CHARGE 1 – WOMEN'S HEALTH SERVICES AND THE TEXAS MATERNAL MORTALITY AND MORBIDITY TASK FORCE

The hearing related to women's health services and the Texas Maternal Mortality and Morbidity Task Force was held on September 13, 2018 at 9:00am in Austin, Texas in the Capitol Extension, Room E2.012.

*Charge 1 – **Review state programs that provide women's health services and recommend solutions to increase access to effective and timely care. During the review, identify services provided in each program, the number of providers and clients participating in the programs, and the enrollment and transition process between programs. Monitor the work of the Maternal Mortality and Morbidity Task Force and recommend solutions to reduce maternal deaths and morbidity. In addition, review the correlation between pre-term and low birth weight births and the use of alcohol and tobacco. Consider options to increase treatment options and deter usage of these substances.***

The following organizations/individuals were invited to testify:

Lesley French, JD, Texas Health and Human Services Commission; Developmental and Independence Services
John Hellerstedt, MD, Texas Department of State Health Services
Lisa Hollier, MD, Texas Department of State Health Services; Texas Maternal Mortality and Morbidity Task Force
Adriana Kohler, Texans Care for Children
Pamela McPeters, TexProtects

The following organizations/individuals provided public testimony:

Patrick Bresette, Children's Defense Fund-Texas
Molly Clayton, Texas Campaign to Prevent Teen Pregnancy
Krista Del Gallo, Texas Council on Family Violence
Evelyn Delgado, Healthy Futures of Texas
Sheryl Draker, Self
Jaime Estrada, Texas Doctors for Social Responsibility
Charlie Gagen, American Cancer Society Cancer Action Network
Kimberly Griffin, Nurse-Family Partnership
Rodolfo Morales Urby, Texas Doctors for Social Responsibility
Alissa Sughrue, National Alliance on Mental Illness of Texas

The following section of this report is produced in large part from the oral and written testimony of the individuals identified above.

Background

During the Texas Sunset Advisory Commission (Sunset) review of the state's health agencies in 2014, Sunset recommended consolidating the state's women's health programs to improve efficiency and effectiveness for clients and providers. As a result, the 84th Legislature directed the Texas Health and Human Services System consolidate the state's women's health services and appropriated an additional $50 million for the new programs. The Health and Human Services Commission (HHSC) subsequently developed a transition plan to redesign the Family Planning Program (FPP), and to consolidate the HHSC Texas Women's Health Program (TWHP) with the Department of State Health Services' Expanded Primary Health Care Program (EPHC) to create Healthy Texas Women (HTW).[4]

Senate Bill 495 (83R) created the Texas Maternal Mortality and Morbidity Task Force (Task Force) in 2013. The Task Force, embedded at DSHS, was created to study maternal mortality and morbidity rates in Texas, and identify trends in maternal mortality and ways to reduce preventable maternal deaths and complications.[5]

Statistics/Trend Data

Texas Statistics:

- Texas has the fourth highest birth rate in the United States;[6]
- Medicaid pays for more than half of the births in Texas;[7]
- Approximately 1.5 million, or one in five, Texas women of reproductive age are without health insurance;[8]
- Of the approximately 400,000 pregnant women in Texas in 2016, 34.6 percent of women reported their pregnancy was unintended, and they did not enter early prenatal care;[9]
- In 2016, 65.1 percent of Texas mothers entered prenatal care within the first trimester;[10]
- Texas has seen an increase in pre-pregnancy obesity, maternal diabetes, and maternal hypertension over the past decade;[11]
- One in ten Texas babies is born premature;[12]
- One in twelve Texas babies is born with low birth weight;[13] and
- Texas is tied with New Mexico for the fourth highest teen birth rate, and has the highest repeat teen birth rate in the United States; approximately three percent of Texas teens give birth each year.[14]

Trend data provided by DSHS and the Maternal Mortality and Morbidity Task Force regarding maternal mortality and morbidity in Texas:

- Black women bear the greatest risk for maternal death regardless of socioeconomic status, marriage, status, education level, or possession of private insurance;[15]
- Black women are at a higher risk of severe maternal morbidity (SMM) involving obstetric hemorrhage;[16]

- Hemorrhage and cardiac events are the two most common causes of death while pregnant or within seven days postpartum;[17]
- Obstetric hemorrhage is the leading cause of SMM;[18]
- The majority of maternal deaths occur more than 60 days postpartum;[19]
- In 2012 to 2015, drug overdose was the leading cause of maternal death from delivery to 365 days postpartum;[20]
- 68.5 percent of maternal deaths in 2012 were to women enrolled in the Medicaid program at the time of delivery;[21] and
- Almost 80 percent of pregnancy-related deaths were potentially preventable.[22]

Texas Women's Health Programs

Women's health initiative programs in Texas are primarily provided by the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS). Programs include:

Healthy Texas Women
The Healthy Texas Women (HTW) program provides family planning services and women's healthcare services that contribute to preconception care and better birth outcomes to low-income women/families. HTW has been fully operational for just over one year. In Fiscal Year 2017, HTW served 132,464 clients and currently has over 220,000 women enrolled to receive services. Services are provided through 39 contracted providers with a total of 201 clinic sites across the state and 5,342 fee-for-service providers.

