



Better Birth Outcomes Initiatives within Health and Human Services

As Required by

**Senate Bill 1, 85th Legislature,
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Health and Human Services
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Executive Summary

Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 40) requires HHSC, to identify opportunities for decreasing neonatal intensive care unit (NICU) costs in Medicaid and the Children's Health Insurance Program (CHIP) through better care coordination and utilization of services provided by Better Birth Outcomes (BBO) initiatives. Additionally, the rider requires HHSC to identify strategies to increase prevention of neonatal abstinence syndrome (NAS) and to reduce maternal mortality. HHSC must provide a report with a summary of efforts no later than December 1, 2018.

To ensure a continued focus on infant and maternal health, HHSC leads the BBO workgroup in coordination with the Department of State Health Services (DSHS). BBO workgroup participants collaborate and seek input on initiatives that meet a woman's health care needs for a healthier pregnancy and baby using a life course approach. Initiatives provide education and services to families during the preconception and interconception period and through the prenatal and postpartum periods. The BBO workgroup currently collaborates on over 30 initiatives.

Selected initiatives include efforts focused on decreasing NICU admissions, preventing premature births, increasing access to women's health and family planning services, and reducing the incidence, severity, and costs associated with NAS. Several initiatives and related projects focus on preventing maternal mortality and morbidity. These efforts include DSHS' efforts to implement the Alliance for Innovation on Maternal Health (AIM) maternal safety bundles and to administer the Maternal Mortality and Morbidity Task Force, as well as HHSC activities within the Delivery System Reform Incentive Payment (DSRIP) program and conducted through the Texas Targeted Opioid Response (TTOR) State Opioid Response (SOR) grant funding.

The Health and Human Services (HHS) System is committed to improving infant and maternal health throughout the state. Through activities described throughout this report, HHS has made improving maternal health and infant health a top priority in Texas. HHS will continue to focus its efforts on ensuring every woman and family has access to services and supports that contribute to healthy pregnancies, babies, and mothers.

1. Introduction

Rider 40 requires HHSC to identify opportunities for decreasing NICU costs in Medicaid and CHIP through better care coordination and utilization of services provided by BBO initiatives. Reimbursement for neonatal and maternal services must be consistent with state statute. Additionally, the rider requires HHSC to identify strategies to increase prevention of NAS and to reduce maternal mortality. The rider requires HHSC to provide a report with a summary of efforts.

Per Rider 40, the report is published and distributed to the Governor, the Legislative Budget Board, and the permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services. The report is due no later than December 1, 2018.

2. Background

Improving maternal and infant health are top priorities for Texas. Texas is a diverse state, with varying factors contributing to birth outcomes, including ethnicity, geographic location, age, and socioeconomic status. While Texas has seen encouraging trends in infant and maternal health over the past 10 years, recent data show there is still important work to do related to maternal health and better birth outcomes.

In fiscal year 2016, 401,000 births occurred in Texas, with over half of these births paid for by Texas Medicaid.^{1,2} Texas Pregnancy Risk Assessment Monitoring System (PRAMS) data show 34.6 percent of women report their pregnancy was unintended, 50.9 percent report their pregnancy was intended, and 14.5 percent were unsure.³ Similar to the rest of the country, Texas has seen a decrease in teenage pregnancies. While this overall trend is encouraging, as of 2015, Texas was tied with New Mexico for the fourth highest teen birth rate in the United States.⁴

The overall infant mortality rate in Texas has consistently been lower than the national infant mortality rate for the past decade.⁵ However, social disparities persist. Infant mortality rates among babies born to Black mothers continue to be twice as high as infant mortality rates among White or Hispanic mothers.⁶ In

¹ Kormondy, M. and Archer, N. 2017 Healthy Texas Babies Data Book. Austin, TX: Division for Community Health Improvement, Texas Department of State Health Services, 2017.

² Data Quality and Dissemination, Center for Analytics and Decision Support, HHSC. Nov 2017.

³ Texas Department of State Health Services. (2017). *Pregnancy Risk Assessment Monitoring System (PRAMS) 2015 Data Book Summary*. Retrieved from <https://www.dshs.texas.gov/mch/PRAMS.aspx>.

⁴ Kormondy, M. and Archer, N. 2017 Healthy Texas Babies Data Book. Austin, TX: Division for Community Health Improvement, Texas Department of State Health Services, 2017.

⁵ Ibid.

⁶ Ibid.

addition to ethnic disparities, substantial regional differences in the rate of infant mortality persist within the state.⁷

Maternal mortality has increased during the past decade in Texas. The 2018 Joint Biennial Report by DSHS and the Maternal Mortality and Morbidity Task Force reviewed the 2012 cohort of maternal deaths and analyzed maternal death trends for the years 2012-2015. The report found the top four leading underlying causes of pregnancy-related death identified in 2012 were cardiovascular and coronary conditions, obstetric hemorrhage, infection/sepsis, and cardiomyopathy.⁸ The Joint Report also found that for 2012-2015, hemorrhage and cardiac event were the two most common causes of death while pregnant or within seven days postpartum, and drug overdose was the leading cause of maternal death from delivery to 365 days postpartum.

