



Hawai'i Primary Care Association

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To: **Senate Committee on Ways & Means**
The Hon. Rosalyn H. Baker, Chair
The Hon. Shan S. Tsutsui, Vice Chair

Testimony in Support of House Bill 2761, HD 1, SD 1
Relating to Women's Health
Submitted by Beth Giesting, CEO
March 28, 2008, 9:30 a.m. agenda, Room 211

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.

Testimony to the 2008 State Legislature

Date: Friday, March 18, 2008
Committee: Senate Committee on Human Services and Public Housing
Bill: HB2761, HD1, SD1: Relating to Women's Health

Honorable Chair Baker, and Members of the Senate Ways and Means Committee:

My name is Nancy Partika, and I am a UHM faculty member in Public Health. I am testifying today as an individual who has worked in public health in Hawaii for almost 3 decades. I appreciate the opportunity to testify on HB2761, HD1, SD1, which proposes to extend postpartum and interconception care from the current 8 weeks postpartum to 6 months for women who are in the QUEST/Medicaid Program.

As a long-time perinatal health advocate, I support this bill, because it offers an opportunity to help to address the issue of health care access for low-income childbearing age women on Medicaid. Quest/Medicaid is a crucial source of health coverage for low-income pregnant women and their infants. Previous research suggests that two months of interconception care is an inadequate amount of time for post-delivery care, which may contribute to adverse perinatal health outcomes for this at-risk population. Our goal in MCH locally and nationally is to reduce maternal and infant morbidity and mortality. This can be achieved by assuring that all women of childbearing age receive preconception care services so that they enter pregnancy in optimal health, while reducing risks of adverse pregnancy outcomes through interventions during the interconception period, and addressing adverse pregnancy outcomes disparities.

Over the past few months, 2004-2006 data has been analyzed from the Hawaii State Dept. of Health's Pregnancy, Risk, Assessment, and Monitoring System (PRAMS), a population-based surveillance system of self-reported information on maternal behaviors and experiences before, during and after the birth of a live infant. Women on Quest/Medicaid were compared to those with other health insurance to determine whether or not women on Quest/Medicaid have more adverse outcomes, compared to women on with other forms of health insurance. The number of women on QUEST/Medicaid who were surveyed by PRAMS for 2004-2006 totaled 9,964 (approximately 3,320 births/year), out of a total population of almost 53,000.

The findings of the PRAMS data analysis clearly indicate that women on Quest/Medicaid are: 3 times less likely to access prenatal care in the first trimester; 1.5 times more likely to have an unintended pregnancy; 3 times more likely to smoke during last trimester; 3-4 times more likely to use illicit drugs during pregnancy; 2 times more likely to suffer post-partum depression; at 3-4 times higher risk of experiencing intimate partner violence while pregnant, 10% more likely to have a low-birthweight or premature infant; and 2 times less likely to have postpartum examinations or to initiate breastfeeding, compared to women with other forms of health insurance.

This data is consistent with national PRAMS data indicating that women on QUEST/MEDICAID do have higher preconception risk factors, and that risky pregnancy and post-partum health conditions are prevalent as a result.

HB2761, HD1, SD1 proposes to extend a pregnant woman's coverage for 6 months post-delivery, so that they are allowed time to recover post-delivery and their health care providers have more time to initiate needed care and complete recommended post-partum services. The added 4 months would also give women a crucial start on preconception care before the next potential pregnancy, as well as help address prevention of an unintended pregnancy. Women on other forms of insurance are not automatically terminated from health care access post-delivery, and this at-risk population needs more time and attention to address these unresolved perinatal health issues.

By increasing access to needed care during this crucial period, we hope to be able to improve adverse health outcomes for this population and address health problems preventively and cost-effectively with our public funds. This bill, if passed, will support and promote more responsive health policy and programs aimed at improving preconception and interconception health status in our low-income childbearing age women.

Thank you for your thoughtful consideration of this important maternal and child health measure, and mahalo for this opportunity to provide written testimony.

**Nancy S. Partika
MCH/OPHS Faculty
#956-5756**

Testimony for

HB2761, HD1, SD1: Relating to Women's Health

Senate Committee on Ways and Means

Friday, March 18, 2008, 9:30 am, Room 212

Honorable Chair, Senator Roz Baker and Members of the Senate Ways and Means Committee:

I am Tin Myaing Thein, Ph.D., executive director of the Pacific Gateway Center, testifying in support of HB2761, HD1, SD1, which proposes to extend postpartum and interconception care from the current 8 weeks postpartum to 6 months for women who are in the QUEST/Medicaid Program.

