

## **Testimony to Texas Health and Human Services Commission on Implementation of Healthy Texas Women and Family Planning Program**

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When women are healthy before, during, and after their pregnancy, and they can delay or space pregnancies until they choose to have a child, their kids will be better off and have healthier outcomes. As HHSC implements Healthy Texas Women (HTW) and the Family Planning Program (FPP), it should ensure access to preventive and preconception care – including screening and treatment for conditions like diabetes, hypertension, and postpartum depression – in order to positively impact women’s health, future pregnancies, and the health of babies. The rule should also make clear that teens ages 15 to 17 who receive benefits through Children’s Health Insurance Program may enroll in HTW with parental consent to access the preventive care the legislature sought to provide to this age group.

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Thank you for the opportunity to provide comments on the proposed rules for Healthy Texas Women and the Family Planning Program. I am Adriana Kohler, Senior Health Policy Associate with Texans Care for Children, a statewide nonprofit organization that works to drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We collaborate with community and health leaders around the state to identify health challenges for children and families, barriers to health care access, and potential policy solutions to improve the well-being of Texas children and families.

Texans Care for Children is also a member of the Texas Women’s Healthcare Coalition (TWHC), a coalition of 63 healthcare, faith, and community-based organizations dedicated to improving the health and well-being of Texas women, babies, and families. As a coalition member, we signed on to TWHC’s comments related to the HTW and FPP proposed rules and ask that you refer to TWHC’s comments for a more comprehensive set of recommendations for the proposed rules.

We are particularly focused on what implementation of HTW and FPP means for Texas children and families. We wanted to highlight specific issues and recommendations for the final rules that will impact children and teens and help ensure more babies are born healthy and stay healthy.

### **RECOMMENDATION 1:**

**For the health of women and babies, HHSC should clarify that HTW and FPP cover screening for hypertension, diabetes, postpartum depression, and other key health risks, and that HTW provides screening and treatment for these health conditions.**

As currently written, the rules have insufficient details on the types of services the programs will provide. We urge HHSC to clarify in the final rules that in addition to the services outlined in the proposed rules:

- HTW will cover:
  - Screening and treatment for chronic conditions, including hypertension and diabetes;
  - Screening and treatment for postpartum depression; and
  - Other preconception or interconception care, including mental health screening, obesity screening, nutrition counseling and education, and smoking and tobacco cessation counseling.
- FPP will cover:
  - Screening for chronic conditions, including hypertension and diabetes;
  - Screening and treatment for postpartum depression;
  - Other preconception or interconception care, including mental health screening, obesity screening, nutrition counseling and education, and smoking and tobacco cessation counseling.

Access to preventive and pre/interconception care – including contraception as well as screening and treatment for conditions like diabetes, hypertension, and postpartum depression – will not only prevent unplanned pregnancies and improve birth spacing, but also positively impact women’s health, future pregnancies, and the health of babies. Specifically, inclusion of the following services will have a significant, positive impact on the health and well-being of Texas women, babies, and families.

***First, HTW should cover screening and treatment for chronic conditions, including diabetes and hypertension, and FPP must cover screening for these health risks.*** Rates of both hypertension and diabetes are rising in Texas.<sup>1</sup> If untreated, diabetes can cause significant complications during pregnancy, including preeclampsia, premature birth, birth defects, and miscarriage.<sup>2</sup> HHSC has recognized that “if a woman has diabetes, she needs her healthcare needs met so if she has another baby, the pregnancy and birth are not high risk and less expensive.”<sup>3</sup> Yet, the proposed rule lacks sufficient detail on these important services (other than noting that “laboratory testing” is covered).

