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Texas Women's Healthcare Coalition Submission to [House Appropriations Subcommittee Art. II](#) on Interim Charge #2 and [House Human Services](#) Committee on Interim Charge #2.2-2.5*



***The following was submitted to both the House Human Services on September 25 and the House Appropriations Committee on September 30.**

The Texas Women's Healthcare Coalition (TWHC) and its 87 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women.

Access to preventive care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions. The state's women's health programs, Healthy Texas Women (HTW) and the Family Planning Program (FPP), provide these services to those without access to other forms of healthcare coverage.

TWHC thanks our legislators for their commitment to women's healthcare. Continuing the investment in the women's health programs has been crucial in rebuilding our state's family planning network and providing vital services to clients across the state.

I. 1115 Healthy Texas Women Demonstration Waiver Implementation and Program Policy Changes

In January 2020, Texas received approval from federal Centers for Medicare and Medicaid Services (CMS) to implement the 1115 Healthy Texas Women Demonstration Waiver. The waiver allows Texas to receive federal Medicaid funds to support HTW. Since approval, the Texas Health and Human Services Commission (HHSC) has held only one public forum announcing the proposed changes to HTW under the waiver. Through its HTW waiver implementation plan, HHSC intends to terminate three crucial policies:

(1) Auto-enrollment of new mothers from Pregnant Women's Medicaid into HTW.

Since 2016, new mothers have automatically transitioned into HTW when coverage under the Medicaid for Pregnant Women program ends -- a policy that ensures continuity of care and improves health outcomes. While HTW's benefits are significantly more limited than Medicaid's, it covers family planning, preventive and primary care screenings with some basic treatment, which postpartum mothers need to stay healthy.

HHSC states that under their new proposed process, it will replace the auto-enrollment system with the agency's current administrative renewal process. Under this process, clients are only contacted if HHSC cannot verify their eligibility criteria through electronic data sources; however, the process works poorly today and requires the client to provide documentation in the majority of cases. According to a recent report from the Kaiser Family Foundation, Texas ranks low for successful administrative renewals, with a renewal rate of less than 25%¹. In other words, in more than 75% of renewals, the agency requires the client to submit additional information on a tight timeline.

When this process is applied to women losing Medicaid for Pregnant Women, new moms with a four-week-old baby are very likely to be asked to submit proof of income or other documentation within a short timeframe to be transferred into HTW.

In 2019, over 80,000 new mothers were auto-enrolled into HTW. If less than a quarter of these clients successfully transition through the administrative renewal process, that means over 60,000 clients will face obstacles to transfer to HTW, causing delayed or no access to vital postpartum services. Eliminating auto-enrollment will reduce projected cost savings, and add significant red tape for mothers, health care providers, and the state agency.

(2) 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

HHSC has used adjunctive eligibility to accurately confirm whether a woman is income eligible for the program while minimizing burdens on women, clinics, and agency employees. If at application or renewal a woman is enrolled in the Women's Infants and Children's Program (WIC) has a child enrolled in Medicaid or is in a household that receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), she is not required to prove her income again for HTW. CMS has long allowed adjunctive eligibility for certain eligibility groups. HHSC intends to eliminate adjunctive eligibility - an unexpected departure from historical program norms. The removal of adjunctive eligibility will certainly lead to a decrease in HTW enrollment, compromise women's access to timely, preventive healthcare and increase administrative costs to the agency, women, and healthcare providers.

(3) Simplified HTW Application Form (Form H1867)

HHSC currently uses a simplified, one-page Healthy Texas Women Application Form (Form H1867) to determine eligibility. CMS has allowed the use of simplified application forms for a number of family planning demonstrations, including Texas's previous family planning demonstration. The availability of the simplified HTW application, including the online application that launched in 2013, has allowed women to easily apply for HTW benefits on the same day they visit a clinic for services. However, HHSC intends to discontinue the one-page application and require women to complete the Texas Health Coverage Application (Form 1205). This departure from previous program policy will lead to increased burdens on women and clinics -- and will likely result in decreased HTW enrollment.

Impact to Cost Savings

Constructing barriers and disrupting the efficiency of these current policies will result in fewer women served, increasing unintended pregnancies -- thereby increasing Medicaid costs to the state. Medicaid pays for more than half of Texas births, costing \$3.5 billion in 2016 for birth and delivery-related services for mothers and infants in the first year of life.

In the most recent women's health programs report, HHSC estimated that services provided by HTW in 2019 will save the state \$96.8 million in General Revenue. A growing client base and committed investment in HTW has resulted in increased cost savings for the state. It is in the state's best fiscal interest to remove barriers to enrollment in HTW. Eliminating policies that streamline the enrollment and eligibility processes - especially when a mother has a 1-month old newborn -- would undermine the goal of healthier moms and state cost savings.

