matches first-time pregnant moms with a free, personal nurse to guide them through pregnancy and becoming a parent. With more than 28 years of experience, including a clinical background as a labor and delivery nurse, scrub nurse, public health nurse, and 18 years' experience with Nurse-Family Partnership, I've seen first-hand the importance of continuous medical coverage for new mothers.

I encourage you to support HB 133 by Rep. Toni Rose today in the House Human Services Committee.

In addition to maternal mortality, pregnancy complications and other medical issues often come up months after pregnancy. More than half of pregnancy related deaths occur after delivery: 40% occur 1-42 days postpartum and 11.7% from 43-365 days postpartum nationally. Postpartum depression is one of the most common complications and often arises weeks and months after a baby's birth and occurs in 40-60% of low-income new mothers. Key postpartum services during the "fourth trimester" include management of chronic conditions, breastfeeding support, screening for mental health disorders, and contraception planning. Other issues like infection, eclampsia, or heart issues may lead to urgent hospital stays, extra medications, and follow-up medical procedures. It's in the state's interest -- and all of our interest -- to prevent issues like these before they come up or become life-threatening.

Losing health insurance two months after childbirth makes it much harder for moms to get the health care they need during a critical time for their health and their baby's health. Children of mothers with depressive symptoms at two to four months have increased use of acute care, including emergency department visits, at one and a half times the rate of children whose mothers did not show depressive symptoms. In the end, children, their families, and our state pay the price.

Under the state's current policy, which has been temporarily suspended during the pandemic, Texas terminates Medicaid health insurance for mothers two months after pregnancy. Many Texas moms then become uninsured because their jobs do not offer insurance benefits, Texas is one of the states that generally does not make low-wage adults eligible for Medicaid insurance, and subsidies on healthcare.gov are only available for people above the poverty line. This bill can reduce coverage disparities for Black and Hispanic new mothers.

HB 133 will address these problems by allowing mothers to remain enrolled in Medicaid coverage for up to 12 months after pregnancy, rather than 2 months. This bill is good for babies. This bill is good for combating maternal deaths. This bill is a key step in supporting mental health.

Lorena Chavira, Administrative Program Director

Aliviane

El Paso, TX

Ms. Chairman and Members of the House Human Services Committee. Thank you for the opportunity to testify in support of H.B. 133. My name is Ivonne Tapia, and I serve as Aliviane's Chief Executive Officer. Aliviane is a nonprofit behavioral health organization based in El Paso and serving West Texas counties for the past 50 years. Aliviane exists to help people recover from

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addiction through a holistic approach of behavioral health that includes prevention, intervention, treatment, and recovery support services. For over fifty years, Aliviane has been a prominent leader in substance use and other mental health co-occurring disorder services and a staunch client advocate.

I am also the Past Chair for the Association of Substance Abuse Programs in Texas. This statewide association represents over 60 organizations and provides a coordinated leadership to ensure Texans have full access to prevention, intervention, treatment, and recovery support substance use disorder services.

I am here to ask that you support H.B 133 on behalf of the thousands of women that Aliviane serves on a yearly basis. Today, I want to tell you about Cristina, she is a client at our Residential Treatment Center in El Paso. Last week, while in our care, she delivered a premature baby.

We arranged for Cristina to start receiving prenatal care, health, dental, and vision treatment. She has a history of seizures that worsen during her pregnancy. For the next two months, Cristina will be stable, taking lifesaving medication, and scheduling follow up doctor's appointments. However, Cristina's health improvement and her hope for a better future will come to a halt if you do not vote in favor of H.B. 133.

Medicaid for Pregnant Women covers an estimated 47.5% of births in Texas. Extending medical assistance to women eligible for medical assistance for pregnant women for a period of not less than 12 months following the date the woman delivers or experiences an involuntary miscarriage not only will improve the health of the woman; it will improve the health of the baby and save millions of dollars in health cost savings.

This is one example of the thousands of women that Aliviane sees on a yearly basis. I urge you to vote in favor of H.B. 133.

Respectfully,

Ivonne Tapia, CEO
Aliviane, Inc.

