



May 18, 2021

The Honorable John Cornyn
United States Senate
711 Hart Senate Office Building
Washington, DC 20510

The Honorable Ted Cruz
United States Senate
524 Hart Senate Office Building
Washington, DC 20510

Dear Senators Cornyn and Cruz:

On behalf of the Texas Medical Association, American College of Obstetrician and Gynecologists District XI (Texas), Texas Association of Obstetricians and Gynecologists, Texas Academy of Family Physicians and Texas Pediatric Society, which collectively represent more than 55,000 physicians and medical students, we are writing in strong support for S. 411, the “Mothers and Offspring Mortality and Morbidity Awareness Act” or the “MOMMA’s Act” and to urge your support for this important legislation.

Becoming a new mother is a time of celebration and joy. Yet for many Texas women the journey to motherhood can be perilous and potentially deadly.

According to data from the Texas Maternal Mortality Morbidity Review Committee, too many women die during pregnancy or in the year followingⁱ though 9 in 10 of these deaths were potentially preventable.

Black women account for 31% of maternal deaths but only 11% of births.ⁱⁱ For every maternal death, 50 to 100 women suffer a severe illness or complication that can interfere with a new mother’s ability to care for her child, which may influence the child’s development.

Many factors contribute to poor maternal health such as chronic health conditions, care delivery, poverty, and community. Each must be addressed by community stakeholders through collective and complimentary efforts. But the number one factor the state can address is ensuring women have access to comprehensive health care coverage across their reproductive lifespans.

Healthy pregnancies do not begin at conception, but in the months and years before. Once a woman gets pregnant, it is much harder – and more expensive – to manage a chronic condition. Conditions such as diabetes and hypertension can result in serious pregnancy-related complications and birth defects, even if the mother received early prenatal care.ⁱⁱⁱ Likewise, women need ongoing treatment throughout the “fourth trimester” – the year following delivery – to identify and treat any underlying chronic health conditions or complications.

Pre-pandemic, 25% of Texas working-age women lacked health insurance – a number that has grown because of the COVID-19 economic fallout. Too often, uninsured women struggle to obtain the care they need. Medicaid provides coverage during pregnancy, but its coverage ends 60 days postpartum, coinciding with the timeframe in which nearly 1 in 3 maternal deaths occurs.^{iv}

Women living in states with comprehensive health care coverage have better health outcomes, including fewer maternal complications and deaths.^{v vi}

Health inequality, the “health differences that are avoidable, unnecessary, and unjust,^{vii} further undermines maternal health and increases health care costs. Women of color and low-income women suffer disproportionately from these health disparities, including higher chronic disease burden and less timely care. Health care coverage throughout a woman’s lifespan greatly diminishes these gaps, resulting in better health care outcomes for mothers and infants. But health care alone does not improve health Texas also must address the non-medical factors, such as food insecurity, unsafe housing, domestic violence, and systemic racism, that make motherhood unnecessarily risky for too many women.

If enacted, the MOMMA’s Act could help Texas vastly improve maternal health and reduce health disparities by:

- Allowing Texas to extend Medicaid postpartum coverage for an entire year, providing 100% enhanced federal dollars for the first 5 years (20 calendar quarters) to pay for it and 90% matching funds thereafter;
- Adding preventive, diagnostic, and restorative oral health services as a benefit for pregnant and postpartum women enrolled in Medicaid or the Children’s Health Insurance Program. Lack of timely treatment of tooth decay and periodontal disease can result in pregnancy-related complications, including pre-term births;^{viii}
- Establishing national obstetric emergency protocols through an expert committee;
- Disseminating best practices and promoting coordination among state-level maternal mortality and morbidity review committees;
- Standardizing data collection and reporting; and
- Promoting culturally competent prenatal and postpartum care.

For the past several years, Texas’ own panel of maternal health experts has made extending Medicaid postpartum coverage for a full year its number one priority to advance efforts to dramatically reduce Texas’ maternal death rate. If enacted, S.411 will help Texas fulfill this goal.

We appreciate your leadership and look forward to working with you to advance this important legislation.

Sincerely,



E. Linda Villarreal, MD, President
Texas Medical Association



Eugene Toy, MD, Chair
American College of Obstetricians &
Gynecologists District XI (Texas)



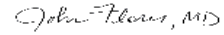
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ⁱ [Texas Maternal Mortality and Morbidity Review Committee Biennial Report Sept. 2020](#)

ⁱⁱ [ibid](#)

ⁱⁱⁱ [Obesity and Pregnancy](#), American College of Obstetricians and Gynecologists (ACOG)

^{iv} [ibid](#)

^v [Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality](#), Women's Health Issues Journal, Jan. 2020

^{vi} [Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization](#), [Sarah H. Gordon](#), [Benjamin D. Sommers](#), [Ira B. Wilson](#), and [Amal N. Trivedi](#), *Health Affairs*, Jan. 2020

^{vii} [Racial equity and health policy](#), Kaiser Family Foundation

^{viii} [Oral Health Care During Pregnancy and Through the Lifespan](#), ACOG 2013 (reaffirmed 2017)