



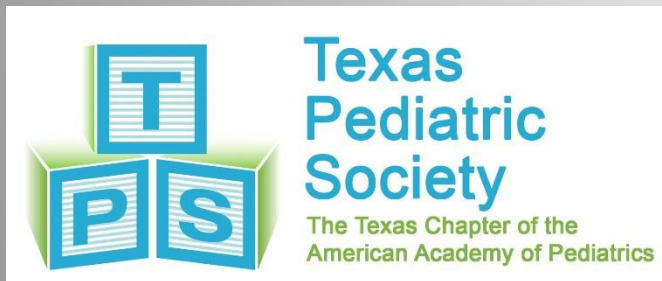
CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

85th Session Briefing for Legislative Staff
January 19, 2017



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www.texaschip.org

The Children's Health Coverage Coalition was formed in 1998 (as the Texas CHIP Coalition) to work for the establishment of a strong Children's Health Insurance Program in Texas. Today, our broad-based Coalition continues to work to improve access to health care for all Texas children, whether through Medicaid, CHIP, or private insurance.



Texas CHIP Coalition Supporting Organizations, 85th Session *as of 1/10/2017*

Center for Public Policy Priorities
Children's Defense Fund – Texas
Children's Hospital Association of Texas
Driscoll Health Plan
Healthy Futures of Texas
League of Women Voters of Texas
March of Dimes
Methodist Healthcare Ministries of South Texas
National Alliance on Mental Illness – Texas
National Association of Social Workers – Texas Chapter
Panhandle Community Services
PediPlace

Teaching Hospitals of Texas
Texan Impact
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Community Action Agencies
Texas Association of Community Health Centers
Texas Breastfeeding Coalition
Texas Hospital Association
Texas Medical Association
Texas Nurse Practitioners
Texas Parent to Parent
Texas Pediatric Society
United Ways of Texas



The Children's Health Coverage Coalition outlines the following principles for the 85th Legislature:

1. Ensure adequate funding for Medicaid and CHIP and prevent reduction in critical health services or payments that will adversely affect children's and mothers' access to care.
2. Modernize and streamline eligibility and enrollment for children and pregnant women to remove unnecessary procedures, which contribute to unnecessary gaps in health coverage. Of the 682,000 uninsured Texas children in 2015, about 315,000 children are eligible for Medicaid or CHIP but not enrolled.
3. Improve maternal and child health by supporting policies and practices that will improve access to care before, during, and after pregnancy.
4. Support legislation to create comprehensive coverage for Texas' low-income adults, improve maternal health, and enhance the financial security for parents striving to do the best job of raising their children and providing for their families.



Medicaid and CHIP 101 for 2017

Patrick Bresette, Executive Director
Children's Defense Fund - Texas



CHIP|Children's Medicaid

Home Other Benefits Community Outreach YourTexasBenefits.com

Español

About What's Covered Can I Get It? Costs Apply Now Get Help More Info

**\$50 a year or less
covers all your kids**

but most families pay nothing

Apply Now ►

Eligibility depends on family income and family size

http://chipmedicaid.com/sites/default/files/documents/Income_Guidelines_ENG.pdf

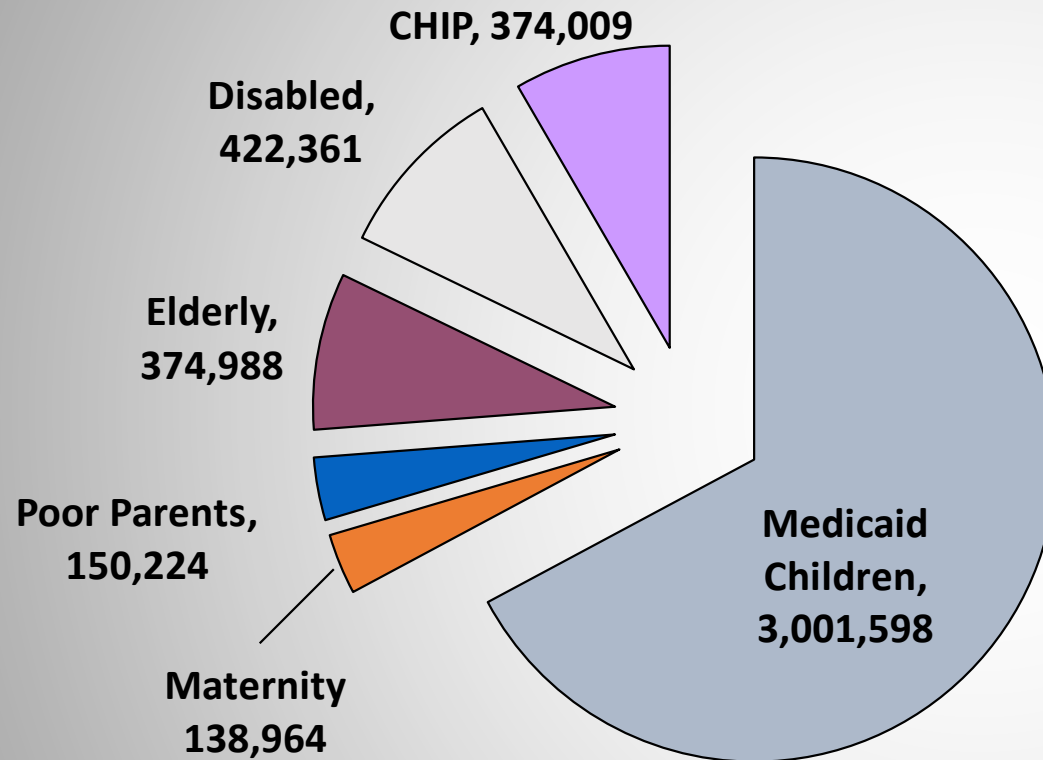


Medicaid/CHIP Overview

- Medicaid and the Children's Health Insurance Program (CHIP) provide health insurance coverage to low-income individuals, with the costs shared between the state and the federal government.
- Medicaid is an entitlement program; anyone who meets eligibility requirements must be provided coverage.
- CHIP is not a federal entitlement, but in Texas all eligible children are provided services.



Texas Medicaid/CHIP: Mostly Children



Total Enrolled:
(as of September 2016)
4.5 million Texans

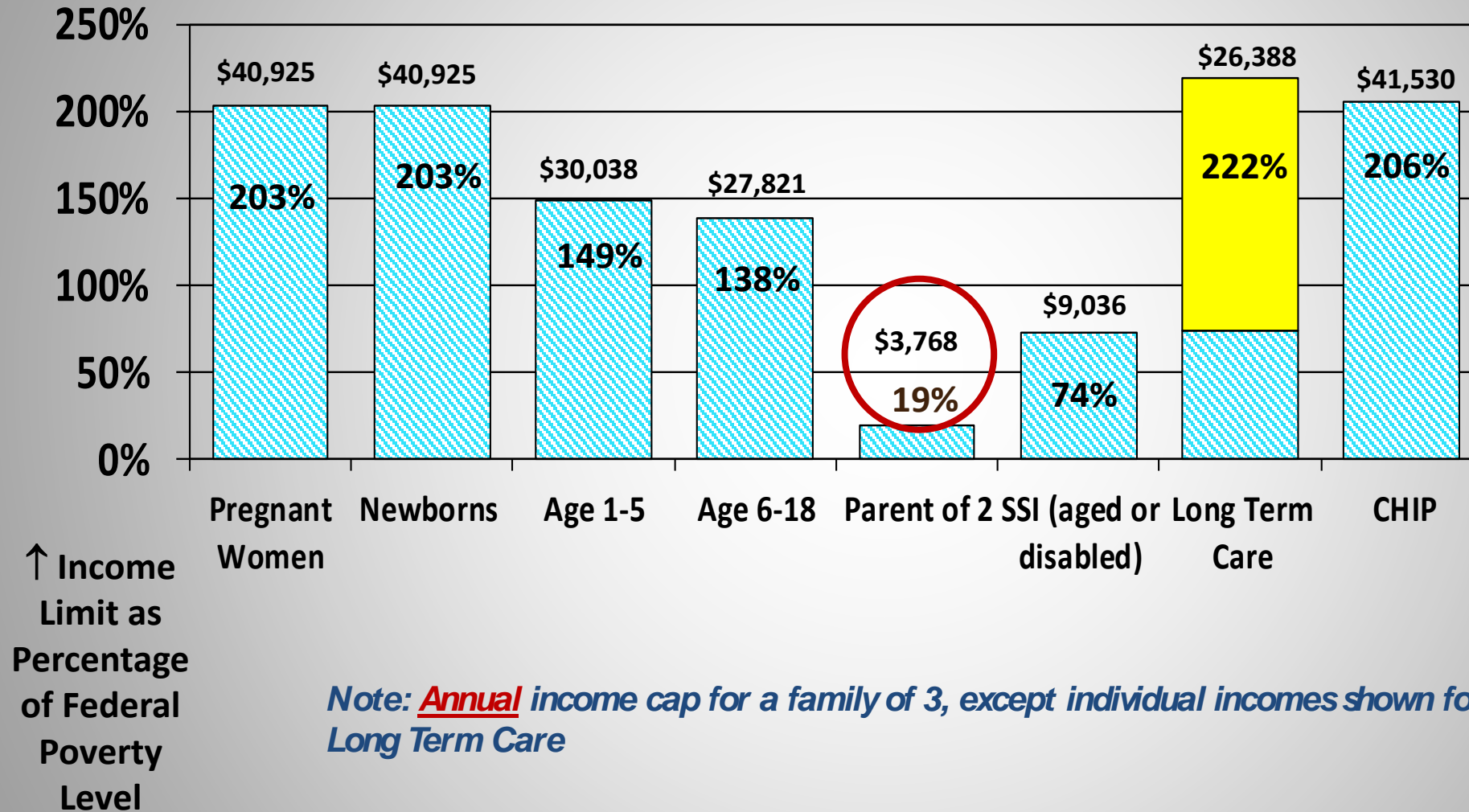
3.4 million children
(~45% of Texas kids)

September 2016, HHSC data

Source: Center for Public Policy Priorities, HHSC data.

