

Committee Bill No. 245
An Act Concerning The Availability Of Medical Services And
Health Insurance For Low-Income Pregnant Women.

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Submitted by Amy Gagliardi
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My name is Amy Gagliardi and I am present today to testify in support of Committee Bill No. 245, An Act Concerning The Availability Of Medical Services And Health Insurance For Low-Income Pregnant Women. I run maternal-Infant program services for Community Health Center, Inc. which is a federally qualified health center. Obstetric clinics and Healthy Start fall under the purview of our Maternal-Infant program services. Due to my direct contact with the target population to be served under Committee Bill No 245, I can testify to the need for all proposed covered services under this bill.

Our obstetric clinic provides prenatal services for both HUSKY and uninsured pregnant women. A review of 242 patient charts revealed that uninsured pregnant women are more likely to engage in prenatal care later than women eligible for insurance. Entry into prenatal care during the first trimester, that being within the first 12 weeks of pregnancy, has been associated with positive birth outcomes. According to the Association of State and Territorial Health Officials in their report on State Policy to Improve Birth Outcomes, " Access to health insurance coverage is a critical component of assuring healthy birth outcomes for women and infants. A lack of health insurance often means late or no entry into prenatal care for women, which can lead to a host of pregnancy complications and delayed diagnosis of treatable conditions. Specifically, uninsured pregnant women are less likely to initiate prenatal care in their first trimester and are more likely to report receiving less than 80% of the number of recommended prenatal visits than insured women". (1) Of the 242 patients charts reviewed for patients receiving care through CHC's obstetric clinic, a disparity was found related to entry into care between those with and without insurance. Within the insured group it was found that 19% of all women entered prenatal care after 12 weeks compared to 31% of women without insurance(2). This supports other existing research demonstrating that women without insurance enter prenatal care later than women with insurance. I support Section 4 which will effectively expand insurance coverage to pregnant women who are above 185% but under 300% of the federal poverty level.

A compelling 2006 study conducted by Rosenberg et al suggests that pre-pregnancy medicaid coverage is associated with early entry into prenatal care(3). In this study a comparison was made between pregnant women with medicaid (Non-GAP) and those eligible but without coverage at onset of pregnancy (Medicaid GAP). The results of this study demonstrate that while only 47.3% of women in the Medicaid GAP group initiated prenatal care during the first

trimester, 70% of those with existing medicaid coverage initiated prenatal care during the first trimester. The authors of this study recommend for the preservation of medicaid expansions for pregnant women and the promotion of access to both primary and early prenatal care, especially for very low income women.

While continual medicaid coverage for women during the childbearing years is one option towards maximizing the opportunity for women to enter prenatal care during the first trimester, the implementation of presumptive eligibility is another. According to the 2005 MCH Update by the National Governor's Association many states have implemented presumptive eligibility for pregnant women in order to streamline the enrollment process process (4). Presumptive eligibility enables states to temporarily cover pregnant women (and children) under SCHIP and Medicaid. In 2005, 10 new states implemented presumptive eligibility for pregnant women. In my experience with our obstetric patients, presumptive eligibility will facilitate a women's ability to receive the essential services they need as soon as possible. These services include prescriptive coverage in addition to prenatal care. I have spoken to many women who relate stories of the expedited process taking longer than anticipated and intended. Many women who enter prenatal care after the first trimester report they have not accessed care because they thought their insurance needed to be approved before they could do so. For a variety of reasons securing of HUSKY has for some patients taken longer than the intended expedited eligibility process. The adoption of Section 1 (b), the implementation of presumptive eligibility, will foster our joint goal of facilitating early entry into prenatal care.

Periodontal disease during pregnancy can affect birth outcomes. According to the US Department of Health and Human Services report on Oral Health in America, there is a relationship between poor birth outcomes, including premature birth, and periodontal disease during pregnancy(5). PRAMS data reveals that many pregnant women do not receive appropriate dental care (6). In February 2006 the Quality Assurance Committee of Connecticut's Medicaid Managed Care Council convened a Woman's Health Forum. One of the topics addressed was periodontal disease during pregnancy. Experts presented information concerning the detrimental affects of periodontal disease during pregnancy and that impaired maternal oral health affects birth outcomes and child health. (7). Section 2(b) of Committee Bill No. 245 will directly address the important issues facing pregnant women, that of coverage for screening and treatment of periodontal disease during pregnancy.

According to the U S Department of Health and Human Services and their study, the Effect of Healthy Start on Infant Mortality and Birth Outcomes, studies have revealed that Healthy Start has had a positive affect on the initiation and utilization of prenatal care and has been related to declines in babies born prematurely and of low birth weight (8). As a community based program, Healthy Start can be invaluable in efforts towards targeting high risk pregnant women, including pregnant teenagers, into both medical and ancillary care. Section 3 in Committee Bill No. 245 supports collaboration with Healthy Start and other

community based programs. The provision for ancillary services for pregnant women without credible health insurance coverage is a much needed provision. These services, including comprehensive ultrasound screening, laboratory testing and genetic testing will assist in providing a full package of services during pregnancy.

On a personal note I would like to share a story with you. I recently worked with a patient who had no credible health insurance coverage. We were able to secure payment for a basic ultrasound screening while she was pregnant. The ultrasound revealed that her fetus had a possible heart anomaly. Further testing was needed in order to gather essential additional information. The concern by our obstetrician was that if the baby did have a heart condition it would not be safe to be delivered at our local birthing hospital. For the safety of the baby the delivery would have to take place at a hospital with a special care nursery. The mother had no insurance to cover the needed testing nor could she afford the out of pocket cost. A provision of such testing under Sec. 3 would facilitate such coverage.

Respectfully submitted,
Amy Gagliardi, MA, IBCLC, RLC

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