Pacific Gateway Center (formerly known as the Kalihi-Palama Immigrant Center) works with the target population of this bill, low-income childbearing age women on Quest and Medicaid.

Quest/Medicaid is a crucial source of health coverage for low-income pregnant women and their infants. Additional assistance during the two months post-delivery can contribute greatly to better perinatal health outcomes for this at-risk population and reduce maternal and infant morbidity and mortality.

Please refer to the data from Hawaii State Dept. of Health's Pregnancy, Risk, Assessment, and Monitoring System (PRAMS), a population-based surveillance system of self-reported information on maternal behaviors and experiences before, during and after the birth of a live infant, for evidence of the value of this program.

Most healthcare preventive efforts are worthwhile and this is no exception. Thank you for your thoughtful consideration of this important maternal and child health measure, and mahalo for this opportunity to provide written testimony.

To: Senator Rosalyn Baker, Chair
Senate Committee on Ways & Means

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

Hearing Info: Senate Committee on Ways and Means
Friday, March 28, 2008
Conference Room 211

RE: Testimony In Support of **HB 2761, HD 1, SD1**
Relating to Women's Health

Aloha Chair Baker and Members of the Committee,

I wish to testify in support of **HB 2761, HD 1, SD 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 is an important step in the right direction. I strong urge you to support this bill.

Friday, March 28, 2008 – 9:30 am
Conference Room 211

The Senate Committee on Ways and Means

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Shan S. Tsutsui, Jr., Vice-Chair

From: **March of Dimes – Hawaii Chapter**
Connie Brunn, Director of Program Services

Subject: Testimony in Strong Support of House Bill 2761 HD1 SD1: Relating to Women’s Health

My name is Connie Brunn and I am the Director of Program Services for the March of Dimes Hawaii Chapter. The March of Dimes is a national voluntary health agency founded in 1938 by President Franklin D. Roosevelt to prevent polio. Today, the Foundation works to improve the health of mothers, infants and children by preventing birth defects and infant mortality through research, community services, education, and advocacy. The March of Dimes is a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers.

The March of Dimes Hawaii Chapter strongly supports HB 2761 HD1 SD1, which will increase access to post-partum and interconception care for women with Hawaii Quest health insurance coverage from the current 60 days to 6 months post delivery.

A short interval between pregnancies has been found to increase the risk of a preterm delivery. Women who do not have health coverage during the postpartum or interconception period are more likely than insured women to become pregnant again too quickly. Infants who are born preterm often have numerous complications that require costly care in the first year of life, as well as chronic health problems that persist throughout childhood. Preventing preterm births by providing health coverage to women to help them appropriately space pregnancies makes good economic sense.

Data collected by the Hawaii PRAMS (Perinatal Risk Assessment Monitoring System), a self-reported survey conducted by the Department of Health of women 4-6 months after delivery, shows that women who report having Quest coverage during their most recent pregnancy are twice as likely to report not obtaining a post-partum visit to ensure their own health than are women who report other types of health insurance coverage. These women are also much more likely to report lifestyle behaviors that known to put a future pregnancy at risk, such as smoking, using drugs or alcohol prior to or during pregnancy, as well as prior abuse by a sexual partner, postpartum depression, unintended pregnancy or late entry into prenatal care. These data indicate that our state should expand efforts to provide postpartum or interconception care to women whose pregnancies were covered by Quest.

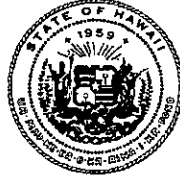
As national data has shown, postpartum care has been successful in identifying several types of chronic health problems that may impact a future pregnancy. The postpartum period may also be an opportune time to intervene regarding behavioral issues that may impact a future pregnancy, including postpartum depression, smoking and substance use. This bill will provide an extended window of opportunity for new mothers to obtain postpartum care and for health care professionals to provide that care.