Why 3 million children, only 150,000 Parents?

Income Caps for Texas Medicaid and CHIP, 2016

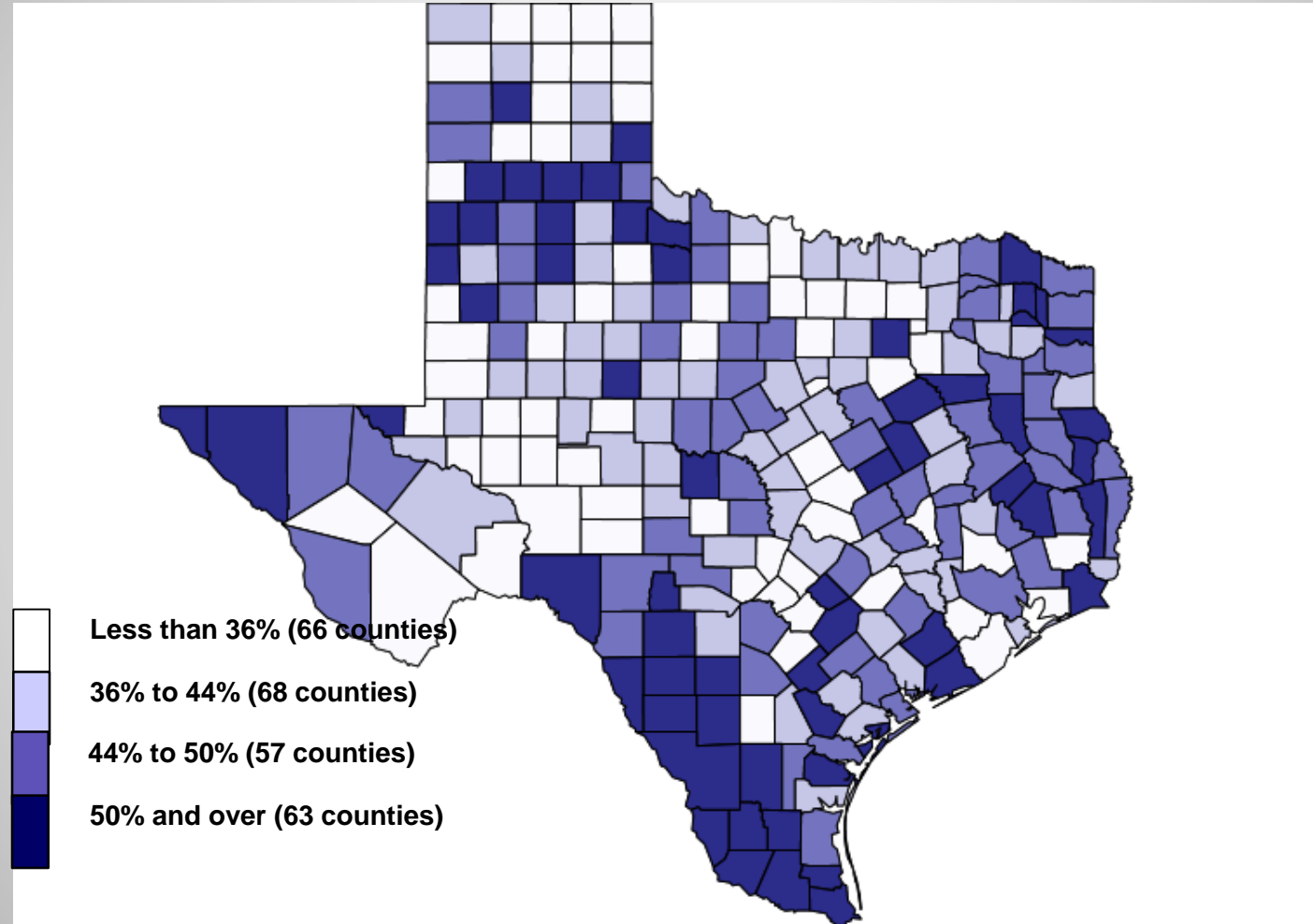


Source: Center for Public Policy Priorities.



Nearly half of Texas Children Were Enrolled in Medicaid or CHIP in March 2014

from a high of 77% to a low of 10%



CHILDREN'S
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OF TEXAS

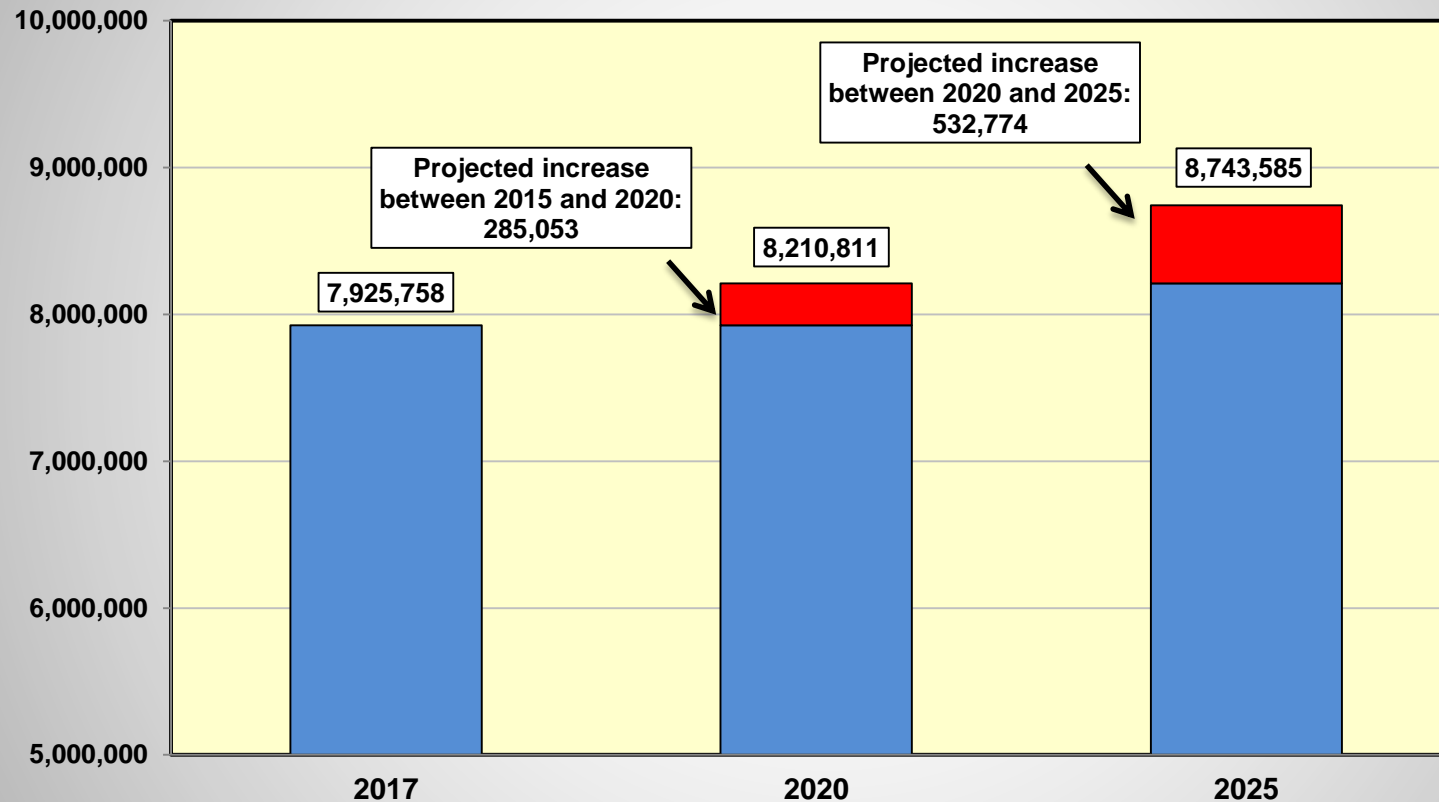
Analysis by Children's Hospital Association of Texas

Note: Includes children less than 19 years of age.

