

Recommendations to Promote Maternal Health Through the State Budget

Testimony to the Senate Finance Committee on Article II of SB 1

Last session, Texas leaders heavily invested in women's and maternal health programs. Senate Bill 1 is an excellent foundation for continuing that progress. We are grateful that SB 1 continues funding for preconception and postpartum family planning services for the state's Family Planning Program (FPP), yet additional funding is needed. We urge lawmakers to adopt the funding needed to protect Texas moms and babies from syphilis, ensure the Maternal Mortality and Morbidity Review Committee (MMMRC) can review maternal death data in a timely manner, and fully fund the maternal health safety initiative Texas Alliance for Innovation on Maternal Health (AIM) program.

HHSC Budget Priorities

Restore Funding for Women's Health Programs

Continued investment in Texas' women's health programs is critical for rebuilding our state's family planning network and providing vital services such as health screenings, contraception, and well-woman exams to Texas women. The Family Planning Program (FPP) is a vital preventive health program for Texans who do not qualify for health coverage options. FPP providers can determine client eligibility onsite and get people in the door for same-day services. This flexibility and responsiveness is a key asset to FPP. Healthy Texas Women (HTW) and FPP are lifeline services for Texans who otherwise don't have health insurance.

The Legislature invested significant funding last session in FPP and HTW to support and meet the demand for affordable preventive health care for Texas communities. The Legislature invested significant funding in these programs last session. Unfortunately, the base budget **decreases** funding for these programs. We encourage the committee to continue working with HHSC and stakeholders to ensure the final budget includes sufficient funding so providers can continue to provide these important services to Texans.

Recommendation: Restore funding for FPP and HTW to ensure basic preventative services are available in rural areas.

Restore the Budget Rider Directing HHSC to Invest in Women’s Preventive Mobile Health Units

Approximately half of Texas counties are fully- or partially- designated as primary care Health Professional Shortage Areas.¹ The lack of providers means many Texans cannot routinely see a primary care provider or access prevention health care services. Lack of access is strongly associated with poorer and costlier health outcomes. Last session, the Legislature funded seven Women’s Preventive Health Mobile Units (MHUs) to cover 35 counties across the state. These MHUs provide critical primary health care to women – such as contraception and breast and cancer screenings – in underserved areas of the state. Through the process of using those funds, HHSC received numerous funding requests indicating interest and capacity for additional mobile health units.

We are thankful that funding for the existing MHUs is incorporated into the base budget. We are also pleased that, according to Chair Huffman’s press release, the Senate budget includes \$10 million over the biennium to fund additional Women’s Preventive MHUs – an amount that HHSC requested in Exceptional Item #5 to facilitate MHUs in the Panhandle, West Texas, and Deep East Texas. The additional \$10 million over the biennium will be critical to ensuring more rural and underserved areas of Texas have access to primary care and maternal health services. Notably, however, the budget rider from FY 2024 - 2025 that had directed HHSC to use these funds for MHUs is stricken in the base budget (See Rider 67 in SB 1). We encourage lawmakers to include a rider – as done in the past – to clearly specify the Legislature’s intent for these funds to be used for life-saving MHUs.

Recommendation: Restore the budget rider clarifying that additional funds be utilized for Women’s Preventive Mobile Health Units offering primary and preventive health care in the Panhandle, West Texas, and Deep East Texas.

Thank You for Continued Investments in Rural Health Through the Rural Labor and Delivery Add-On Payment

We are pleased the base budget includes \$60 million All Funds (Rider 8, section g) over the biennium for HHSC to maintain the \$1,500 Medicaid add-on payment for labor and delivery in rural areas. Health access in rural Texas, especially for pregnant women and new mothers, continues to be a challenge. Over the last decade, many rural hospitals have been forced to close their labor and delivery units due, in part, to funding and workforce shortages. Only 40 percent of rural hospitals in Texas still have a labor and delivery unit,² and more than 1 in 4 women in rural Texas live more than 30 minutes from the nearest birthing hospital.³ This additional investment targeted to rural areas is crucial to ensure rural labor and delivery units can stay open for Texas moms and families.

DSHS Budget Priorities

Provide DSHS-Requested Funding to Reduce Child Mortality and Morbidity Due to Congenital Syphilis

Texas has seen a dramatic spike in congenital syphilis, which a mother transmits to her infant during pregnancy or at delivery. In fact, Texas reported an increase of 148 percent from 2018-2022, with 922 congenital syphilis cases in 2022, up from 372 in 2018. Notably, Texas accounted for a quarter of all cases nationally in 2022.⁴ Syphilis can

cause serious health problems for the baby, including miscarriage, stillbirth, premature birth, or birth defects. It is preventable and treatable with penicillin when caught early enough.

Identification of congenital syphilis can be challenging as some affected infants may initially appear healthy but can develop severe complications like anemia, bone deformations, and brain and nerve problems. Quick diagnosis and treatment of the mother early in pregnancy can mitigate these life-altering outcomes. Timely prenatal care, testing, and treatment can prevent potentially devastating outcomes for affected children and families.

