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September 30, 2020

House Committee on Appropriations, Article II Subcommittee
Texas Capitol – E1.032
Austin, TX 78701

RE: Interim Charge 2 - Review how Texas is preparing for state and federal budgetary changes that impact the state's health programs, including: The Healthy Texas Women Section 1115 Demonstration Waiver.

Chair Davis and Members of the Committee,

Thank you for the opportunity to provide information on Interim Charge 2.5. The Teaching Hospitals of Texas members include large public urban teaching hospitals and several affiliated non-profit health systems sharing three core commitments. They provide quality care to all, in particular vulnerable Texans; prepare for and provide trauma and disaster services and care; and support Texas' health care workforce and graduate medical education as well as clinical and delivery system research and transformation. Our members also provide a significant amount of care to Texas Women.

Texas has invested substantially to create a strong women's health infrastructure, with the Family Planning Program (FPP) and Healthy Texas Women (HTW) working together to ensure that women throughout the state have access to care. HTW and FPP programs provide eligible women access to women's health and family planning services at no or low cost. These programs increase access to services that avert unintended pregnancies and positively impact the outcome of future pregnancies. Both of these programs have seen a steady increase of clients enrolled and served since their launch in the summer of 2016. For example, in fiscal year 2019 HTW saw a 16.2 percent increase in client enrollment from the previous year. HHSC in its most recent Texas Women's Health Programs Report estimated a \$13 million net savings due to births averted by HTW and \$6.6 million net savings due to births averted by FPP. These programs are cost effective and work to provide access and improve the health of the clients they serve.

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In January 2020, HHSC received approval from US Centers for Medicare and Medicaid Services (CMS) for a five-year 1115 Healthy Texas Women demonstration project. Approval of this waiver will allow the state to draw down federal funding to support the current programs efforts which were all general revenue funded. HHSC held a briefing to inform stakeholders that as it transitions the current program, three critical enrollment policies will be eliminated or changed:

- Auto-enrollment will be replaced with the HHSC’s current administrative renewal process.
- Adjunctive eligibility for women applying for HTW that are already enrolled in WIC, have a child in Medicaid, or in a household that receives SNAP or TANF will be eliminated
- Simplified HTW application will be discontinued, and women will be required to complete the Texas Health Coverage Application.

The policies above were implemented to streamline the enrollment process for women into HTW and have been effective in ensuring that eligible women are able to enroll and access services in a timely manner. Removal of these policies could create barriers and disrupt the efficiency of the current program and may result in fewer women being served, increasing unintended pregnancies -- thereby increasing Medicaid costs to the state. While we understand that some of these changes may be federally required, we would ask that where the State has flexibility that they work with stakeholders to simplify the enrollment process for HTW clients.

HTW Plus

We also appreciate that the State has made additional investments to develop an enhanced, cost-effective post-partum care service package for women enrolled in HTW. This additional 12 months of coverage will provide access to a limited array of critical services postpartum, helping to ensure the state has healthy mothers and babies. We understand that the program has launched as of September 1st, 2020. As the state builds out the program, we would encourage that a strong provider network be in place to provide the additional benefits such as cardiology, psychotherapy, and other mental health professionals.

12 months Medicaid postpartum coverage for mothers

We applaud the Legislature’s work to address maternal death and pregnancy related complications by creating the Maternal Mortality and Morbidity Review Committee and making substantial investments in Women’s Health programs. The Maternal Mortality and Morbidity Review Committee (MMMRC) found that the majority of maternal deaths occurred more than 60-days postpartum and that many of them were preventable.ⁱ We know one of the best strategies to reverse these trends is to ensure women have access to health care before, during, and after pregnancy.ⁱⁱ One of the Committee’s recommendations was to “increase access to services during the year after pregnancy and throughout the interconception period to improve the health of women, facilitate continuity of care and enable effective care transitions and promote safe birth spacing.” Programs like HTW Plus provide coverage for many of the top causes of maternal mortality and morbidity, which is encouraging, however it does not provide the same level of coverage that a client receives

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on Pregnant Women's Medicaid. We recommend extending the 60 days Medicaid postpartum coverage to 12 months coverage to better address and treat postpartum conditions.

Thank you for your consideration of these comments. Please let me know if you have any questions or we can be of assistance to the Committee.



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ⁱ Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." September 2018.

ⁱⁱ Ibid

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