Meaghan Read
Self, non profit director
Arlington, TX

I support maternal mental health coverage! HB 133 increases coverage from 60 days to 12 months. Mothers need extended care during this vulnerable healing period, especially preventative mental health care. Texas women need continuous with out fear of losing health insurance. Pass HB 133!

Nancy Kasten, Rabbi
Faith Commons
Dallas, TX

I am writing to encourage the passage of HB 133. It is costly to our state, as well as the health and wellbeing of Texas families, to deny benefits to postpartum women after just 2 months. Babies cannot thrive if their mothers do not have access to the health care they need when they are recovering from the physical and mental stresses of pregnancy. Extending benefits to 12 months is a step in the right direction if we want to prevent or reduce the likelihood of life-threatening and chronic conditions that are much more costly than preventative care.

Denishea Williams
Mocha Moms, Inc Dallas South Chapter
Cedar Hill, TX

As a mother who has experienced postpartum depression and mental anxieties, this bill is very important because mothers in underserved communities don't have access to the support they need after 60 days. Most women cannot afford the additional cost for medical support like mental health. As an advocate and educator, this bill will not only save lives but bring hope to mothers in

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need of a hopeful future.

Evelyn Delgado, Chair
Texas Women's Healthcare Coalition
San Antonio, TX

Thank you for the opportunity to provide testimony in support of Representative Toni Rose's House Bill 133. The provisions in this bill will improve continuity of care for postpartum women, help reduce instances of maternal death, and improve health outcomes for Texas mothers and babies. Today, Pregnant Women's Medicaid only provides postpartum coverage for up to 60 days. Sixty days of coverage may not be enough time for a woman to realize all of her needs, access care, and make a full recovery. Postpartum care should be an ongoing process tailored to the specific needs of every woman rather than time limited access to care. This legislation would implement the top recommendation of Texas' Maternal Mortality & Morbidity Review Committee (MMMRC) and promote health for moms and babies during the critical first year of a baby's life. The MMMRC explains, access to comprehensive healthcare before, during, and after pregnancy could help identify and properly manage health conditions before they become life-threatening. The MMMRC found over a third of the maternal deaths occurred between 43 days and a year postpartum, and the majority of pregnancy-related deaths were preventable. In Texas, three out of ten women are low income and one in five are uninsured. For many women, without Medicaid coverage, there is no other option for accessing comprehensive healthcare. A report from Mathematica found failure to treat maternal mental health conditions, such as postpartum depression, creates an estimated \$2.2 billion in societal costs from conception through five years postpartum. The report explains: "Lengthening coverage to those uninsured or underinsured in the postpartum period in a child's first five years of life could benefit the Texas HHSC, employers, private health insurers, and the health care system more generally by saving at least \$1 billion over a six-year period." In 2019, almost one out of ten Texas births were to a woman who received late or no prenatal care. Alarming racial and ethnic disparities persist, with Black infants twice as likely to die within their first year compared to white and Hispanic babies. Texas launched Healthy Texas Women Plus in fall 2020. While HTW Plus is an important advancement in women's health, it is not comprehensive healthcare. HTW Plus does not cover many important services, including a broad prescription drug benefit, surgical care, hospital inpatient or outpatient care, and physical therapies, and the program has virtually no network of specialty or mental health providers to deliver covered services. Extending Medicaid for 12 months after pregnancy would leverage the existing statewide provider network and offer comprehensive coverage so new moms can get care they need to prevent complications and stay healthy. I am happy to provide any additional information on this or other topics relating to women's health.

Kimberly Kofron
Texas Association for the Education of Young Children
Austin, TX

We are in support of HB 133 as it supports mothers and their young children.

Erika Galindo
Lilith Fund for Reproductive Equity
Austin, TX

My name is Erika Galindo, I am the organizing program manager at Lilith Fund and I'm submitting a comment in support of HB133. We are an abortion fund, providing direct financial assistance to people seeking abortion in Central and South Texas, and our work is guided by reproductive justice. Through that framework and the work we do, we understand the struggle that pregnant people, particularly pregnant people of color, face as they navigate institutional racism in the healthcare system. HB133 would ensure that the most marginalized of folks could access healthcare for longer, leading to better health outcomes for themselves and their children. Investing in preventative care would only ensure that all of us are safer as we shape our families.

RANLEIGH HIRSH
self

Austin, TX
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I support this bill