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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. 2774 – RELATING TO PUBLIC ASSISTANCE**

Hearing: Tuesday, January 29, 2008 8:50 a.m.
House Conference Room 329, State Capitol

PURPOSE: The purpose of this bill is to expand the period of coverage under QUEST for interconception care services for six months post-pregnancy.

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.

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 2774 – Relating to Public Assistance

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 2774 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 11 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 for post-partum and intraconception care, 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 2774.

Sincerely,

A handwritten signature in black ink, appearing to read "JD".

Jennifer Diesman
Director, Government Relations

Representative Maile S.L. Shimabukuro, Chair
Committee on Human Services & Housing

Representative Josh Green, M.D., Chair
Committee on Health

March of Dimes Hawaii Chapter

Tuesday, January 29, 2008

Support for HB 2774, Relating to Public Assistance

Hawaii Chapter
1451 King Street, Suite 504
Honolulu, HI 96814
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marchofdimes.com/hawaii

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

The March of Dimes is the leading national nonprofit organization for pregnancy and baby health. Our mission is to improving the health of babies by preventing birth defects, premature birth and infant mortality. As a member of this national organization, the March of Dimes Hawaii Chapter strongly supports HB 2774, which will increase access to post-partum and interconception care - including the full scope of preventive and primary care services - for women whose pregnancy and delivery was covered by the Hawaii Quest health insurance program from 60 days to 6 months post delivery.

There is a growing body of scientific evidence that links delivery of a very low birth weight infant (less than 1500 grams or 3lb 5oz) to aspects of a woman's health status, including unrecognized and poorly-controlled medical problems, reproductive tract infections, substance abuse, and psychosocial problems including psychological stress and domestic violence. While no obstetrical or prenatal assessment or intervention has been found to be successful to date in predicting or preventing a woman's *first* preterm/low birthweight (LBW) delivery; the single best predictor of a preterm/LBW delivery is a history of a previous preterm/LBW delivery. In addition, a short inter-pregnancy interval has also been found to increase the risk of a preterm or low birthweight delivery. In addition, studies of women at high-risk of a poor birth outcome due to a previous low birth weight or other poor birth outcome have found a substantial prevalence of unrecognized and/or poorly managed chronic diseases. These studies also found that reproductive track infections, iron-deficiency anemia and substance abuse – all of which are linked to increased risk of a future poor birth outcome – were common among these women after delivery of a very low birthweight infant.

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 and/or delivery 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. Women covered by Quest 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.

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 in so of the 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 encourage your support for the passage of HB 2774. Thank you for your thoughtful consideration of this issue which is crucial to the health of Hawaii's most vulnerable new mothers.