We are especially pleased HB2761 HD1 SD1 uses the wording “not less than” (page 3, line 21) to describe the benefits this legislation would offer women. Medical researchers and practitioners nationwide realize the benefits of extended postpartum coverage and though federal Medicaid benefits currently are limited to less than 6 months, such wording would enable DHS to extend benefits beyond six months in the future, should federal policy on this issue change in light of increased national awareness of the benefits of post- and interconception care, without requiring the legislature to revisit this issue.

We encourage your support for the passage of HB 2761 HD1 SD1. Thank you for your thoughtful consideration of this issue, which is so crucial to the health of Hawaii’s most vulnerable new mothers.



LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER
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HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 28, 2008

MEMORANDUM

TO: Honorable Rosalyn H. Baker, Chair
Senate Committee on Ways and Means

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 2761 H.D. 1, S.D. 1 – RELATING TO WOMEN'S HEALTH**
Hearing: Friday, March 28, 2008 9:30 a.m.
House Conference Room 016, State Capitol

PURPOSE: The purpose of this bill is to extend post-partum and interconception care from eight weeks to six months for all women of childbearing age who participate in Hawaii's QUEST program.

DEPARTMENT'S POSITION: The Department of Human Services supports the intent of this bill though we are concerned that its passage will adversely impact or replace the priorities in the Executive Supplemental Budget.

The Department would like to inform the Committee that none of the mandatory or optional Medicaid benefits in our Medicaid programs are mandated by statute as this bill proposes to do for comprehensive post-partum and interconception care. The extended post-partum and interconception care provided in this bill is an optional Medicaid benefit. If this bill is passed, this optional benefit will become a mandatory benefit.

This will mean that, in the event where allocated program funds are insufficient to meet all of our Medicaid program's service demands, other services and benefits would be subject to reductions while extended post-partum and interconception care services must be maintained as mandated by this bill.

The comprehensive extended post-partum and interconception care benefits provided by this bill will also require approval by the Federal Centers for Medicare & Medicaid Services, to enable the State to receive Federal matching funds. If not, these benefits must be totally State-funded.

This bill will require the Department to cover an array of services. Under Title XIX, services are limited to health care coverage as defined in the Medicaid State Plan or the QUEST 1115 Waiver. This bill will allow each female participant of childbearing age under the QUEST program not less than six months of post-partum and interconception care. The term "interconception care" means the full scope of preventive and primary care services for women between pregnancies.

Currently, Federal regulation allows for pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls. The Department will submit an amendment to the Hawaii Medicaid State Plan and to the QUEST 1115 Waiver to request for an additional four (4) months of post partum coverage as a benefit, which must be approved by the Federal Centers for Medicare & Medicaid Services (CMS) in order to receive Federal reimbursement.

If approval is not received from CMS prior to the required implementation date of July 1, 2008 for the additional four (4) months of postpartum coverage, all associated costs will need to be covered by State general funds only. If approval is received from CMS, the State match to receive the Federal funding will be required.

Hawaii's QUEST program serves approximately 3,300 pregnant women a year. Projected costs to allow for the additional four (4) months of postpartum coverage through Hawaii QUEST is based on the current capitation rate for pregnant women per member per month (PMPM) as follows:

There are 3,300 pregnant women with income up to 185% of the FPL x \$331.09 PMPM x 4 additional months = \$4,370,388. The total amount of \$4,370,388 in State general funds will be needed as Federal regulations only permit the coverage of a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls. The number of women who would continue to be eligible after giving birth is unknown at this time. Many of these women who give birth will most likely qualify for TANF benefits, as they will now be categorically eligible with the consideration of the child and provided their income does not exceed 185% of the 2006 FPL. Other women who give birth may qualify for QUEST or they may qualify for other programs such as QUEST-ACE or QUEST-Net which offer limited benefits.

In as much as these options will require additional State appropriations, DHS respectfully requests that such funding not adversely impact nor replace the priorities in the Executive Supplemental Budget.

Thank you for this opportunity to testify.

The Senate
Twenty-Fourth Legislature
Regular Session of 2008

Committee on Ways and Means
Senator Baker, Chair

Testimony regarding H.B. No. 2761, HD1, SD1 – Relating to Women’s Health

Honorable Chair Baker and members of the Ways and Means Committee:

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, SD1.

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, SD1 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, SD1 and thank the honorable members of the Committee on Ways and Means for their foresight in approving this bill.

Thank you for reading my testimony,

Gigliola Baruffi, MD, MPH
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