



# North Texas Rep. Toni Rose's Bill Would Add Coverage for New At-Risk Mothers, Again

A bill that provided six months of Medicaid coverage to qualifying new moms was signed into law in 2021 but never funded.

By Will Maddox | May 8, 2023 | 3:00 pm

A bill in the Texas House is moving closer to giving vulnerable women 12 months of Medicaid health coverage. Sponsored by North Texas' Toni Rose, HB 12 would extend coverage beyond the two months of health coverage at-risk mothers currently receive in Texas.

The bill passed the House 132-8 last month and has been moved to the Health and Human Services committee in the state Senate. In 2021, a similar bill that extended health coverage to vulnerable new mothers to 12 months passed out of the House, and the Senate reduced coverage to six months. It was signed by the governor, but the program was never funded by the government because the Centers for Medicare and Medicaid Services said it would only fund coverage of at least 12 months. Qualifying women currently receive just 60 days of health coverage.

“When women don't receive postpartum care, it becomes an issue,” says Rose, who represents District 110, which includes parts of southern Dallas and Pleasant Grove. “If women are not able to receive healthcare because they don't have access, they suffer, and outcomes are not great.”

A few years ago, Texas' maternal mortality was reported to be frighteningly high. Though the original numbers were tempered by follow-up research, gaps persist. The most recent [report](#) from Texas Maternal Mortality and Morbidity Review Committee studied maternal deaths between 2021 and 2022 and found that 90 percent of

pregnancy-related deaths were preventable. In addition, the maternal morbidity rates for Black women in Texas increased between 2016 to 2020, from 91.6 cases to 117.3 per 1000,000 deliveries.

The committee's recommendations were clear: "Increase access to comprehensive health services during pregnancy, the year after pregnancy, and throughout the preconception and interpregnancy periods to facilitate continuity of care, implement effective care transitions, promote safe birth spacing, and improve the lifelong health of women."

UT Southwestern and Parkland have partnered on extending Maternal Care After Pregnancy (eMCAP), which focuses on women with hypertension and diabetes for 12 months after childbirth. It uses advanced practice providers, virtual care, community health workers, a mobile health unit, and home blood pressure cuffs to address gaps in care. A virtual nurse can refer the patients to other health services, and community healthcare workers can also address mental health, transportation, or dental care needs. The goal is to address care gaps and avoid numerous hospital trips.

The eMCAP enrollees were significantly more likely to attend follow-up appointments at two weeks, one month, three months, six months, nine months, and 12 months after giving birth.

The bill could have a massive local impact. More babies are born on Parkland's Health's insurance plan than in eight states. Extending coverage for those families would improve outcomes for tens of thousands of women in North Texas. Groups like Dallas Area Interfaith, a non-partisan, multi-ethnic, multi-issue group of religious congregations, schools, and other non-profits in Dallas, are working to get the bill passed.

The bill would also be a boon to the state by giving the mothers access to primary care and preventing downstream costs. "HB 12 going to save the state money," says Dr. Barry Lachman, a pediatrician and advocate for DAI. "What we spend in preventive services will pay off for these mothers."

HB 12 remains in the State Senate's Health and Human Services Committee, but because of its robust support, Rose is confident that her bill will become a law and be funded by CMS this time. "I've got a good feeling," she said.