Likewise, hypertension (high blood pressure) *before and during* pregnancy puts a woman and her child at grave risk. If untreated, hypertension increases the risk for pregnancy complications and poor birth outcomes, such as premature birth, low birth weight, and infant death.<sup>4</sup>

**Second, HTW should cover screening and treatment for postpartum depression, and FPP should include screening for postpartum depression.** HHSC should take necessary steps to ensure women diagnosed with postpartum depression have access to mental health treatment options (e.g. medications) through HTW as well as timely access to mental health practitioners to receive needed counseling. It is estimated that about 69,000 to 79,000 Texas women experience postpartum depression each year.<sup>5</sup> If untreated, postpartum depression may impact infant health and adversely affect a baby's early brain development, including negatively affecting the ability of the mother to bond with her baby.<sup>6</sup>

Onset of postpartum depression is typically 4 to 6 weeks after delivery (and may be recognized anytime during the first year). Since women enrolled in Medicaid for Pregnant Women will be automatically enrolled in HTW after the 60-day postpartum certification period ends, many women may face onset of postpartum depression just as they transition to HTW. To help improve both a woman's health and a child's health and development, it is critical that HTW covers screening for postpartum depression *and* mental health counseling and treatment that these new moms may need.

***Third, HTW and FPP should include other preconception or interconception care, including screening for mental health, smoking, and obesity; nutrition counseling and education; and smoking and tobacco cessation counseling.*** Preventive care and interventions before, between, and after pregnancy directly impact both women's health and infant health and development. For example, screening women and teens for smoking and tobacco use, providing tobacco cessation advice, and advising about the harmful effects of tobacco during pregnancy are important evidence-based interventions that can help reduce the risk of nicotine exposure during a future pregnancy.<sup>7</sup>

HHSC identified "preconception health (e.g. screening for obesity, smoking, and mental health)" as a core family planning service.<sup>8</sup> Yet, as currently drafted, the proposed rules are silent on the type of preconception care the program will provide. We strongly urge the agency to reinforce the importance of preventive and preconception care by clearly outlining the services listed above in the HTW and FPP final rules.

#### **RECOMMENDATION 2:**

**HHSC should clarify that individuals ages 15 to 17 may enroll in HTW with parental consent if they receive benefits through the Children's Health Insurance Program. We urge HHSC to prioritize changes to the TIERS system that would enable TIERS to accept HTW clients who are enrolled in CHIP.**



We oppose the proposed provision excluding a person from HTW if she receives benefits through the Children’s Health Insurance Program (CHIP). Since Texas law prohibits CHIP from covering contraception when prescribed for the purpose of preventing pregnancy, teens enrolled in a CHIP health plan may not have access to affordable contraception services and counseling. While the existing Texas Women’s Health Program is only available to women ages 18 to 44, when the Texas legislature created the new HTW, it specifically expanded client eligibility to teens ages 15 to 17 with parental consent. The HTW final rule must clarify that teens ages 15 to 17 who receive benefits through CHIP may dually enroll in HTW to access the preventive care they need and that is not covered under CHIP.

This modification is critical to reducing teen unplanned pregnancies in Texas and ensuring 15-to-17 year-olds in CHIP have access to affordable contraception care, counseling, and education. While Texas has made significant progress in reducing teen pregnancies – with an 11 percent decline in the teen pregnancy rate between 2008 and 2011<sup>9</sup> – Texas still has one of the highest teen pregnancy rates in the country, ranking 46<sup>th</sup> out of the 50 states.<sup>10</sup> The Texas legislature took an important step to address this by expanding HTW eligibility to teens ages 15 to 17 with parental consent. However, the proposed rule undermines this goal by proposing to exclude teens if they receive CHIP benefits, despite the fact that CHIP does not cover contraception for the purpose of preventing pregnancy.

HHSC must ensure that teens ages 15 to 17 who receive CHIP benefits can access affordable preventive care through HTW, if otherwise eligible for the program. Similarly, HHSC should prioritize changes to the TIERS system that would enable TIERS to accept HTW clients who are enrolled in CHIP.

### **RECOMMENDATION 3:**

**To ensure a robust network of participating providers and achieve the goals of the programs, HHSC should take all necessary steps to reduce administrative barriers to program enrollment and, as needed, take steps to increase provider participation in geographic areas experiencing a shortage of health providers.**

Increasing provider participation in HTW and FPP around the state is critical to meet the growing demand for women’s preventive care in Texas. A robust network of participating providers is essential to make a real difference for moms and babies. We thank the department for its time and attention to the Request for Proposal (RFP) process with providers across the state as it launches both FPP and HTW. We ask that, as the department finalizes the RFP process in the coming months, HHSC identify areas where there may not sufficient providers and consider reopening the RFP process to facilitate greater provider participation in HTW and FPP.

