



***House Committee on Human Services***  
**Hearing on Legislative Interim Monitoring Charges**  
**Implementation of the Healthy Families, Healthy Texas Initiative**  
**Thursday, May 5, 2022**

***Testimony submitted on behalf of:***

Texas Medical Association  
American College of Obstetricians and Gynecologists District XI (Texas)  
Texas Chapter, American College of Physicians Services  
Texas Academy of Family Physicians  
Texas Association of Obstetricians and Gynecologists  
Texas Pediatric Society

On behalf of the above-named organizations, which collectively represent more than 56,000 Texas physicians and medical students, thank you for the opportunity to provide input on implementation of two bills within the House of Representative's 2021 *Healthy Texas, Healthy Families* package: House Bill 133, extending Texas Medicaid postpartum coverage from two months to six months, and House Bill 2658, relating to the administration and operation of the Medicaid managed care program, including extending continuous Medicaid eligibility to children.

Our organizations strongly championed both bills during the 87th legislative session as part of the House's efforts to improve health care coverage. To date, we remain eager for implementation of both and offer the following comments.

**Implementation of HB 133**

As this committee well knows, too many new Texas mothers die or face significant illness in the months following the birth of a child. According to the 2020 report of the state's Maternal Mortality and Morbidity Review Committee (MMMRC), 31% of pregnancy-related deaths occurred 43 days to one year following delivery, corresponding to the same period in which low-income women lose pregnancy-related Medicaid coverage<sup>1</sup>. Nearly nine in 10 of these deaths were preventable<sup>2</sup>. While women of all races and ethnicity die each year following childbirth, there are significant disparities, with Black women dying at rates two to three times higher than their white or Hispanic peers.

Pre-pandemic, nearly more than one in four women ages 19-44 lacked health care coverage, with rural women and women of color being among those most likely to lack coverage. Yet, according to the MMMRC, the lack of comprehensive health care coverage significantly contributes to more postpartum

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<sup>1</sup> [Revised - Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report](#)

<sup>2</sup> Ibid

women dying or suffering a serious post-pregnancy complication. This is because without such coverage, women struggle to obtain timely health care and/or forgo services due to costs.

Enactment of HB 133 is a much-needed step toward improving birth outcomes and reducing health care disparities. In the coming days, the Texas Health and Human Services Commission (HHSC) will submit an amendment to the state's Medicaid 1115 Transformation Waiver to implement the law, a waiver amendment we strongly support, but also see as a bridge to our ultimate aim – enacting 12 months postpartum coverage.

The year following delivery is a critical period in women's health. During the first 12 weeks, also referred to as the "4<sup>th</sup> trimester," women need time and support adjusting to the needs of their babies, including regular postpartum visits with their obstetrical care physician to identify any underlying physical or mental health issues. Yet, the health care needs of new moms do not end then. As noted above, all too often serious pregnancy-related health conditions arise well after 12 weeks – a finding confirmed not only by Texas' own MMMRC, but numerous studies conducted in other states.

Beginning on April 1, 2022, federal law gives states the option to pursue a state plan amendment to extend Medicaid (and CHIP) postpartum benefits for a full year. Research shows that a full year of comprehensive, postpartum benefits contributes to fewer maternal deaths and severe pregnancy-related complications, particularly among Black mothers. While the new option will sunset in five years if not renewed by Congress, many other states are pursuing this option or a similar Medicaid waiver strategy, including Florida, Louisiana, North Carolina, Ohio, South Carolina, Tennessee, and Utah, among others.<sup>3</sup> Moreover, in the coming months, Georgia, a state that had submitted a federal Medicaid waiver to implement 6-months of coverage, intends to withdraw that request and submit a new one asking for 12 months<sup>4</sup>.

As you evaluate implementation of HB 133, we also urge the committee to support including within the state's waiver request a provision allowing Texas to implement automatic enrollment to transition women who lose pregnancy/postpartum related-Medicaid coverage into the Healthy Texas Women (HTW) program. Texas pioneered a successful auto-enrollment initiative to prevent gaps in care. However, when Texas sought federal approval to convert HTW into a Medicaid program, this successful feature of HTW did not convey. HTW provides basic preventive and primary care services to eligible women before and after pregnancy, including well-woman exams, screening for chronic diseases such as diabetes, and early detection of breast and cervical cancer. Busy moms of young children can easily overlook or forget to sign up for HTW. Making the transition seamless will help increase access to timely, regular, and cost-effective preventive care, saving lives and dollars.

Indeed, in 2018, HHSC estimated auto-enrollment would save nearly \$60 million in Medicaid costs over five years after an initial, nominal, upfront cost. (The technology request would require one-time funding to update the Texas Integrated Eligibility Redesign System (TIERS) if approved by the Centers for Medicaid & Medicare Services.)

### **Impact of end of the public health emergency (PHE) on HB 133**

Throughout the federal PHE, postpartum women have benefitted from ongoing, comprehensive Medicaid coverage due to federal legislation enacted in 2020 allowing states to maintain Medicaid eligibility for anyone enrolled on or after March 18, 2020 in exchange for a 6.2% increase in federal Medicaid matching funds. Postpartum women and children are two of the biggest beneficiaries of this temporary benefit.

