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

January 29, 2008

MEMORANDUM

TO: Honorable Maile S.L. Shimabukuro, Chair
House Committee on Human Services and Housing

Honorable Josh Green, M.D., Chair
House Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 2761 – RELATING TO WOMEN’S HEALTH**

Hearing: Tuesday, January 29, 2008 8:50 a.m.
House Conference Room 329, 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 appreciates the intent of this bill, provided that its passage does not adversely impact nor replace the priorities in the Executive Supplemental Budget.

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. In order to receive Federal reimbursement, the Department would have to submit an amendment to the Hawaii Medicaid State Plan and to the QUEST 1115 Waiver to allow for an additional four (4) months of post partum coverage as a benefit, which must be approved by the Federal Centers for Medicare and Medicaid Services (CMS).

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.



Hawai'i Primary Care Association
345 Queen Street, Suite 601 Honolulu, HI 96813
Tel (808) 536-8442 Fax (808) 524-0347

To: **House Committee on Human Services & Housing**
The Hon. Maile S. L. Shimabukuro, Chair
The Hon. Karl Rhoads, Vice Chair

House Committee on Health
The Hon. Josh Green, MD, Chair
The Hon. John Mizuno, Vice Chair

Testimony in Support of House Bill 2761 and HB 2774
Relating to Women's Health and
Relating to Public Assistance
Submitted by Beth Giesting, CEO
January 29, 2008, 8:50 a.m. agenda, Room 329

The Hawai'i Primary Care Association endorses these measures. We believe they offer cost-effective means to contribute to the improved health of women of child-bearing age and reduce unintended pregnancies and poor birth outcomes.

Thank you for the opportunity to support these bills.

HMSA



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January 29, 2008

The Honorable Josh Green, M.D., Chair
The Honorable Maile Shimabukuro, Chair
House Committees on Health and Human Services and Housing

Re: HB 2761 – Relating to Women’s Health

Dear Chair Green, Chair Shimabukuro and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of the intent of HB 2761 which would require QUEST health plans provide not less than 6 months post-partum and interconception care for women of childbearing age.

There may be a problem with the language in the measure concerning the funding of these services to QUEST members. We respectfully request the language be amended to ensure that the Department of Human Services (DHS) compensates the QUEST health plans to provide these services. Although monies would be appropriated to DHS in order to provide interconception services, there is no language requiring the funding be passed on to participating QUEST plans to implement these services. As such we would request adding language to page 4, line 9 stating:

Notwithstanding any law to the contrary, the Department of Human Services shall make appropriate adjustments to the "rate of payment per participating recipient" amount paid to health maintenance organizations and prepaid health plans pursuant to HRS § 346-59(d), to allow for post-partum and intraconception care coverage to QUEST recipients as defined in section 346-, administered by a person licensed to practice medicine under chapter 453. Health maintenance organizations and prepaid health plans shall not be required to increase coverage to QUEST recipients for post-partum and intraconception care administered to QUEST recipients, as defined in section 346-, administered by a person licensed to practice under chapter 453 until the Department of Human Services makes adjustments to the "rate of payment per participating recipient" amounts.

Thank you for the opportunity to testify on HB 2761.

Sincerely,

Jennifer Diesman
Director, Government Relations

January 29, 2008

Committee: House Human Services & Housing and Health
HB 2761: Relating to Women's Health
HB 2774: Relating to Public Assistance

Honorable Chairpersons Shimabukuro and Green and Members of the House Human Services & Housing and Health Committees:

My name is Jackie Berry, Executive Director for Healthy Mothers Healthy Babies of Hawaii (HMHB). HMHB is committed to promoting and improving reproductive, pregnancy and family wellness through research, training, advocacy and community awareness.

HMHB is testifying today in support of both HB 2761 and HB 2774 that 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.

Affordability of care is a major concern for women, and improved access to preconception and interconception care is needed. Many women in Hawaii go without health insurance simply because they can not afford it, and Medicaid is a primary mechanism for extending health coverage to women of Hawaii with low incomes and who do not have health insurance. Medicaid has been demonstrated to be effective in improving access to health care for women with low incomes.

Having access to extended health insurance for women on QUEST would provide additional post-partum resources and family planning services during a critical time when an unintended pregnancy may occur.

Thank you for the opportunity to testify.

Testimony to the 2008 State Legislature

Date: Tuesday, January 29, 2008
Committee: House Human Services and Housing, and Health Committees
Bill: HB 2761, Relating to Women's Health,
and
HB 2774, Relating to Public Assistance

Honorable Chairs Shimabukuro and Green, and Members of the House Human Services & Housing Committee and Health 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 both HB 2761 and HB 2774, both of 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. I am in favor of HB 2761 over HB 2774, since it appears to have clearer bill language.

As a long-time perinatal health advocate, I support these bills, because they offer 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.

