



September 30, 2020

Subcommittee on Article II
House Appropriations Committee
Texas House of Representatives
Via Email: Appropriations@house.texas.gov

RE: Comments in Response to Request for Information – Interim Charge #2

Dear Members of the House Committee on Appropriations – Subcommittee on Article II:

Every Body Texas (formerly the Women’s Health and Family Planning Association of Texas) appreciates the opportunity to provide information and input on how Texas is preparing for state and federal budgetary changes that impact the state’s health program, including the Healthy Texas Women Section 1115 Demonstration Waiver, in response to the Notice of Formal Request for Information posted on Monday, July 27, 2020.

Every Body Texas is a non-profit organization dedicated to ensuring that every person in Texas can access safe, unbiased, high-quality sexual and reproductive healthcare. As the statewide Title X Family Planning Program grantee for Texas, Every Body Texas funds a diverse network of 35 providers—including federally qualified health centers (FQHCs), public health departments, hospital-based clinics, and free-standing family planning clinics—that serves nearly 200,000 clients at more than 160 service sites throughout Texas.

Title X providers supported by Every Body Texas also participate in Texas Medicaid and the state-funded women’s health programs administered by the Texas Health and Human Services Commission (HHSC), including Healthy Texas Women and the Family Planning Program. Providers rely on these critical revenue sources to offer robust family planning services to their clients and communities.

As the rates of unemployed and uninsured Texans rise across the state as a result of the COVID-19 pandemic, it is critical for state leaders to both fund safety net healthcare services and to reduce the number of uninsured Texans to ensure that our health and economy recover. For the reasons outlined below, Every Body Texas urges the Texas Legislature to maintain funding levels for Healthy Texas Women and the Family Planning Program during the 87th Legislature, and to work with HHSC and key stakeholders to address outstanding women’s health program implementation issues. We support policies that will help reduce the high uninsured rate among Texas adults, including extending Medicaid coverage for new moms from 60 days to one year postpartum and accepting federal Medicaid funding to offer insurance to low-income adults in Texas. We also support maintaining flexibility for telehealth and telemedicine services, allowing clients to safely access care from their homes during the COVID-19 pandemic and potentially increasing access to care across Texas longer-term.

Healthy Texas Women Section 1115 Demonstration Waiver Implementation

HHSC received approval for the Healthy Texas Women Section 1115 Demonstration Waiver on January 22, 2020 and began drawing down federal funds on February 18, 2020. HHSC submitted an implementation plan to the Centers for Medicare and Medicaid Services (CMS) in July 2020 and reviewed key aspects of the plan in a post-award public forum on July 16, 2020.ⁱ



During the July 16th post-award public forum, HHSC shared a number of changes to Healthy Texas Women eligibility and enrollment policies and practices, citing the waiver's requirement to comply with federal Medicaid eligibility, application, verification, and demonstration regulations. The following changes were of particular concern to stakeholders:

- Eligible women whose Medicaid for pregnant women coverage period is ending will no longer be automatically enrolled into Healthy Texas Women; and
- Women eligible for WIC, SNAP, or who have a child eligible for Medicaid will no longer be automatically financially eligible (adjunctively eligible) for Healthy Texas Women.

Stakeholders have urged HHSC to consider a number of solutions to limit the impact of proposed changes to Healthy Texas Women enrollment, including:

- **Improving the administrative renewal process, which HHSC proposes to use in lieu of auto-enrollment.** Currently, Texas's policies and systems for performing administrative renewals for MAGI-based eligibility groups have a very low success rate in achieving renewals compared to other states. According to a 50-state survey from the Kaiser Family Foundationⁱⁱ, Texas is one of only eight states with an administrative renewal rate of less than 25% (Note: Stakeholders understand that Texas's success rate is actually significantly below 25% and is one of the lowest in the country). Our coalition partner, Every Texan, recently provided HHSC with specific recommendations to improve administrative renewals and we strongly support the implementation of these policies.
- **Utilizing post-enrollment verification in addition to the administrative renewal process.** Post-enrollment verification 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 could work with CMS to utilize post-enrollment verification in Healthy Texas Women without expanding this to all Medicaid populations.
- **Re-entering negotiations with CMS over the use of adjunctive eligibility.** Since the beginning of Healthy Texas Women and its predecessor programs in 2007, 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, Infants and Children Program (WIC), has a child enrolled in Medicaid, or is in a household that receives SNAP or TANF, she is not required to prove her income again for Healthy Texas Women. CMS has long allowed adjunctive eligibility for certain eligibility groups. For example, CMS allows what is known as "express lane eligibility" for Children's Medicaid. Express lane eligibility allows the state to identify, enroll, and recertify children by relying on eligibility information from other programs, like SNAP or WIC. CMS also has allowed adjunctive eligibility for certain adult eligibility groups through time-limited waivers.

