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Public Health Committee
Interim Charge 1 - Related to Women/Maternal/Infant Health
Bills: HB 253; SB 750; and SB 2132

The Texas Women's Healthcare Coalition (TWHC) and its 87 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women.

Access to preventive care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions. The state's women's health programs, Healthy Texas Women (HTW) and the Family Planning Program (FPP), provide these services to those without access to other forms of healthcare coverage.

TWHC thanks our legislators for their commitment to women's healthcare and for the opportunity to provide input on legislation impacting women and maternal health. TWHC will address bills HB 253, SB 750, and SB 2132, which all aim to improve continuity of care for women and new mothers.

SB 750 – Limited, Enhanced Benefit Package in Healthy Texas Women

HTW Plus is an additional benefit package in the HTW program, specifically for postpartum clients as directed by Senate Bill 750. The Health and Human Services Commission (HHSC) announced the benefit package through a press release and services became available beginning September 1, 2020. The additional benefits announced include limited cardiovascular related services; limited diabetes management related services; asthma medication; psychotherapy and peer specialists for mental health conditions; substance use disorder services; and tobacco cessation drugs.¹ TWHC appreciates HHSC's use of an outside evaluation of postpartum service utilization, as well as the Maternal Mortality and Morbidity Review Committee's (MMMRC) 2018 report², to inform development of the HTW Plus benefit package.

However, for HTW Plus to be effective, there needs to be a provider network in place to provide the additional varied benefits such as cardiologists for the cardiovascular benefits, and psychotherapists or other mental health professionals for the postpartum depression and mental health benefits. Current provider recruitment is limited to reaching out to health

¹ Health and Human Services Commission. (2020, August 31). HHSC's Healthy Texas Women Program Launches Enhanced Postpartum Care Services [Press Release]. Retrieved from <https://hhs.texas.gov/about-hhs/communications-events/news/2020/08/hhscs-healthy-texas-women-program-launches-enhanced-postpartum-care-services>.

² Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." September 2018.

plans, but a successful recruitment strategy will need to be more robust and include partnering with provider associations at a minimum. Building a strong provider network is essential to proper service delivery and should start with existing HTW providers. Clear communication to existing HTW providers should be improved as there are many questions and much confusion in response to the press release announcing the rollout.

It is essential that there be a provider network in place across the state that is able to administer the HTW Plus benefits prior to client outreach. Although, as HHSC develops its client communication and outreach plan, working with stakeholders will help amplify and spread awareness.

TWHC cautions against further muddling the provider lookup on the Healthy Texas Women website – there should be a clear distinction between clinics and providers able to provide family planning services and those providing specialty services only, such as cardiovascular or diabetes management services.

The Families First Coronavirus Response Act freezes disenrollment in Medicaid through the public health emergency period. Women enrolled in pregnancy-related Medicaid on or after March 18 will continue to be covered by Medicaid through the end of the public health emergency period. Currently, no new mothers are transitioning to HTW or accessing HTW Plus services. The public health emergency period has been extended through January 20, 2021. HHSC now has additional times to educate current HTW providers, build an HTW Plus network, and create a client communication plan prior to women needing to access HTW Plus benefits. We hope the additional time can be utilized to make improvements.

Designing HTW Plus to be as effective as possible will help when HHSC submits an amendment to the 1115 HTW demonstration waiver to CMS to draw down federal funds for the new program component. In the meantime, ensuring HTW Plus has a robust network of HTW certified providers to serve new moms will help efficiently utilize general revenue and promote cost savings for the state.

Disrupting Continuity of Care

Promoting access to HTW will be a key piece to helping women utilize the new HTW Plus benefit package and improve continuity of care for women during the postpartum period. Since 2016, new mothers have automatically transitioned into HTW when coverage under the Medicaid for Pregnant Women program ends -- a policy that does not require mothers to submit another application or documentation during the process, promoting continuity of care and healthy outcomes. **However, HHSC is proposing terminating its current auto-enrollment policy, which will undermine the goals of SB 750 to increase continuity of care for women during the postpartum period and connect mothers with the HTW Plus benefits to improve health outcomes.**

As part of the 1115 Healthy Texas Women Demonstration Waiver implementation, auto-enrollment will be replaced with the agency's current administrative renewal process. Under this process, clients are contacted if HHSC cannot verify their eligibility criteria through electronic data sources. However, the Texas administrative renewal process works poorly today, with less than 9% of clients successfully renewed administratively. In other words, in more than 91% of attempts to perform an administrative renewal, HHSC requires the client to submit additional information. According to a recent report from the Kaiser Family Foundation, Texas is one of only eight states with an administrative renewal rate of less than 25%.³

When this process is applied to women losing Medicaid for Pregnant Women, new moms with a four-week-old baby are very likely to be asked to submit proof of income or other documentation within a short timeframe to be transferred into HTW. In 2019, over 83,000 new mothers were auto-enrolled into HTW. If only 9% of these clients successfully transition through the administrative renewal process, that means over 75,000 clients will face obstacles to transfer to HTW, causing delayed or no access to vital postpartum services.

