

A Closer Look at Texas Women’s Health Programs

Why it Matters.

- To support healthy babies and mothers and increase state savings by preventing million dollar stays in the NICU and other costs, Texas should continue its work to improve birth outcomes.
- Specifically, Texas should reduce the rates of infant mortality, premature births, low birth weight babies, birth defects, pregnancy complications, maternal depression, maternal deaths, and racial disparities in birth outcomes.
- Women’s lack of access to health care — before pregnancy, during the first trimester, and after pregnancy — contributes to these challenges, as noted by the Maternal Mortality and Morbidity Review Committee.
- For instance, primary and specialty care *before and after* pregnancy are critical to manage conditions like high blood pressure, diabetes, and maternal depression that can be devastating to the health of a mother and baby.
- Texas has the highest uninsured rate in the nation for women of childbearing age, approximately 25%.
- The Texas Legislature has the opportunity to determine the eligibility, duration, and scope of services in these important programs to ensure Texas women have greater access to health care.

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.

Summary of Key Programs.

Medicaid health 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.

A mother in a family of three, for example, must have a household income of less than about \$3,000 per year to qualify for Texas Medicaid, according to state policy, and an income of more than about \$22,000 to receive assistance to purchase insurance on HealthCare.gov. As a result, low-wage Texas women who do not receive insurance through their job or their spouse's job are typically uninsured. Medicaid expansion was intended to cover these uninsured adults below the poverty line. In Texas, Medicaid is only available to low-income women who are pregnant, have a terminal illness, or have a disability that makes them completely unable to work.

Medicaid for Pregnant Women is available to women with low incomes — but they can't apply until they know they are pregnant, and the program ends 60 days after childbirth.

Pregnant women are eligible if they have an annual income below about \$43,000 for a family of three (203% of the Federal Poverty Line or FPL). It is a vital program for the health of mothers and babies during the short time period it is available, providing comprehensive medical and behavioral health care. Texas is one of 14 states that limits Medicaid insurance for women so it only covers them during pregnancy and up to about 60 days after childbirth. When their Medicaid coverage ends, mothers are auto-enrolled into the state's important but limited scope Healthy Texas Women program.

Healthy Texas Women (HTW) is available to women with low income when they are not pregnant — but it only covers a narrow set of health services.

HTW provides important but limited services to women ages 15 to 44 with annual incomes below about \$43,000 for a family of three. It focuses on preventive well-woman care, including family planning, cervical cancer screenings, and well-woman exams, as well as some screening and treatment for hypertension, diabetes, high cholesterol, and maternal depression in the primary care setting. However, 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 simply are not covered in HTW, the needed specialists do not participate in the program, or both.

HTW will be updated in response to Senate Bill 750, which passed the Legislature in 2019. The bill included funding for Texas to create a postpartum services package in HTW for new moms. Implementation of this legislation is ongoing in 2020 and possibly 2021. Services may include mental health counseling, smoking cessation services, asthma treatment, and/or substance use treatment for new moms up to 12 months after childbirth. However, even with additional postpartum benefits added into HTW, depending on the services covered, the benefits may still be too limited to encourage specialty providers to participate in HTW. The success of this effort will depend in part on Texas HHSC's ability to recruit new specialty providers.

Comprehensive Health Services Are Not Typically Available to Texas Women With Low Incomes.

Limited Availability of Health Insurance for Low-Wage Texas Women, Unless They are Pregnant or Their Jobs Offer Insurance

Annual Income (Family of Three)	Program
Below \$3,000	Medicaid (not available to childless adults)
Between \$3,000 and \$22,000*	Nothing statewide. (Some large urban counties offer limited local assistance programs for low-income mothers and parents.)
Over \$22,000	Subsidies to purchase a plan on HealthCare.gov

* Comprehensive health services are available through Medicaid to low-income Texans who are pregnant or seniors or have a terminal illness or debilitating disability.



Example: Sandra, James, and Their Baby

Sandra stays home with her new baby during the day and goes to school at night. James works full-time at a restaurant, making \$10 per hour with no benefits, and takes care of their baby at night.

Under Texas policy, they have no feasible health insurance options for themselves. Sandra has trouble getting her medications for high blood pressure and thyroid disease after her recent pregnancy and trouble seeing a cardiologist and endocrinologist to get healthy before her second pregnancy.

She is eligible for Healthy Texas Women between pregnancies, but the services are limited. When she becomes pregnant a second time, she is eligible for Medicaid for Pregnant Women. But that coverage ends 60 days after childbirth, leaving her uninsured once again.

Appendix: CHIP Perinatal and Family Planning Program.

CHIP Perinatal and Texas' Family Planning Program are similar to Medicaid for Pregnant Women and HTW, respectively. They cover women who narrowly miss the eligibility criteria for those programs.

CHIP Perinatal is available to pregnant women with low incomes who do not qualify for Medicaid for Pregnant Women, such as green card holders who are newer to Texas — but comprehensive health services for a woman are not covered.

Health benefits are for the baby, which means labor and delivery, prenatal care, and two postpartum visits are covered, but family planning and mental health care are not covered. Most new mothers in CHIP Perinatal are not eligible for HTW but can qualify for Texas' Family Planning Program (FPP) after pregnancy.

The Family Planning Program is available to women up to age 64 who do not qualify for HTW because of age, or income — but FPP covers an even narrower set of preventive health services than HTW.

FPP has a slightly higher income threshold than HTW, with eligibility for women with income of about \$53,000 for a family of three. The focus of FPP is family planning and preventive health, including contraception, cervical cancer screening, and well-woman exams. FPP covers screening for diabetes, hypertension, and maternal depression, but not treatment for these health conditions. Fewer Texas providers participate in FPP compared to HTW.