



**Senate Health and Human Services Committee**  
**Testimony of the Texas Women's Healthcare Coalition Supporting House Bill 133**  
**May 19, 2021**

The Texas Women's Healthcare Coalition (TWHC) and its 87 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care – including contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

Thank you for the opportunity to provide testimony in support of House Bill 133, sponsored by Senator Kolkhorst who has been a strong leader on maternal health issues. 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.

**Continuity of care can reduce maternal mortality in Texas**

Today, Pregnant Women's Medicaid only provides postpartum coverage for up to 60 days. Providing only 60 days postpartum comprehensive healthcare coverage may not be enough time for a woman to realize all of her needs, access care, and ultimately make a full recovery. For optimal health outcomes, postpartum care should be an ongoing process tailored to the specific needs of every woman rather than time limited access to care.<sup>1</sup>

Maternal death and pregnancy related complications remain a serious concern. In recent years, researchers discovered alarmingly high rates of maternal mortality in the state. 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. As the MMMRC explains, access to comprehensive healthcare services before, during, and after pregnancy could help identify and properly manage health conditions before they become life-threatening.<sup>2</sup>

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<sup>1</sup> The American College of Obstetricians and Gynecologists. Presidential Task Force on Redefining the Postpartum Visit, Committee on Obstetric Practice. (May 2018). Optimizing Postpartum Care. ACOG Committee Opinion.

<sup>2</sup> Texas Health and Human Services. Texas Department of State Health Services. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. September 2020.  
<https://www.dshs.texas.gov/mch/pdf/DSHS-MMMRC-2020-UPDATED-11282020.pdf>



In its most recent report, 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.<sup>3</sup> Various factors contributed to these deaths, with chronic disease being a top patient-related factor. The MMMRC identifies the lack of access to care or financial resources as contributing factors to inadequate control of chronic disease.<sup>4</sup> When a client's Medicaid coverage ends after 60 days postpartum, they might lose access to the specialty care needed to manage and treat these chronic conditions.

Although there are many factors that contribute to these poor health outcomes, we know that one of the best strategies to reverse these trends is to ensure women have access to comprehensive healthcare before, during, and after pregnancy, and HB 133 gets us one step closer.

### **Improving health outcomes makes fiscal sense**

Updated census data from 2019 shows that Texas remains the state with the highest number of uninsured residents with 5.2 million or 18.4 percent of Texans without insurance.<sup>5</sup> In Texas, three out of ten women have low incomes and one in five lack insurance coverage.<sup>6</sup> For many women, once they lose Medicaid coverage, there is no other option for accessing comprehensive healthcare. In the MMMRC reviewed cases, the lack of access to care or financial resources contributed to inadequate control of chronic disease as well as to delays in seeking or failure to seek care and to challenges with medication adherence.<sup>7</sup>

A recent report from Mathematica, which focused on maternal mental health issues, found for one year of childbirths in Texas, 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.<sup>8</sup> The report explains the far-reaching benefits greater coverage can have for communities by stating: “Lengthening coverage to those uninsured or

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<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Katherine Keisler-Starkey and Lisa N. Bunch U.S. Census Bureau Current Population Reports, P60-271, Health Insurance Coverage in the United States: 2019, U.S. Government Publishing Office, Washington, DC, 2020.

<sup>6</sup> Hamel, L., Wu, B., Brodie, M. Sim, S., & Marks, E. (2018). Views and Experiences Related to Women's Health in Texas, Selected findings from the Kaiser Family Foundation/Episcopal Health Foundation 2018 Texas Health Policy Survey.

<sup>7</sup> Texas Health and Human Services. Texas Department of State Health Services. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. September 2020.

<sup>8</sup> Margiotta, C. et al. Untreated Maternal Mental Health Conditions in Texas: Costs to Society and to Medicaid. Mathematica. March 2021. <https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/60401649d964b7095ce349eb/1614812746062/mathem-ica-i-ssue-brief-tx-mmhc.pdf>



underinsured in the postpartum period in a child's first five years of life could benefit the Texas Health and Human Services Commission, employers, private health insurers, and the health care system more generally by saving at least \$1 billion over a six-year period."<sup>9</sup>

Medicaid pays for more than half of Texas births, costing \$3.5 billion in 2016 for birth and delivery-related services for mothers and infants in the first year of life.<sup>10</sup> Access to postpartum care can encourage provider consultation and allows women to plan for contraception options for optimal birth spacing. When women are able to plan and space their pregnancies, mothers experience healthier outcomes and babies have less risk of prematurity and low birth weight.<sup>11 12</sup> We know these preventive steps also contribute to decreasing unintended pregnancies – thereby saving Medicaid costs to the state. Healthy Texans and healthy pregnancies lower costs by preventing potentially expensive interventions associated with maternal and infant complications.

### **Supporting today's women and future generations of Texans**

In 2019, almost one out of ten Texas births were to women who received late or no prenatal care.<sup>13</sup> Additionally, more than one in ten Texas births were preterm, and close to one in ten infants were born at a low birthweight.<sup>14</sup> Moreover, alarming racial and ethnic disparities persist, with Black infants twice as likely to die within the first year of life compared to white and Hispanic babies, and Black mothers accounting for a disproportionately high percentage of preterm births and low-birth weight babies.<sup>15</sup> Not only does a woman's access to healthcare impact her own health, but it has a tremendous impact on the health of current and future pregnancies and births.

Texas did launch Healthy Texas Women Plus (HTW Plus) in the fall of 2020, as directed by SB 750 authored by Chair Kohlkorst during the 86th Texas Legislature. As implemented, HTW Plus provides a limited postpartum services package to women after their Medicaid coverage ends

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<sup>9</sup> Ibid.