To date, HHSC has not shared the Healthy Texas Women Section 1115 Demonstration Waiver implementation plan with stakeholders; as a result, the foregoing recommendations were developed based on limited information provided by HHSC. **We urge legislators to continue monitoring implementation of the Healthy Texas Women Section 1115 Demonstration Waiver during the 87th Legislature and, if needed, to direct HHSC to implement eligibility and enrollment policies and practices—including those that may require a waiver amendment and/or systems changes—to limit the impact of proposed changes to Healthy Texas Women enrollment.**



HTW Plus Implementation

On September 1, 2020, HHSC announced the launch of an enhanced postpartum care services package for eligible women enrolled in Healthy Texas Women, called HTW Plus, as directed by Senate Bill 750, 86th Legislature, Regular Session, 2019.ⁱⁱⁱ HTW Plus services will focus on treating major health conditions recognized as contributing to maternal morbidity and mortality in Texas, including:

- Postpartum depression and other mental health conditions;
- Cardiovascular and coronary conditions; and
- Substance use disorders, including drug, alcohol and tobacco use.

The successful delivery of these enhanced postpartum care services is contingent upon HHSC recruiting and enrolling specialty providers into the Healthy Texas Women program. Additionally, to ensure program effectiveness, HHSC must provide clear guidance about how to find an eligible HTW Plus provider to both Healthy Texas Women clients seeking to obtain enhanced services and Healthy Texas Women providers seeking to make referrals for enhanced services.

Following the HTW Plus announcement, stakeholders expressed concerns to HHSC regarding the lack of information about the HTW Plus provider network—a critical component of service delivery. When requested by stakeholders, HHSC was unable to provide information about the number of providers available to offer HTW Plus benefits at program launch and noted that recruitment of specialty providers using existing relationships with managed care organizations was slated to begin in October 2020.

We urge legislators to continue monitoring implementation of SB 750 during the 87th Legislature to ensure effective implementation of HTW Plus—and to identify any unintended impacts on HTW Plus as a result of the changes to Healthy Texas Women eligibility and enrollment policies and practices outlined above.

Senate Bill 750 also directed HHSC to seek an 1115 Waiver Amendment to draw down federal funds for the postpartum care services package. HHSC has stated that it plans to initiate the required public comment period in October 2020, submit the waiver amendment to CMS in December 2020, and request an effective date of April 1, 2021.

In the event that HHSC does not receive a response to its waiver amendment during the 87th Legislative Session, general revenue may be required to support continued delivery of HTW Plus services in the 2022-2023 biennium. **While we are supportive of these enhanced services, we caution against reducing general revenue funding for other critical women's health programs, including Healthy Texas Women and the Family Planning Program.**

Maintaining Women's Health Funding

Every Body Texas was heartened to see that HHSC responded to stakeholder feedback and maintained funding for critical women's health services during fiscal year 2021.^{iv} In addition to providing critical healthcare services, Healthy Texas Women and the Family Planning Program save the state millions in General Revenue each year by reducing unintended pregnancies that would otherwise result in costs to Texas Medicaid. HHSC's most recent report on its women's health programs estimated that Healthy Texas Women and the Family Planning Program saved \$140 million in General Revenue in 2019 alone.^v



In recent years, the Texas Legislature has exhibited a commitment to rebuilding women's health programs and ensuring that Texans have access to this critical healthcare.^{vi} **We urge legislators to continue to support critical women's health programs that ensure the health and safety of hundreds of thousands of Texans.**

Additionally, we urge legislators to maintain cost reimbursement funding that is critical to supporting the family planning safety net. A number of Every Body Texas-supported providers recently reported that if cost reimbursement funding in either the Healthy Texas Women or Family Planning Programs were reduced or eliminated during the 2022-2023 biennium, they would be forced to reduce hours for clinicians and other service providers, lay off staff, reduce operation hours at clinics, and close clinics.

We urge legislators to address unmet need in the Family Planning Program. According to a recent report^{vii}, one of the most pressing challenges to utilizing available women's health programs was the limited funding for the Family Planning Program. This tends to result in funds being expended well before the end of the fiscal year. Additionally, HHSC recently noted that budget requests for the Family Planning Program were three times greater than appropriations available.

