



House Select Committee on Health Care Reform
House Bill 12
Thursday, March 16, 2023
Written Testimony of Doug Curran, MD, on Behalf of
Texas Medical Association;
Texas Academy of Family Physicians;
American College of Physicians Services – Texas Chapter;
American College of Obstetricians and Gynecologists – District XI (Texas);
Texas Association of Obstetricians and Gynecologists;
Texas Pediatric Society; and
Texas Public Health Coalition

Thank you, Chair Harless and Vice Chair Howard, for the opportunity to testify. Our organizations enthusiastically support House Bill 12, which will extend Medicaid postpartum coverage from two months to 12 months. We also applaud Rep. Toni Rose and the many bill sponsors and authors for their continued leadership on this issue.

For more than 43 years, I have practiced in Athens, Texas, treating women throughout their lives – including before, during and after pregnancy. As a result, I have experienced the absolute joy of women and families welcoming a new baby into this world as well as the devastation when a family loses the mother due to pregnancy-related complications.

According to Texas' own panel of maternal health experts, an estimated nine in 10 maternal deaths are potentially preventable. Of particular concern is the disparity in death rates, with Black mothers accounting for 31% of maternal deaths, yet only 11% of births.¹

Moreover, for every maternal death, as many as 100 women suffer a severe illness or complication – such as postpartum depression – which can interfere not only with a new mother's ability to care for her baby, but also may influence her child's development. **Pregnancy-related complications all too often do not manifest themselves until months following delivery, making a full year of postpartum coverage essential.**

Texas lawmakers and state agencies have enacted important measures in recent years to improve maternal health, including establishing the Healthy Texas Women program, which provides basic preventive and primary health care to eligible women. **Healthy pregnancies do not begin at conception, but in the months and years before. Once a woman gets pregnant, it is much harder – and costlier – to manage a chronic condition, making health before pregnancy just as vital as care afterwards.**

Texas also has implemented TexasAIM, a package of evidence-based patient safety initiatives to improve inpatient maternal health, as well as establishing the Maternal Mortality and Morbidity Review Committee in 2013, which reviews each maternal death to help Texas better identify the causes contributing to maternal death and opportunities to prevent them.

Extending Medicaid postpartum coverage to a full year has been the review committee's No. 1 recommendation in each of its reports for at least the past five years. The lack of health insurance is a key barrier to obtaining medically necessary health care in the year after delivery. Following childbirth, women

need ongoing treatment to identify and treat any existing underlying chronic health conditions or new ones that might arise, such as postpartum depression and serious cardiac disease.

Twenty-five percent of Texas' working-aged women lack health insurance. For women who are eligible, Medicaid provides coverage during pregnancy followed by two months' postpartum coverage. However, when Medicaid coverage ends, uninsured women struggle to obtain ongoing care, contributing to maternal deaths. **Indeed, 32% of maternal deaths occur two months to one year following delivery, coinciding with the end of Medicaid coverage.**²

Some policymakers might question whether extending postpartum coverage will improve access to care. While coverage and access are related, they are not the same. On its own, an insurance card cannot address the multitude of barriers new mothers too often face getting the care they need, including:

- The growing number of communities where there are too few – or no – obstetrical care physicians or hospitals to provide maternal health care, requiring women to travel long distances for services; and
- Low Medicaid physician payments, which deter more physicians from participating in the program.

Additionally, healthy pregnancies do not begin at conception, but in the months and years before. Once a woman gets pregnant, it is much harder – and costlier – to manage a chronic condition, making health care coverage before pregnancy just as vital as care afterwards.

To this end, enhanced funding for women's health services within House Bill 1 will play a vital role in improving women's health.

Yet, without coverage, it is far more difficult for women to obtain needed care. Improving maternal health will require enactment of a multi-pronged strategy to improve coverage and access, with extending Medicaid postpartum coverage being an essential piece.

Women living in states with comprehensive health care coverage have better health outcomes, including fewer maternal complications and deaths.³⁻⁴⁻⁵ **To date, 34 states have implemented 12 months Medicaid postpartum coverage or have enacted legislation to do so, including Florida and South Carolina.**

We urge you to help add Texas to that list by voting yes on House Bill 12.

Thank you for your leadership.

¹ <https://www.dshs.texas.gov/sites/default/files/legislative/2020-Reports/DSHS-MMMRC-2020.pdf>

² Ibid. Data are for the year 2013, the most recent cohort reviewed by the review committee.

³ [High Rates of Perinatal Insurance Churn Persist After The ACA](#), Jamie Daw, Katy Backes Kozhimannil, and Lindsay K. Admon, *Health Affairs*, Sept. 2019

⁴ [Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization](#), Sarah H. Gordon, Benjamin D. Sommers, Ira B. Wilson, and, Amal N. Trivedi, *Health Affairs*, Jan. 2020

⁵ [Adoption of Medicaid Expansion is Associated with Lower Maternal Mortality](#), Erica L. Eliason, MPH, *Women's Health Issues*, Feb. 25, 2020