



Review of
**MATERNAL
& CHILD
HEALTH
POLICY**
and the 2017
Legislative Session

An excerpt
from our report
***Texas Children
and the 2017
Legislative Session***

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REVIEW OF MATERNAL & CHILD HEALTH POLICY AND THE 2017 LEGISLATIVE SESSION

Lawmakers did little to advance children's health this legislative session. While legislators did pass important bills to address mental health, particularly for adults, policies to improve children's health made little headway. Instead, much of the legislative debate on health issues focused on how severely budget-writers should underfund Medicaid; unsuccessful attempts to reverse the 2015 Medicaid therapy cuts for children with disabilities; legislators' successful effort to prevent children from receiving vaccines shortly after they are removed from unsafe homes; and legislative standoffs that blocked bills to further study the state's maternal mortality crisis. Nonetheless, our staff successfully worked with legislators to allow more mothers to receive postpartum depression screenings and restart a policy debate on childhood obesity, with a focus on nutrition and physical activity in child care.

Passage of the **postpartum depression screening** bill, HB 2466, was one of the real bright spots of the session. Recognizing that postpartum depression has significant consequences for children's development, our staff worked with state and national health experts to develop the screening proposal, published a policy report on postpartum depression during the legislative session, and worked with lawmakers to pass the bill. Under the legislation, when mothers take their babies to well-check appointments that are covered by Children's Medicaid or CHIP, they can receive a postpartum depression screening covered through their baby's insurance. Over 200,000 women per year will be eligible for the screening.

Allowing more new mothers to receive a screening is a key step because approximately half of all cases of postpartum depression are undiagnosed. Certainly, there is more work to do to build on the bill, including ensuring that more women can receive timely and effective treatment if they are diagnosed. The legislation directs the state to apply for new federal grant funding for states to enhance programs for postpartum depression screening and treatment, providing one clear avenue for going further on this critical issue.

The legislation was one of the most significant steps the Legislature took to address the state's **maternal mortality crisis**. In addition, the state budget included a rider directing the Office of Minority Health Statistics and Engagement, in coordination with the Texas Maternal Mortality and Morbidity Task Force, to study trends, rates, and disparities in pregnancy-related deaths and to evaluate options for reducing pregnancy-related deaths and treating postpartum depression. Those were key provisions of SB 1929. The full version of SB 1929 – which included language from HB 2403 to address the disproportionate rate of pregnancy-related deaths among Black mothers in Texas – was blocked in the end-of-session standoff over legislation regulating which bathrooms transgender students are allowed to use. It was the second time during the session that lawmakers blocked HB 2403 as part of legislative conflicts over other subjects. Provisions in SB 1929 to continue the state's Maternal Mortality Task Force are expected to be addressed again during the Legislature's special session this summer.

Budget-writers allocated a similar amount of funding to **the state's women's health programs** compared to the last budget. The programs are essential for healthy pregnancies and healthy babies. The state budget also includes a number of riders affecting preventive care and maternal health, including riders that: adjust the reporting required for the state's women's health programs; require a five-year strategic plan to reduce barriers to long-acting reversible contraceptives; direct the state to study the feasibility of auto-enrolling clients into Healthy Texas Women when they age out of Children's Medicaid and CHIP; and require reporting on postpartum depression services through public health programs.

Unfortunately, the Legislature did not take action on other significant steps on **maternal health**. For example, a committee in the House favorably

voted on legislation to provide postpartum depression screening and treatment through Medicaid and CHIP-Perinatal programs for a year after delivery, but this bill did not make it to the House floor. Legislation to extend comprehensive Medicaid to cover mothers for a full year after delivery did not even receive a hearing. Currently, Medicaid covers low-income women through their pregnancy until two months after delivery. Similarly, lawmakers did not consider any bills to accept federal Medicaid expansion funding under the Affordable Care Act to cover low-income adults.

The Legislature also largely ignored the handful of bills filed on children's health coverage. We were pleased to see that a pilot project to synchronize Medicaid renewals for siblings passed the House, although it did not receive a Senate hearing.



One of the great disappointments of the session was the Legislature's decision to largely stand by their 2015 vote to **cut Medicaid reimbursement rates for speech therapy, physical therapy, and other therapies for children with disabilities**. Those cuts have affected home health agencies that serve children of all ages as well as community organizations that contract with the state's Early Childhood Intervention (ECI) program to serve children under age three with disabilities and developmental delays. In late 2016, our report on ECI revealed a clear link between recent state budget cuts and a decline in both the number of eligible children enrolled in ECI and the number of non-profit ECI contractors across the state. This spring, Easter Seals of East Texas became the latest ECI contractor to notify Texas officials that it will discontinue ECI services for children with disabilities in eight counties due to state budget cuts. The loss of ECI services is one of the reasons that parents have spoken out about the damaging therapy cuts for the last two years and that members of the House pushed to largely reverse the cuts this session. However, the Senate fought to maintain the cuts, and, in the end, the Legislature only passed a 25 percent restoration of the therapy funding.

The other significant Medicaid issue of the session was the debate about how severely the Legislature would **underfund Medicaid**. Adequately funding Medicaid is critical to ensure kids' coverage and access to health care for pregnant women, children, and people with disabilities. The Legislature has developed a habit of underfunding the program and then paying for the final months of the budget cycle through a "supplemental budget" during the following legislative session. The Legislature appears to be using that approach once again, intentionally underfunding Medicaid by about \$1.2 to \$1.5 billion in state funds, known as General Revenue, according to the Center for Public

Policy Priorities (CPPP). Additionally, two budget riders call for cutting over \$400 million (General Revenue) in Medicaid program reductions or "efficiencies," which, if not achieved, could require an even larger supplemental budget bill next session.

