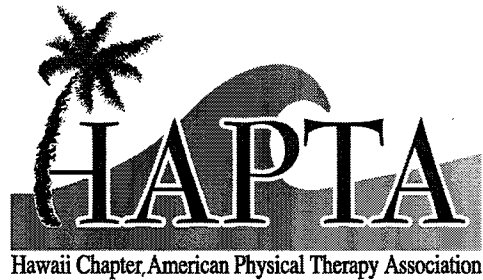


**Testimony by:
Ann Frost, PT**

**HB2761hd1, Women's Health
Senate HSP Committee
March 13, 2008 - 1:15 pm
Conference Room 016**



Position: Support

Chair Chun Oakland and Members of the Senate HSP Committee:

I am Ann Frost, P.T., President of the Hawaii Chapter – American Physical Therapy Association, and member of the Legislative Committee. The Hawaii Chapter – American Physical Therapy Association (HAPTA) is comprised of 300 member physical therapists and physical therapist assistants employed in hospitals and health care facilities, the Department of Education school system, and private practice. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum functioning from neuromusculoskeletal injuries and impairments.

HAPTA supports this measure. Health issues which impair women's ability to function, including care for their babies, can generally be resolved with medical care. The lack of medical care can result in serious consequences to both mother and baby.

PTs who are knowledgeable in developing an exercise program for women during their pregnancy or post-partum can help women safely maintain their activity level during or after their pregnancy. This has shown to be beneficial to both mother and baby.

In my practice, I have seen post-partum mothers for conditions such as severe low back pain, a separated pubic symphysis or a separated sacroiliac joint. This can leave a new mother non-ambulatory and in a lot of pain, sometimes unable to care for their newborn. Access to treatment in a timely manner can return a new mother to function normally.

I have also treated post-partum mothers for nerve palsy conditions as a possible result of their epidural or extended positioning during delivery, which can compress on a nerve in the pelvic region. These mothers need treatment to begin to activate their muscles and regain as much function as they can, as quickly as they can.

Please support this bill. I can be reached at (808) 537-7729 if there are any questions. Thank you for the opportunity to provide testimony.



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March 13, 2008

To: Senator Suzanne Chun Oakland, Chair
Senator. Les Ihara, Vice Chair
House Human Services & Housing Committee

From: Cynthia J. Goto, M.D., President
Linda Rasmussen, M.D., Legislative Co-Chair
Philip Hellreich, M.D., Legislative Co-Chair
Paula Arcena, Executive Director
Dick Botti, Government Affairs Liaison

Re: HB2761 HD1 Relating to Women's Health (requires not less than 6 months post-partum and interconception care for women of childbearing age who are participants in the Hawaii QUEST health insurance program. Defines "interconception care." Requires department of human services to adopt rules. Appropriation.)

The Hawaii Medical Association opposes HB2761 HD1.

The HMA is concerned that adding additional services to Med-QUEST and Medicaid will increase over all costs of these programs, thereby decreasing access to basic medical care.

Thank you for the opportunity to testify on this matter.

PLEASE DELIVER

**To rm 016 for:
HSH Committee**

Thursday
3/13/08
1:15pm



Hawai'i Primary Care Association

345 Queen Street, Suite 601 Honolulu, HI 96813
Tel (808) 536-8442 Fax (808) 524-0347

To: **Senate Committee on Human Services & Public Housing**
The Hon. Suzanne Chun Oakland, Chair
The Hon. Les Ihara, Jr., Vice Chair

Testimony in Support of House Bill 2761, HD 1
Relating to Women's Health
Submitted by Beth Giesting, CEO
March 13, 2008, 1:15 p.m. agenda, Room 016

The Hawai'i Primary Care Association endorses this measure. We believe it offers cost-effective means to contribute to the improved health of women of child-bearing age and reduce unintended pregnancies and poor birth outcomes. Whatever additional funding is required will be more than off-set by the savings in perinatal and pediatric care associated with the reduced number of pregnancies.

Thank you for the opportunity to support this bill.