<sup>10</sup> Delgado, E., French, L. Presentation to the House Committee on Public Health: Better Birth Outcomes. Texas Health and Human Services System . May 19, 2016

<sup>11</sup> Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birthspacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA 2006; 295(15): 1809-1823.

<sup>12</sup> Zhu BP. Effect of interpregnancy interval on birth outcomes: findings from three recent US studies. International Journal of Gynecology and Obstetrics 2005; 89(Supplement 1): S25-S33.

<sup>13</sup> Kotelchuck M. An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. Am J Public Health 1994; 84: 1414-1420. Retrieved March 19, 2021, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats).

<sup>14</sup> Texas Department of State Health Services. 2020 Healthy Texas Mothers & Babies Data Book. Texas Health and Human Services. Revised March 2, 2021.

<sup>15</sup> Ibid.



and is an important advancement in women's health in Texas. Extending Medicaid for 12 months after pregnancy would build on the intent behind HTW Plus, leverage the existing statewide Medicaid provider network, and offer *comprehensive* coverage so new moms can get the care they need to prevent complications and stay healthy. Twelve months of postpartum Medicaid coverage and HTW Plus working in tandem will get Texas closer to ensuring we have healthy families and a healthy Texas.

Extending the length of postpartum coverage for women on Medicaid will help them begin a subsequent pregnancy healthier, improve outcomes for both moms and babies, and reduce Medicaid costs during delivery and for infants. It has been encouraging to see the strong bipartisan support this legislation received in the House and we hope that will continue in the Senate. Not only does TWHC membership strongly support HB 133 and improving postpartum care for moms, but 66 organizations across the state have also signed on in a [statement of support](#).

TWHC represents various organizations providing direct healthcare, advocacy, or other community-based services across Texas. We are eager to work with you on these issues. We are happy to provide any additional information and welcome the opportunity to schedule follow up conversations on this or other topics relating to women's health - you can contact me at (210) 223-4589 or [EDelgado@TexasWHC.org](mailto:EDelgado@TexasWHC.org).

Respectfully,

Evelyn Delgado

Chair, Texas Women's Healthcare Coalition



# Texas Women's Healthcare Coalition

PROMOTING ACCESS TO PREVENTIVE  
HEALTHCARE FOR ALL TEXAS WOMEN

## Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association  
District XI (Texas) American College of Obstetricians and Gynecologists  
Texas Academy of Family Physicians  
Texas Association of Community Health Centers  
Methodist Healthcare Ministries  
Teaching Hospitals of Texas  
Every Body Texas  
Texans Care for Children  
Every Texan  
*Chair - Healthy Futures of Texas*

## Texas Women's Healthcare Coalition General Members

- Access Esperanza Clinics Inc.
- Amistad Community Health Center
- Austin Advanced Practice Nurses
- Austin Physicians for Social Responsibility
- AWHONN Texas
- Brazos Valley Community Action Agency, Inc.
- Brazos Valley Nurse Practitioner Association
- Cactus Health
- Cardea
- Center for Community Health, UNTHSC
- Centering Healthcare Institute
- Central Texas Nurse Practitioners
- Children's Hospital Association of Texas
- Circle Up United Methodist Women
- Coalition for Nurses in Advanced Practice
- Coastal Bend Advanced Practice Nurses
- Coastal Bend Wellness Foundation
- Community Healthcare Center
- Consortium of Texas Certified Nurse Midwives
- Department of Pediatrics and Women's Health, UNTHSC
- El Buen Samaritano
- El Centro de Corazón
- El Paso Area Advanced Practice Nurse Association
- Food Bank of the Rio Grande Valley
- Fort Worth Region Nurse Practitioners
- Haven Health
- Hill Country Advanced Practice Nurses & Physicians Assistants Association
- Houston Area Chapter of NAPNAP
- Houston Area Nurse Practitioners
- Improving Maternal Health
- Latina Institute for Reproductive Justice Texas
- League of Women Voters of Texas
- Legacy Community Health Services
- Lone Star Family Health Center
- March of Dimes – Texas
- Mental Health America of Greater Houston
- National Association of Nurse Practitioners in Women's Health
- National Council of Jewish Women—Texas State Policy Advocacy Network
- North Harris Montgomery Advanced Practice Nurse Society
- North Texas Alliance to Reduce Teen Pregnancy
- North Texas Nurse Practitioners
- Nurse-Family Partnership
- Panhandle Nurse Practitioner Association
- Pasadena Health Center
- People's Community Clinic
- Port Arthur Housing Authority
- Pregnancy and Postpartum Health Alliance of Texas SALVERE
- San Antonio Metropolitan Health District
- San Antonio Nurses in Advanced Practice
- Schneider Communications
- South Plains Nurse Practitioner Association
- South Texas Family Planning & Health Corp.
- Southeast Texas Nurse Practitioner Associates
- Special Health Resources
- St. David's Foundation
- Susan Wolfe and Associates, LLC
- Texas Association of Community Health Plans
- Texas Association of Obstetricians and Gynecologists
- Texas Campaign to Prevent Teen Pregnancy
- Texas Council on Family Violence
- Texas Health Institute
- Texas Hospital Association
- Texas Medical Association Alliance
- Texas Nurse Practitioners
- Texas Nurses Association
- Texas Oral Health Coalition
- Texas Pediatric Society
- Texas Unitarian Universalist Justice Ministry
- Texas Women's Foundation
- The Contraceptive Initiative
- The SAFE Alliance
- The Women's Fund for Health Education and Resiliency
- University Health System
- Valley AIDS Council
- Women's & Men's Health Services of the Coastal Bend, Inc.
- Young Invincibles