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Initial Findings on Implementation of 12-Month Postpartum Health Coverage in Texas

Texas still has work to do.

Texans Care for Children recently interviewed providers and moms with Medicaid health insurance throughout the state about the implementation of the Medicaid 12-month postpartum extension that the Legislature passed in 2023. Interviewees identified significant HB 12 implementation challenges, including lack of awareness, confusion about which providers should serve postpartum women, and administrative hurdles. Our interviews also suggested that more mental health supports are needed and that moms need additional benefits and providers in Medicaid.

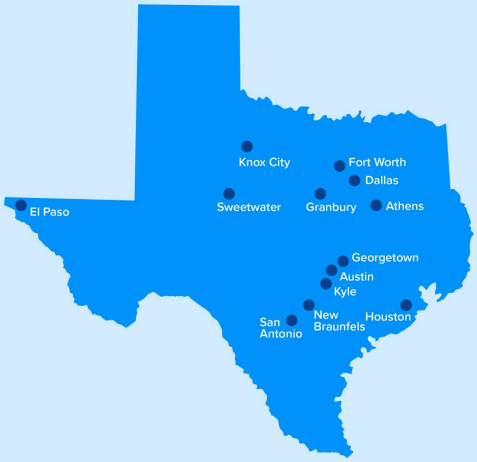
In 2023, the Texas Legislature passed HB 12, extending Medicaid health insurance for women in Texas from two months postpartum to twelve months postpartum. The state implemented the extended coverage on March 1, 2024. This historic step for health care access has the potential to impact more than 137,000 Texas women with low incomes each year, the majority of whom are Black and Hispanic. For implementation of the 12-month postpartum benefit to be successful, families, health professionals, and other service providers must be aware of it, and families must be able to access it. Medicaid's provider network must include the range of professionals that postpartum mothers need and cover the services mothers need during that critical year.

Methodology of Our Research

From May to September 2024, Texans Care for Children interviewed 36 providers and 8 mothers with Medicaid health insurance to assess awareness and implementation of the new 12-month postpartum benefit, identify challenges with implementing the new policy, identify new mothers' top needs, explore the adequacy of Medicaid's benefits and provider networks in serving postpartum women, and develop recommendations for improving maternal health in the first year postpartum.

Interviewees represent diverse roles and service areas across Texas. We spoke with family physicians, obstetrician-gynecologists (OB/GYNs), doulas, home-visiting nurses, community health workers, and mental health providers from San Antonio, Austin, Dallas, Houston, El Paso, and rural areas like Athens, Bastrop, and Sweetwater. Their experience ranged from the first year out of residency to 25 years of experience. The providers we interviewed mainly serve women from marginalized groups, such as Black women, women with low incomes, and immigrant communities. Most of the mothers we interviewed reside in the Fort Worth area, and one mother lives in El Paso.

Location of Providers and Moms We Interviewed on HB 12 Implementation



While our research does not provide conclusive evidence on the state of HB 12 implementation, it does provide a window into emerging trends and concerns that require additional research and attention from state leaders, health plans, medical professionals, and other stakeholders. The main themes that emerged during our interviews are outlined below.

Major HB 12 Implementation Challenges

Interviewees cited significant HB 12 implementation challenges, including lack of awareness, confusion about which providers should serve postpartum women, and administrative hurdles.

The interviews made clear that **awareness of HB 12 is limited.** OB/GYNs and family doctors were more aware than doulas that women with Medicaid can now keep their health insurance for 12 months postpartum instead of 2 months postpartum. Community health workers were more likely than other providers to comment on patients' confusion about eligibility, a challenge they said was aggravated because many were disenrolled during the unwinding of pandemic-era Medicaid rules. Doctors associated with universities were the most aware of the extended coverage, while other doctors had become aware of 12-month postpartum extension through a professional organization, such as the Texas Medical Association. Others found out about the coverage extension from their hospital billing departments.

