

Steps to Support Healthy Mothers, Healthy Pregnancies, and Healthy Babies

Testimony to the House Public Health Committee on Interim Charge #1: Women/Maternal/Infant Health

Background

Healthy children start with healthy pregnancies, healthy births, and healthy mothers. Unfortunately, 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. In Texas, 1 in 10 babies are born premature (10.8%) and 1 in 12 Texas babies are born at an unhealthy low birth weight (8.5%).¹ These rates have been higher than the national average for the last decade. Over the first year of life, HHSC estimates that a premature baby will cost Texas Medicaid an average of \$100,000, while the labor and delivery costs of a full term baby are just \$572.² 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 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 coronavirus pandemic, 1 in 4 Texas women of reproductive age was uninsured. Texas has important health programs for women, including the new Healthy Texas Women-Plus program, but there are big gaps that significantly limit women's access to health care, including during the critical year after childbirth.

HB 253: HHSC to Develop and Implement a 5-Year Strategic Plan to Address Postpartum Depression

With passage of HB 253 in 2019, Texas' state agencies must coordinate to develop and execute a comprehensive strategic plan to increase screening, referral, and treatment of postpartum depression.

¹ Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. (Nov. 2019). Available at <https://www.dshs.texas.gov/healthytexasbabies/Documents/HTMB-Data-Book-2019-20200206.pdf>.

² French L, and Delgado E. Presentation to the House Committee on Public Health: Better Birth Outcomes. Health and Human Services Commission. May 19, 2016.

We are pleased to see HHSC's strategic plan includes increasing awareness of maternal mental health challenges by training more professionals serving moms and families; adding mental health counseling as a covered benefit in Healthy Texas Women's postpartum package (called "Healthy Texas Women-Plus"); and leveraging formal and informal peer supports to help more moms, including certified mental health peer specialists, community health workers, *promotoras*, and group prenatal care like Centering Pregnancy. We are also pleased to see in the plan that HHSC will continue to explore ways to expand telehealth and telemedicine for maternal mental health through Medicaid, CHIP, and Healthy Texas Women-Plus; and HHSC will update its Postpartum Depression Toolkit for providers – an important tool to help providers know how to screen and refer for maternal mental health challenges.

However, HHSC's plan **does not include other important state steps, such as Medicaid coverage for a full year postpartum rather than the current 60 days of insurance coverage.** The strategic plan also excludes robust strategies for building capacity among pediatric providers and neonatal intensive care unit (NICU) staff to screen moms for maternal mental health challenges. The strategic plan focuses on providers serving women, yet pediatric providers are a critical touchpoint for identifying maternal mental health challenges and working with new parents. Mothers of infants in the NICU are more likely to experience maternal mental health challenges, and research shows the benefits of screenings in NICUs as a critical part of every family's assessment.

We recommend Texas leaders take the following steps to effectively address Postpartum Depression:

- 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.
- Incentivize and build capacity for maternal mental health screenings in more settings, including in pediatric care and the NICU. This includes reimbursing pediatric providers for screening done at 1, 2, 4, and 6-month well-baby visits, as recommended by AAP (not just reimbursing once per year) and reimbursing NICU facilities for maternal mental health screenings under a baby's Medicaid and CHIP insurance.
- Promote telehealth flexibilities in future years, including ensuring Medicaid, CHIP, Healthy Texas Women, and TDI-regulated private insurance cover and reimburse for behavioral health services delivered via telehealth and telemedicine, including audio-only services.
- Build off of Texas' Child Psychiatry Access Network (CPAN) as a foundation for establishing a perinatal psychiatric teleconsultation program. Texas CPAN is legislatively funded through the Texas Child Mental Health Care Consortium. Other states have expanded their child psychiatry

access programs to provide consultation services to health professionals serving women with mental health challenges. Perinatal psychiatric access programs help health professionals feel more comfortable screening and managing clients with maternal mental health challenges. Trained psychiatrists are available in real time, via teleconsultation to help answer provider questions about medications, complications, and how to find a local referral. In Texas, CPAN could use its existing academic “hub” structure to provide teleconsultation, training, and referral services to health providers serving moms. We appreciate that HHSC indicated it will “explore options” for CPAN to expand teleconsultation for postpartum depression through regional hubs.