We understand there are limitations under the modified adjusted gross income (MAGI) methodologies used for Medicaid eligibility under federal law that will be required by the 1115 HTW Demonstration Waiver. However, to minimize the added burden on new mothers, clinic staff, and state eligibility workers we strongly recommend the following strategies that can be achieved while still following MAGI methodologies:

- ***Improve the administrative renewal process before using it to replace auto-enrollment***
HHSC should allow the use of Texas Workforce Commission (TWC) quarterly wage data from the two quarters prior to the current quarter and remove use of the new hire data report as in the administrative renewal process. Current system design requires that the electronic data must be no more than 60 days old, which means HHSC is unable to verify earned income using TWC in at least eight months out of the year. This is not required by federal or state law, making it a simple and effective improvement for HHSC to implement. Using the New Hire data is problematic because the system will request verification from a client unless the employer name and start date in the report match *exactly* with the employer name and date included in TIERS. Exact matches of employer names could be fraught with errors. Furthermore, the agency checks New Hire reports through a monthly process; checking it at renewal is redundant. Once these fixes are made the agency should continue to monitor the renewal process to identify barriers to successful renewal and continuity of care.

³ Brooks T, Roygardner L, Artiga S, Pham O, Dolan R. Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey. Kaiser Family Foundation Report. 2020 Mar; Available from: <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>

- ***Post enrollment verification***

This policy allows a better transition for new moms, who could submit pay stubs or other required paperwork during a temporary period (90-day window) after she is enrolled. Post enrollment verification is already used in Texas Medicaid for Pregnant Women and does not require a waiver from CMS.

SB 2132 – Improving notices informing mothers about postpartum HTW enrollment

SB 2132 directed the agency to update the notice a mother receives alerting her that she has been enrolled into HTW after her Medicaid for Pregnant Women coverage ends. While the updates do provide more information on HTW, the changes were made prior to HTW Plus implementation. Therefore, they **do not include** any information about the additional postpartum services available in HTW Plus, which is geared specifically toward the population of mothers in need of postpartum care. We recommend the notices be updated to educate women on the additional HTW Plus services that will be available to promote utilization.

HB 253 – Postpartum Depression Strategic Plan

TWHC applauds the stated prioritization and goal of increasing access to services for all mothers and women in the state to improve maternal health outcomes in the plan. TWHC strongly supports the addition of behavioral health services and counseling to the enhanced postpartum benefit package in HTW Plus included in the plan. Behavioral health services and counseling in HTW Plus will help women with postpartum depression (PPD) or other perinatal mood disorders that lose Medicaid coverage 60 days postpartum access treatment. In addition to the strategies currently outlined in the plan and those specifically referenced above, TWHC supports adding the following strategies to the plan:

- 1. Recommend the Legislature extend Medicaid coverage for eligible mothers from 60 days to 12 months postpartum, as recommended by the Texas Maternal Mortality and Morbidity Review Committee, so mental health conditions can be treated before getting worse.**

When a woman's Pregnant Women's Medicaid eligibility cuts off 60 days postpartum, and she does not receive health coverage through private insurance, she'll likely be left uninsured. While improving the postpartum benefits in HTW is a step in the right direction, HTW Plus is still a limited benefit program and will not improve health outcomes for women as effectively as making comprehensive insurance accessible and affordable.

- 2. Recommend including a strategy on addressing disparities and focus on high risk populations, such as Black women.**

In their research, the MMMRC found when compared with other races and ethnicities, Black women continue to be at the greatest risk for maternal death, and risk for

maternal death among Black mothers remained high across all levels of socioeconomic status.⁴ And specifically, when it comes to maternal mental health challenges, research shows Black moms in Texas are less likely to receive treatment compared to other moms.⁵

3. Create a website and provider toolkits with referral network resources focused on maternal mental health.

Providers across all specialties have expressed difficulty locating a mental health provider in their area. A list of Local Mental Health Authorities or making updates to Medicaid health plan directories is not sufficient. However, with a website, Texas can create a meaningful provider tool by leveraging existing referral network resources, such as the Postpartum Support International provider directory.

4. Telehealth and Telemedicine

TWHC supports the addition of a strategy to explore and expand telehealth and telemedicine for women's health in Medicaid, CHIP, HTW, and HTW Plus in the final draft of the plan. However, we recommend including the Family Planning Program in the list. If women are ineligible for Healthy Texas Women, the Family Planning Program may be their only link to the healthcare system during the interconception period.

⁴ Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." September 2018.

⁵ Feldman, N. & Pattani, A. (December 2019). *Black Mothers Get Less Treatment for Postpartum Depression Than Other Moms*. Kaiser Health News. <https://khn.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/>