

SB 2219

Testimony

RELATING TO PUBLIC ASSISTANCE.

Expands QUEST coverage for post-pregnancy interconception care to up to six months. Appropriates funds for this purpose.

February 2, 2008

SB 2219 and/or SB 2317

Post-partum and Interconception Care; Quest (\$)

Aloha Honorable Senators

Overwhelming health and financial benefits that occur when a mother is able to stay at home and breastfeed her baby would more than pay for the cost of this added service that would require not less than 6 months post-partum and interconception care for women of childbearing age who are participants in the Hawai'i QUEST health insurance program. Surely if Hawai'i is one of the states that still pays for non-therapeutic infant circumcision, we could pay for necessary services that would help our mothers and babies.

In fact the United States is one of the few industrialized countries that do not support new mothers for up to year to be with their babies and at the same time the only industrialized country that pays for non-therapeutic infant circumcision.

As an OB/GYN and traditional midwife working together in Hawai'i we support the passage of SB bill 2219 and/or SB 2317.

Mahalo for your time,

Jade Patti McGaff MD
Clare Loprinzi CPM

Testimony to the 2008 State Legislature

Date: Tuesday, Feb. 5, 2008
Committee: Senate Committee on Human Services and Public Housing
Bill: SB 2219: Relating to Public Assistance

Honorable Chair Chun Oakland, and Members of the Senate Committee on Human Services and Public Housing:

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 SB 2219 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.

SB 2219 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 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.

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