Sources: Medicaid: 8-Month Eligibility Databases, HHSC; CHIP: P10_dob_regular database, HHSC. Prepared by Data Quality & Dissemination, Strategic Decision Support, HHSC. Children <19: Projections of the Population of Texas and Counties in Texas by Age, Sex and Race/Ethnicity for 2010-2050 (2000-2010 Migration (1.0) Scenario), UTSA, November 2014.



Projected Growth in the Number of Children Under 19 Years of Age Texas 2017, 2020 and 2025



CHILDREN'S
HOSPITAL
ASSOCIATION
OF TEXAS

Source: Projections of the Population of Texas and Counties in Texas by Age, Sex and Race/Ethnicity for 2010-2050 (Migration (1.0) Scenario); Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer, The University of Texas at San Antonio, November 2014.



There's Still Work to Do

4.6 million Texans (all ages) remain uninsured

Texas has the highest number and percent of uninsured

- 2013 = 5.7 million Texans (22.1 percent)
- 2014 = 5.0 million Texans (19.1 percent) → Over 700,000 fewer uninsured Texans in 2014 than in 2013
- 2015 = 4.6 million Texans (17.1 percent) → 432,000 fewer uninsured than in 2014

This is a drop of 5 percentage points; since 1999, Texas never before had a one-year improvement of even a single percentage point.

- **Texas kids much more likely to be insured (90.5%) than adults (82.9%), thanks in large part to Medicaid-CHIP coverage available to many low-income Texas kids.**
- **Still, Texas' children's uninsured rate (at 9.5%, about 682,000 uninsured for those under age 18) puts us with at the bottom of the rankings with Alaska and Arizona for the worst uninsured rate for children and teens in the country.**
- **Texas needs to do more to get more children who qualify for Medicaid and CHIP enrolled and to fix the barriers that prevent kids in families at higher incomes from getting coverage.**
 - **Of the 682,000 uninsured Texas children in 2015, about 315,000 children are eligible for Medicaid or CHIP but not enrolled.**

Sources:

- Center for Public Policy Priorities. 2015. "[Census Data Reveal New Facts On Health Insurance.](#)" Austin, TX
- Kaiser Family Foundation, [New Estimates of Eligibility for ACA Coverage among the Uninsured](#), accessed October 18, 2015.



Controlling Medicaid and CHIP Costs

- The Texas Legislature has aggressively pursued cost-containment in Texas Medicaid over the last 15 years.
- When adjusted for inflation, Texas is spending less per Medicaid enrollee today than the state did in 2001.





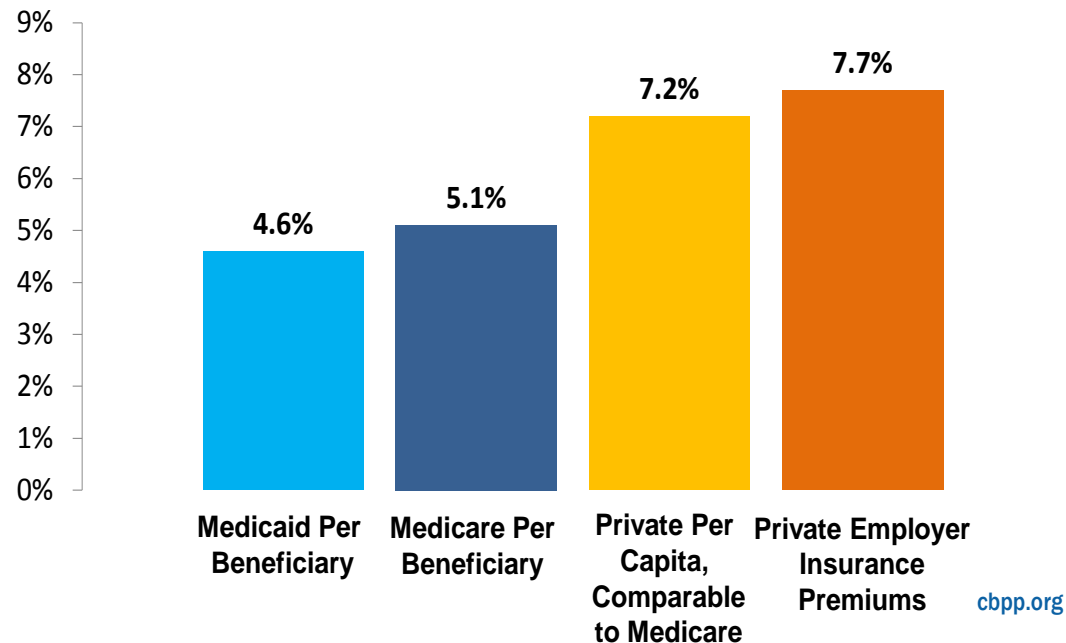
Medicaid Cost Growth Driven by Enrollment, Not Per-person Costs



Center on Budget and Policy Priorities

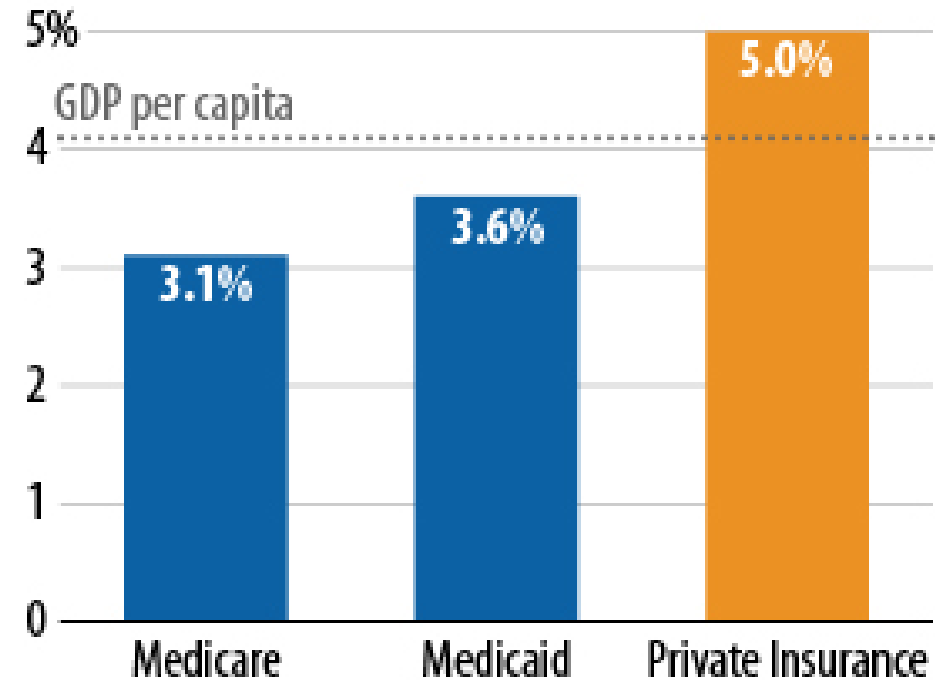
Medicare and Medicaid Controlled Costs Better than Private Insurance Over the Last Decade

Average Annual Growth Rate, 2000-2009



Medicare and Medicaid Spending per Beneficiary Is Projected to Grow Slower Than Private Insurance

Average annual growth rate per enrollee, 2012-2021



Source: Holahan and McMorrow, *New England Journal of Medicine*, August 2, 2012.

Center on Budget and Policy Priorities | cbpp.org

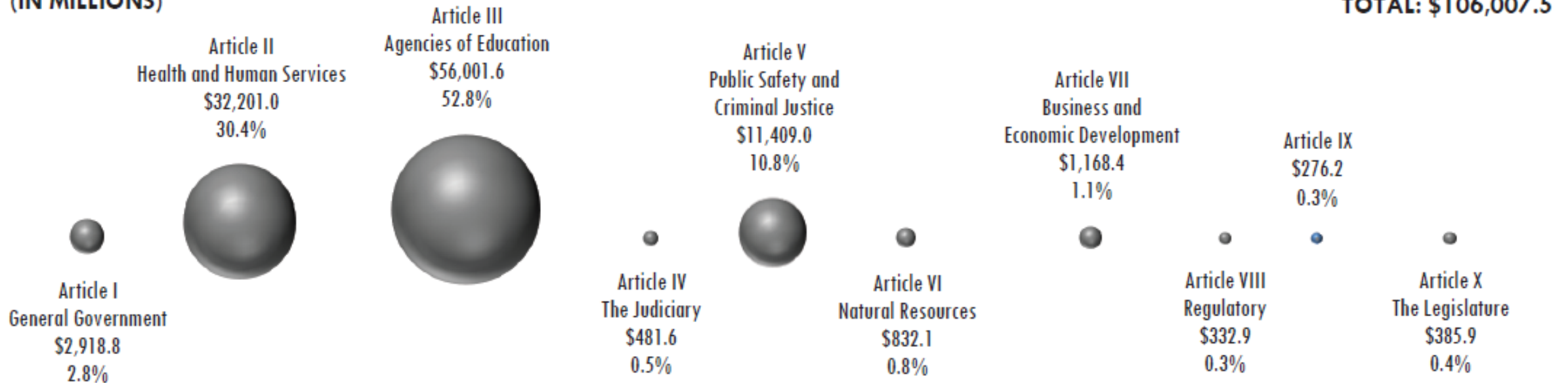


HHS as a share of Texas' State-Dollar Spending = 30.4%

Only with federal funds GAINED does HHS % exceed K-12 Public Education

FIGURE 3
FUNDING BY ARTICLE, GENERAL REVENUE FUNDS

(IN MILLIONS)