Several doctors expressed the desire for a flyer or handout from a trusted source like the Health and Human Services Commission (HHSC) to be able to share with their peers about the coverage change. Some doctors mentioned how, during COVID-19 pandemic, health plans sent representatives in person to explain temporary coverage changes and how to bill for the vaccine and treatment as an effective way to educate health professionals about important policy changes.

Even among providers who know about the new benefit, **there is significant confusion about who is eligible, which services are covered, and who should provide those services**. **The question of who should provide services is particularly thorny.** HHSC made a contract change with Medicaid health plans to allow OB/GYNs to be a woman's primary care physician (PCP) for the postpartum year, but awareness of that change is also limited. Providers we talked to reported confusion about where an OB/GYN's role stops and a primary care physician begins. Providers voiced a need for more clarity to determine which symptoms and health conditions should be seen by which provider type and when. Home visiting nurses were optimistic about OB/GYNs serving as PCPs; however, this perspective seemed based on the assumed preference of the mother and the established relationship with her OB/GYN rather than on the practicalities of receiving postpartum care. Most OB/GYNs, family doctors, and community health workers we interviewed do not believe that a woman's OB/GYN should provide primary care for the year of extended coverage. The lack of mental health expertise among OB/GYNs was listed as a primary reason. Managing chronic conditions was mentioned by providers as a source of confusion. Several OB/GYNs said they could treat chronic conditions in association with pregnancy (e.g., gestational diabetes) but that they aren't aware of the best long-term management for certain chronic conditions (e.g., chronic heart disease) and would refer to a PCP or specialist.

In addition to recovery from childbirth, new moms may need help for a range of symptoms or conditions that crop up postpartum, such as pelvic pain, postpartum depression, breastfeeding complications, high blood pressure, and cardiovascular diseases, among others. The lack of clarity around the role of each provider type adds confusion during a very stressful time and illustrates the need for case management services for women in the postpartum year. Case Management for Children and Pregnant Women (CPW) is a Medicaid benefit that pairs a case manager (e.g., registered nurse, doula, community health worker, or social worker) with a client to help them gain access to necessary medical, social, educational, and other services related to their health condition or health risk. CPW is available for women with high-risk pregnancies, but only for the prenatal period. Research suggests that effective case management may improve patient adherence to treatment, increase patient satisfaction, and reduce health care use and costs.[1]

It will be important to increase awareness and clarity around the new benefit to ensure Texas moms can utilize health care services for the full year after pregnancy. Health plans have a unique opportunity to provide OB/GYNs with a list of in-network PCPs for their patients. They can also educate their patients about the importance of a PCP and how to find one and make an appointment. Professional associations have an opportunity to offer best practices to their members on when an OB/GYN should hand off care to a PCP, and how to go about doing that. Numerous providers mentioned texting as the best way to interact with patients today. Health plans already text patients information and could offer lessons learned on what works most effectively. Extending case management for children and pregnant women to the postpartum period would continue to provide valuable services to new moms in Medicaid throughout their postpartum period to ensure they can connect with providers and specialists.

Many interviewees expressed **frustration with administrative hurdles in Medicaid** that make it difficult for eligible women to enroll and for providers to submit their insurance claims. Providers and moms said the paperwork and bureaucratic requirements are overly complex, leading to delays in receiving care.

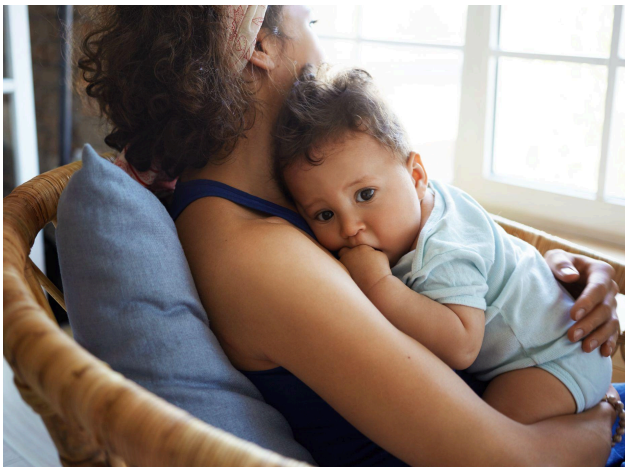
Women are sometimes denied coverage due to misunderstandings or administrative errors, especially in rural areas with fewer resources to help navigate these processes. An OB/GYN outside Houston cited the confusing notifications from the state for Medicaid patients as a barrier to accessing services, with some moms waiting months to get a determination for Medicaid. Taking advantage of the state's existing Community Partner Program and out-stationed eligibility workers, who meet with Texans in person or virtually to help them complete and submit applications for Medicaid, can help patients confirm they still have health care coverage or help them fix coverage disruptions.