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<sup>3</sup> [View Each State's Efforts to Extend Medicaid Postpartum Coverage - The National Academy for State Health Policy \(nashp.org\)](https://www.nashp.org/policy-view-each-state-efforts-to-extend-medicaid-postpartum-coverage)

<sup>4</sup> [Possible expansion to Medicaid coverage for Georgia moms | 11alive.com](https://www.11alive.com/news/possible-expansion-to-medicaid-coverage-for-georgia-moms)

However, the federal PHE will likely end this summer, meaning so too will the concomitant continuous Medicaid eligibility provisions. HHSC estimates 3.7 million Texans will be impacted by the continuous eligibility wind down. Of these, an estimated 250,000 or more are postpartum women. While some women will be eligible for coverage under the federal Marketplace, more will qualify for HTW or HTW Plus. (HTW Plus, an initiative approved by lawmakers in 2019, provides postpartum women all the benefits of HTW in addition to limited, enhanced coverage for the three conditions that most commonly contribute to maternal mortality and morbidity: cardiovascular disease, substance abuse, and postpartum depression.)

HB 133 will not be implemented before the expiration of the PHE-related Medicaid continuous eligibility provision, making it more important than ever that Texas conduct robust outreach, education and simplified administrative renewals to ensure eligible women will be transitioned to HTW or other eligible programs without gaps in care.

As the committee monitors implementation of HB 133, we urge it to also closely monitor how the end of the PHE-related continuous Medicaid eligibility wind down will impact postpartum women (and children) as discussed below.

### **HB 2658**

HB 2658 directed HHSC to enact several important measures to improve Medicaid. As the committee examines implementation of the bill, of particular importance to our organizations are implementation of Section 5, regarding preventive dental benefits for certain adults with disabilities, and Section 8, implementing Medicaid continuous eligibility for children.

We urge swift implementation of both.

**Section 5 – Preventive dental coverage.** A large body of research shows a strong correlation between poor oral health and a wide array of other health conditions, including cardiovascular disease, stroke, dementia, and preterm birth. Without coverage, people forgo routine dental care, which can contribute to periodontal decay and disease. All too often, this means a trip to the emergency department or even an inpatient stay to address dental emergencies. While Texas Medicaid covers emergency dental care, an emergency department treats only the immediate emergency, such as infection or pain, not underlying dental disease.

HB 2658 directed HHSC to establish coverage for one preventive dental exam per year for adult Medicaid enrollees with an intellectual or developmental disability to prevent dental disease in the first place. (Children’s Medicaid covers preventive and acute dental health care services.) Yet, HHSC has not implemented this benefit, noting that the bill did not mandate implementation without funding. Yet, independent analyses, including a 2021 study by the Texas Health Institute and a 2022 study the National Council on Disability (NCD), show that preventive Medicaid dental benefits pay for themselves. Indeed, NCD estimated that the total return on investment for Texas after upfront costs would be \$1.8 million, of which the state’s share would be \$685,687.<sup>5</sup> By proceeding with coverage for preventive dental care, the state will prevent the pain and suffering Medicaid enrollees with intellectual or developmental disabilities too often experience from untreated dental disease, prevent potential development of the many other chronic diseases correlated with poor oral health, and reduce costs – the epitome of a win-win.

**Section 8 – Medicaid continuous eligibility for children.** Texas leads the nation in the number of uninsured children, an ignominious badge for a world-class state. Pre-pandemic, nearly 13% of children lacked coverage. Among them, an estimated 350,000 children who are eligible for Medicaid, but who lose

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<sup>5</sup> [Medicaid Oral Health Coverage for Adults with Intellectual & Developmental Disabilities – A Fiscal Analysis | NCD.gov](#)

it each year due to the administrative complexity their parents face trying to navigate the eligibility determination process. Under the state's current Medicaid rules, families complete an annual Medicaid enrollment. Then after five months, the state conducts an electronic periodic income check and repeats the process four additional times despite most children remaining income eligible. Unfortunately, the electronic checks often return inaccurate data, resulting in families getting contacted directly for verification.

Children enrolled in the Children's Health Insurance Program (CHIP) already benefit from a full year of continuous coverage, facing no periodic income checks. Thus, HB 2658 more closely aligns the programs. The bill stipulates that families with children enrolled in Medicaid must apply annually, then undergo only one additional income check at six months. We applaud the work of the entire House and this committee, specifically, to pass the bill, which will greatly help children gain and keep health care coverage by simplifying the eligibility process.

Following implementation of the bill, it will be vital for the state to clearly communicate the changes to Texas families as part of a broader campaign to educate families about the importance of health care coverage to their children's physical, mental, and dental health, particularly preventive care. Unfortunately, many families remain unaware of or misinformed about their children's eligibility for Medicaid or CHIP, meaning many never seek to enroll their children or inadvertently allow coverage to lapse.

#### **Impact of the end of the public health emergency (PHE) on children's coverage**

Complicating implementation of continuous Medicaid eligibility for children will be the impending end of Medicaid maintenance of effort requirements related to the federal COVID-19 PHE. Children, postpartum women and others enrolled in Medicaid on or after March 18, 2020, have benefitted from uninterrupted coverage, but when the PHE expires later this year, families will need to revalidate eligibility.

As noted above, HHSC estimates at least 3.7 million Texans will be impacted by the forthcoming PHE-related Medicaid redetermination process. Beginning in May, Texas Medicaid will send notices to people impacted by the change (assuming the PHE ends this summer, which is widely expected), then proceed to process redeterminations for three separate cohorts of enrollees over the following six months. Children will be in the last group.

While HHSC has designed a thoughtful wind-down plan aimed at minimizing disruptions in coverage for children who remain eligible, families may still inadvertently lose coverage simply because of the confusion the unprecedented undertaking will invariably cause. As such, we urge the committee to remain actively engaged in overseeing the PHE-continuous eligibility wind down to ensure its implementation does not inadvertently derail Texas' efforts to increase the number of insured children and postpartum women get connected to other programs.

Thank you for your consideration.