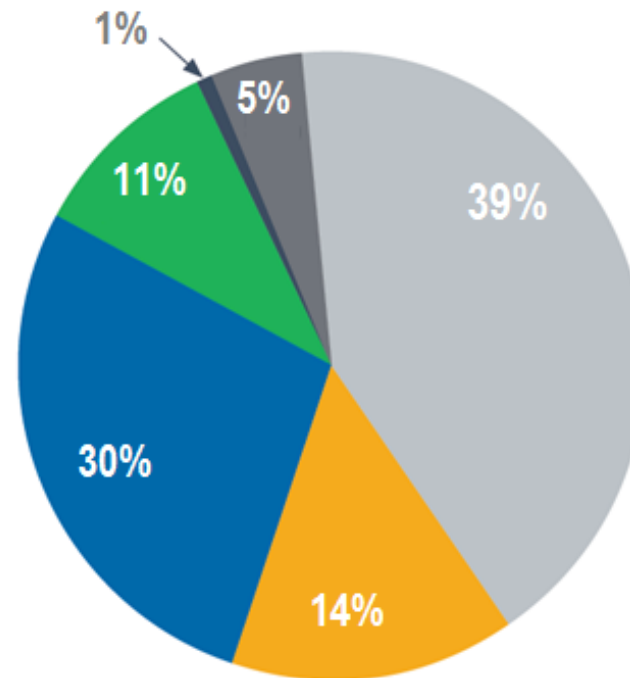
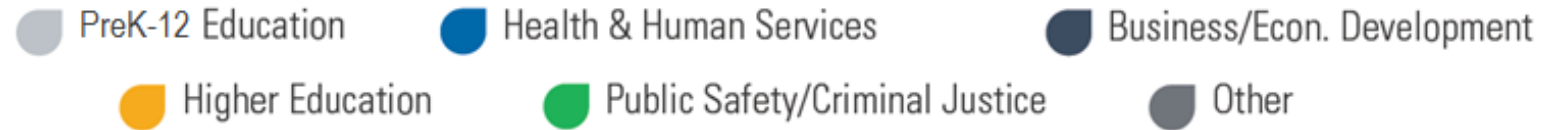


SOURCE: Legislative Budget Board.

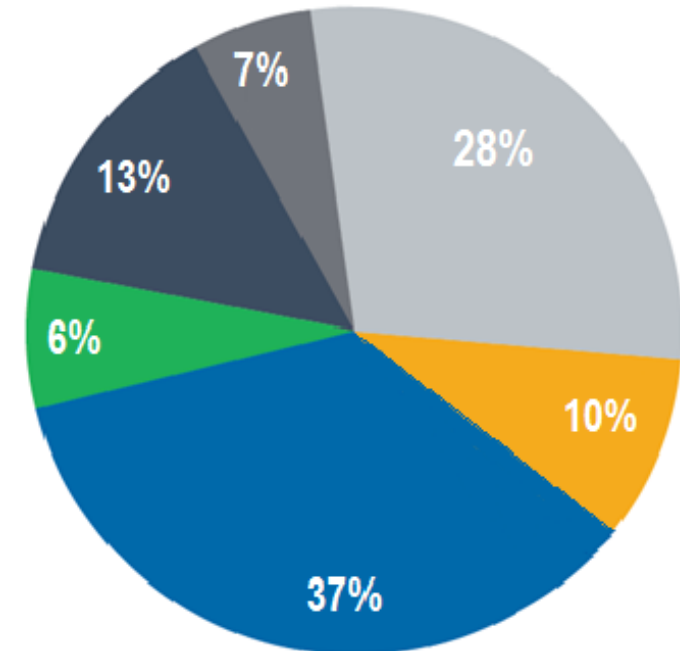
FIGURE 4



2016-17 State Budget



General Revenue
\$106.0 Billion



All-Funds
\$209.1 Billion

Source: Texas Legislative Budget Board, February 2016



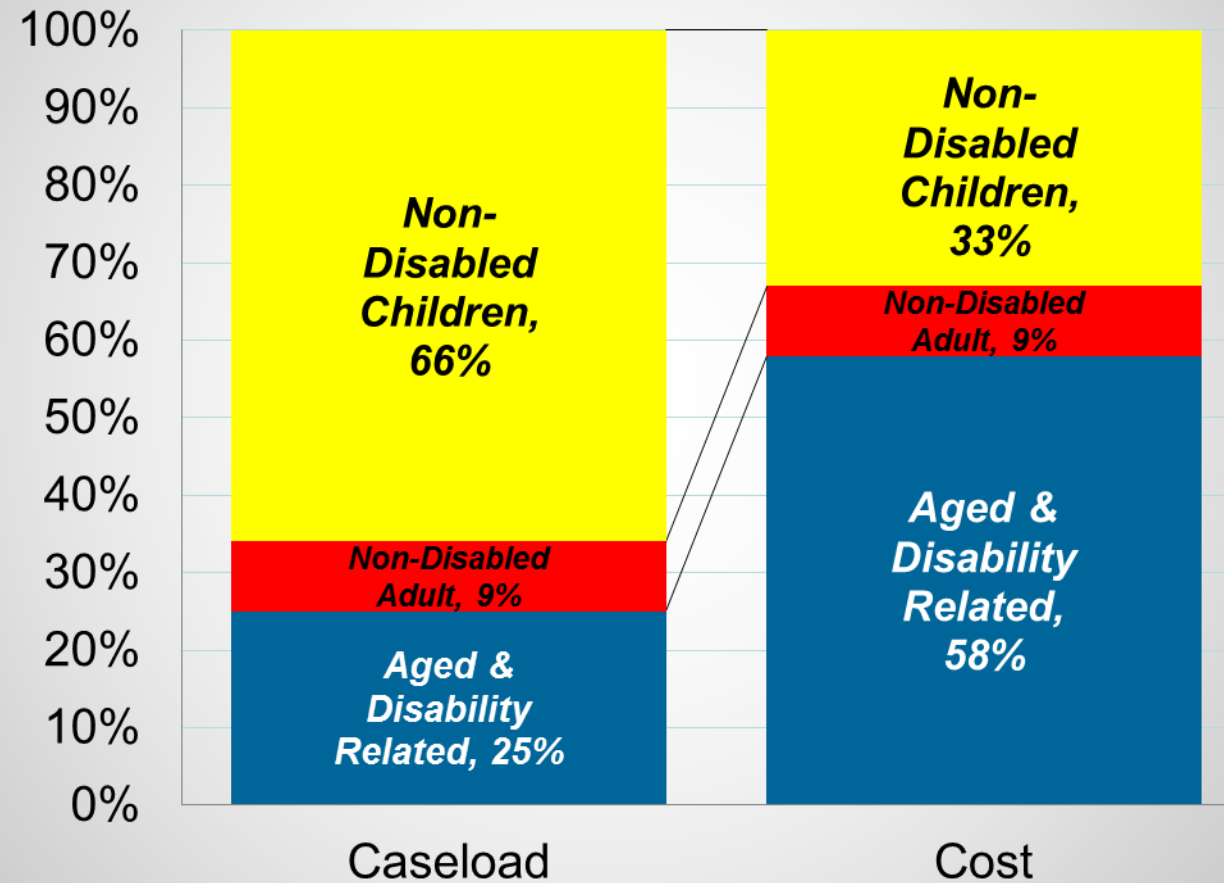
What Changes for Texas Kids under possible Medicaid Block grant?

- **BENEFITS:** today kids can't be denied medically necessary care by Medicaid.
- **AFFORDABILITY:** Kids are exempt from co-payments, premiums, denial of care for non-payment in Medicaid TODAY
- **WHO IS COVERED:** Current federal Medicaid law requires all kids to 138% FPL to get Medicaid and kids 138-200% FPL can get CHIP.
- **RED TAPE:** Current federal Medicaid law prevents states from cutting back on kids coverage income thresholds or otherwise creating eligibility barriers.



Children are Relatively Inexpensive

Texas Medicaid Beneficiaries and Expenditures, FY 2011



Source: HHS Financial Services, HHS System Forecasting. 2011 Medicaid Expenditures, including Acute Care, Vendor Drug, and Long-term Services and Supports. Costs and caseload for all Medicaid payments for all beneficiaries (Emergency Services for Non-citizens, Medicare payments) are included. Children include all Poverty-level Children, including TANF. Disability-related Children are not in the Children group.