Continued Support for Family Planning Service Delivery Via Telehealth and Telemedicine

During the COVID-19 pandemic, it is critical that access to family planning services remains available while keeping healthcare providers and their clients safe. Many providers began offering services via telehealth and telemedicine to support continued family planning service delivery. These services were supported by guidance issued by HHSC for both Texas Medicaid and the women's health programs, including Healthy Texas Women and the Family Planning Program. This shift has the potential to increase access to critical care across Texas—but without continued availability of reimbursement for services delivered via telehealth and telemedicine, providers may be forced to abandon these improvements in the future. While we understand that some of the flexibilities offered during the COVID-19 pandemic will not be available longer-term, **we urge legislators to ensure continued support—including equitable reimbursement—for family planning service delivery via telehealth and telemedicine and, if needed, to direct HHSC to adopt policies that will maintain flexibilities.**

Extending Medicaid Coverage for New Moms

Every Body Texas joins its coalition partners in advancing maternal and infant health policy recommendations, including extending Medicaid coverage for new moms from 60 days to one year postpartum, as recommended by Texas's Maternal Mortality & Morbidity Review Committee.^{viii}

Over 60 national organizations support extending Medicaid postpartum coverage to 12 months, including the American Medical Association, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians, March of Dimes, and the Society for Maternal-Fetal Medicine.^{ix} This broad support was recognized during the 86th Legislative Session when the Texas House passed HB 744—but it stalled in the Texas Senate.

In response to the COVID-19 pandemic, the removal of new moms from Medicaid 60 days postpartum has been temporarily suspended. **We urge legislators to make that change permanent by extending Medicaid to a full year after pregnancy.**

Accepting Federal Medicaid Funds to Cover Low-Income Texans

Every Body Texas joins its coalition partners in advancing policy recommendations that will reduce the number of uninsured Texans, including accepting federal Medicaid funds to cover low-income Texans.



According to newly released U.S. Census Bureau data, the number of uninsured Texans in 2019 was 5.2 million—a total of 231,000 more than in 2018.^x This means that 18.4% of Texans were uninsured, the worst Texas rate since 2014 and twice the U.S. uninsured rate for 2019 (9.2%).^{xi} Because this data is from 2019, these numbers do not take into account the COVID-19 pandemic and the impact of job loss on job-based health coverage. About 3.4 million Texans have filed for unemployment relief since mid-March, and researchers estimate that more than 1.5 million workers and family members lost their health coverage along with their jobs.^{xii}

We urge legislators to develop a comprehensive healthcare coverage solution and accept federal Medicaid funds to cover low-income Texans.

Every Body Texas appreciates the opportunity to provide these comments. If you require additional information about the issues raised in this letter, please contact me using the information provided in my cover email.

Sincerely,

Kami Geoffray
Chief Executive Officer

ⁱ Texas Health and Human Services Commission. (2020, July 16). Healthy Texas Women 1115 Waiver Public Forum. *Texas Health and Human Services*. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/1115-waiver/HTW/htw-1115-waiver-public-forum-slides.pdf>.

ⁱⁱ Brooks, T., Roygardner, L. (2020, March 26). Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey. *Kaiser Family Foundation*. <https://www.kff.org/coronavirus-covid-19/report/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>

ⁱⁱⁱ Texas Health and Human Services Commission. (2020, August 31). HHSC's Healthy Texas Women Program Launches Enhanced Postpartum Care Services. *Texas Health and Human Services*. <https://hhs.texas.gov/about-hhs/communications-events/news/2020/08/hhscs-healthy-texas-women-program-launches-enhanced-postpartum-care-services>.

^{iv} Texas Health and Human Services Commission. (2020, September 14). HHSC Revised 5 Percent Reduction Plan. *Texas Health and Human Services*. <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/state-tx-agencies-budget-reduction-amended.pdf>.

^v Texas Health and Human Services Commission (2020, May). Women's Health Programs Saving and Performance Report Fiscal Year 2019. *Texas Health and Human Services*. <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/tx-womens-health-programs-report-fy-2019.pdf>

^{vi} Legislative Budget Board. (2019, April). Overview of Women's Health Funding. *Legislative Budget Board*. http://www.lbb.state.tx.us/Documents/Publications/Staff_Report/2019/5098_WomensHealthPrograms.pdf

^{vii} Nehme E, Patel D, Cortez D, Gulbas L, Lakey D. (2020). Increasing Access to Healthcare Coverage for Uninsured, Postpartum Women in Texas: A Report from the Postpartum Access to Healthcare (PATH) Project. The University of Texas System/Texas Collaborative for Healthy Mothers and Babies. <https://static1.squarespace.com/static/595a4df159cc68d0978dfb9e/t/5ed6ac0c1e04677c30183e03/1591127056689/TCHMB-PATH-report-May2020.pdf>

^{viii} Texas Department of State Health Services. (2018, September). Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. *Texas Health and Human Services*. <https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf>.

^{ix} Kohler, A. (2020, August 5). TX Should Take These Steps for Healthy Moms and Babies. *Texans Care for Children*. <https://txchildren.org/posts/2020/8/4/tx-should-take-these-steps-for-healthy-moms-and-babies>.

^x Dunkelberg, A. (2020, September 15). For health and economy to recover from COVID-19, long-overdue state action to address Texas' uninsured problem is needed more than ever. *Every Texan*. <https://everytexan.org/2020/09/15/new-census-data-show-texas-needs-to-expand-health-coverage/>

^{xi} Dunkelberg, A. (2020, September 15).

^{xii} Dunkelberg, A. (2020, September 15).