A Clear Need for Mental Health Support

All provider types listed mental health as a top need for postpartum moms. Most moms also stated they needed more psychological support in the postpartum period. Interviewees highlighted gaps in screening for postpartum depression and anxiety, as well as limited access to counseling and therapy. In both urban and rural areas, interviewees noted a perceived shortfall in comprehensive mental health support, and many women struggled to find services that address their emotional well-being during the postpartum period. A family medicine doctor in New Braunfels stated,

> *"[The] biggest difficulty has been finding a counselor who takes that [Medicaid] insurance. So really, it's not the medication management, that is easy for us; it's finding somebody who has the time and the bandwidth to be able to provide the counseling care that we just don't have the time in a primary care office to be able."*

Many providers we interviewed, especially those who visit the mothers in their homes, recognize that a lack of community support and resources — sometimes referred to as social determinants of health — only exacerbates poor maternal mental health during this vulnerable time period. Challenges like not having child care for older siblings or simple things like stable housing, food, and transportation are added stressors. Research suggests that social determinants of health "represent the most modifiable set of targets for intervention currently available" for both preventing mental health problems and promoting positive mental health in our communities.[2] Both nurse home visitors and postpartum doulas help new moms navigate all their needs after having a baby, reducing the strain of social determinants of health and improving physical and mental health outcomes. Nurse home visiting programs have been linked to better medical care adherence for both babies and parents,[3] and doulas have been linked to lower postpartum depression in moms.[4]



The shortage of mental health providers in Texas, especially those who take Medicaid, exacerbates the challenge. OB/GYNs are not well equipped to directly address patients' mental health needs. They are not mental health experts. Several providers noted that mental health is not a substantial component of obstetric training. They also face limitations in referring their patients to mental health providers. According to the Department of State

Health Services (DSHS), the majority of Texas' 254 counties are designated a mental health professional shortage area.[5] In fact, only six counties in Texas have no shortage.[6] This is part of a national trend that indicates over half of the US population lives in a mental health professional shortage area.[7] The provider shortage leads to long wait times to see a provider. Additionally, many providers we interviewed expressed frustration with the lack of mental health providers to refer Medicaid patients to because so few of them take Medicaid insurance. One of the moms interviewed was able to access counseling services but had to pay for it herself. She explained, "I was seeing a counselor and stuff like that, and he [the child's father] was the one who would pay out of his pocket for it."

Many interviewees stated that new moms prioritize their baby's health over their own health, meaning they never miss a pediatrician appointment but often won't make their own health appointments. In 2017, Texas legislators tried to address this issue by passing a bill that allowed pediatricians to get reimbursed through the baby's Medicaid for screening moms for postpartum depression during a well-child visit in the first year of life.[8] Unfortunately, pediatric providers may only be reimbursed through Medicaid for one screening despite the American Academy of Pediatrics (AAP) recommending four screenings for postpartum depression before the child turns one.[9] Pediatricians see new families and their babies frequently – at least 6 times for well-child visits in the first year of life. Increasing the number of times a pediatrician can screen for postpartum depression would help improve early identification of postpartum depression, especially for moms who aren't seeing their OB/GYN anymore (after the six-week postpartum visit) but might not be connected to a PCP yet.