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

SB 750: Among other provisions, SB 750 directs HHSC to evaluate and develop a limited postpartum care package for new mothers enrolled in the Healthy Texas Women program and to develop strategies to ensure continuity of care for new mothers who transition from Medicaid for Pregnant Women into HTW.

We are committed to working with legislators, HHSC, and other stakeholders to make sure the new Healthy Texas Women-Plus program is a success. Recruiting enough providers to participate will be one of the primary challenges.

However, even after the new Healthy Texas Women-Plus program is implemented, **it will still be critically important for the Legislature to extend comprehensive Medicaid health insurance for new mothers from the current two months of coverage after childbirth to a full year** (or to use Medicaid expansion funding to cover low-income adults).

Many of the medically necessary services that new moms need – especially those who experience postpartum complications – are covered by Medicaid but **not** Healthy Texas Women-Plus. Of course, Texas is one of the few remaining states where moms below the poverty line with jobs that don't offer health insurance – including child care educators, grocery store cashiers, and others – typically are not eligible for Medicaid except while they are pregnant. Services that are covered by Medicaid but not Healthy Texas Women-Plus include medical and surgical acute care services, treatment for cancer, physical and occupational therapy, and many prescription drugs.

Moreover, HHSC is proposing to eliminate a policy and process in the HTW program that will directly undermine the goals of SB 750. As part of the 1115 HTW waiver, HHSC is proposing to eliminate

auto-enrollment of new mothers from Pregnant Women’s Medicaid into HTW – a policy that has been in place since 2016 and has helped improve continuity of care and improved outcomes for new mothers.

Currently, when coverage under the Medicaid for Pregnant Women program ends, new mothers are automatically transitioned to the HTW program. The current auto-enrollment policy does not require new mothers to submit another application or documentation during the process. Over 80,000 new mothers were auto-enrolled into HTW in fiscal year 2019.

Auto-enrollment promotes continuity of care for eligible women, improves access to women’s health and family planning services, and positively impacts the well-being of families. Eliminating this policy not only will erode Texas’ progress to improve postpartum care and women’s health outcomes, but also reduce the future cost savings of HTW. Gaps in coverage mean women may not obtain contraceptive and other services, resulting in an increase in the number of unintended Medicaid births later.

If HHSC eliminates auto-enrollment, a mom with a one- or two-month old baby will only be transitioned into HTW if she submits within a 10-day window (or the agency has ready access to) verification of all required eligibility criteria (such as current income information, citizenship/immigration status, and proof of residency). New moms who do not submit requested information within the short timeframe provided will be denied HTW. They will not be enrolled in any program.

We urge Texas leaders to mitigate the negative impact of this proposed change by establishing post-enrollment verification for new mothers entering HTW after Medicaid for Pregnant Women expires. Post-enrollment verification allows a better transition for new moms. Moms could submit pay stubs or other required paperwork during a temporary period (90-day window) after she is enrolled in HTW. Post-enrollment verification is already used in Texas Medicaid for Pregnant Women and would not require a waiver from CMS.

Conclusion

We have been pleased to see the growing level of support for extending moms' postpartum Medicaid coverage to a full year. As you know, the Texas House passed HB 744 late in the 2019 legislative session to implement the policy, although the bill ran out of time in the Senate. The Texas Maternal Mortality and Morbidity Review Committee has recommended the policy change. Texans in Congress – including

Rep. Dan Crenshaw and Rep. Michael Burgess — have co-sponsored legislation to support the policy. In fact, as part of the response to the COVID-19 pandemic, Texas has temporarily paused the state's policy of terminating new moms' Medicaid insurance two months after childbirth.

We look forward to working with state leaders and our partners on this critical goal during the upcoming legislative session.