Medicaid for Children Recoups Much of Its Cost in the Long Run

- People who had been eligible for Medicaid as children earned higher wages and paid higher federal taxes than their peers who were not eligible.
<http://www.nber.org/papers/w20835>
- Medicaid decreases poverty rates by 1.0% among children, 2.2% among disabled adults, and 0.7% among elderly individuals.
http://www.appam.org/assets/1/7/The_Poverty-Reducing_Effect_Of_Medicaid.pdf



Medicaid Recipients Under the Age of 19 by House and Senate District - September 2016

HOUSE DISTRICT	CLIENTS	HOUSE DISTRICT	CLIENTS	HOUSE DISTRICT	CLIENTS	HOUSE DISTRICT	CLIENTS	HOUSE DISTRICT	CLIENTS	SENATE DISTRICT	CLIENTS
1	20,700	33	11,105	65	14,648	97	17,736	129	13,801	1	108,651
2	21,242	34	29,730	66	6,033	98	5,656	130	14,647	2	118,471
3	23,466	35	44,681	67	10,166	99	19,449	131	40,726	3	107,170
4	21,501	36	42,171	68	19,161	100	34,970	132	24,324	4	91,190
5	22,352	37	42,009	69	17,413	101	28,414	133	10,099	5	76,585
6	20,673	38	38,296	70	13,838	102	21,007	134	3,053	6	185,417
7	23,050	39	48,666	71	20,062	103	35,091	135	19,355	7	83,925
8	20,235	40	47,884	72	19,009	104	37,035	136	9,675	8	54,025
9	22,079	41	33,069	73	13,695	105	28,529	137	35,973	9	112,749
10	18,554	42	39,506	74	28,797	106	11,479	138	24,817	10	119,066
11	22,654	43	26,612	75	39,689	107	27,996	139	37,539	11	80,062
12	23,533	44	17,688	76	28,391	108	7,324	140	45,246	12	69,918
13	18,279	45	16,158	77	27,403	109	31,638	141	47,020	13	167,817
14	16,268	46	32,556	78	22,056	110	48,269	142	31,758	14	85,974
15	8,669	47	6,053	79	21,965	111	31,117	143	35,809	15	138,900
16	25,758	48	8,016	80	40,847	112	22,469	144	36,801	16	86,718
17	25,086	49	9,340	81	25,518	113	25,740	145	31,649	17	68,022
18	20,923	50	18,132	82	18,134	114	20,581	146	33,524	18	96,401
19	19,392	51	31,134	83	20,641	115	12,387	147	28,556	19	141,502
20	16,116	52	15,932	84	23,599	116	24,134	148	27,467	20	166,442
21	19,453	53	17,153	85	23,608	117	28,590	149	29,754	21	160,645
22	24,635	54	21,599	86	15,512	118	30,367	150	18,820	22	101,590
23	22,743	55	21,245	87	25,978	119	29,174	Total	3,491,326	23	167,872
24	12,587	56	18,873	88	22,463	120	34,215			24	85,858
25	21,128	57	21,319	89	12,057	121	12,797			25	54,878
26	9,650	58	20,465	90	40,508	122	6,654			26	134,540
27	19,155	59	15,737	91	17,005	123	26,714			27	197,706
28	12,673	60	19,711	92	15,565	124	29,209			28	99,376
29	16,566	61	16,782	93	19,076	125	30,061			29	141,818
30	21,990	62	17,665	94	17,752	126	20,486			30	87,381
31	36,160	63	10,154	95	38,709	127	14,069			31	100,657
32	19,365	64	14,246	96	16,766	128	21,170			Total	3,491,326

Source: September 2016 EOM Client data, HHSC.

Prepared by: Texas Health & Human Services Commission/Center for Analytics & Decision Support, November 8, 2016.

NOTE: These districts are determined based on the case's permanent address. That's run through our GIS software.

If no match with the physical address is found then the default is the post office associated with the zip code.



How to Get Help

Español



Home

Programs

Eat Healthy

Apply

More Info

Health Care

Health Care for Children

Health Care for Women

Health care for young adults and families

Health care for people age 65+ and people with disabilities

SNAP Food Benefits

TANF Cash Help

Other programs

Programs



Health Care

Overview

Some people with little or no money might be able to get health benefits through a variety of state programs.

If you can't get benefits from one of these programs, there are other options. Find health insurance by going to www.HealthCare.gov.

Health care for children

- Children's Medicaid
- Children's Health Insurance Program (CHIP)
- Medicaid Buy-In for Children

Health care for women

- Medicaid for low-income pregnant women
- CHIP perinatal coverage
- Texas Women's Health Program
- Medicaid for Breast and Cervical Cancer

Health care for young adults and families

- Medicaid for an adult caring for a child
- Medicaid for Former Foster Care Children
- Medicaid for Transitioning Foster Care Youth

Health care for people age 65+ and people with disabilities

- Medicaid for long-term care
- Medicaid for people who get Supplemental Security Income (SSI)

Apply for Benefits

Your Texas Benefits

View My Case



<http://yourtexasbenefits.hhsc.texas.gov/programs/health>



Funding and Budget Issues

Anne Dunkelberg, Associate Director
Center for Public Policy Priorities



1) Ensure adequate funding for Medicaid and CHIP and prevent reduction in critical health services or payments that will adversely affect children's and mothers' access to care.

What are the concerns?

- **State Budget**
 - **Failure to Fully fund Medicaid-CHIP enrollment growth and/or cost growth/inflation**
 - **Cuts to provider payment rates**
- **Federal Changes from Congress**
 - **Speaker Ryan and Congressman/Secy. HHS Nominee Price have proposed converting Medicaid to a Block Grant or Per Capita Cap financing model**



State Budget and Medicaid-CHIP

- HHSC cannot ask for Medicaid inflation/cost increases in their budget request. Enrollment growth costs are allowed.
- HHSC must request funds to cover Medicaid inflation/cost increases via Exceptional Items; E.I. #1 is \$1.75 billion GR

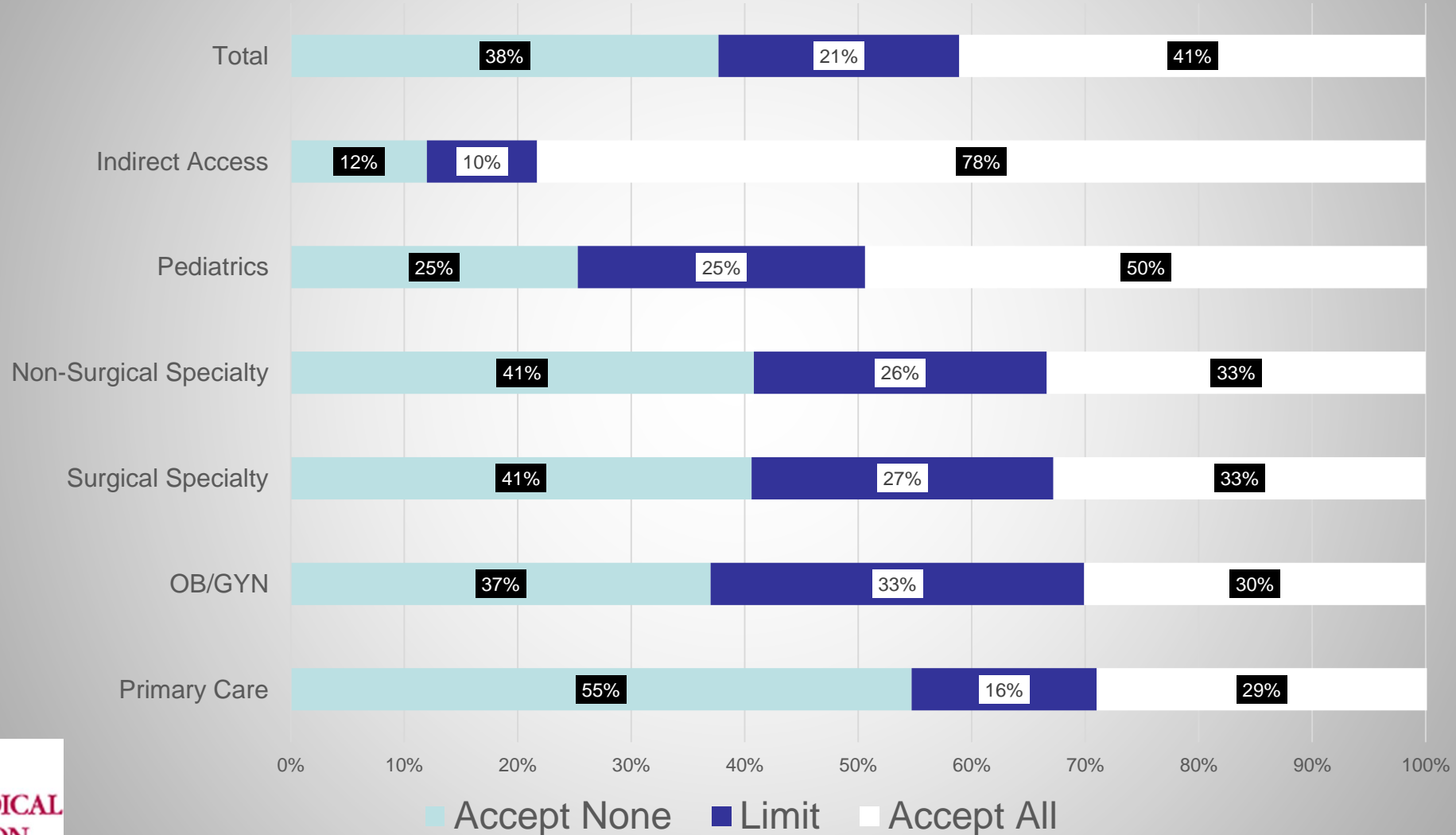
House	Senate
Includes \$1.2 billion expected Medicaid <u>Supplemental</u> for 2016-2017 AND includes in 2017-2018 base	Missing from SB 1
Includes the ~\$700 million GR in base needed for <u>Medicaid enrollment growth</u>	Missing from SB 1
HHSC E.I.#1 \$1.75 billion for Current Services (~\$1.5B Medicaid-CHIP) not in either filed bill. LTSS needs = additional \$300 million GR	
House proposes additional \$100 million GR in Medicaid reductions	Senate proposes additional \$1 billion GR in cuts, not detailed (K-12 exempt)