To reduce the number of congenital syphilis cases in Texas, DSHS has identified two key goals: increase provider awareness about this preventable disease and help health professionals with accurately diagnosing and treating syphilis in pregnancy. To achieve this, DSHS requested funding in its LAR to develop a provider toolkit and information hotline, establish nurse teams for rapid response, and build a public awareness campaign and website for resources. DSHS' request would cover an additional \$13.3 million over the biennium and 25 FTEs at DSHS. **We are disappointed this funding is not included in the base budget.**

Recommendation: Include funding for DSHS to increase awareness, diagnosis, and testing of syphilis in pregnancy through a provider toolkit, information hotline, nurse teams, and public awareness campaign.

Fund the Maternal Mortality Review System (MMRS) to Speed Up Data Review and Inform Interventions That Can Save Texas Moms' Lives

Building on the Legislature's significant investment in the last session, DSHS requested an additional \$9.9 million and 7 FTEs to expand the MMRS's capabilities, ensure there is an integrated tracking system for maternal mortality cases, and improve the timeliness of the Maternal Mortality Review Committee's analysis and recommendations.

We are disappointed this funding is not included in the Senate base budget.

The Texas Legislature appropriated almost \$11 million during the 2023 legislative session for Data Modernization to DSHS for two vital system upgrades. First, DSHS built a Maternal Child Health Quality Improvement System (MCHQIS) to produce data visualizations in a timely manner so public health interventions can be effective. Second, DSHS replaced the old system that the Maternal Mortality and Morbidity Review Committee (MMMRC) used for case review with the Maternal Mortality Review System (MMRS). The new MMRS system for case review provides a streamlined environment to decrease lags in data reporting and shorten timelines between maternal mortality case identification and review, leading to more timely and usable data.

To build on the historic investment in the last session, additional funding is needed to develop and implement the next phase of the DSHS Maternal and Child Health Data System. The next phase expands on the systems to integrate the MCHQIS and MMRS systems so data can be transferred/linked between systems and other datasets. Without additional funding, the needed functionality will not be available to the MMMRC, and data sets and analysis can not be provided to the committee in a timely manner. Since MMRS is vital to the Maternal Mortality Review Committee's ongoing case reviews and analyses, the MMMRC's operations will also be less efficient and effective without this needed funding.

Recommendation: Fund the next phase of the state's Maternal Mortality Review System (MMRS) so that the MMMRC can review pregnancy-related death data in a timely manner, with fewer delays or lags in data.

Increase Funding for TexasAIM to Continue the State’s Commitment to Reducing Maternal Deaths

The TexasAIM Program is a very popular, collaborative project run by the Department of State Health Services (DSHS) and the Alliance for Innovation on Maternal Health (AIM). It provides Texas birthing hospitals with technical assistance and learning opportunities to prevent common maternal health complications. TexasAIM assists hospitals in implementing sets of medical best practices called “Patient Safety Bundles” that address specific conditions in pregnant and postpartum people. As of 2024, TexasAIM implemented the Obstetric Hemorrhage (OBH) Bundle and the Severe Hypertension in Pregnancy (HTN) Bundle — and is working on the Obstetric Care for Women with Opioid Use Disorder (OSUD) Bundle.⁵

The program has made significant progress in combating the challenges of maternal health care complications and mortality statewide. Across the state, 91% of all hospitals offering childbirth services are enrolled in TexasAIM. **And within these AIM-enrolled hospitals, severe maternal mortality rates have decreased.**⁶ Among obstetric hemorrhage cases in these hospitals specifically, the severe maternal mortality rate has decreased by 8.6%.⁷

We appreciate that the base budget includes 8 FTEs and \$3.5 million to continue to fund the TexasAIM program. However, **we strongly recommend additional funding be allocated to the Maternal and Child Health strategy for TexasAIM support, implementation, and ongoing evaluation.** Additionally, we appreciate the committee updating the rider language – instead of striking the rider – to clarify the intent of the Legislature to use these funds for this vital program. While some bundles have been released, implementing maternal and child health initiatives, especially successful ones, is not something that should have an expiration date.

Recommendation: Increase funding for the TexasAIM program to ensure DSHS can continue working with hospitals across the state to provide training and tools for effective maternal health safety initiatives that are proven to save women’s lives.

Endnotes

1. The Department of State Health Services Health Professional Shortage Area (HPSA) Application <https://experience.arcgis.com/experience/323d93aa45fd43e88515cdf65365bf78/>
2. Price, S. Maternity Deserts: Fewer Rural Hospitals Delivering Babies (June 2022). <https://www.texmed.org/MaternityDeserts/#:~:text=When%20rural%20hospitals%20struggle%20financially,the%20time%20of%20their%20closure>
3. Fontenot, J. et. al. Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity in Texas. March of Dimes. 2023. <https://www.marchofdimes.org/peristats/reports/texas/maternity-care-deserts>.
4. Department of State Health Services. (n.d.). Congenital Syphilis in Texas in 2022. In *Department of State Health Services*. <https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>
5. TexasAIM, Texas Department of State Health Services,
6. Maternal Health and Safety Initiatives Biennial Report 2022, Texas Department of State Health Services, Dec. 2022.
7. Maternal Health and Safety Initiatives Biennial Report 2022, Texas Department of State Health Services, Dec. 2022.