

SUBJECT: Extending Medicaid eligibility to 12 months after the end of a pregnancy

COMMITTEE: Human Services — favorable, without amendment

VOTE: 6 ayes — Frank, Hinojosa, Klick, Meza, Neave, Rose

3 nays — Hull, Noble, Shaheen

WITNESSES: For — Cynthia Humphrey, Association of Substance Abuse Programs; Lisa Hollier, American College of Obstetricians and Gynecologists, Children's Hospital Association of Texas, Texas Children's Health Plan, Texas Children's Hospital, Texas Hospital Association, and Texas Medical Association; Tom Hedrick, Dillon Joyce Ltd; Amelia Averyt, Doctors for Change; Lindsay Lanagan, Legacy Community Health; Bonnie Cook, Mental Health America of Greater Dallas; David Valdez, Molina Healthcare of Texas; Marjorie Quint-Bouzid, Parkland Health and Hospital System; Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Adriana Kohler, Texans Care for Children; Laurie Vanhooze, Texas Association of Health Plans; Deneen Robinson, The Afiya Center; Paige Jackson; Michele Rountree; (*Registered, but did not testify*): Blake Rocard, Avow; David White, Baylor Scott and White Health; Justin Till, Birth Equity Advocacy Project; Patricia Kolodzey, Blue Cross Blue Shield of Texas; Amber Hausenfluck, CHRISTUS Health; Christine Wright, City of San Antonio; Dennis Borel, Coalition of Texans with Disabilities; Tim Schauer, Community Health Choice; Lillian Painter, Dallas County Commissioners Court; Michael Dole, Driscoll Health Plan; Anne Dunkelberg, Every Texan (formerly CPPP); Ender Reed, Harris County Commissioners Court; Bill Kelly, Mayor's Office, City of Houston; Jason Sabo, Mental Health America; Greg Hansch and Ana O'Quin, National Alliance on Mental Illness (NAMI) TX; Alison Mohr Boleware, National Association of Social Workers - Texas Chapter; Andrew Cates, Nurse Family Partnership; Russell Schaffner, Tarrant County; Maureen Milligan, Teaching Hospitals of Texas; Tom Banning, Texas Academy of Family Physicians; Rene Lara, Texas AFL-CIO; Shelby Tracy, Texas Association of Community Health Centers; Kay Ghahremani, Texas Association of Community Health Plans; Jennifer

Biundo, Texas Campaign to Prevent Teen Pregnancy; Sarah Crockett, Texas CASA; David Reynolds, Texas Chapter American College of Physicians; Breall Baccus, Texas Council on Family Violence; Cesar Lopez, Texas Hospital Association; Joshua Houston, Texas Impact; Dan Finch, Texas Medical Association; Kevin Stewart, Texas Nurses Association; Eric Woomer, Texas Pediatric Society; Jessica Magee, Texas Psychological Association; Kerrie Judice, TexProtects; Jennifer Allmon, The Texas Catholic Conference of Bishops; Julie Wheeler, Travis County Commissioners Court; Molly Weiner, United Ways of Texas; Elisa Hernandez, University Medical Center of El Paso; Vanessa MacDougal; Thomas Parkinson)

Against — None

On — (*Registered, but did not testify*: Hilary Davis, Michael Ghasemi, and Stephanie Stephens, Texas Health and Human Services Commission)

BACKGROUND: 42 C.F.R. sec. 435.170 requires that pregnant women eligible and enrolled in Medicaid on the date their pregnancy ends must be provided with coverage through the last day of the month in which the 60-day postpartum period ends.

DIGEST: HB 133 would require the Health and Human Services Commission (HHSC) to continue to provide health benefits to a woman eligible for Medicaid for pregnant women for at least 12 months following the date of a delivery or involuntary miscarriage.

If a state agency determined that a waiver or authorization from a federal agency was necessary to implement the bill, the agency would have to request the waiver and would be permitted to delay implementation of the bill until the waiver or authorization was granted.

The bill would take effect September 1, 2021.

SUPPORTERS SAY: HB 133 would help to ensure that Texas women had healthy pregnancies and better long-term health outcomes by extending Medicaid benefits for

pregnant women from 60 days to 12 months post-partum.

Concerns have been raised over data contained in the 2020 biennial report submitted by the Maternal Mortality and Morbidity Review Committee and the Department of State Health Services (DSHS) indicating that nearly 40 percent of maternal death cases in Texas were related to pregnancy. According to the study, black women and women enrolled in the Medicaid program were more likely to experience pregnancy-related death, and the report suggested that a majority of pregnancy-related deaths are preventable. The report also indicated that 31 percent of the pregnancy-related deaths occurred 43 days to 1 year after the end of the pregnancy.

HB 133 would address specific concerns about intermittent insurance coverage for eligible mothers after pregnancy by providing comprehensive continuous care during the critical postpartum period when health issues often arise. Uninsured women are less likely to receive preventative care and services for chronic disease, and many of these women seek health care for the first time after they become pregnant without knowledge of any underlying health conditions that they may have. Providing 12 months of comprehensive, continuous health care for these women postpartum would give doctors more uninterrupted time to address complications that can arise post-pregnancy and to address long-term health outcomes for these women.

Current Texas family planning and women's health programs that provide health coverage for eligible women postpartum do not provide comprehensive health coverage for a 12-month period. In addition, recent changes to the eligibility, enrollment policies, and practices of the Healthy Texas Women (HTW) program will likely lead to a significant gap in coverage and leave a large percentage of formerly eligible women out of the program. Other programs for extended maternal care after pregnancy often must secure funding without state or federal help, which limits these programs to serving only the most vulnerable women. Even if women are eligible for a Texas program, they are often faced with a lack of certain specialized services or face prohibitive financial hurdles for services for

which they otherwise qualified. HB 133 would address limitations of the current Texas programs by providing all eligible women with 12 months of comprehensive health care services postpartum.

HB 133 would not expand Medicaid eligibility to pregnant women who were not eligible for enrollment before the bill. Rather, it would extend comprehensive postpartum care for these eligible women to 12 months, which is the recommended extension for addressing disruptions in coverage and access to needed care. Although this extension of services would likely result in a negative fiscal impact for the state, it is expected to result in savings to the Medicaid program from averted births and savings to the HTW program because individuals receiving benefits from that program would instead receive benefits through the extended Medicaid coverage. Further, it has been recommended that the federal government should provide a 100 percent fiscal match for the extension of services.

CRITICS
SAY:

HB 133 may not adequately address the state's maternal mortality and morbidity program, and pregnant women in Texas could be better served if time and resources were spent on other solutions. Over the last several years, Texas has focused a considerable amount of attention and resources on the number of Texas women who die due to health issues arising during pregnancy or in the postpartum period, and programs like Healthy Texas Women have already been implemented to address these issues. Providing more services over a longer period of time may not adequately address the maternal mortality and morbidity issue, the causes of which are not definitively known, and could cost the state time and money that may be better spent addressing other potential factors contributing to this issue.

NOTES:

According to the Legislative Budget Board, the bill would have a negative impact of about \$84 million to general revenue related funds through the biennium ending August 31, 2023.