

December 16, 2019

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate

The Honorable Charles E. Schumer  
Minority Leader  
U.S. Senate

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer:

The undersigned organizations, dedicated to improving maternal and child health in Texas, write to express our support for H.R. 4996, the Helping Medicaid Offer Maternity Services Act of 2019 (Helping MOMS Act). To ensure that Congress has an opportunity to vote on the bill soon, we respectfully request that you include the bill in an end-of-year legislative package. This strong bipartisan legislation, which was unanimously reported out of the House Committee on Energy & Commerce, will improve the lives of women, children, and families by helping combat maternal mortality and prevent harmful pregnancy complications.

As you know, this legislation will make it easier for states to offer Medicaid to low-income mothers for a full year after pregnancy rather than leaving them uninsured approximately 60 days after the birth of their baby. There is growing recognition in Texas that the state should implement this policy. It was the first recommendation in the latest report by the Texas Maternal Mortality and Morbidity Review Committee, which was created by the Governor and Legislature. This year, the Texas House passed legislation, HB 744, to implement this change, although the legislative session ended before the Senate took up the bill.

The Helping MOMS Act is incredibly important for Texas families and communities. Childbirth, one of life's greatest joys, can turn into tragedy when a baby's mother dies. In Texas, after years of in-depth reviews, the state's health department and the Texas Maternal Mortality and Morbidity Review Committee found that almost 400 Texas mothers died while pregnant or up to one year after pregnancy between 2012 and 2015. Notably, the majority of maternal deaths in Texas occurred more than 60 days postpartum.<sup>1</sup> The Texas Maternal Mortality and Morbidity Review Committee also found that the vast majority (nearly 80 percent) of the maternal deaths were potentially preventable.<sup>2</sup>

Maternal deaths are only the tip of the iceberg, with many more Texas mothers facing severe pregnancy complications. Pregnancy complications like obstetric hemorrhage, sepsis or infection, and cardiac event can lead to emergency hospital stays and long-term consequences for a mother's health. In addition, postpartum depression – which is one of the most common complications of pregnancy, affecting 1 in 7 new mothers – can harm a mother's health and a child's health, brain development, and school readiness.<sup>3</sup> In fact, recent research found that the societal costs of not treating postpartum depression is substantial — about \$14.2 billion in 2017 — when taking into account lower productivity, absenteeism, and higher health care costs attributable to worse maternal and child health.<sup>4</sup>

Despite the life-threatening risks that women face in the postpartum period, Texas Medicaid expires 60 days after the birth of a baby, leaving many Texas mothers without access to medical and behavioral health care during a critical time. Texas has the highest uninsured rate in the nation, with one in four Texas women of childbearing age without health insurance.<sup>5</sup> Medicaid is a much-needed insurance option for low-wage women who do not receive insurance through their job and do not qualify for subsidies in the Health Insurance Marketplace.

Extension of Medicaid coverage for a full year would help more Texas mothers access primary, specialty, and behavioral health care during a critical window of time following the birth of their baby. The Texas Maternal Mortality & Review Committee summarized why it recommended health coverage for a full year after pregnancy by underscoring that this step is critical “to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe” and this step is needed “to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing.”<sup>6</sup>

The majority of Texans agree that lawmakers should do more to improve maternal health. Recent statewide polls from the Kaiser Family Foundation and the Episcopal Health Foundation found that a majority of Texas men and women say that reducing the number of women who die from causes related to pregnancy and childbirth should be a top priority for lawmakers.<sup>7</sup>

The Helping MOMS Act is a critical step towards combatting maternal mortality and morbidity in Texas – and ensuring more Texas women, children, and families thrive. The bipartisan legislation would allow states like Texas to extend Medicaid coverage for new moms through the entire postpartum period and provide a one-year, 5-percentage point Federal Medical Assistance Percentage (FMAP) enhancement to incentivize extension.

With Congress now considering its end-of-year policy and budget priorities, we call on you to pass the Helping MOMS Act so that more mothers and babies can stay healthy. We welcome the opportunity to work with you to advance this important legislation. For more information, please contact Adriana Kohler, Policy Director at Texans Care for Children, at 512-473-2274 or [akohler@txchildren.org](mailto:akohler@txchildren.org).

Sincerely,

American College of Obstetricians and Gynecologists – District XI

Any Baby Can

Black Mamas Community Collective

Center for Public Policy Priorities

CHILDREN AT RISK

Children's Defense Fund - Texas

Circle Up: United Methodist Women for Moms

City of San Antonio Metropolitan Health District

Clarity Child Guidance Center

Denton Early Childhood Coalition

Easterseals Central Texas

Educational First Steps

Harris Health System

Healing Hands Community Doula Project  
League of Women Voters of Texas  
League of Women Voters of the United States  
Legacy Community Health  
Memorial Hermann Health System  
Mental Health America of Greater Dallas  
Mental Health America of Greater Houston  
Methodist Healthcare Ministries  
National Alliance on Mental Illness (NAMI) Texas  
National Association of Social Workers - Texas  
Network of Behavioral Health Providers  
North Texas Alliance to Reduce Unintended Pregnancy in Teens  
Postpartum Support International - Texas Chapter  
Pregnancy and Postpartum Health Alliance of Texas  
Texans Care for Children  
Texas Academy of Family Physicians  
Texas Association of Community Health Plans  
Texas Association of Health Plans  
Texas Campaign to Prevent Teen Pregnancy  
Texas Fetal and Infant Morbidity Review/Syphilis and HIV (FIMRSH)  
Texas Medical Association  
Texas Oral Health Coalition, Inc.  
Texas Pediatric Society, The Texas Chapter of the American Academy of Pediatrics  
Texas Women's Healthcare Coalition  
TexProtects, the Texas Association for the Protection of Children  
United Way of Denton County  
United Way of Greater Austin  
United Way of Metropolitan Dallas  
United Way of Tarrant County  
United Way of Texas  
Women's Health and Family Planning Association of Texas

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<sup>1</sup> Texas Department of State Health Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Sept. 2018).

<sup>2</sup> Ibid.

<sup>3</sup> See American College of Obstetricians and Gynecologists. Screening for Perinatal Depression. Committee Opinion, No. 757. (Oct. 2018). Centers for Disease Control and Prevention. PRAMStat System. Available at: <https://www.cdc.gov/prams/prams-data/work-directly-PRAMS-data.html>. Katherine L. Wisner, MD, MS, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women with Screen-Positive Depression Findings. *JAMA Psychiatry*. 70(5):490-498 (2013). See Sohr-Preston SL, Scaramella LV. Implications of timing of maternal depressive symptoms for early cognitive and language development. *Clinical Child & Family Psychology Review*. 9(1):65-83 (2006). Martins C, Gaffan E. Effects of early maternal depression on patterns of infant-mother attachment: A meta-analytic investigation. *Journal of Child Psychology and Psychiatry*. 41(6):737-746 (2000). Beck, CT. A meta-analysis of the relationship between postpartum depression and infant temperament.

<sup>4</sup> Luca, D. L., Garlow, N., Staats, C., Margiotta, C., & Zivin, K. Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematica Policy Research*. (Apr. 2019).

<sup>5</sup> Searing, A., & Ross, D. C. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. *Center for Children and Families* (May 2019).

<sup>6</sup> Texas Department of State Health Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (Sept. 2018).

<sup>7</sup> Liz Hamel, Bryan Wi, Mollyann Brodie, Shao-Chee Sim, Elena Marks. Views and Experiences Related to Women's Health in Texas Selected Findings from the Kaiser Family Foundation/Episcopal Health Foundation 2018 Texas Health Policy Survey (Oct. 2018).