

August 30, 2024

Texas Health and Human Services Commission

Via Email: MCDmedicalbenefitspolicycomment@hhsc.state.tx.us

Re: Comments on CPW Draft Policy

Dear Texas Health and Human Services Commission,

The Texas Women's Healthcare Coalition (TWHC) is a group of 77 healthcare, faith, and community-based member organizations - 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 and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

We thank the Texas Health and Human Services Commission (HHSC) for this opportunity to provide feedback on the Case Management for Children and Pregnant Women (CPW) benefit drafted policy change. TWHC supports HHSC's efforts to establish doulas and community health workers (CHWs) as new provider types under the CPW benefit, as well as HHSC's efforts to provide multiple qualification pathways for doulas and CHWs to be certified as CPW providers. TWHC also supports HHSC's decision to establish retroactive client eligibility for CPW. We hope these changes will have a positive impact on Texas' maternal health crisis - as they would expand the number of providers able to assist Texas women, increase access to services for women who need them most, and help mitigate the current maternal care shortage across the state.

According to the 2023 March of Dimes Report Card for Texas, our state holds a significantly high maternal mortality rate of 28.1 deaths of birthing mothers per 100,000 births. Texas also has a high rate of cesarean section procedures for first-time mothers (comprising 27.7% of all first-time births in the state) and a high rate of preterm births (with 11.3% of Texas live births being preterm)¹. Additionally, a 2022 report released by the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) found that the majority of pregnancy-related deaths in Texas are preventable, and 27% of these deaths occur between 43 days and one year postpartum. Additionally, the number of severe medical complications from pregnancy and childbirth has increased between 2018 and 2020 - rising from 58.2 to 72.7 cases per 10,000 deliveries in Texas².

At the same time, Texas does not currently have enough resources to support the women who are most at risk for these adverse birth and pregnancy outcomes. Maternity care deserts, or areas

¹ 2023 March of Dimes Report Card for Texas, March of Dimes, 2023, www.marchofdimes.org/peristats/reports/texas/report-card.

² Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022, Texas Health and Human Services, Dec. 2022, www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2022-MMMRC-DSHS-Joint-Biennial-Report.pdf.

without access to birthing facilities or maternity care providers, are growing in the state. According to March of Dimes' 2023 Maternity Care Deserts Report for Texas, **46.5% of our counties are defined as maternity care deserts**, compared to the national average of 32.6%. 4.1% of all Texas babies are born in maternity care deserts, and 20.4% of patients in Texas claim to have received no or inadequate prenatal care³. With doula care specifically, their services remain underutilized. Among women who were aware of doulas but did not have one, 27% of women reported that they would have wanted a doula. Black women and publicly insured or uninsured women have a significantly higher likelihood of desiring but not having access to doula services⁴.

We support the inclusion of new provider types and the processes for which they can be certified.

Allowing doulas and CHWs to become new provider types under the CPW benefit will help mitigate this crisis, as it will strengthen a maternal health support system that is proven to boost the health of both moms and babies. If more doulas and CHWs can receive Medicaid reimbursements for their case management services - we hope to see more people incentivized to join these professions, and people currently working as doulas and CHWs will be able to fund their efforts and remain in business. This means more Texas women will have access to doula and CHW services, and more Texas women will reap their health benefits. Numerous studies have shown that CHWs effectively improve health and social outcomes, reduce healthcare costs, and close health disparity gaps for communities⁵. For doulas specifically, their support for patients is linked with increased maternal engagement, higher satisfaction with care, increased spontaneous vaginal birth, shorter duration of labor, and decreased cesarean delivery^{6,7}.

We support retroactive client eligibility for CPW services.

Allowing client retroactive eligibility for the CPW benefit will also benefit Texas women and CPW providers. CPW providers want to be able to coordinate services as quickly as possible, as this is the best

³ Where You Live Matters: Maternity Care in Texas, March of Dimes, 2023, www.marchofdimes.org/peristats/reports/texas/maternity-care-deserts.

⁴ "Experiences of Community-Based Doulas and the Support Needs of Low-Income Women in Central Texas." Postpartum Access to Healthcare (PATH) Project, Texas Collaborative for Healthy Mothers and Babies (TCHMB), 2021, www.tchmb.org/path-project.

⁵ Rowell, Shelby. "How Community Health Workers Are Impacting Rural Communities." Association of State and Territorial Health Officials (ASTHO), 5 Apr. 2023, www.astho.org/communications/blog/how-community-health-workers-are-impacting-rural-communities/.

⁶ "Experiences of Community-Based Doulas and the Support Needs of Low-Income Women in Central Texas." Postpartum Access to Healthcare (PATH) Project, Texas Collaborative for Healthy Mothers and Babies (TCHMB), 2021, www.tchmb.org/path-project.

⁷ "Addressing Maternal Health Disparities: Doula Access in Medicaid." Elevance Health Public Policy Institute, Elevance Health, Sept. 2022, www.elevancehealth.com/public-policy-institute/addressing-maternal-health-disparities-in-medicaid.

way to ensure the high risk patient's needs are properly met. CPW providers also want service reimbursements as soon as possible so they are not left to absorb the cost of providing services while waiting for a client's coverage to be confirmed. However, without retroactive eligibility, this is hard to do. Many of the CPW providers in the TWHC report issues with the timing of Medicaid eligibility determinations for their clients, as well as provider credentialing issues. Providers report that the process of credentialing with MCO's takes far too long, leaving them to deal with the costs of services they provide to clients while waiting for application approvals and absorbing those costs in the long run.

We recommend that HHSC remove barriers for providers and patients who wish to participate in CPW.

1. To address the ongoing issues reported to the TWHC regarding provider credentialing by MCOs, we recommend that HHSC implement shorter and enforce timelines for provider credentialing in the program.
2. We also recommend that a timeline be implemented for provider enrollment in TMHP, due to the backlogs that providers are experiencing during that part of this arduous process. It should not take a new doula or CHW 6 months to be enrolled in the program and be able to support pregnant women when we need more resources so desperately.
3. Finally, we strongly encourage the department to consider removing the ability of MCOs to require prior authorization for CPW services. If a provider screens and appropriately refers a patient, due to her high risk status, it is dangerous for that patient to have to wait on MCO prior authorization.

Thank you again to HHSC staff for their strong partnership and support. We appreciate your time and attention on these matters and are happy to answer any questions you may have.

Sincerely,



Evelyn Delgado
Chair, Texas Women's Healthcare Coalition