It is important to note that the **health care bill currently under consideration in Congress** includes large, permanent Medicaid cuts for Texas and other states through a "per-capita cap." If the legislation is approved, it would likely lead to deep Medicaid cuts for the four main populations that Texas Medicaid covers: children, people with disabilities, pregnant women, and seniors.

The Legislature continued to show little interest in helping children develop a **healthy weight and healthy habits**. We worked with legislators to develop a bill that would update child care standards for nutrition, physical activity, and screen time so more young kids receive nutritious foods and develop healthy habits early. It was the first time the Legislature had considered legislation on this subject, so we were pleased to see the bill make it as far as the House floor, where it was narrowly defeated.

Finally, legislators worked to address **child hunger in schools** by preventing "lunch shaming," which involves singling out or denying food to a student who does not have money for lunch. The main bill to address the issue, HB 2159, was blocked, but legislators attached provisions of the bill to SB 1566. Those provisions require school boards to adopt a grace period policy allowing a student whose meal card has depleted funds to receive lunch for a period of time. ■

OUTCOMES OF KEY MATERNAL & CHILD HEALTH LEGISLATION

PASSED

Support Children

HB 2466 by Rep. S. Davis

Similar bill: SB 1257 by Sen. Huffman

The bill provides more mothers with the option to be screened for maternal depression during their baby's well-check visit with a pediatrician or other health provider by covering the screening through the baby's CHIP or Medicaid insurance.

HB 1158 by Rep. S. Davis

Passed as amendment to HB 2466

The bill supports healthy pregnancies and births by asking on the Medicaid for Pregnant Women application a woman's preferred method of contact (e.g., text, call, email) so health plans may send updates and information about pregnancy health risks, well-child visits, and prenatal care.

HB 2159 by Rep. Giddings

Parts passed as amendment to SB 1566

Provisions amended to SB 1566 help prevent "school lunch shaming" – singling out or denying food to a student who does not have money for lunch – by requiring a school district's board of trustees to adopt a grace period policy that allows a student whose meal card has depleted funds to receive lunch for a period of time.

SB 1599 by Sen. Miles

The bill promotes best practices for reporting and investigating pregnancy-related deaths.

SB 1680 by Sen. Lucio

The bill establishes a task force of local health officials in the Texas-Mexico border region to advise the Department of State Health Services and raise public awareness on health issues, including diabetes, infant mortality, heart disease, obesity, communicable diseases, and cervical cancer.

SB 1873 by Sen. Hinojosa

The bill enhances the quality of data about physical education programs that Texas Education Agency is currently collecting through the annual School Health Survey and makes this data publicly available on a district-by-district basis.

SB 1929 by Sen. Kolkhorst

Parts passed as amendment to SB 1

The bill directs the Texas Maternal Mortality Task Force to further study trends and disparities in pregnancy-related deaths and evaluate options for reducing pregnancy-related deaths and for treating postpartum depression among low-income women.

VETOED

Support Children

SB 790 by Sen. Miles

Similar bill: HB 279 by Rep. Howard

The bill would have continued the Women's Health Advisory Committee until September 2019, rather than letting it expire in September 2017, so it could continue its work advising HHSC on women's health programs.

SB 1743 by Sen. Zaffirini

Similar bill: HB 3842 by Rep. Hinojosa

The bill would have transferred the Texas Office for Prevention of Developmental Disabilities to the University of Texas at Austin, allowing the Office to continue its work to reduce the incidence and impact of disabilities.

DID NOT PASS

Support Children

HB 1161 by Rep. S. Davis

The bill would have improved women's preventive care and birth outcomes by requiring Medicaid and some private insurance plans to allow enrollees to receive a 12-month supply of their prescribed contraception at one time.

HB 1408 by Rep. Cortez
SB 53 by Sen. Zaffirini

The bills would have established 12-month continuous eligibility for Children's Medicaid to reduce gaps in kids' coverage and align with Texas CHIP and 18 other state Medicaid programs.

HB 2135 by Rep. Coleman

The bill would have required Medicaid for Pregnant Women and CHIP Perinatal program to cover postpartum depression screening and treatment services for up to a year after a child's birth.

HB 2403 by Rep. Thierry

The bill would have directed Texas' Maternal Mortality and Morbidity Task Force to evaluate health conditions and factors that disproportionately affect the most at-risk population, specifically Black women, and review best practices and programs in other states that have reduced maternal mortality and morbidity rates.

HB 2599 by Rep. Farrar

This bill would have extended Medicaid coverage for mothers to cover a full year after delivering a baby rather than the current two months of postpartum coverage.

Support Children (continued)

HB 2604 by Rep. Farrar	The bill would have directed HHSC to develop and implement a five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services.
HB 2664 by Rep. Miller SB 818 by Sen. Watson	The bills would have updated child care standards for nutrition, active play, and screen time so more young children receive nutritious foods and develop positive habits early.
HB 3151 by Rep. Sheffield	The bill would have created a pilot project to align the eligibility dates for families with multiple children enrolled in Medicaid and CHIP, enabling parents to enroll all of their children in coverage on one date annually.
HB 3930 by Rep. Miller	The bill would have required most private insurers to cover specific ECI services, including speech therapy and specialized skills training, when needed under a child's Individual Family Services Plan (IFSP).
HB 3967 by Rep. Walle	The bill would have established a task force to study cost savings and effectiveness of requiring insurance coverage for ECI services.
SB 809 by Sen. Miles	The bill would have reduced gaps in coverage and teen pregnancy by automatically enrolling eligible women into the Texas women's health program when they are no longer eligible for Children's Medicaid or Texas CHIP.
