

Maternal Health Recommendations for Texas Policymakers

What is at stake when Texas leaders make maternal health policy decisions?

- The health and lives of Texas mothers;
- The health, lives, and brain development of infants and toddlers;
- State savings by preventing million dollar stays in the NICU and other costs;
- The opportunity to address racial disparities and inequities.

Additionally, the coronavirus pandemic has revealed and exacerbated maternal health challenges, including mental health concerns and the lack of access to health insurance under Texas' current policies.

Fortunately, Texas leaders have shown a growing interest in addressing maternal health. For example, in 2019 the Texas House passed legislation to end the state policy of removing new mothers from Medicaid insurance two months after childbirth. Unfortunately, that bill stalled in the Texas Senate, failing to become law.

This brief further explains these challenges and offers several maternal and infant health policy recommendations to state leaders.

Maternal deaths and pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children and higher financial costs for the state.

- Childbirth, one of life's greatest joys, can turn into tragedy when the infant's mother dies. Almost 400 Texas mothers lost their lives during and after pregnancy between 2012 and 2015.¹
- Several of the Texas Maternal Mortality and Morbidity Review Committee's findings from the 2012 to 2015 data underscore the need for better access to health care for low-income mothers during the year following birth:
 - The majority of maternal deaths occurred between 60 days and one year postpartum.

- Low-income women faced a higher risk of maternal death or pregnancy complications from 2012 to 2015.
- The vast majority (nearly 80 percent) of the maternal deaths were potentially preventable.²
- Maternal deaths are only the tip of the iceberg, with many more Texas mothers facing severe pregnancy complications.
 - Pregnancy complications like obstetric hemorrhage, sepsis or infection, and cardiac event can lead to urgent hospital stays and long-term health consequences for a mom or baby.
 - Pregnancy complications increase the risk of a baby being born too early or too small, which can lead to long NICU stays and long-term health problems for a child, such as asthma, developmental delays, or disabilities.
 - Postpartum depression – one of the most common complications of pregnancy, affecting 1 in 7 Texas mothers³ – can harm a mother’s health and a child’s health, brain development, and school readiness.⁴ A Mathematica analysis showed that untreated postpartum depression in the U.S. had an economic cost of \$14.2 billion in 2017 alone when taking into account worse health outcomes, absenteeism, and lower productivity.⁵
- One in 10 Texas babies are born premature (10.8%) and 1 in 12 Texas babies are born at an unhealthy low birth weight (8.5%).⁶ These rates have been higher than the national average for the last decade. Babies born too early or too small may face long-term health issues like hearing loss, asthma, or disabilities that can affect their ability to be healthy and successful in school and beyond.⁷
- Babies born premature or at low birth weight can cost the state almost 200 times more than a full-term baby. Over the first year of life, HHSC estimates a premature baby will cost Texas Medicaid an average of \$100,000, while a full term baby costs a tiny fraction of that: \$572.⁸

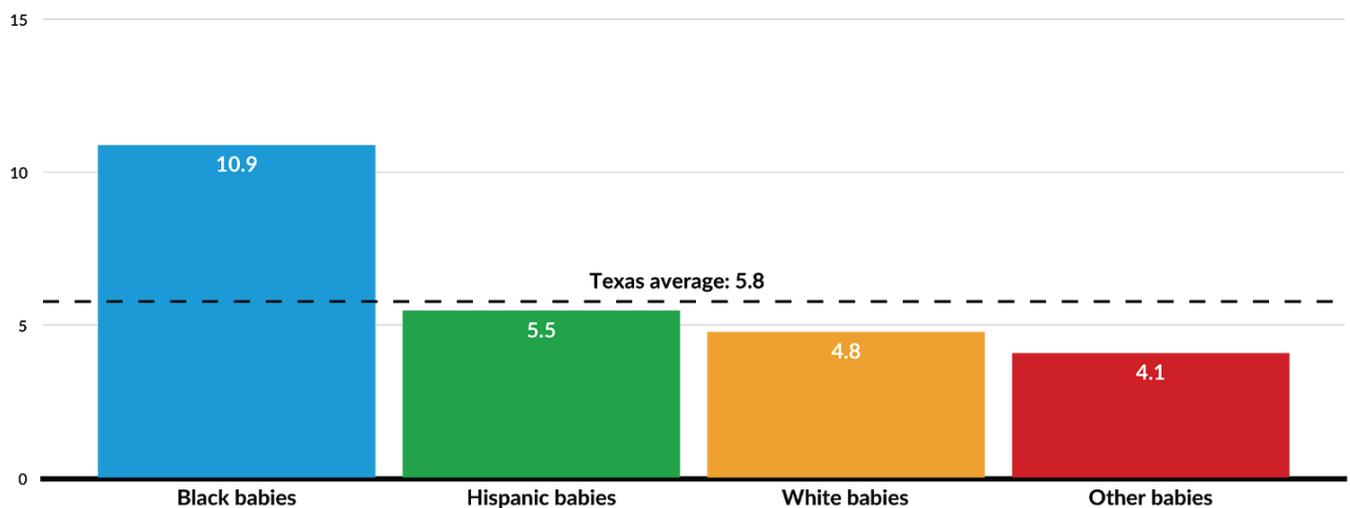
While all families are at risk, Texas has disturbing racial disparities in maternal health and birth outcomes.