Notably, Texas must maintain budget neutrality as part of the 1115 HTW Demonstration Waiver, meaning that the demonstration project does not result in Medicaid costs to the federal government that are greater than what the federal government's Medicaid costs would likely have been absent the demonstration. HTW is expected to achieve this goal by increasing access to women's health and family planning services, which in turn will reduce the number of unintended pregnancies, improve birth spacing, and reduce the number of premature deliveries and low-birth weight infants funded through Medicaid. Eliminating the above three policies could drastically decrease enrollment in HTW and access to women's preventive care -- which presents a serious risk to Texas' ability to achieve the budget neutrality expenditure targets included in the Standard Terms and Conditions (STC) of the approved waiver and ensure continued federal funding.

Proposed Solutions

We understand there are limitations under the modified adjusted gross income (MAGI) methodologies used for Medicaid eligibility under federal law; however, to minimize the added burden on new mothers, women, providers, and the agency, we recommend the following strategies that can be achieved while following MAGI methodologies:

- ***Improve the administrative renewal process before using it to replace auto-enrollment***
HHSC should allow the use of Texas Workforce Commission (TWC) quarterly wage data from the two quarters prior to the current quarter and remove use of the new hire data report. Current system design requires that the electronic data must be no more than 60 days old, which means HHSC is unable to verify earned income using TWC in at least eight months out of the year. This is not required by federal or state law, making it a simple and effective improvement for HHSC to implement. Using the New Hire data is problematic because the system will request verification from a client unless the employer name and start date in the report match *exactly* with the employer name and date included in TIERS. Exact matches of employer names could be fraught with errors. Furthermore, the agency checks New Hire reports through a monthly process; checking it at renewal is redundant. Once these fixes are made the agency should continue to monitor the renewal process to identify barriers to successful renewal and continuity of care.
- ***Post enrollment verification***
This policy allows a better transition for new moms, who could submit pay stubs or other required paperwork during a temporary period (90-day window) after she is enrolled. Post enrollment verification is already used in Texas Medicaid for Pregnant Women and does not require a waiver from CMS.
- ***HHSC should immediately request a waiver amendment to continue adjunctive eligibility***
CMS has allowed adjunctive eligibility for certain MAGI-based eligibility groups. For example, CMS allows express lane eligibility for children's Medicaid when they are enrolled in SNAP or WIC. HHSC should immediately request an amendment to the HTW waiver from CMS to continue adjunctive eligibility to help maintain enrollment in HTW.
- ***Maintain a streamlined HTW application and maintain HTW Cost Reimbursement funding***
We recommend HHSC keep an HTW streamlined application, modifying it as little as possible to collect the necessary MAGI eligibility requirements and hold technical assistance and training for HTW providers on the new application components. To maintain HTW enrollment numbers, providers will need continued cost reimbursement funding to subsidize staff for community outreach and enrollment assistance services, as the application process will be much more cumbersome and time consuming.

II. HTW Plus

In addition to the HTW changes the 1115 demonstration waiver implementation proposes, as of Sept. 1, 2020, HTW has a new program component, HTW Plus. HTW Plus is an additional benefit package, specifically for postpartum clients as directed by Senate Bill 750. However, given that auto-enrollment will be replaced by the flawed administrative renewal process, the same concerns exist for decreased or delayed enrollment for the postpartum population the legislation and program were designed to serve. Making it harder for new moms to get enrolled will disrupt continuity of care and render HTW Plus far less effective.

In order for HTW Plus to be effective, there needs to be a provider network in place to provide the additional varied benefits such as cardiologists for the cardiovascular benefits, and psychotherapists or other mental health professionals for the postpartum depression and mental health benefits. Current provider recruitment is limited to reaching out to health plans, but a successful recruitment strategy will need to be more robust and include partnering with provider associations at a minimum. Building a strong provider network is essential to proper service delivery and should start with existing HTW providers. Clear communication to existing HTW providers should be improved as there are many questions and much confusion in response to the press release announcing the rollout.

Designing HTW Plus to be as effective as possible will help when HHSC submits an amendment to the 1115 HTW demonstration waiver to CMS to draw down federal funds for the new program component. In the meantime, ensuring HTW Plus has a robust network of HTW certified providers to serve new moms will help efficiently utilize general revenue and promote cost savings for the state.

III. Comprehensive Health Coverage Initiatives

In Texas, three out of ten women are low income and one in five are uninsured.ⁱⁱ Updated census data released this month from 2019 shows that Texas remains the state with the highest number of uninsured residents with 5.2 million or 18.4% of Texans without insurance,ⁱⁱⁱ and we know the pandemic will only exasperate these rates. These numbers are alarming because facing a public health emergency of this magnitude has shown how important healthcare is in keeping whole communities safe. The numbers also highlight the challenges Texas moms face to have healthy pregnancies and babies, and manage postpartum issues, with inconsistent or unavailable healthcare coverage.

