



Texas Women's Healthcare Coalition

July 24, 2020

Re: Comments on Health and Human Services Commission Draft House Bill 253 Postpartum Depression Strategic Plan

Sent via email: HDISPublicComments@hsc.state.tx.us

On behalf of the Texas Women's Healthcare Coalition, thank you for this opportunity to provide input on the Health and Human Services Commission's (HHSC) draft Postpartum Depression (PPD) Strategic Plan as directed by House Bill 253 (86th regular session).

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.

Thank you for all the work HHSC staff have put into creating an informative document. TWHC applauds the stated prioritization and goal of increasing access to services for all mothers and women in the state to improve maternal health outcomes in the plan. TWHC is committed to aiding the state to achieve that goal. Furthermore, we appreciate having PPD related program initiatives collected into a comprehensive document and hope for the strategic plan to be a meaningful provider and stakeholder resource. Because there are multiple programs providing maternal and mental health services, we respectfully submit the following recommendations as steps to greater clarity on the work to come:

- Move all descriptions of current programming, projects, and initiatives to an appendix to serve as a useful reference for stakeholders.
- Within the draft report's strategy areas, include an estimated timeline for implementation, goals, and metrics HHSC will use to measure success.
- For new initiatives the agency is undertaking within each strategy, provide more detail regarding operational changes, including streamlining and integration processes, to improve efficacy and cohesion among existing and new programs, projects, and initiatives.

TWHC strongly supports the addition of behavioral health services and counseling to the enhanced postpartum benefit package in Healthy Texas Women+ (HTW+) included in the plan. Behavioral health services and counseling in HTW+ will help women with PPD or other mood disorders that lose Medicaid coverage 60 days postpartum access treatment. We urge HHSC to consider the following recommendations as they implement these new benefits:

- Providers need clear direction on what specific benefits and billing codes are *currently* available to screen and treat PPD in Healthy Texas Women (HTW). HHSC should provide clarification through provider outreach and trainings on available benefits to actively engage providers and ensure they are aware of these benefits.
- When the enhanced postpartum benefit package HTW+ is added as directed by SB 750, specificity on additional screening and treatment benefits and billing codes for PPD should be included in provider outreach and training.
- New providers will need to be recruited to the HTW network to provide the added counseling and behavioral health benefits. HHSC should include its provider recruitment plan and collaborate with provider associations and other stakeholders to assist in recruitment and messaging.

TWHC supports HHSC's noted commitment to continuity of care in the plan. Continuity of care and auto-enrollment from Pregnant Women's Medicaid into HTW is mentioned multiple times throughout the strategic plan. However, once the HTW 1115 Demonstration Waiver is fully implemented, women will no longer be auto-enrolled. This will add a barrier to women gaining access to HTW+ with its enhanced postpartum benefit package, including the additional PPD benefits mentioned in the plan. The policy change will compromise continuity of care and women's access to PPD screening and treatment. TWHC strongly recommends:

- HHSC explore all options available to streamline the transition from Pregnant Women's Medicaid into HTW; and
- Leverage as many options as possible to retain any automated transition and reduce the burden on new mothers seeking care and treatment.

In addition to the strategies currently outlined in the plan and those specifically referenced above, TWHC supports adding the following strategies to the plan:

1. Recommend that the Legislature extend Medicaid coverage for eligible mothers from 60 days to 12 months postpartum, as recommended by the Texas Maternal Mortality and Morbidity Review Committee, so mental health conditions can be treated before getting worse.

If a woman does not receive insurance through her job or spouse's job, she'll likely become uninsured after Medicaid cuts off 60 days postpartum, especially if she has a low income. While improving the benefits in HTW is a step in the right direction, it is still a limited benefit program and will not improve health outcomes for women as effectively as making comprehensive insurance accessible and affordable.

2. Recommend including a strategy on addressing disparities and focus on high risk populations, such as Black women.

We support your reference to Texas Maternal Mortality and Morbidity Review Committee's (MMMRC) recommendation to increase maternal health programming to address disparities and target high risk populations, but we recommend having a specific focus on Black women in Texas. In their research, the MMMRC found that when compared with other races and ethnicities, Black women continue to be at the greatest risk for maternal death, and risk for maternal death among Black mothers remained high across all levels of socioeconomic status¹. And specifically, when it comes to maternal mental health challenges, research shows Black moms in Texas are less likely to receive treatment compared to other moms².

¹ Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." September 2018. Accessed at <https://docs.house.gov/meetings/IF/IF14/20180927/108724/HHRG-115-IF14-20180927-SD022.pdf>

² Feldman, N. & Pattani, A. (December 2019). *Black Mothers Get Less Treatment for Postpartum Depression Than Other Moms*. Kaiser Health News. <https://khn.org/news/black-mothers-get-less-treatment-for-postpartum-depression-than-other-moms/>

3. Create a website and provider toolkits with referral network resources focused on maternal mental health.

Providers across all specialties have difficulty locating a mental health provider in their area that offers mental health services. A list of Local Mental Health Authorities or making updates to Medicaid health plan directories is not sufficient. However, with a website, Texas can create a meaningful provider tool by leveraging existing referral network resources, such as the Postpartum Support International provider directory, PSI Support Coordinators who are available in each region of Texas, and the Pregnancy and Postpartum Health Alliance directory (“Kristi’s list”), among others.

4. Promote telehealth flexibilities in future years, including ensuring Medicaid, CHIP, and TDI-regulated private insurance cover and reimburse for behavioral health services delivered via telehealth and telemedicine, including audio-only services. Ensure telehealth flexibilities also apply to the additional behavioral health benefits added in the enhanced postpartum benefit package HTW+.

The coronavirus pandemic accelerated the need for – and implementation of – telehealth, especially in terms of behavioral health. Even before COVID-19, tele-mental health was a critical need for pregnant women and new mothers, especially those without transportation or child care options. Mental health delivered by telephone/audio-only will continue to be critical for moms in rural areas where high speed Internet for simultaneous visual-audio capabilities is not possible.

These recommendations reflect feedback the TWHC has received from members and during previous community engagement events with stakeholders and providers across the state. Earlier this year, Coalition member, Texans Care for Children, convened an advisory group of more than 20 Texas maternal health and mental health experts and engaged providers and Texans from across the state to collect data, expertise, and real-life experiences. The data they collected further supports the need for the above strategy recommendations³.

Thank you for your consideration of these comments. As previously stated, we are also committed to increasing access to healthcare for women and are available as a resource and strong stakeholder partner for the agency. Please let us know if we can provide you with any additional information.

Respectfully,



Evelyn Delgado
Chair, Texas Women’s Healthcare Coalition

³ Kohler, A. (July 2020). *TX’s Draft Postpartum Depression Plan is a Good Start. More Work Is Needed*. Texans Care for Children. <https://txchildren.org/posts/2020/7/17/txs-draft-postpartum-depression-plan-is-a-good-start-more-work-is-needed>

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The Women's Fund for Health Education and
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