A Need for Additional Services to be Covered by Medicaid and More Providers

One of the most consistent complaints raised during our interviews was the **severe shortage of health care providers, particularly in rural and underserved regions**. Interviewees noted that many rural areas lack sufficient hospitals, OB/GYNs, and specialists, forcing women to travel long distances for care and making it more challenging to address chronic conditions and mental health, both during pregnancy and postpartum. The OB/GYNs we interviewed reported weeks-long wait times for their patients to make an appointment, echoing national data that indicate an average wait time of 31 days to see an OB/GYN.[10] Half of the moms we interviewed had a hard time finding a provider who took Medicaid, which left them with little or no choice of providers. **One of the OB/GYNs in a rural area cited participation in a loan forgiveness program for rural providers as the primary reason they were practicing in rural Texas. This doctor initially did it for financial reasons, but she is so ingrained in the community now she said it was becoming harder to imagine ever leaving.**

Some of the moms we interviewed mentioned delaying or postponing primary care in the postpartum period because they could not find a provider. For example, one mother from Mineral Wells stated, "I need a primary doc. I don't have one right now. I think I would have to go to Fort Worth. Every day I get really bad headaches... very bad headaches. And it's getting more consistent. I just deal with it. I could be driving and it comes out of nowhere and I have to pull over because it's so bad."

Doctors frequently mentioned wait times for referrals to specialists as a significant barrier to ensuring their patients were connected to care. Rural providers cited distance to specialists as a barrier for their patients because it was at least an hour's drive, which is too far away to take care of on a lunch break. During the 2023 session, the Legislature invested in mobile health units, which have started operating in the state. These mobile units can enter underserved areas and provide essential maternal health preventative services. Continued investment in these units is imperative as the maternal health deserts in our state grow and many Texans are further from health care.

The doulas and moms that we interviewed highlighted the **stress associated with the change in the family dynamics in the postpartum period and how that makes decision-making difficult, especially when it comes to birth control and family planning**. Many doulas said they want additional resources to help clients navigate these decisions. Some of the mothers expressed interest in non-hormonal and natural birth control options. We also heard from doulas that mothers want to discuss these options with their providers. Providers also recognized that new mothers want more time to understand all the birth control options to pick what works best for their family. Although it is common practice for OB/GYNs to discuss birth control options with their patients at the six-week postpartum visit, many of the providers we interviewed recognized how difficult it is for mothers to make a decision at that appointment amidst all the other challenges they face. One provider explained, “Recently the moms I’ve been seeing because of traumatic birth experiences, they don’t want to think about hormonal birth control options. And those options are promoted so often. So the knowledge of nonhormonal birth control options is needed.”

Many providers cited lactation support as a top need for moms in the postpartum period. One rural physician said “I feel like I’m failing them” when asked about referrals for lactation help. Moms talked about how confusing and difficult breastfeeding was and how they needed additional help after they were home with the baby. For example, a mom in Mineral Wells said, “I wanted to breastfeed, but because of being a single mom, his dad’s not in the picture, I didn’t hardly get to, and my family wasn’t much help either. If you don’t have the support there, it’s really hard for it.” Breastfeeding has numerous health benefits for both mothers and babies,[11] which is why the American College of Obstetricians and Gynecologists specifies breastfeeding support as a critical postpartum service.[12] The World Health Organization[13] and the American Academy of Pediatrics[14] recommend breastfeeding for the first year of life, but about half of doctors report inadequate training to treat breastfeeding issues.[15] Lactation consultants offer the crucial support new parents need in trying to breastfeed while taking care of a newborn and recovering from childbirth, which increases the odds that a woman will initiate and continue breastfeeding.[16] A mom in El Paso stated, “There are lactation consultants at the hospital, but remember your hormones are everywhere when you’re at the hospital, so they were telling me things, they were giving me great advice, but I couldn’t handle it. I couldn’t take it.” Unfortunately, Texas moms enrolled in Medicaid lack access to medical lactation services because it is not a covered benefit. Allowing Medicaid reimbursement for lactation counseling services could reduce breastfeeding disparities and enable more families to thrive in the postpartum period.