- Black mothers are more than twice as likely to face maternal death or serious pregnancy complications compared to other Texas mothers, according to the Review Committee’s analysis as well as other reports.⁹ The increased risk of maternal death among Black women cuts across all socioeconomic levels – regardless of income, education, marital status, or other health factors.
- Infant mortality rates have decreased in Texas over the last decade, but Black infants in our state are still twice as likely to die during the first year of life compared to White and Hispanic babies.¹⁰
 - While birth defects are the leading cause of infant mortality in Texas overall, preterm birth and babies born at low birthweight are the leading cause of death among Black infants in Texas – underscoring that a mom’s health and healthy pregnancy affects outcomes for babies.¹¹
 - In Texas, Black infants are more likely than other babies to be born too early or too small. In 2018, 14.8% of Black babies were born premature compared to 10.8% of Hispanic babies and 9.6% of White babies; 14.1% of Black babies were born at low birth weight compared to 7.9 % of Hispanic babies and 7.0% of White babies.¹²

- Experts have identified several factors that contribute to racial disparities in maternal and infant health:
 - Implicit biases in our health care system can affect the quality of health care provided, decision making, and how health programs are carried out.
 - The physical toll of ongoing stress can affect the health of mothers of all backgrounds and their pregnancies, and persistent stress related to racism adds to this “weathering effect” on Black women’s health.¹³
 - Social determinants of health – such as housing, food scarcity, and education, among others – are affected by past and present discrimination.¹⁴
 - Black adults in Texas also have less access to health insurance compared to White adults (22% of Black Texas adults were uninsured compared to 14% of White Texas adults in 2018).¹⁵ And Texas adults of all backgrounds face higher uninsured rates than the national average (nationally, 13% of working-age adults were uninsured in 2018).¹⁶

Black Babies in Texas Are Much More Likely to Die Before Age One

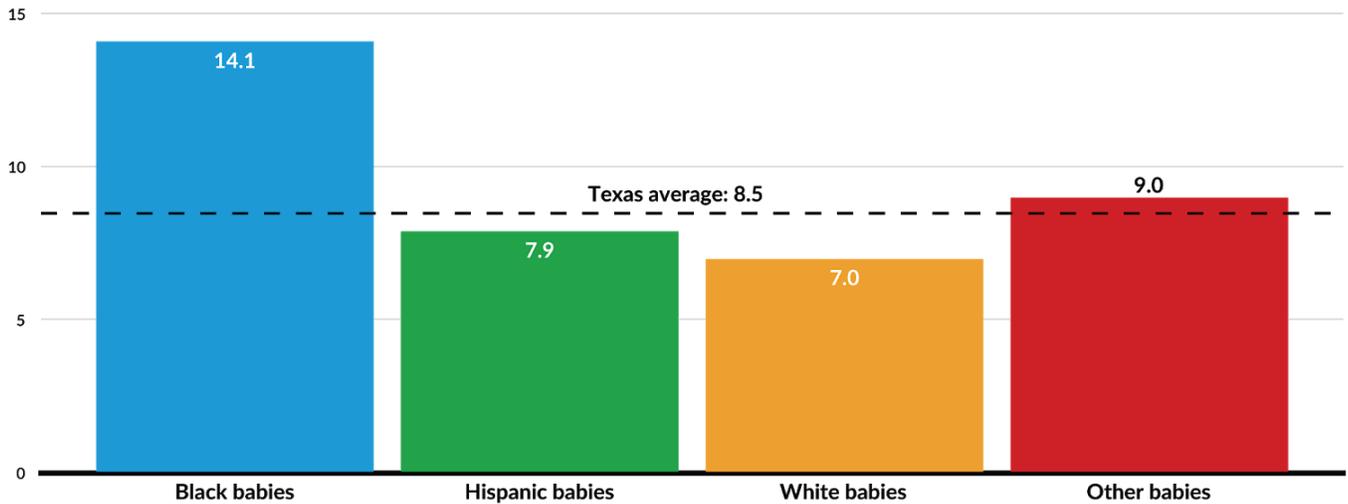
Infant Mortality Rate in Texas by Race/Ethnicity in 2017 (Deaths per 1,000 Live Births)



