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September 25, 2020

Courtney DeBower
Assistant Committee Clerk
Human Services Committee
Texas House of Representatives
Sent Via Email: Courtney.DeBower_HC@house.texas.gov

RE: Comments in Response to Request for Information – Interim Charges 2.2 – 2.5

Dear Members of the Human Services Committee:

As a group of academic researchers with the Texas Policy Evaluation Project, we appreciate the opportunity to provide information and recommendations on how Texas is preparing for state and federal budgetary changes that impact the state's health programs. Our comments below, submitted in response to the Notice of Formal Request for Information posted on Friday, August 14, 2020, relate to the Healthy Texas Women (HTW) Section 1115 Demonstration Waiver and funding for other state family planning programs.

The Texas Policy Evaluation Project is a multidisciplinary group of researchers who conduct methodologically principled research evaluating the impact of reproductive health policies and programs in the state of Texas. We have assessed the many changes that Texas had made to family planning programs over the last decade and the impact that these have had on patients' access to care.

We encourage the Texas Legislature to work with women's health providers, the Health and Human Services Commission (HHSC) and other key stakeholders regarding the implementation of changes to the HTW program. We also encourage the Legislature to maintain funding levels for HTW and the Family Planning Program to ensure low-income Texas can obtain essential health services. These safety net programs are particularly important given the ongoing pandemic and growing numbers of Texans who are facing unemployment, losing insurance and have few alternatives to get the reproductive healthcare they need.

Implementation of changes to the Healthy Texas Women Section 1115 Demonstration Waiver

HHSC received approval from the Centers for Medicare and Medicaid Services (CMS) for the HTW Section 1115 Demonstration Waiver on January 22, 2020 and began drawing down federal funds on February 18, 2020. In July 2020, HHSC submitted an implementation plan to CMS and reviewed key aspects of the plan in a post-award public forum.¹ Although the details of the implementation plan were not shared at the forum, HHSC noted several changes to the HTW demonstration program that related to eligibility and enrollment policies and

¹ 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>.

practices. HHSC cited the waiver's requirement to comply with federal Medicaid eligibility, application, verification, and demonstration regulations as the reasons for these changes.

Based on a study we conducted with low-income postpartum women in Texas, we are concerned that the following changes will adversely affect women's enrollment and utilization of HTW services:

- 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.

Autoenrollment. Our study recruited 1,700 women who delivered a healthy infant at 8 Texas hospitals and were covered by public insurance (or had no insurance) at delivery.² Women were enrolled in the study before Texas had implemented the autoenrollment policy. **At 3 months following delivery, 76% of women were uninsured and most remain uninsured for the entire year after having their baby.**

Moreover, HHSC's reports demonstrate that there was a considerable increase in HTW enrollment and utilization when the autoenrollment policy was implemented.³ In fiscal year 2019, a total of 83,805 women were automatically enrolled in HTW from Pregnant Women's Medicaid.

Adjunctive eligibility. Since the beginning of the HTW program, and even in its predecessor programs, HHSC has used adjunctive eligibility to accurately confirm whether a woman is income eligible for the program. If a woman applying for or renewing her enrollment in HTW receives assistance from the Supplemental Nutrition Program for Women, Infants and Children (WIC), has a child enrolled in Medicaid, or is in a household that receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), she is not required to prove her income again for HTW. This minimizes the burdens on women, clinics, and agency employees.

Our survey of postpartum Texas women found that **91% of women lived in a household that received assistance from SNAP, WIC and/or TANF at 3 months following delivery.** This suggests that many low-income women in Texas would benefit from adjunctive eligibility in the absence of autoenrollment.

Together, this information points to a large number of women who would potentially lose coverage while they are collecting necessary documentation to prove eligibility and navigating the additional challenges of caring for their newborn and families' health. **Women's loss of coverage would blunt the gains that the state is hoping to make in reductions to maternal morbidity and mortality by including additional postpartum benefits for women enrolled in HTW.** Women will not be able to avail themselves of these services if they face difficulties gaining coverage through the program.

