

September 13, 2018

The Honorable Four Price
Chairman, Committee on Public Health
Texas House of Representatives
P.O. Box 2910
Austin, TX 78768

Dear Chairman Four Price and members of the House Committee on Public Health:

As this committee seeks to ensure that Texas policies support healthy mothers, healthy pregnancies, and healthy babies, and develops solutions to reduce maternal deaths and morbidity in our state, we respectfully ask that you consider the impact that the state's high uninsured rate has on our ability to meet these challenges.

The undersigned organizations agree with the Maternal Mortality and Morbidity Task Force that increasing access to healthcare before, after and in between pregnancies is key to reducing the cases of maternal mortality and morbidity and supporting healthy babies. To do this, Texas needs a comprehensive healthcare solution that allows women to have continuous access to healthcare coverage throughout their lives. We urge this committee to recommend providing women consistent access to health care as a way to reduce maternal mortality and morbidity and improve the health and wellbeing of mothers and babies in our state.

The Maternal Mortality and Morbidity Taskforce [report](#) underscores that there is more work to do to prevent maternal deaths and pregnancy complications in Texas.¹ As part of its in-depth review of maternal death cases, the Task Force found that a majority of pregnancy-related deaths in 2012 were potentially preventable. In recent years, hundreds of Texas women have died during pregnancy, childbirth, or in the year after delivery. And maternal mortality is just the tip of the iceberg. Severe pregnancy complications — like hemorrhage, critically high blood pressure, and seizures (eclampsia) — are about 50 times more common than maternal death and can be very damaging to mother and infant. The Task Force recognized that efforts to save moms' lives must address both factors specific to individual patients and families and the system- and community-level drivers that influence a woman's health throughout her life, including access to care between pregnancies.

It's also clear that our inadequate approach to maternal health has significant consequences for the healthy development of Texas babies. [Recent news](#) about the high number of Texas women missing out on prenatal care further confirms that Texas policies must be strengthened to ensure healthier pregnancies and babies.² Additionally, more than 1 in 10 Texas babies is born too early (pre-term) and 1 in 12 babies is born too small in Texas (weighing less than 5.5 pounds), rates that have consistently been higher than the national average over the past 10 years. Further, while overall statewide rates of infant mortality have improved, recent [research](#) from the

¹ <http://www.dshs.texas.gov/Legislative/Reports-2018.aspx>

² <https://www.chron.com/news/houston-texas/houston/article/Alarming-number-of-women-not-receiving-prenatal-13083657.php>

University of Texas System and UT Health Northeast shows shockingly high numbers of babies dying before age 1 in some areas of Texas and wide variations among racial and ethnic groups.³

The first recommendation in the Task Force’s report is to increase access to healthcare for women after and between pregnancies. The Task Force explains:

Preconception/interconception health refers to the health of women during their reproductive years. Optimal health during preconception/interconception years is essential to improving a woman’s overall health and pregnancy and birth-related health outcomes.

In both detailed case reviews and in vital statistics data, the most common associated or contributing factor to maternal mortality included underlying medical conditions like diabetes, hypertension, and heart disease. In the reviewed cases, lack of access to quality care contributed to inadequate control of chronic medical conditions. Preventive health visits must be recognized as a key opportunity to improve the health of women over their life-course and decrease risk factors that impact morbidity and mortality....

The Task Force recommends extending access to healthcare coverage for 12 months following delivery to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe.

To support maternal health and expand women’s access to healthcare, one of the most important steps state leaders can take is to ensure that more low-income women in Texas have a way to get affordable health coverage. Right now, Texas has the [highest uninsured rate](#) and highest number of uninsured residents in the nation.⁴ In fact, more than 1 in 4 Texas women of reproductive age (age 15 to 44) lack health insurance ([about 1.5 million Texas women](#)).⁵ Women’s access to comprehensive health coverage before, during, and after pregnancy is critical to moms’ and babies’ health. **Under policies set by the state Legislature, low-income women in Texas generally do not have access to health insurance.** Many women who work as waitresses, construction workers, child care teachers, sales clerks, janitors, or in other low-wage jobs don’t receive insurance from their employers and don’t make enough to buy insurance. They also miss out on insurance if they stay home to take care of a baby or other family members while their spouse works in one of these low-wage sectors.

The federal government offers states expanded Medicaid funding to provide a health insurance option to this exact population, but so far Texas leaders have [turned down](#) the funding.⁶ **With few exceptions, under policies established by the state Legislature, low-income Texas women can only apply for Medicaid once they know they are pregnant, and then they lose their insurance two months after delivery.** This means uninsured women can’t begin the Medicaid application process, much less start scheduling a prenatal appointment with an Ob-Gyn, until after they know they are pregnant. Also, with the majority of maternal deaths between

³ <https://www.texastribune.org/2018/01/18/texas-infant-mortality-rates-vary-across-state-ethnic-groups-study/>

⁴ <http://bettertexasblog.org/2017/09/gap-texas-u-s-health-coverage-continues-widen-census-shows/>

⁵ https://forabettertexas.org/images/KC_2016_SOTCReport_web.pdf

⁶ <https://covertexasnow.org/2018/07/13/new-report-legislature%E2%80%99s-medicaid-decision-blocks-insurance-for-one-million-texans>

2012 and 2015 occurring more than 60 days after delivery, new mothers may be losing Medicaid insurance — and losing access to health and behavioral healthcare — during a particularly critical time.

Texas voters have made clear that they want the Legislature to work on this issue. In a [recent poll](#), 89 percent said it was a “top priority” or “important” for the Legislature to work on reducing maternal deaths, and 87 percent said the same thing about the Legislature improving access to health insurance.⁷

For the sake of healthy moms and healthy babies, and in order to address many of the other challenges facing the state, Texas leaders must work on a plan to reduce the state’s high uninsured rate and connect more low-wage women to affordable insurance options. We urge this committee to recommend providing women continuous healthcare coverage throughout their lives in order to improve the lives of moms and babies across our state.

Sincerely,

Access Esperanza Clinics Inc.
Center for Public Policy Priorities
Children’s Defense Fund – Texas
Community Health Choice
Depression and Bipolar Alliance Texas G.O.
El Milagro Clinic
La Frontera Ministries
National Association of Social Workers/Texas Chapter
Proyecto Azteca
Texas AFL-CIO
Texans Care for Children
Texas Doctors for Social Responsibility
Texas Impact
Texas Organizing Project
Texas Parent to Parent
United Ways of Texas
Valley AIDS Council

Contact: Laura Guerra-Cardus, Children’s Defense Fund – Texas, lguerracar@childrensdefense.org; (713) 419-8422

⁷ <https://www.kff.org/report-section/texas-residents-views-on-state-and-national-health-policy-priorities-findings/>