

Testimony to the 2008 State Legislature

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Date: Friday, March 28, 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 Raydeen Busse, MD, and I am a UHM faculty member at the John A. Burns School of Medicine as well as the Vice-Chair of the Hawaii Section of the American College of Obstetricians and Gynecologists (ACOG). I am testifying today as an individual who has worked for the care and welfare of women in Hawaii since 1987. 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.

Hawaii Section ACOG supports this bill whole-heartedly, because it is clear that Quest/Medicaid is a crucial source of health coverage for low-income pregnant women and their infants. I point you towards that data that was analyzed by the DOH PRAMS study and so eloquently summarized by Nancy Partika in her testimony. The results have exactly been my experience as a practitioner delivering care to women at Kapoilani Medical Center for Women and Children and Queen's Medical Center over the years:

The 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.

Thank you for your consideration of this important maternal and child health bill. The women and children of Hawaii will be better cared for if this bill passes. Thank you for the opportunity to submit my testimony.

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