Source: Texas Department of State Health Services. 2019 Healthy Texas Mothers and Babies Databook. Table 2 (Nov. 2019). Prepared by the Maternal and Child Health Epidemiology Unit based on 2017 Texas Birth and Death Files.

Black Babies in Texas Face a Higher Risk of an Unhealthy Low Birth Weight

Percent of Infants Born with Low Birth Weight in Texas in 2018 (Percent of Live Births)



Source: Texas Department of State Health Services. 2019 Healthy Texas Mothers and Babies Databook, Table 4 (Nov. 2019). Prepared by the Maternal and Child Health Epidemiology Unit based on 2018 Texas Birth and Death Files.

Texas is one of the only states where Medicaid health insurance is typically not available to women with jobs below the poverty line, except during their pregnancy and 60 days after childbirth.

- Prior to the COVID-19 pandemic, 1 in 4 Texas women of reproductive age was uninsured, the worst rate in the nation.¹⁷ According to a recent report from Families USA, an estimated 659,000 Texans became uninsured from February to May as unemployment soared amid the COVID pandemic.¹⁸
- Women's lack of access to health care – before pregnancy, during the first trimester, and after pregnancy – contributes to the maternal and infant health challenges described above.
- Texas has important health programs for women, but there are big gaps that significantly limit women's access to health care. See our recent Policy Brief for more details on Texas' different health programs.¹⁹
 - Medicaid for Pregnant Women is available during pregnancy but expires 60 days after a mother gives birth, leaving many Texas moms without access to medical and behavioral health care during a critical time.
 - Medicaid insurance and Affordable Care Act insurance provide comprehensive coverage – but they are generally not available to Texas women of childbearing age below the poverty line.
 - Healthy Texas Women (HTW) is available to women with low incomes when they are not pregnant – but it only covers a narrow set of health services. HTW covers preventive well-woman care,

family planning, screening and treatment for hypertension, diabetes, and postpartum depression in the primary care setting. As of now, HTW cannot help a woman see a therapist or psychiatrist for counseling, a cardiologist for a heart condition, or an endocrinologist to help with diabetes because the services are not covered in HTW and/or these specialists do not participate in the program.

- Other than limited benefits in HTW, if a woman does not receive insurance through her job or spouse’s job, she likely becomes uninsured after Medicaid cuts off 60 days after childbirth, especially if she is low income. The sudden plunge into uninsured status when a new baby is just two months old often means mothers can’t get the mental health treatment, doctor’s visits, or medications they need.

Texas Has Important Health Programs for Women, But There Are Big Gaps That Significantly Limit Women’s Access to Health Care.

Each Program Has Either Very Limited Eligibility or Very Limited Services

	Medicaid for Parents	Medicaid for Pregnant Women	Healthy TX Women & Family Planning Program
Serves Women in Low Wage Jobs*	✗	✓	✓
Comprehensive Health Services	✓	✓	✗
Available Before Pregnancy or 60 Days After *	✓	✗	✓

* Under state policy, a parent with dependent children must have an annual household income of less than about \$3,000 per year for a family of three to qualify for Texas Medicaid, meaning Medicaid is unavailable to almost all low-income adults in Texas unless they are seniors, have a disability, or are pregnant.

Now is the time to prioritize maternal and infant health. The coronavirus pandemic and recession have revealed and exacerbated some of the challenges facing mothers and babies.

- Navigating pregnancy and the first months with a newborn during a global pandemic is one complication today’s new parents certainly didn’t see coming. Added stressors, isolation, and lack of assistance from friends and family due to social distancing leave many new parents on an island like never before, increasing risks of maternal mental health challenges among new mothers.
- As noted above, Texas already had the nation’s worst uninsured rate for women of childbearing age before the pandemic, and now many more Texans have become uninsured. In July, Families USA

estimated that **3 in 10 nonelderly Texas adults (29 percent) were uninsured, the worst rate in the nation.**²⁰

