

LINDA LINGLE
GOVERNOR



LATE TESTIMONY
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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
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February 5, 2008

MEMORANDUM

TO: Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Public Housing

FROM: Lillian B. Koller, Director

SUBJECT: **S.B. 2219 – RELATING TO WOMEN'S HEALTH**

Hearing: Tuesday, February 5, 2008 1:15 p.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 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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February 5, 2008

The Honorable Suzanne Chun Oakland, Chair
The Honorable Les Ihara, Jr., Vice Chair

Senate Committee on Human Services and Public Housing

Re: SB 2219 – Relating to Public Assistance

Dear Chair Chun Oakland, Vice Chair Ihara and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of the intent of SB 2219 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 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 SB 2219.

Sincerely,

Jennifer Diesman
Director, Government Relations

LATE TESTIMONY



February 4, 2008

Committee: Senate Human Services & Public Housing
SB 2219: RELATING TO PUBLIC ASSISTANCE

Honorable Chairperson Chun Oakland and Members of the Senate Human Services and Public Housing Committee:

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 SB 2219 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.

LATE TESTIMONY

March of Dimes Foundation

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marchofdimes.com/hawaii

To: Senate Committee on Human Services and Public Housing
The Honorable Senator Suzanne Chun Oakland, Chair
The Honorable Senator Les Ihara Jr., Vice Chair

Testimony in Support of Senate Bill 2219 Relating to Public Assistance

Submitted by Connie Brunn, Director of Program Services
February 5, 2008, 1:15 p.m., Conference Room 016

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 SB2219, which increases 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 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 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. 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 encourage your support for the passage of SB 2219. Thank you for your thoughtful consideration of an issue so crucial to the health of Hawaii's most vulnerable new mothers.

march  of dimes