Medicaid Provider Payments

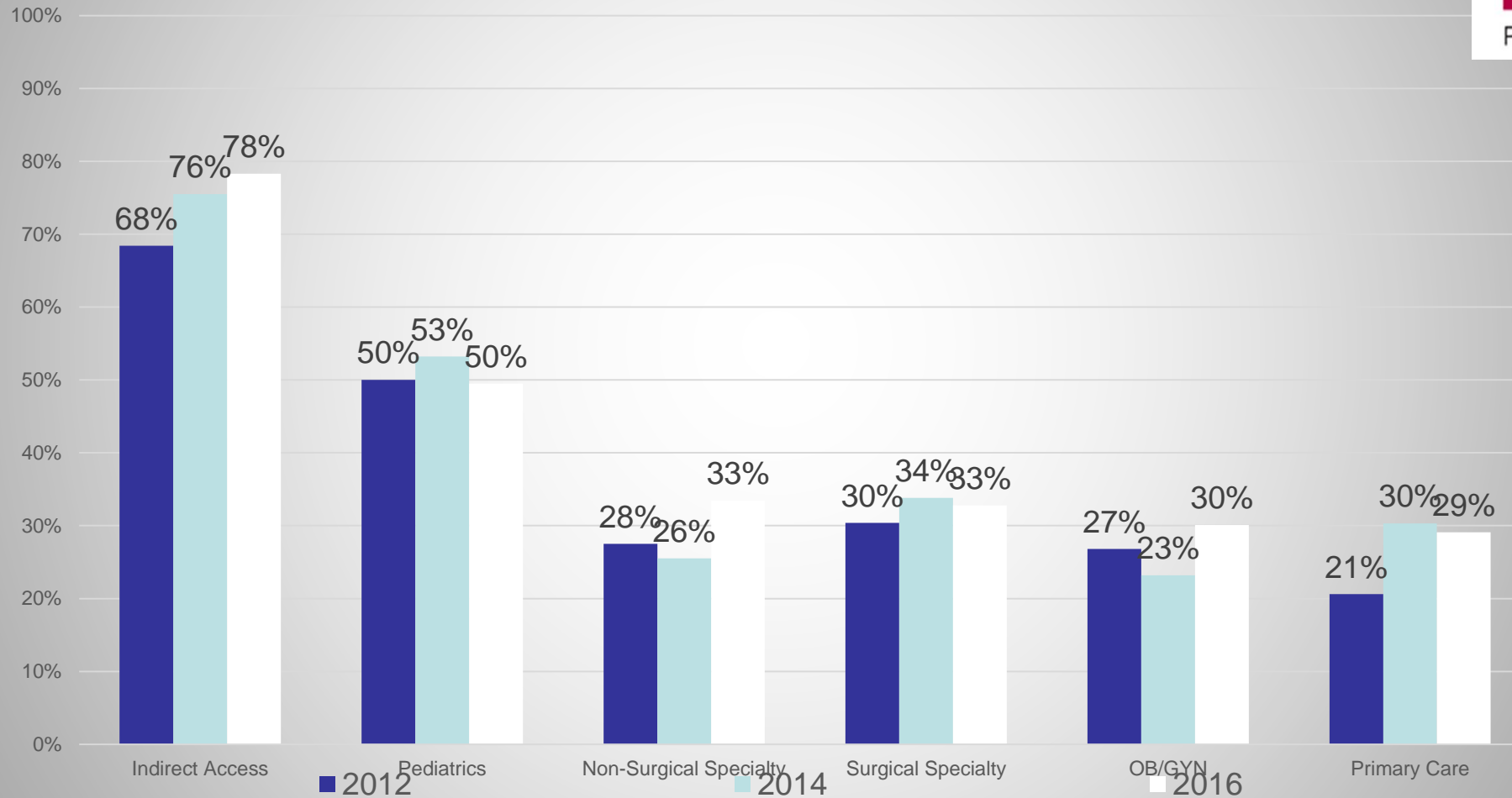
- Medicare physician payments, though imperfect, are annually adjusted.
- Texas Medicaid physician payments have not had annual updates for over 20 years
 - Annual updates frozen in 1993 and never resumed
 - Since then, 3 legislative increases (99, 2001, 2007) and 4 cuts (2003, 2010, 2011, 2012)
- Medicare Payment Advisory Commission estimates physician practice costs grow an average of 3% annually as a result of changes in practice expenses, such as salaries, rent, and other overhead costs.
- Hospital payments are more complex, but like physician rates they stopped getting regular updates in the 1990s and pay far less than actual costs (average 55% for inpatient, 72% for outpatient).
- **Allowing provider rates to fall further and further behind actual costs of care has been a budget-balancing tool, which takes a toll on access to care.**

Acceptance of Medicaid by Specialty



Physicians Caring for Texans

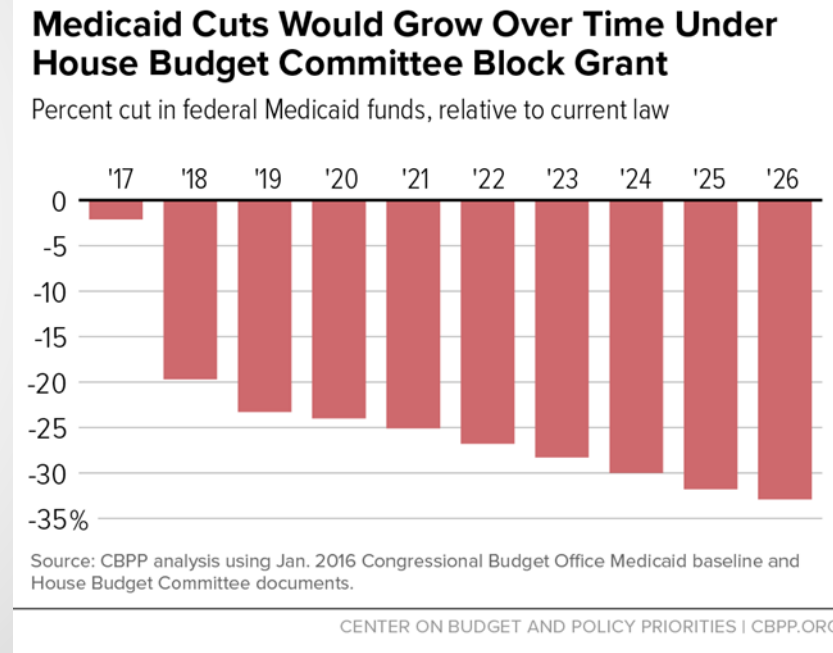
Acceptance of All New Medicaid Patients by Physician Specialty





Congressional Medicaid block grant proposals are designed to reduce federal Medicaid spending.

- Basing Texas' initial block grant amount on current or historical spending, then increasing it annually at a much lower growth rate than currently projected annual growth in federal Medicaid spending, federal funding cuts would grow progressively larger each year.
- Chairman Price's budget plan for FY 2017 would have cut federal Medicaid funding by \$1 trillion—or nearly 25%—over 10 years, compared to current law (*without including the additional funding cuts from repealing the ACA's Medicaid expansion, which increases the cut to 33% below the baseline projection*) .
- And, the size of the cuts would have kept growing after 2026.





What Changes for Texas Kids under Medicaid Block grant?