- Additionally, initial research shows that pregnant women with COVID-19 are at greater risk for hospitalization, ICU admission, and more likely to need a ventilator, meaning that pregnant women are at heightened health risk and may face more severe symptoms.
- The majority of Texans agree that lawmakers should do more to improve maternal health. Statewide polls from the Kaiser Family Foundation and the Episcopal Health Foundation found that a majority of Texas men and women say state lawmakers should make maternal mortality one of the legislature's top health priorities.²¹

Recommendations to Texas Policymakers

- **Extend Medicaid coverage for new mothers from 60 days to one year postpartum, as recommended by Texas' Maternal Mortality & Morbidity Review Committee.** Pregnancy-related deaths occur well beyond the delivery room. Between 2012 and 2015 in Texas, the majority of maternal deaths occurred more than 60 days postpartum.²² Texas' Review Committee's number one recommendation to improve maternal health is "extending access to healthcare coverage for 12 months following delivery to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe."²³ Improving access to Medicaid insurance has been associated with increased use of postpartum outpatient care, particularly for women who have had pregnancy complications.²⁴

Momentum is building nationally and in Texas. Over 60 national organizations support extending Medicaid postpartum coverage to 12 months, including American Medical Association, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians, March of Dimes, and the Society for Maternal-Fetal Medicine. In 2019, the Texas House passed a bill to take this important step, HB 744, but it stalled in the Senate. As part of its response to the pandemic, Texas temporarily suspended the removal of mothers from Medicaid insurance two months after child birth. Texas should make that change permanent by extending Medicaid to a full year after pregnancy.

- **Protect the state budget for Medicaid and CHIP health insurance and maintain eligibility, benefits, and provider rates.** Medicaid covers more than half the births in Texas, providing prenatal and postpartum care to ensure healthy pregnancies and births. Prenatal care is essential to monitor the fetus' development, treat underlying medical conditions, and prevent pregnancy complications that crop up unexpectedly. Texas has learned from experience that cutting women's health actually increases costs to the state in the short term and beyond. Texas lawmakers cut eligibility for pregnancy-related Medicaid in 2003 only to reverse course the next biennium because the cut harmed women's health and resulted in higher Medicaid maternal and neonatal costs.²⁵

- **Maintain funding levels for Healthy Texas Women and Family Planning Program as they save the state money and help Texas women get preventive care for healthy, planned pregnancies.** Continued investment in Texas’ women’s health programs is critical for rebuilding our state’s family planning network and providing vital services such as health screenings, contraception, and well-woman exams to Texas women. A women’s ability to plan and space her pregnancies leads to an array of benefits, including lower abortion rates, improved infant and maternal health, better educational and economic opportunities for families, and cost savings for the state.²⁶ In tough financial times, funding for women’s preventive care is a smart investment for families and for the state. Overall, every dollar spent on contraceptive care leads to savings of \$6.²⁷ HHSC recently estimated that services provided by HTW and the Family Planning Program in 2019 save the state a combined \$140 million in General Revenue.²⁸ After accounting for the annual cost of administering HTW and FPP, these programs generate a net savings of \$20 million in General Revenue and \$236 million in state and federal savings in 2019 alone.²⁹
- **Maintain funding levels for the Department of State Health Services’ (DSHS) maternal and child health division, including funding for TexasAIM initiative and Texas’ Maternal Mortality Review Committee.** Through the *TexasAIM* initiative, DSHS works closely with hospitals to implement evidence-based best practices and protocols that improve maternal health and safety (often referred to as “bundles”). These maternal health and safety bundles – such as Obstetric Hemorrhage Bundle, Severe Hypertension in Pregnancy Bundle, and Opioid Use Bundle – enhance the delivery of health care, save women’s lives, and prevent harmful complications for mother and baby.³⁰ By helping more Texas hospitals implement these safety bundles, continued investment in DSHS’ *TexasAIM* initiative is a key strategy for combating maternal mortality and morbidity in Texas.
- **As HHSC implements a new postpartum care package in “Healthy Texas Women+” in FY 2021, the Legislature should continue funding needed in future years so new mothers can continue to receive postpartum care via HTW+.** Created by SB 750 during the 2019 legislative session, HHSC will add certain postpartum health services to HTW+ by September 2021, with services available to new moms through an HTW in-network provider. With the goal to reduce maternal mortality and pregnancy complications in the postpartum year, the HTW+ postpartum package will likely include mental health and substance use treatment, services for cardiac conditions, and services for some chronic health conditions. To ensure successful roll-out of HTW+, Texas needs a strong provider recruitment strategy to ensure specialty providers (e.g., cardiologists) and behavioral health professionals (including psychiatrists, licensed counselors, etc.) participate in the HTW+ network to *deliver* postpartum health services. The 2019 Legislature appropriated \$15 million to fund HTW+ in FY 2021. Continued funding will be needed in future years to continue postpartum care services and achieve the state’s maternal health goals.
- **Promote group prenatal and well-child care innovations – such as CenteringPregnancy and CenteringParenting – that have proven, lasting benefits for mothers, infants, and toddlers.** Group care moves away from the traditional 15-minute doctor-patient visit towards a team-based approach that