To: Senator Suzanne Chun Oakland, Chair
Senate Committee on Human Services & Public Housing

FROM: **Annette Taeko Mente**, private citizen
5230 Keakealani Street, Hon HI 96821 733-8358

Hearing Info: Senate Committee on Human Services & Public Housing
Thursday, March 13, 2008
Conference Room 016

RE: Testimony In Support of **HB 2761, HD 1** Relating to Women's Health

Aloha Chair Chun Oakland and Members of the Committee,

I wish to testify in support of **HB 2761, HD 1**. I work as a planner for the Department of Health, Family Health Services Division, but testify today as a private citizen concerned about the welfare of women and infants in our State.

This bill would require the Hawai'i QUEST program to extend post-partum care visits (PPCV) to no less than 6 months. PPCVs provide important opportunities to assess the physical and psychological well-being of the mother, counsel her on infant care and family planning (to avoid unintended pregnancy), and detect and give appropriate referrals for pre-existing or developing chronic conditions such as diabetes, hypertension, or obesity.

As several highly publicized national cases have shown, the post-partum period can be an incredibly stressful time in a family's life, yet it is also such a critical time to an infant's healthy development. Both the national and Hawai'i data show that women on Medicaid are less likely than women with private insurance to receive PPCV and more likely to have an unintended pregnancy and suffer from other health problems.

What is most disturbing is the national data indicates that fewer than 37% women with gestational diabetes get tested for diabetes postpartum. Given Hawai'i's high rates of diabetes, these statistics are extremely unsettling. Mothers who do not take care of their own health are not at their optimum for caring for their infants and families.

Efforts to monitor PPCV should be expanded, standardized and data collected during this visits should be used to guide health-care system planning. This bill an important step in the right direction. I strong urge you to support this bill.

The Senate
Twenty-Fourth Legislature
Regular Session of 2008

Committee on Human Services and Public Housing
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair

Testimony regarding H.B. No. 2761, HD1 – Relating to Women’s Health

Honorable Chairs Suzanne Chun Oakland and Les Ihara, Jr., and members of the Committee on Human Services and Public Housing:

My name is Gigliola Baruffi. I am a retired professor of Public Health Sciences, specifically of Maternal and Child Health. I would like to testify in favor of H.B. 2761, HD1.

It is well known that the health of a woman impacts upon the health of her pregnancy and newborn. It is also known that her health affects the health of her family and, indirectly, the health of the whole community. The health and well-being of women are the whole mark of a healthy and harmonious society. Unfortunately, not all women benefit from positive health. Health disparities exist in our society and affect especially poor women and women from minority populations. Data from the nation and from Hawaii show wide differences in health indicators by socio-economic status, education level, race/ethnicity and other measures of social well-being. For women, the childbearing period and the process of reproduction occupy a major portion of life and represent an important aspect of health and well-being. Women who are poor, have low education level, and belong to minority population groups have higher incidence of poor pregnancy outcomes, in particular low birth weight infants and preterm births. These children have high infant mortality rates and increased morbidity, including respiratory problems, neurosensory handicaps and developmental delays that require intense and prolonged medical care and special education in later school years. The cost of caring for such infants is extremely high not only in dollars but also in emotional and family efforts.

The prevention of low birth weight and preterm birth is the best approach to decreasing health disparities and improving women’s health as well as their families’ and the well-being of the whole community. One of the best approaches to this effect is the improvement of women’s health after birth, in other words, providing the woman with interconception care. The proposal of H.B. 2761, HD1 to extend the postpartum care from eight weeks to six months for women eligible for the Medicaid/Quest program will go a long way in the State of Hawaii’s effort to ensure better health for poor and minority women. Providing the whole range of primary and preventive care that encompass interconception care for six month after the birth of a child will ensure a better chance of health and well-being for the woman and her infant.

I strongly support H.B. 2761, HD1 and thank the honorable members of the Committee on Housing and Public Assistance for their foresight in considering this bill.

Thank you for reading my testimony,

Gigliola Baruffi, MD, MPH
Professor Emeritus
1560 Thurston Avenue, # 1106
Honolulu, HI 96822-3722
Phone: 534-0156