HTW developed and implemented an auto-enrollment feature for eligible women transitioning from Texas Medicaid for Pregnant Women to HTW. Pregnant women receive Medicaid coverage until approximately 60 days postpartum; the auto-enrollment feature ensures that eligible women transition into HTW coverage smoothly when their Medicaid coverage expires to provide a continuity of care for the woman and child. Since the auto-enrollment feature was implemented, approximately 3,500 women a month have been enrolled in HTW from Medicaid. The HTW benefit is one year long with the ability to re-enroll at the end of each year.[23]

HTW increased access for women by expanding eligibility to 15-44 year olds, sterilized women, and women up to 200 percent of the federal poverty level (FPL). TWHP clients were automatically enrolled into the new HTW program at its launch.[24]

Family Planning Program
The redesigned Family Planning Program (FPP) provides family planning services to women and men. Covered services for women are similar to HTW, with the addition of limited prenatal benefits. To be eligible for the redesigned FPP, women and men must be 64 years of age or younger, a Texas resident, and have a household income at or below 250 percent FPL.[25]

FPP contracts with entities including family planning clinics, local health departments, federally qualified health centers (FQHCs), hospital districts, community-based organizations, and

university-based systems to provide direct clinical services to eligible clients. FPP had 53 contracted providers over 258 clinic sites, and served 97,653 women and men during FY 2017.[26]

Better Birth Outcomes

HHSC facilitates the Better Birth Outcomes (BBO) initiatives which seek to meet a woman's healthcare needs and positively impact her ability to have a healthy pregnancy and baby. BBO initiatives focus on the life course perspective, and providing services and care to families before, during, and after pregnancy. Texas currently has over 30 BBO initiatives being implemented across the state and each BBO, in addition to education and outreach, includes the provision of screening, diagnosis, and treatment services.

One specific BBO initiative is the Healthy Families pilot program which is a collaboration between HHSC, DSHS, and UTHealth East Texas in the Tyler area. Healthy Families is currently in year two of the pilot which targets the heightened risk factors for maternal mortality and morbidity in African American women. The program works with the community by interviewing patients, families, and doctors to determine where gaps or missteps in services occurred in specific cases and how those gaps can be closed.

Breast and Cervical Cancer Services

The Breast and Cervical Cancer Services (BCCS) program funds clinic sites across the state to provide quality, low-cost, and accessible breast and cervical cancer screening and diagnostic services to women. In FY 2017, BCCS contracted with 38 entities for a total of 230 clinic sites, and served 32,092 women. If a positive diagnosis is made, BCCS handles the Medicaid case management to enroll eligible women into the Medicaid treatment program.

BCCS contractors are the point of access for the Medicaid for Breast and Cervical Cancer (MBCC) program regardless of how the client was diagnosed with cancer.[27]

Nurse-Family Partnership

The Nurse-Family Partnership (NFP) is a home-visiting program targeting low-income, first-time mothers that provides services from the first trimester through the child's second birthday. According to the Texas Department of Family and Protective Services (DFPS) data, 87.5 percent of all NFP clients showed a decrease in marijuana or alcohol use from the time of intake to the end of pregnancy and 100 percent of babies born to NFP clients were up-to-date with their vaccinations at age 1. Other research showed that moms who participated in NFP had 35 percent fewer cases of pregnancy induced hypertension and 18 percent fewer pre-term births compared to similar low-income mothers nationally. Long-term national results for NFP cases up to 18 years after a child's birth show an 89 percent increase in maternal employment, a 68 percent increase in father involvement, and a 48 percent decrease in child maltreatment.[28]

Level of Care Designations for Neonatal and Maternal Care

The passage of House Bill 15 (83R) added hospital level of care designations for neonatal and maternal care. HHSC currently has 131 neonatal levels of care hospitals participating and just launched the maternal levels of care designation for hospitals that want to participate. These levels of care designations are the first step to ensuring moms and babies are receiving appropriate care while in the hospital.[29]

TexasAIM

DSHS is working with the Alliance for Innovation on Maternal Health (AIM) and the Texas Hospital Association (THA) on developing the TexasAIM initiative. The primary goal of TexasAIM is to help hospitals and clinics execute the maternal safety projects required by Senate Bill 17 (85(1)).

DSHS is collaborating with the Texas Medical Association (TMA) and THA as a part of TexasAIM to adopt maternal clinical care protocols or "maternal safety bundles" for the care of women in an inpatient setting during delivery. TexasAIM maternal safety bundles are a collection of best-practices for improving maternal care. The state has implemented an Obstetric Hemorrhage Bundle and is rolling out an Obstetric Care for Women with Opioid Use Disorder Bundle pilot in certain areas and hospitals. The next bundle to be introduced will be the Severe Hypertension in Pregnancy Bundle.