incorporates additional experts and/or medical specialists into the care team. Through models such as CenteringPregnancy, a woman continues individual health assessments with her provider and participates in a series of interactive group discussions with trained facilitators, experts, and a cohort of other pregnant women. The group/peer component covers medical and non-medical aspects of pregnancy, including nutrition, breastfeeding, labor and delivery, and infant care. Numerous studies have found that CenteringPregnancy improves maternal and infant health and generates cost savings³¹ to Medicaid and the health care system by: reducing preterm birth, decreasing risk of low birth weight babies, reducing the need for NICU stays, and increasing breastfeeding rates.³² CenteringPregnancy has been shown to close the disparity gap in preterm birth between Black and White women -- underscoring that group prenatal care can be a strategy for combating racial disparities in maternal and infant health.³³

Likewise, group well-child care such as CenteringParenting builds on a similar model and follows the schedule of well-child visits over the first two years of a child's life. In addition to individual health assessments, parents build deep connections with other families and their child's health provider, and learn about child development, attachment, parenting, and maternal mental health. CenteringParenting sites have seen better attendance at well-child checkups -- one of Texas' identified goals -- and high rates of maternal mental health screenings and referrals.³⁴

State leaders can promote group health care innovations in many ways: updating the Medicaid benefit for group prenatal care to include provider types like FQHCs, Rural Health Centers, and other facility-based providers; piloting enhanced reimbursement for group prenatal care and group well-child care; and utilizing a CHIP Health Service Initiative (HSI) to leverage CHIP administrative funds for technology and infrastructure needed to promote telehealth availability of group health care models.

- **Build off of Texas' Child Psychiatry Access Network (CPAN) as a foundation for a perinatal psychiatric access program, which offers training and teleconsultation with psychiatrists so more health professionals feel comfortable serving moms facing maternal mental health challenges.** Created by SB 11 during the 2019 legislative session, Texas CPAN is funded through the Texas Child Mental Health Care Consortium. Similar programs in other states have expanded their children's mental health work to provide consultation services to health professionals serving women with mental health challenges. Implemented in 14 other states, perinatal psychiatric access programs give health professionals a chance to talk via teleconsultation with trained psychiatrists to answer provider questions about mental health screenings, medications, complications, how to find a local referral, etc.

In early 2020, Texans Care for Children disseminated an online survey across Texas to better understand challenges and opportunities in maternal mental health. The vast majority (89 percent) of health professionals surveyed said they wanted to increase their own ability to screen for maternal mental health challenges. When asked what steps would significantly increase early detection of maternal mental health challenges, two out of three respondents recommended increasing health professionals' comfort

with screening and referring for maternal mental health challenges.³⁵ Studies on perinatal psychiatric access programs in other states have shown that training plus the ability to talk to a psychiatrist via teleconsult increase health providers' knowledge, willingness, and self-efficacy to screen and manage clients and allow them to incorporate postpartum depression care into their practice.³⁶

- **Support policies creating comprehensive coverage for Texas' low-income adults.** Healthy moms and babies need more than just prenatal care. A woman's access to comprehensive health insurance before, during, and after pregnancy is critical to her and her baby's health. Health risks such as hypertension, diabetes, or behavioral health disorders need to be managed before pregnancy – often through specialty care – to avoid life-threatening complications and ensure a mom has a healthy pregnancy and birth. Women living in urban counties with comprehensive indigent care programs may be able to access specialty care, but women living in rural and suburban counties are not as fortunate.

Texas is one of the only remaining states where there is essentially no health insurance option for working age adults below the poverty line who do not receive insurance from their employers. The federal government is offering Texas an estimated \$8 to \$10 billion per year in Medicaid expansion funding to cover 90 percent of the cost of providing health insurance to these low-wage adults. Recent discussions in Texas have assumed that the funding for the remaining “non-federal” 10 percent share of the cost would be financed by local governments and health care provider taxes, similar to the way Texas covers the state's share in the current 1115 Medicaid Waiver.

Endnotes

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