

The National Association of Social Workers – Texas Chapter (NASW/TX) appreciates the opportunity to provide the House Human Services Committee feedback in preparation of the 2021 legislative session. NASW/TX represents over 5,000 social workers across the state and advocates for the wellbeing of all Texans. Please consider the following recommendations related to Medicaid, mental health workforce initiatives, mental health and substance use treatment.

Interim Charge 2.2 - 2.5: Review how Texas is preparing for state and federal budgetary changes that impact the state's health programs, including:

2.2) The next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver;

2.3) Texas' Targeted Opioid Response Grant;

2.4) The Centers for Medicare and Medicaid Services proposed Medicaid Fiscal Accountability rule; and

2.5) The Healthy Texas Women Section 1115 Demonstration Waiver.

Mental Health and Substance Use Services

Implement recommendations from the HHSC Behavioral Health Workforce Workgroup report to improve the mental health and substance use workforce across the state.

The HHSC Behavioral Health Workforce Workgroup is a subcommittee on the Statewide Behavioral Health Coordinating Council. The Workgroup has spent the last year developing a comprehensive report on all previous strategies to improve the mental health and substance use workforce in the state and address the continuing provider shortages. We recommend the committee consider ways to incorporate the report's "short term next steps" in their interim report, as the next steps have been thoroughly vetted and approved by a variety of stakeholders. The next steps include activities related to Medicaid reimbursement rates, incentives, loan repayment and more.

Extend comprehensive Medicaid postpartum coverage from two months to 12 months.

Texas legislators, state agencies, and stakeholders have been working tirelessly to reduce maternal mortality and morbidity and improve overall maternal health outcomes. One solution recommended by many women's healthcare experts is to extend Medicaid post-partum coverage from two months to 12 months. We recommend that the committee provide guidance to HHSC to request necessary administrative permission and request funding as needed in order to extend coverage. Mothers and babies across the state would benefit from increased access for preventative, primary, and specialty care before, during, and after pregnancy.

Ensure HHSC Healthy Texas Women (HTW) program has resources for adequate provider networks to provide comprehensive mental health and substance use services.

SB 750 (Kolkhorst/Button) directed HHSC to evaluate and develop a limited postpartum care package for women enrolled in HTW. NASW/TX is grateful for the legislature's efforts with SB 750 and has stood ready to work alongside HHSC on bill implementation. We want to ensure that comprehensive mental health and substance use services are included in the HTW package. Currently, HTW provides a screening for postpartum depression (PPD) and medication if needed. HTW does not include counseling or therapy for any mental health condition, including PPD. SB 750's fiscal note detailed potential coverage for a limited number of PPD benefits and SUD services. NASW/TX applauds the efforts to

include PPD and SUD treatment for women in HTW and asks that Committee ensure HHSC has adequate funding for the “limited benefit package” from SB 750 to include more PPD benefits in addition to comprehensive mental health and substance use care for women.

Raise rates for substance use disorder (SUD) providers, with a focus on providers who work with maternal populations.

NASW/TX applauds HHSC’s continuous dedication to provide SUD treatment options to eligible Texans across the state. However, chronically low reimbursement rates for these services creates areas of the state with little to no provider availability. While the legislature did include a small funding increase for SUD provider rates, more is needed. We ask that the legislature provide funding for SUD providers with a focus on providers who work with specialized maternal populations. Mothers with young children often forego treatment purely due to the needs associated with traveling across the state or entering a program where they are not able to bring their children. We encourage the committee to invest in and promote existing programs who work with this population and consider ways to increase the amount of SUD treatment options for mothers.