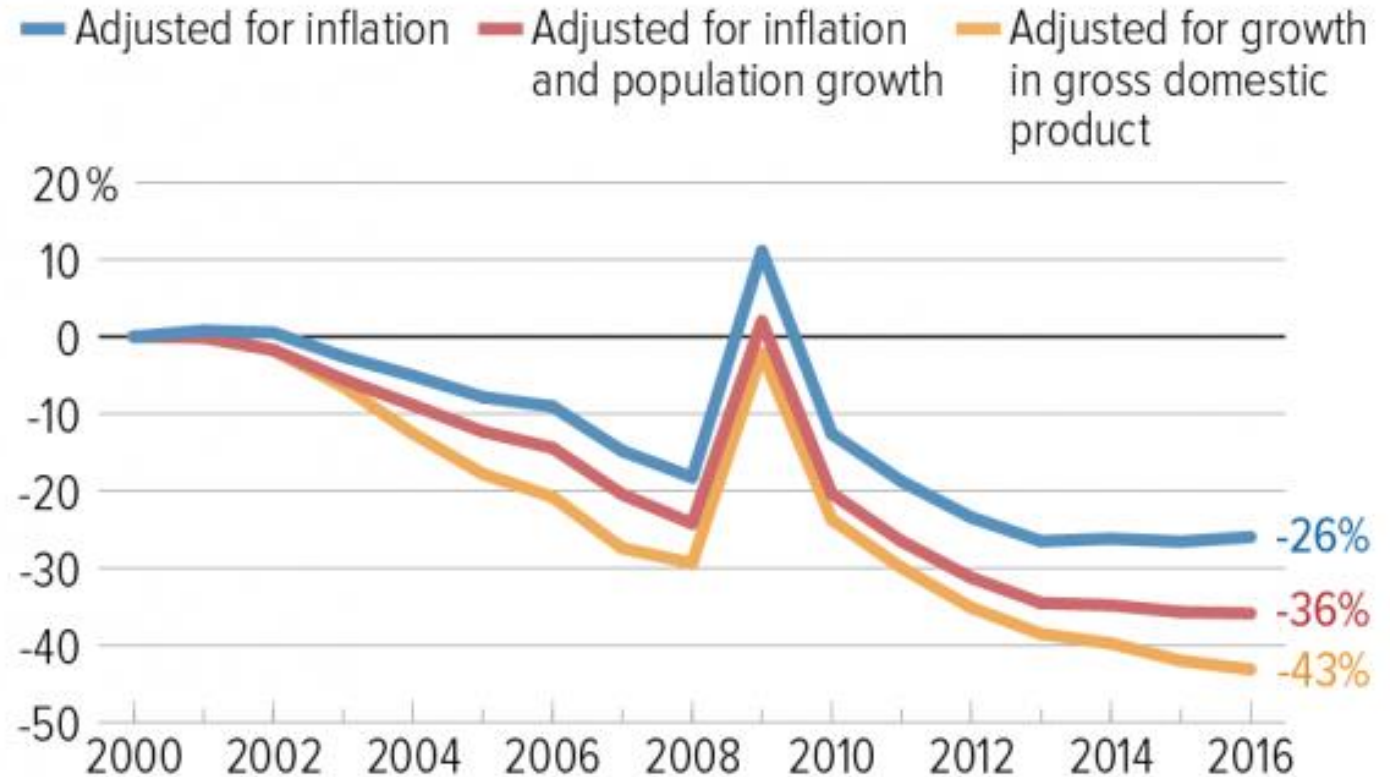
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- **AFFORDABILITY:** Kids are exempt from co-payments, premiums, denial of care for non-payment in Medicaid TODAY
- **WHO IS COVERED:** Current federal Medicaid law requires all kids to 138% FPL to get Medicaid and kids 138-200% FPL can get CHIP.
- **RED TAPE:** Current federal Medicaid law prevents states from cutting back on kids coverage income thresholds or otherwise creating eligibility barriers.
- **With no “floor” in place, these and many other Medicaid standards would be eliminated.**



Will Congress use a Medicaid Block Grant to shift costs to the state, just like the state shifts costs to county/city Governments?

Changes in Overall Funding for Housing, Health, and Human Services Block Grants

Change relative to 2000 funding level



Source: CBPP based on Office of Management and Budget data. Figures generally reflect obligations, which are the amounts distributed as grants during the year. Inflation adjustments use CPI-U.



Medicaid Block Grant Worries

- **Could lock in Texas' low provider rates, and lack of coverage for most adults.**
 - **Also.....Will 31 states get their Medicaid expansion funds? Will Texas? Will our 1115 waiver funds be part of our BG?**
- **Per capita cap adds back funding for enrollment growth, but like Texas legislature, Congress may not fund inflation/price increases**
- **Whether BG or PCC needs to respond to: Population Growth; Increases in poverty/economic downturns; Epidemics/public health crises; Medical breakthroughs.**
- **Congress' track record on maintaining the buying power of Block Grants is very poor.**



Outreach, Enrollment and Eligibility Systems

Modernize and streamline eligibility and enrollment for children and pregnant women to remove unnecessary procedures, which contribute to unnecessary gaps in health coverage.

Kay Ghahremani, CEO Texas Association of Community Health Plans
Former Texas Medicaid Director



Outreach, Enrollment, and Eligibility Systems

2) Modernize and streamline eligibility and enrollment for children and pregnant women to remove unnecessary procedures, which contribute to unnecessary gaps in health coverage. Of the 682,000 uninsured Texas children in 2015, about 315,000 children are eligible for Medicaid or CHIP but not enrolled.

a) Streamline renewal processes for families by enabling those with multiple children enrolled in Medicaid or CHIP to renew coverage for each child on the same date every year.

b) Modify Texas' continuous eligibility period for children's Medicaid, which is currently 6 months, to align with the 12-month Medicaid certification period – similar to what Texas has done for CHIP.



Access to Quality Care

Improve maternal and child health by supporting policies and practices that will improve access to care before, during, and after pregnancy.

Alice Bufkin, MPAff

Director of Policy and Advocacy, Texas Women's Healthcare Coalition



Access to Quality Care

3) Improve maternal and child health by supporting policies and practices that will improve access to care before, during, and after pregnancy.

a) Ensure continued funding for the successful administration of Texas' state-funded women's health care programs – Healthy Texas Women and Family Planning Program.



Unintended (Unplanned) Pregnancy & Benefits of Preventive Healthcare

“Births resulting from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth, and negative physical and mental health effects for children.”

<https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

When women have access to preventive healthcare:

- Healthier babies
- Healthier mothers
- Stronger families
- Fiscal savings



Now More than Ever

Maternal Mortality

- Planned and spaced pregnancies = Better maternal and child health outcomes
- Family planning provides a critical entry point for women's healthcare
 - Help prevent, detect, and manage chronic conditions
 - Increase access to postpartum and interconception health care
 - Improve continuity of care

Zika

“Because of the potential for Zika virus to affect pregnant women and their fetuses, strategies to prevent unintended pregnancy are a critical part of current efforts to prevent Zika-related health effects.”

Centers for Disease Control and Prevention, “CDC Issues Updated Zika Recommendations: Timing of Pregnancy after Zika Exposure, Prevention of Sexual Transmission, Considerations for Reducing Unintended Pregnancy in Areas with Zika Transmission,” March 2016.