Texas' family planning programs provide vital, but very limited health services. These programs are not a substitute for health coverage that can facilitate access to the full range of healthcare services women need. For all these reasons, we support implementation of comprehensive health care coverage solutions such as:

- ***12 months Medicaid postpartum coverage for mothers***

Maternal death and pregnancy related complications remain a serious concern. Not only are Texas' high maternal deaths alarming, but pregnancy complications put mothers at risk for significant, ongoing health issues. 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.^{iv} We know one of the best strategies to reverse these trends is to ensure women have access to healthcare before, during, and after pregnancy.^v Recognizing the need for a program like HTW Plus is encouraging; however, it does not provide the same level of coverage a client receives on Pregnant Women's Medicaid. We recommend extending the Medicaid postpartum coverage from 60 days to 12 months to better address and treat postpartum conditions.

- ***Drawing down federal Medicaid funds to cover low-income working Texans***

As stated above the MMMRC recommends women have access to healthcare before, during, and after pregnancy. A woman working a low-wage job in Texas who is not pregnant, has few if any options for insurance, especially if it is not offered by her employer. Since March, more than 3 million Texans have filed for jobless benefits.^{vi} Jobless Texans will need medical care – COVID-19-related or not – but more will lack the means to pay for it. Reopening the economy, as conditions warrant, will undoubtedly help. Yet the pandemic also is reshaping the economy in profound and unpredictable ways, making the job market more uncertain. As such, employer-sponsored health insurance likely will be slow to rebound. For these reasons, we strongly support implementation of a comprehensive health care coverage

solution to meet Texan’s needs and ensure that women can get access to the care they need before, during, and after pregnancy.

IV. Five Percent Budget Reduction Mandate

We applaud the efforts legislators have taken to support preserving women’s health funding from the five percent budget cuts, and the work HHSC put into averting direct cuts to client services in their revised plan. Protecting the women’s health programs budget is a step in the right direction, but especially now during a global health pandemic, where so many have lost or at risk of losing healthcare coverage through their employers, safety net programs will be even more crucial. The state’s top elected leaders are still directing HHSC and other state agencies to propose significant cuts. As a result, the new proposal, like the original one, makes cuts that call for reduced or delayed hiring of 742 eligibility and enrollment staff positions. As HHSC notes, cutting enrollment services will harm clients, quite possibly leading to delays in enrolling pregnant women, enrolling HTW applicants, and transferring new moms to HTW when auto-enrollment ends. These cuts would be a bad idea at any time, but they would be particularly harmful now as the state’s worst-in-the-nation uninsured rate climbs even higher. We recommend instead, exploring available revenue solutions.

V. Protect the Family Planning Program

While working to preserve the positive and effective components of HTW under the demonstration, TWHC urges the Legislature to preserve and protect a cornerstone of Texas’ women’s health safety net, the Family Planning Program. The FPP is a vital program for Texans who do not qualify for health coverage options or HTW. Unlike HTW, this program serves men and women, and due to its eligibility criteria, generally has a wider potential client population when compared to HTW. As discussed, investing in family planning ultimately leads to cost savings for the state. Based on the number of women served in Fiscal Year 2019 alone, it is estimated that FPP will save \$42.9 million in general revenue and \$6.6 million in net savings.

In conversations with providers throughout the state, services through the FPP are consistently in high demand and program funds routinely run out before the end of the funding cycle. We recommend that any general revenue funds saved from implementing the HTW 1115 waiver and drawing down federal funds be used to supplement FPP.

The TWHC represents various organizations providing direct healthcare, advocacy, or other community-based services across Texas. We are eager to work with you on these issues. We are happy to provide any additional information and welcome the opportunity to schedule follow-up conversations on the women’s health budget and other topics relating to women’s health.

Thank you for taking our concerns and recommendations into consideration.

ⁱ Brooks T, Roygardner L, Artiga S, Pham O, Dolan R. Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey. Kaiser Family Foundation Report. 2020 Mar; Available from: <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>

ⁱⁱ Hamel, L., Wu, B., Brodie, M. Sim, S., & Marks, E. (2018). Views and Experiences Related to Women’s Health in Texas, Selected findings from the Kaiser Family Foundation/Episcopal Health Foundation 2018 Texas Health Policy Survey.

ⁱⁱⁱ Katherine Keisler-Starkey and Lisa N. Bunch U.S. Census Bureau Current Population Reports, P60-271, Health Insurance Coverage in the United States: 2019, U.S. Government Publishing Office, Washington, DC, 2020.

^{iv} Texas Department of State Health Services. “Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report.” September 2018.

^v Ibid

^{vi} [More than 3.2 million Texans have filed for unemployment relief since mid-March](#), Anna Novak and Mitchell Ferman, *The Texas Tribune*, Aug. 21, 2020.