During our interviews, multiple providers stated that **physical therapy after birth is an unmet need for new moms.** Pelvic floor therapy, which entails training and rehabilitation of pelvic floor muscles, can help

prevent and treat dysfunctions associated with giving birth, like urinary incontinence.[17] Although Medicaid covers pelvic floor physical therapy, many providers we interviewed highlighted the lack of providers that take Medicaid to be the most significant barrier for their patients in accessing the services. One reason for the limited network could be that Medicaid previously cut off at two months postpartum – before a woman might be referred to or physically able to start pelvic floor physical therapy. One rural hospital in Sweetwater has a pelvic floor physical therapist at the hospital. One of the labor and delivery nurses saw the need and got trained, so now they offer it to all their moms. The doctor in Sweetwater mentioned how it has helped her patients recover quicker and enter their subsequent pregnancies in better shape, leading to better health outcomes for moms and babies.

Additionally, our interviews underscored that **Medicaid for new moms should include dental services.** Oral health is a part of prenatal care, as pregnancy hormones increase the risk for gingivitis and other oral health problems.[18] Some research suggests that women who receive periodontal treatment while pregnant are less likely to have a preterm birth or low-birth-weight baby.[19] Yet, data from the Centers for Disease Control and Prevention indicates that fewer than half of pregnant women receive a dental cleaning during their pregnancy.[20] Moreover, approximately 1 in 4 women of childbearing age have untreated cavities.[21] Some of the mothers we interviewed said dental coverage during pregnancy and postpartum would have been helpful. For example, one woman shared, “I lost a tooth with my first two pregnancies…and I got an abscess. Nothing covered that.”

Policy Recommendations

A number of stakeholders and state leaders have a role to play in addressing these issues. It will take a team approach to ensure women have the support they need to access all types of care in the postpartum period. Medicaid health insurance plans are uniquely situated to offer help in ensuring the continuation of care from the OB/GYN to the PCP. The Health and Human Services Commission can offer additional guidance to providers and clients on the extended postpartum benefit. And the Texas Legislature can continue to prioritize funding key initiatives that help support maternal health care access, especially in rural areas of the state.

Texas has made great progress in increasing health coverage in the postpartum period. To ensure the state continues to build on that momentum, we recommend the following policy solutions.

- To increase both public and provider awareness and improve clarity around the Medicaid postpartum benefit, Texas needs to:
    - Distribute flyers about extended postpartum Medicaid coverage through provider associations, health insurance plans, local early childhood organizations, and other trusted messengers or entities with frequent interaction with clients.
    - Educate OB/GYNs on the PCPs in-network for their patients.
    - Educate patients on how to find a PCP and other specialists in-network.
    - Provide best practices to OB/GYNs on handoffs to a PCP.
    - Provide guidance to health professionals and direct service providers on texting and communicating with patients to increase awareness of extended postpartum coverage.

    - Extend Case Management for Children and Pregnant Women – a Medicaid benefit that offers case management services for high-risk pregnant women – to include the postpartum period, not just prenatal.
    - Fund community partner programs and out-stationed eligibility workers.

- To increase mental health support through community supports for families, Texas needs to:

    - Prioritize and continue investments in nurse home visitor programs, such as Nurse Family Partnership and Texas Home Visiting, among others.
    - Improve access to doulas by covering their services in Medicaid.
    - Extend case management to the postpartum period.
    - Reimburse pediatricians in Medicaid for more postpartum depression screenings during well-baby visits.

- To get women to services and providers in network with Medicaid, Texas needs to:

    - Extend coverage to include doula care, lactation support, and dental services.
    - Offer providers more birth control resources and training.
    - Prioritize funding for mobile health units.
    - Continue Medicaid labor and delivery add-on payments for rural hospitals.
    - Fund loan forgiveness programs to incentivize providers to live and practice in rural areas.

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