Women's Healthcare Funding

2011: Severe cuts to Family Planning

2013: Funding levels essentially restored

2015: Increase of ~\$50 million

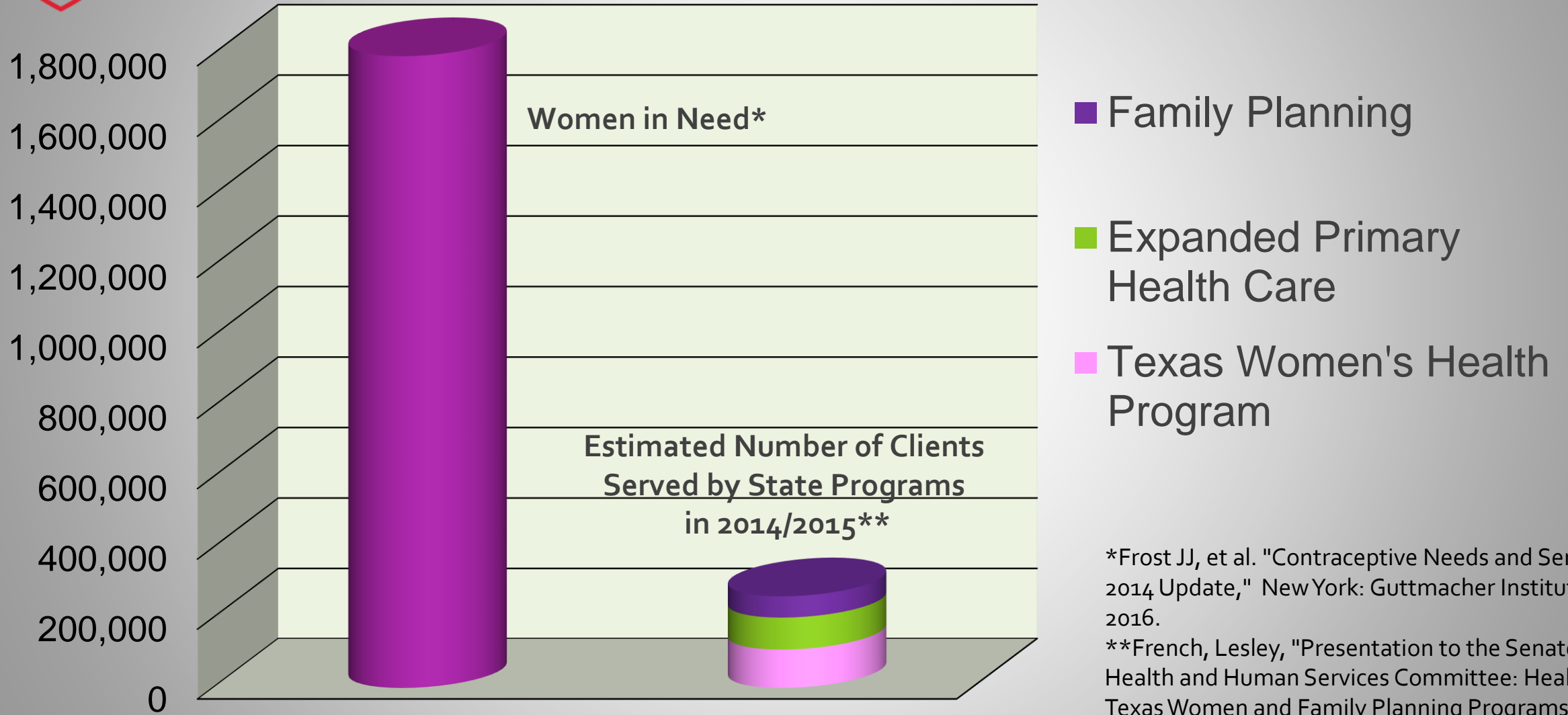
- Consolidation and creation of two new programs: Healthy Texas Women and the Family Planning Program

2018/2019 HHSC LAR: Maintains previous biennium funding

- Exceptional Item: \$20 million increase for FP



Need vs. Women Served through State Programs - 2014



*Frost JJ, et al. "Contraceptive Needs and Services, 2014 Update," New York: Guttmacher Institute, 2016.

**French, Lesley, "Presentation to the Senate Health and Human Services Committee: Healthy Texas Women and Family Planning Programs," September 13, 2016.



Access to Quality Care for Mothers and Babies

Improving maternal and child health by supporting policies and practices that will improve access to care before, during, and after pregnancy.

Celia Neavel, MD, FSAHM



Impact of Perinatal Depression on Child Health

- Fetal and child growth and development
- Pre-term birth
- Sleeping and eating difficulties
- Neuro-cognitive development
- Child mental health issues
- Social and learning disorders





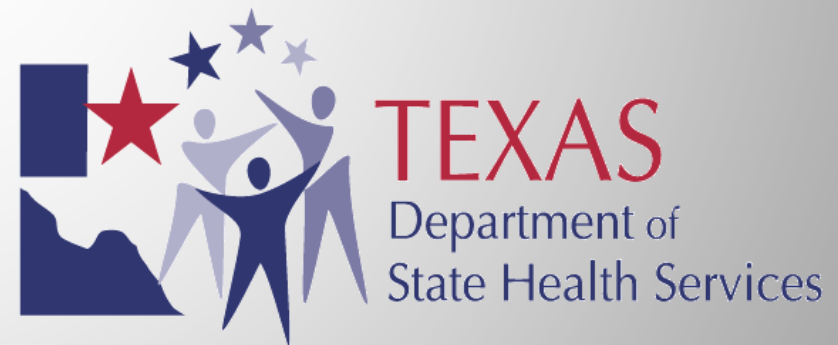
Prevalence of Postpartum Depression

- 14% of new moms nationally
- Among other groups, disproportionately affects
 - Women from low income households
 - Teen parents
 - Women with personal or family histories of depression
- Underreported in the Texas Medicaid population





State Initiatives to Address Postpartum Depression





National Recommendations on Postpartum Depression

Major national medical organizations recommend physicians be able to screen for postpartum depression as a part of the well-baby visit for up to twelve months after the baby is born.



Bright Futures™
prevention and health promotion for infants,
children, adolescents, and their families™



3 Recommendations to Improve Maternal-Child Health in Texas

1. Texas should enact new Medicaid policy to allow primary care physicians to bill for screening mothers for perinatal depression during the child's Medicaid or CHIP well-baby visit.





3 Recommendations to Improve Maternal-Child Health in Texas

2. Eliminate current coding and procedural issues that impede physicians and other providers from conducting perinatal depression screening and counseling for adult women enrolled in Medicaid or Healthy Texas Women.



HEALTHY TEXAS WOMEN



3 Recommendations to Improve Maternal-Child Health in Texas

3. Direct HHSC to evaluate options for streamlining enrollment in women's health programs to promote continuous care following a pregnancy.
 - Streamlined enrollment and referral process between CHIP perinatal and the state's Family Planning Program
 - Amend HHSC policy to allow women to dually enroll in CHIP perinatal program and other private individual health coverage.



Access to Quality Care

Improve the health and well-being of Texas children by supporting comprehensive health coverage for Texas' low-income adults and families

Adriana Kohler, JD,
Senior Health Policy Associate, Texans Care for Children



Access to Quality Care

- 4. Improve the health and well-being of Texas children by supporting comprehensive health coverage for Texas' low-income adults and families**
 - Supports maternal health and improves birth outcomes
 - Enhances financial security for Texas parents striving to do the best job of raising their children and providing for their families
 - Promotes preventive care and helps reduce emergency room visits and inpatient stays
 - Affects all Texas communities – rural, suburban, and urban



Good health in childhood starts before birth and begins with health of parents to be

- Access to care *before, during, and after* pregnancy leads to healthier pregnancies, healthier births, and strong kids' growth & brain development
- Critical windows of opportunity:

Before Pregnancy:
Preventive &
Preconception Care

Prenatal Care
Obstetric Care

Birth, Newborn Care,
Postpartum Care, &
Early Childhood
Development



Despite historic decline in number of uninsured kids in Texas, more than 4.6 million Texans remain uninsured

- Includes people with jobs in child care, retail sales, construction, at restaurants, as office clerks, and other fields. But don't receive insurance from their employers
 - 1.5 million Texas women of childbearing age between age 15 and 44 do not have health insurance – *that's 1 in 4 Texas women of childbearing age*
- Medicaid coverage is not available before pregnancy and ends 60 days after delivery of a child
- Healthy Texas Women and Family Planning Program are limited scope programs



Increasing health coverage is an essential step to improve birth outcomes and address Texas' alarming spike in pregnancy-related deaths and complications

In Texas, rate of pregnancy-related deaths in the state *doubled* between 2010 and 2012

DSHS Maternal Mortality and Morbidity Task Force found that **60 percent of maternal deaths in Texas occurred *more than days and less than one year* after delivery**

Black women bear the greatest risk for pregnancy-related death

Top reasons for pregnancy-related deaths are:

- Heart attack
- Licit and illicit drug overdose
- Hypertension/eclampsia
- Hemorrhage
- Sepsis, and
- Suicide



How Does Increased Coverage Benefit Texas?

- **Babies will be born healthier – preventing negative & costly consequences**
 - 1 in 10 Texas babies are born too early (premature); 1 in 12 are born too small
 - Treating diabetes, hypertension, and addressing obesity and smoking before and between pregnancy lowers risk of pregnancy complications and preterm birth
 - Reducing preterm or low-birth weight births lowers risk of health complications and lifelong disabilities:
 - Asthma, hearing loss, developmental disabilities, autism, cerebral palsy, ADHD
 - Addressing parents' mental health has direct effect on young child's health and development
 - If untreated, parents' depression affects baby's brain development – delayed language and cognitive development; child at higher risk of emotional and behavioral problems



How Does this Benefit Texas?

- **Improves maternal and child health and reduces state costs**
 - Preventing low-birth weight and pre-term births reduces neonatal unit (NICU) costs
 - Average Medicaid cost for premature infants is *200 times* higher than cost of healthy, full-term births
 - In first year of life, average cost to Medicaid is \$109,000 for a preterm or low-birth-weight baby, compared to \$572 for a healthy baby
 - Research shows that women with untreated postpartum depression have higher health care costs and four times more likely to have emergency room visits



Kids Do Better when Parents Also Get Coverage

- **Research finds: when parents get covered, children are more likely to:**
 - Get Enrolled
 - Stay Enrolled
 - Receive more preventive care and regular check-ups. Kids who get routine check-ups perform better in school
- **Parents' health can impact children's health and success**
 - Parents who can't get routine or ongoing care may be unable to work or may have to skip work. If parents do get care, they may end up with big medical bills. This creates stressful home environment and financial consequences for kids and family



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