Both HB 2761 and 2774 would 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, prenatal 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 testify today.

Nancy S. Partika, RN, MPH
#956-5756

From: Julia Yoshimoto [mailto:juliyoshimoto@yahoo.com]
Sent: Sunday, January 27, 2008 10:59 AM
To: HSHtestimony
Subject: Support HB2761

Representative Maile S. L. Shimabukuro, Chair
Representative Karl Rhoads, Vice-chair
Committee on Human Services and Housing
Julia Yoshimoto
Tuesday, January 29, 2008

Support of HB2761, Relating to Women's Health

I am a social worker who works specifically with pregnant women and recently-delivered women with a history of substance abuse or who are currently using substances, most of who are on QUEST. I strongly support HB2761, Relating to Women's Health, which would 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.

What I have seen through my work supports the statistics mentioned in the bill, that recently-delivered women on QUEST are at higher risk for healthcare needs. All of the women I work with struggle with adverse socio-economic issues, including substance abuse, domestic violence, and homelessness. It goes without saying that these circumstances increase the risk for health related problems. Unchecked health problems create a cost to the women, as well as the community

Preconception/interconception care is crucial to improved health outcomes that benefit the women, as well as reducing the costs to society. The majority of the women I work with had unplanned pregnancies, which were closely spaced together. Almost all of the women had never talked with a professional about preconception planning or care. Some of the women were not aware of their pregnancy or had not received prenatal care until after their first trimester. With the high risk situations, in which they live, the cycle of high risk health needs continues as does the cost to Hawaii.

By extending post-partum and interconception care to the women participating in Hawaii's QUEST program, we are promoting better health for the whole community as well as potentially reducing costs to the community. I strongly urge the committee to pass HB2761.

Thank you for the opportunity to testify.

Sincerely,
Julia Yoshimoto

The House of Representatives
Twenty-Fourth Legislature
Regular Session of 2008

Committee on Human Services and Housing
Rep. Maile S. L. Shimabukuro, Chair
Rep. Karl Rhoads, Vice Chair

Committee on Health
Rep. Josh Green, MD, Chair
Rep. John Mizuno, Vice Chair

Testimony regarding H.B. No. 2761 – Relating to women’s health

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.

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, 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 and thank the members of the Committee on Health and the Committee on Housing and Public Assistance for their foresight in introducing 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

From: Cleo Bloedon [mailto:Cleo@mfss.org]
Sent: Saturday, January 26, 2008 8:19 AM
To: HSHtestimony
Subject: Testimony

I support the passing of HBs 2761 and 2774 for interconceptual care for women. I urge you to pass this bill, which contributes ultimately to women making beneficial reproductive choices . Thank you. Beverly R. Bloedon

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-----Original Message-----

From: Barbara Kualii [mailto:bkualii@hawaii.edu]

Sent: Sunday, January 27, 2008 8:20 PM

To: HSHtestimony

Subject: Testimony

I am writing to you to ask you to support HB 2761, in regards to funding of Medicaid for preconception and interconception care for the women of Hawaii. Presently, Medicaid covers the costs of health care during pregnancy until 6 weeks postpartum. This leaves the woman with no insurance coverage during the most critical times after childbirth, where financial burdens to the family increase after having a new child in the family. Continuing medical coverage would assist in reducing one stressor. There are many psychosocial issues surrounding pregnancy and childbirth. Recently in the news, there was a family with substance abuse issues where a toddler was thrown off the freeway overpass and ultimately killed. The mother of this child was a methamphetamine user as was the father of the child, the maternal grandfather, and the neighbor who killed the child. The mother of the child was addicted to methamphetamine during the pregnancy. Intervention had been done shortly after the birth of the child. Substance abuse during and after pregnancy is a problem that is increasing. Among substance abusers, cigarette smoking is another indicator of problems. Studies show that cigarette smoking during pregnancy is often used by women with underlying mental illness. I think extending health insurance a bit longer would enable better health care that would offer support for a few more extra months and give the family a little extra time to find other options for health care coverage. Thank you for considering this testimony.

Barbara Kualii

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E-mail: bkualii@hawaii.edu

To: Rep. Maile S. L. Shimabukuro, Chair
House Committee on Health & Human Services
Rep. Josh Green, M.D., Chair
House Committee on Health

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

Hearing Info: **House Committee on Health & Human Services**
House Committee on Health
Tuesday, January 29, 2008 at 8:50 am
Conference Room 329

RE: Testimony **In Support** of
HB 2761 Relating to Women's Health &
HB 2774 Relating to Public Assistance

Aloha Chairs Shimabukuro and Green and Members of the Committees,

I wish to testify in support of **HB 2761 and 2774**. 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.

Both bills 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 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 shows 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 and standardized and data collected during these visits should be used to guide health-care system planning. Both these bills are an important step in the right direction. I strongly urge you to support these bills.