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March 13, 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: **S.B. 2219 S.D. 2 – RELATING TO PUBLIC ASSISTANCE**

Hearing: Thursday, March 13, 2008 8:45 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 though we are concerned that its passage will adversely impact or replace the priorities in the Executive Supplemental Budget.

The Department would like to inform the Committee that none of the mandatory or optional Medicaid benefits in our Medicaid programs are mandated by statute as this bill proposes to do for comprehensive post-partum and interconception care. The extended

post-partum and interconception care provided in this bill is an optional Medicaid benefit. If this bill is passed, this optional benefit will become a mandatory benefit.

This will mean that, in the event where allocated program funds are insufficient to meet all of our Medicaid program's service demands, other services and benefits would be subject to reductions while extended post-partum and interconception care services must be maintained as mandated by this bill.

The comprehensive extended post-partum and interconception care benefits provided by this bill will also require approval by the Federal Centers for Medicare and Medicaid Services, to enable the State to receive Federal matching funds. If not, these benefits must be totally State-funded.

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.



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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 Senate Bill 2219, SD 2
Relating to Women's Health
Submitted by Beth Giesting, CEO
March 13, 2008, 8:45 a.m. agenda, Room 329

The Hawai'i Primary Care Association endorses this measure. We believe it offers cost-effective means to contribute to the improved health of women of child-bearing age and reduce unintended pregnancies and poor birth outcomes. Whatever additional funding is required will be more than off-set by the savings in perinatal and pediatric care associated with the reduced number of pregnancies.

Thank you for the opportunity to support this bill.

Wednesday, March 13, 2008 – 8:45 am
Conference Room 329

March of Dimes Foundation

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The House Committee on Human Services & Housing

To: The Honorable Maile S.L. Shimabukuru, Chair
The Honorable Karl Rhodes, Vice-Chair

The House Committee on Health

To: The Honorable Josh Green, M.D., Chair
The Honorable John Mizuno, Vice-Chair

From: March of Dimes – Hawaii Chapter
Connie Brunn, Director of Program Services

Subject: Testimony in Strong Support of Senate Bill 2219 SD2: Relating to Public Assistance

My name is Connie Brunn and I am here today as the Director of Program Services for the March of Dimes Hawaii Chapter. 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 SD2, which will increase access to post-partum and interconception care - including the full scope of preventive and primary care services - for women with Hawaii Quest health insurance coverage from the current 60 days to 6 months post delivery. We would, however, offer one suggestion to this committee regarding the current wording of this bill. We would ask that the language referring to the period of coverage, currently stated as "...to be extended for up to six months...", be reworded as either "for six months" (eliminating the phrase "up to") or "...for not less than six months...", thereby insuring that the intent of the legislation, i.e., that a full six months of postpartum care be available to women on Quest, is fully realized upon implementation.

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 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. These women 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 SD2. Thank you for your thoughtful consideration of this issue, which is so crucial to the health of Hawaii's most vulnerable new mothers.



Testimony to the 2008 State Legislature

Date: Thursday, March 13, 2008
Committee: House Committees on Health and Human Services and Housing
Bill: SB2219,SD 2: Relating to Women's Health

Honorable Chair Green and Shimabukuro, and Members of the House Committees on Human Services and 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 SB2219, SD2, 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 suggesting that the language in this bill be modified to state "...for 6 months", rather than "...up to 6 months", to ensure that there is adequate time for services to be provided post-delivery.

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.

SB2219,SD 2 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.

Nancy S. Partika
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