To reduce the impact of the policy ending autoenrollment and adjunctive eligibility, we recommend the following:

- **Improve the administrative renewal process, which HHSC proposes to use in lieu of auto-enrollment.** The success rate of Texas's policies and systems for performing administrative renewals for Modified Adjusted Gross Income (MAGI)-based eligibility groups is far lower than other states in achieving renewals, according to a 50-state survey from the Kaiser Family Foundation.⁴ We refer the Committee to Every Texan's specific recommendations to improve administrative renewals.
- **Use post-enrollment verification in addition to the administrative renewal process.** Post-enrollment verification allows enrollees to submit pay stubs or other required paperwork during a temporary period

² J.E. Potter, K. Coleman-Minahan, K. White, et al. "Contraception after delivery among publicly insured women in Texas: Use compared with preference." *Obstetrics & Gynecology* 2017; 130(2): 393-402; K. Coleman-Minahan, C. Dillaway, C. Canfield, et al. "Low-income Texas women's experiences accessing their desired contraceptive method at their first postpartum visit." *Perspectives on Sexual & Reproductive Health* 2018; 50(4): 189-198.

³ Health and Human Services Commission. *Texas Women's Health Program Report, Fiscal Year 2019*. May 2020.

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/tx-womens-health-programs-report-fy-2019.pdf>

⁴ Brooks, T., Roygardner, L. *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey*. March 2020. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/report/medicaid-andchip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey/>

(90-day window) following enrollment and is already used in Texas Medicaid for Pregnant Women program. Post-enrollment verification would facilitate the transition to HTW for new mothers and does not require a waiver from CMS. HHSC could work with CMS to utilize post-enrollment verification in HTW without expanding this to all Medicaid populations.

- **Maintain funding to support enrollment and eligibility staff.** At the direction of state leaders, HHSC has proposed funding cuts that would eliminate positions for eligibility and enrollment staff in anticipation of budget shortfalls. These positions are critical at this time given both the potential for increasing enrollment following the onset of the pandemic and increased complexity of client enrollment to comply with MAGI-based eligibility.
- **Negotiate the use of adjunctive eligibility with CMS.** CMS has long allowed adjunctive eligibility for certain eligibility groups. For example, “express lane eligibility” is used for Children’s Medicaid and allows the state to identify, enroll, and recertify children by relying on eligibility information from other programs, like SNAP or WIC. CMS also has granted time-limited waivers to allow adjunctive eligibility for certain adult eligibility groups.

Implementation and funding for HTW Plus

On September 1, 2020, HHSC announced that it would launch an enhanced postpartum care services package for eligible women enrolled in HTW, called HTW Plus. The program will cover services such as blood pressure monitoring and treatment, diabetes management, asthma medications, and support and treatment for postpartum depression. This program responds to the directive in Senate Bill 750, 86th Legislature, Regular Session, 2019.

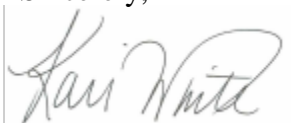
We believe these enhanced services will be beneficial to those enrolled in HTW. Our study of postpartum women found that 7% reported chronic conditions and 9% were experiencing symptoms that may indicate undiagnosed physical or mental health conditions in the months following delivery. Among women who wished to have a health concern checked during the year after having their baby, only 53% were able to do so.

SB 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 submit the waiver amendment to CMS in December 2020, following a public comment period, and request an effective date of April 1, 2021 for federal funding for these services.

If 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 for the 2022-2023 biennium. **While these enhanced services would be beneficial, we believe it would be counterproductive to reduce general revenue funding for other critical women’s health programs, including HTW and the Family Planning Program.**

We are grateful for the opportunity to submit comments on the Interim Charges 2.2-2.5. We hope that the Committee will consider our suggestions, which will provide necessary support for low-income Texans needing essential reproductive healthcare services and improve their overall health.

Sincerely,



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