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Thank you for your time and consideration, and for your continued commitment to these important health programs. If you have any questions, please feel free to contact me at 512.473.2274.

Respectfully,

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<sup>1</sup> Mandell, D.J., & Kormondy, M. *Healthy Texas Babies: Data Book*. Division for Family and Community Health Services, Texas Department of State Health Services. p. 19 (2015). Available at <http://www.childhealthtx.org/wp-content/uploads/2012/12/2015-Healthy-Texas-Babies-Data-Book.pdf>.

<sup>2</sup> Centers for Disease Control and Prevention, Type 1 and Type 2 Diabetes and Pregnancy, <http://www.cdc.gov/pregnancy/diabetes-types.html>. See Healthy Babies Databook, p. 20.

<sup>3</sup> Lesley French, Associate Commissioner Women's Health Services, HHSC. *Presentation to Women's Health Advisory Committee: Proposed Healthy Texas Women and Family Planning*. Slide 14. (Nov. 13, 2015). Available at [https://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/whac-docs/presentation-111315.pdf](https://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/whac-docs/presentation-111315.pdf).

<sup>4</sup> Ibid.

<sup>5</sup> Van Horne B, Correa N, McIver S, Vardy H. *Opportunities to break barriers & build bridges: results of the 2014 postpartum depression needs assessment Houston, Texas*. Children at Risk. (Oct. 2014).

<sup>6</sup> A recent study found that postpartum depression's impact on interactions between depressed mothers and their infants appear to be universal across different cultures and socioeconomic status groups. This study also found that several caregiving activities are compromised by postpartum depression, including feeding practices, particularly breastfeeding, sleep routines, the child's receipt of health care (well-child visits and vaccinations), and safety practices. Field T. *Postpartum Depression Effects on Early Interactions, Parenting, and Safety Practices: A Review*. *Infant Behavior and Development*. 33(1): 1 (Feb. 2010). Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819576/>.

<sup>7</sup> World Health Organization. *Preconception care: Maximizing the gains for maternal and child health*. (2012). Available at [http://www.who.int/maternal\\_child\\_adolescent/documents/preconception\\_care\\_policy\\_brief.pdf](http://www.who.int/maternal_child_adolescent/documents/preconception_care_policy_brief.pdf). Given that prenatal nicotine exposure can lead to a child's developmental delay and has been linked to impaired reading performance and increased risk of language impairment, early intervention and counseling with a woman before she is pregnant are critical to the health and development of Texas kids. Tiesler CM, Heinrich J. *Prenatal nicotine exposure and child behavioural problems*. *Eur Child Adolesc Psychiatry*. 23(10):913- 29 (Oct. 2014). Cho K, Frijters JC, et. al. *Prenatal exposure to nicotine and impaired reading performance*. *J Pediatr*. 162(4):713-718.e2 (Apr. 2013). Eicher JD, et. al. *Associations of prenatal nicotine exposure and the dopamine related genes ANKK1 and DRD2 to verbal language*. *PLoS One*. 15;8(5):e63762 (May 2013).

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<sup>8</sup> HHSC. *Presentation to Women’s Health Advisory Committee: Proposed Healthy Texas Women and Family Planning*. Slide 6. (Nov. 13, 2015).

<sup>9</sup> As of 2011 (the most recent data available), the U.S. teen pregnancy rate was 52 pregnancies per 1,000 teen girls (age 15-19). In Texas, as of 2011 the teen pregnancy rate was 65 pregnancies per 1,000 teen girls (age 15-19), which translates to about 59,570 teen pregnancies in Texas. The National Campaign to Prevent Teen and Unplanned Pregnancy. “Texas Data.” Available at <https://thenationalcampaign.org/data/state/texas>.

<sup>10</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. “50-state Comparison Study.” Available at <https://thenationalcampaign.org/data/compare/1678>.