DSHS currently has 189 participating birthing hospitals, which account for over 80 percent of deliveries in the state. Participation in the implementation of the maternal safety bundles is voluntary on the part of the hospital, and the medical staff can decide whether or not to use the bundles. Health outcome measures and clinical data regarding the success of the bundles are expected to be available within the next two to three years.[30]

Texas Maternal Mortality and Morbidity Task Force

A report published in Obstetrics and Gynecology Journal in 2016 entitled *Recent Increases in the U.S. Maternal Mortality Rate,* stated that during 2012, Texas experienced an anomalous spike in the reported number of maternal deaths,[31] with 147 obstetric-related deaths.[32] The reported maternal mortality rate in 2012 was approximately 38 maternal deaths per 100,000 deaths; the rate after DSHS performed their enhanced review was approximately 14 per 100,000.

Following the release of the 2016 report regarding the high rate of maternal deaths in 2012, DSHS staff developed an enhanced case review method using both data matching and record review to verify pregnancy or delivery in reported maternal deaths within one year of delivery.[33]

The accurate calculated maternal mortality rate by DSHS of 14.6 percent, recognizing that not every state calculates maternal mortality using the same methodology, places Texas near the average maternal mortality rate for the United States.[34]

Specifically, the Task Force identified 89 cases of maternal deaths in 2012 that reportedly occurred during pregnancy or within 365 days postpartum. Each case underwent a multi-disciplinary review to determine the causes and contributing factors to death, pregnancy-relatedness, and preventability. Of the 89 cases identified by the Task Force, 34 were determined to be pregnancy-related. The anomalous spike was determined by DSHS to be erroneous due to an error in the medical certification process in Texas where the medical examiner recorded a woman as pregnant on her death certificate when, in fact, she was not.

The Task Force identified 178 factors that contributed to the 34 cases identified as pregnancy-related deaths in 2012, with an average of just over five contributing factors per case. The large

number of contributing factors were divided up into four primary groups: individual and family factors; provider factors; facility factors; and system and community factors.[35]

Substance Use

Due to substance use disorders being a growing public health concern, HHSC and DSHS have also taken steps to ensure women have access to intervention and treatment services before, during, and after pregnancy. In May 2017, HHSC was awarded $27.4 million to combat opioid disorders through the Texas Targeted Opioid Response (TTOR) grant provided by the Substance Abuse and Mental Health Services Administration (SAMSHA).These initiatives include:

- Pregnant Postpartum Intervention (PPI) programs provide community-based, gender-specific outreach and intervention services for pregnant women and parenting individuals living with, or at risk for developing, a substance use disorder.
- HHSC expanded the Medicaid substance use screening benefit in July 2016 to include screening, brief intervention, and referral to treatment.
- The Mommies Program, an integrated and collaborative model of care, has shown to reduce expensive newborn hospital stays and supports family preservation through addressing the issue of substance use in the NICU setting. Historically, once a mother with a substance use disorder delivered her baby, she was not able to stay with her baby because of potential substance use criminal charges. Through the Mommies program, the mom receives the necessary substance use treatment services while being able to stay and bond with her child. Early program results indicate a 33 percent reduction in the child's length of stay in the NICU. The program began as a pilot program in San Antonio and has now been expanded.
- The Office of Disability Prevention for Children (ODPC) is an education and outreach based program that works to prevent developmental disabilities or minimize the losses developmental disabilities cause in infants and young children. ODPC is the successor of the former Texas Office for the Prevention of Developmental Disabilities (TOPDD). ODPC has five general areas of focus, one being prevention of disabilities caused by prenatal alcohol or substance exposure as exposure can cause birth defects and premature intellectual and developmental disabilities (IDD).[36]

Challenges

- A complex set of factors is associated with maternal death, underscoring the continued need for detailed review of maternal deaths.
- Lack of education on the importance of good health and prenatal care.

Recommendations

- Promote implementation of maternal safety initiatives statewide by encouraging hospital participation in new TexasAIM maternal safety bundles. Consider including stipends for hospitals that may need additional resources to implement AIM, for a culture of safety and high reliability through application of best practices in birthing facilities.
- Promote care coordination and management for pregnant women and postpartum women through education, screening and appropriate referrals for maternal risk conditions, targeting high-risk populations, and championing integrated care models for services.
- Promote the use of risk assessment tools for identification of maternal risk factors during routine prenatal care.
- Promote awareness campaigns to enhance provider and community understanding about maternal risk factors, particularly for the highest at-risk population, and related preventative measures to promote healthy behaviors and prenatal care, and to emphasize the dangers of abusing opioids and other substances including alcohol and illicit drugs while pregnant and in caretaking of a child.
- Enhance outreach to eligible new mothers regarding their auto-enrollment in HTW once maternal Medicaid coverage expires; women are currently notified of enrollment through a letter sent through the US Postal Service.
- Consider establishing auto-enrollment for eligible young women aging out of Children's Medicaid and Children's Health Insurance Program into Healthy Texas Women.
- Continue to support tobacco prevention and cessation programs to reduce tobacco-related healthcare costs.
- Support strategies to improve the maternal death review process.
- For accuracy in correct cause of death declarations, require training programs for anyone who has the authority to issue a death certificate's cause of death but is not a medical professional to ensure the person knows what the symptoms and conditions are in an overdose fatality and determination of pregnancy.