

87th Legislative Session

Child & Maternal Health Priorities

March 31, 2021



Continue Investments in Important Health Programs for Moms and Children

The majority of enrollees in Texas Medicaid are children. Medicaid and Children's Health Insurance Program (CHIP) insurance help children get checkups, asthma medications, dental care, speech and physical therapies, and other health services so they stay healthy and are ready to learn. When children have health coverage and can get the health care they need, studies show they remain healthier and perform better in school, putting them on a path towards academic and economic success. Likewise, Medicaid for Pregnant Women, CHIP Perinatal, Healthy Texas Women, and Family Planning Program are effective tools to prevent bad outcomes like preterm births, scary and expensive NICU stays for babies, or pregnancy complications that could be life-threatening for mom or baby.

BUDGET RECOMMENDATIONS:

- Avoid proposed reductions to strategy I.1.1. Integrated Eligibility and Enrollment, which would delay sign-ups for Healthy Texas Women, Medicaid, CHIP, and SNAP, making it harder for the state to reach federal standards for promptly enrolling families all while families struggle to recover from the pandemic.
- Oppose the proposed cost-containment budget rider in Senate Bill 1, which cuts Medicaid by \$350 million in state funds (General Revenue) over the biennium.
- Support the proposed budget rider in the House budget that would leverage existing CHIP funding to improve outreach and help enroll eligible, uninsured children in coverage.
- Adopt the proposed budget rider in the House budget that would maximize existing state dollars and available federal CHIP administrative funds and would enable the Health & Human Services Commission (HHSC) to develop a CHIP Health Services Initiative aimed at improving child health.
- Continue investments in the Department of State Health Services' maternal and child health division, including funding for *TexasAIM* initiative, which ensures hospitals and health professionals have the tools they need to prevent maternal deaths and pregnancy complications. The House and Senate proposed budgets include \$7 million over the biennium for maternal health initiatives.
- Amend an existing budget rider related to the Women's Health Savings and Performance Report in order to track progress, service use, and provider network capabilities for the new Healthy Texas Women Plus program. HTW Plus launched in 2021 to offer certain postpartum care services.



Keep Eligible Children Enrolled in their Medicaid Health Coverage

Texas has an effective, robust system for checking kids' eligibility when they enroll in Medicaid and again when they reach a year of health coverage. But, just a few months after confirming kids' eligibility, Texas also runs inaccurate, unnecessary mid-year eligibility reviews that mistakenly remove eligible children from health coverage. This contributes to the state's high uninsured rate for children and creates an unnecessary administrative burden on HHSC staff and doctors.

POLICY RECOMMENDATION: Pass committee substitutes for [HB 290](#) by Rep. Cortez/[SB 39](#) by Sen. Zaffirini, which would allow for only one mid-year eligibility review after the first 6 months, and if the child remains eligible based on that eligibility review, the child will get a second 6 months of continuous coverage.



Support Access to ECI for Babies and Toddlers with Disabilities

Early Childhood Intervention (ECI) is a federal-state program that contracts with community organizations to provide life-changing therapies and services to babies and toddlers with autism, Down syndrome, and other disabilities and developmental delays. Working with caregivers, ECI helps children learn to walk, communicate with their families, and meet other developmental goals – reducing the need for costly special education services. In October 2020, U.S. Department of Education found Texas out of compliance with federal obligation to ensure ECI access for eligible children. According to federal officials, Texas fails to adequately fund ECI and must take corrective action to ensure access for all eligible children.

BUDGET RECOMMENDATION: Support ECI funding levels and projected caseloads in the proposed House budget.

POLICY RECOMMENDATION: Pass [HB 168](#) by Rep. Gonzalez and [SB 1140](#) by Sen. Zaffirini to improve partnerships between child care providers and ECI programs and to create more inclusive child care settings for children with disabilities and delays.

POLICY RECOMMENDATION: Pass [HB 843](#) by Rep. Lopez to ensure state-regulated private health insurance plans cover and reimburse ECI therapies and services, including Targeted Case Management (TCM) and Specialized Skills Training (SST). When insurers fail to pay for these common and effective services, ECI providers are forced to use limited state funds or charge families, creating a potential financial barrier to accessing services for many families.



Allow New Mothers to Keep Medicaid Coverage for 12 Months After Pregnancy Rather than Just Two Months

Many medical issues and complications arise months after pregnancy. Pregnancy complications — such as postpartum depression, hemorrhage, infection, and cardiac event — remain a concern in Texas, leading to long-term health issues for mothers and babies, pricey hospital stays or procedures, and higher costs to Medicaid and the state. Access to health insurance is key for addressing these challenges, but in Texas, women with Medicaid for Pregnant Women coverage become uninsured 60 days after pregnancy. This is especially worrisome because one-third of maternal deaths occur between 43 days and one year after pregnancy. The state's new Healthy Texas Women Plus (HTW Plus) program is an important advancement for women's health, but unlike the proposed 12-month Medicaid coverage, HTW Plus does not provide comprehensive care. Many important services, including a broad prescription drug benefit, surgical care, or hospital care are not covered under HTW Plus.

POLICY RECOMMENDATION: Support [SB 141](#) by Sen. Nathan Johnson, HB 133 by Rep. Rose, HB 107 by Rep. S. Thompson, HB 146 by Rep. Thierry, HB 98 by Rep. Ortega and HB 414 by Rep. Walle to implement the top recommendation of Texas' Maternal Mortality & Morbidity Review Committee, reduce the costs of untreated postpartum depression in Texas, and support children during the critical early years of brain development.



Promote Group Prenatal and Group Well-Child Care Innovations that Have Proven, Lasting Benefits for Mothers, Infants, and Toddlers

Quality prenatal care and infant health care is a critical first step for ensuring healthy pregnancies, healthy births, and thriving families. Through group prenatal care — such as CenteringPregnancy or March of Dimes Supportive Families — a pregnant woman continues one-on-one health assessments with her provider and participates in group sessions with experts and a cohort of other pregnant women (the peer component covers topics like breastfeeding, labor and delivery, and infant care). Studies show that group prenatal care improves health and generates savings to Medicaid by reducing preterm birth, decreasing the risk of low birth weight babies, and reducing risk of neonatal intensive care stays — saving Medicaid about \$30,000 for each negative outcome avoided. Likewise, group well-child care, such as CenteringParenting, follows the schedule of well-child visits over a child's first 2 years, leading to better attendance at check-ups and higher immunization rates.

POLICY RECOMMENDATION: Support [SB 1858](#) by Sen. Powell to: promote group prenatal and group well-child care in value-based payment arrangements between providers and health plans; update the decade-old group prenatal care benefit in Medicaid to reflect the provider types delivering group prenatal care, including rural and hospital-based providers; and establish a pilot to test out an enhanced Medicaid payment for group well-child care.