The 2018 Joint Biennial Report by DSHS and the Task Force found the majority of maternal deaths occur more than 60 days postpartum, highlighting the importance of ensuring continuity of care for women after delivery. Based on 2015 data from PRAMS, an estimated 14.7 percent of women who recently gave birth reported symptoms of postpartum depression (PPD).⁹ The Task Force report also found Black women bear the greatest risk for maternal death. In the 2012 case review conducted by the Task Force, the pregnancy-related mortality rate for Non-Hispanic Black women was 2.3 times higher than the rate for Non-Hispanic White women.

Positive maternal and birth outcomes depend on a woman's health before and during pregnancy. Texas has seen an increase in pre-pregnancy obesity, maternal diabetes, and maternal hypertension during the past decade.¹⁰ These conditions put both mothers and their babies at increased risk for a variety of health complications. Getting early and regular prenatal care can help significantly improve birth outcomes. With regular care, women can reduce the risk for

⁷ Ibid.

⁸ Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. (2018). <https://www.dshs.texas.gov/Legislative/Reports-2018.aspx>.

⁹ Texas Department of State Health Services. (2018). Pregnancy Risk Assessment Monitoring System (PRAMS) 2015 Data.

¹⁰ Kormondy, M. and Archer, N. *2017 Healthy Texas Babies Data Book*. Austin, TX: Division for Community Health Improvement, Texas Department of State Health Services, 2017. Retrieved from <https://www.dshs.texas.gov/healthytexasbabies/data.aspx>.

complications in both her pregnancy and with her baby.¹¹ In 2016, only 65.1 percent of Texas mothers entered prenatal care within the first trimester, which is below the Healthy People 2020 target.¹²

The rates of preterm births and infants with a low birth weight are higher in Texas than nationally.¹³ Preterm babies might have complications that require longer hospital stays or cause long-term impacts.¹⁴ Encouragingly, though, preterm birth rates have decreased in Texas as well as in the rest of the country.

To ensure a continued focus on infant and maternal health, HHSC leads the BBO workgroup, in collaboration with DSHS. The BBO workgroup began in 2014 to collaborate on programs, initiatives, and activities within the HHS system focused on maternal and infant health. BBO representatives include leadership and staff from HHSC Medicaid and CHIP Services; Intellectual and Developmental Disability and Behavioral Health; Health, Developmental, and Independence Services; Access and Eligibility Services; the Center for Analytics and Decision Support; Communications; and staff from DSHS Maternal and Child Health.

Agency initiatives are directed by the Texas Legislature or federal government in coordination with the Office of the Governor. Initiatives discussed in the BBO workgroup seek to meet a woman's health care needs for a healthier pregnancy and baby using a life course approach by providing education and services to families during the preconception and interconception period and through the prenatal and postpartum periods. The workgroup meets monthly to discuss and collaborate on initiatives taking place across the HHS system that contribute to preconception and interconception care and better birth outcomes. The BBO workgroup participants currently discuss and report on over 30 initiatives that have been identified as priority initiatives for the system relating to maternal and infant health.

¹¹ <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx>.

¹² Kormondy, M. and Archer, N. *2017 Healthy Texas Babies Data Book*. Austin, TX: Division for Community Health Improvement, Texas Department of State Health Services, 2017. Retrieved from <https://www.dshs.texas.gov/healthytexasbabies/data.aspx>.

¹³ Ibid.

¹⁴ <https://www.marchofdimes.org/complications/premature-babies.aspx>.

In addition to the BBO workgroup, HHS has several other groups working on improving maternal health and birth outcomes, including the Perinatal Advisory Council and the DSHS-led Maternal Morbidity and Mortality Workgroup. DSHS also supports the Texas Collaborative for Healthy Mothers and Babies. The goal of the collaborative is to reduce preterm birth and infant mortality through reducing disparities in the health outcomes of mothers and babies, reducing maternal mortality and severe maternal morbidity, and improving the health outcomes of mothers and babies. HHS is committed to improving infant and maternal health throughout the state, and will continue to utilize these groups as well as others to ensure collaboration on these important issues for Texas women and families.

3. Care, Outcomes, and Payments of Newborn Services

Over the past 40 years, neonatal intensive care has dramatically reduced newborn mortality and morbidity. Since its origin in the 1960s, neonatal intensive care has developed into a mature and widely available clinical service while undergoing robust growth in NICU beds and clinicians. The cost of NICU care in Texas Medicaid is over \$630 million for fiscal year 2016, representing about 86 percent of all newborn costs in Texas Medicaid.¹⁵ Care delivered in the NICU is now the costliest episode of medical care for the non-elderly population. Yet, if used wisely, neonatal intensive care is a model of value-based care.

Multiple HHS initiatives, described below, help decrease NICU admissions and unnecessary payments. Several of these initiatives seek to provide a woman with the resources and services she needs to have a baby when she is ready, and to focus on her health prior to pregnancy. By helping a woman have a healthier pregnancy when she is ready, the risk of complications and stays in the NICU are significantly decreased. Other initiatives, also described below, focus on preventing premature births.

Someday Starts Now

Someday Starts Now (SSN) is a DSHS public awareness campaign that aims to improve birth outcomes by addressing the health and safety of women and infants across their lifespan. The campaign provides information and tools to inform and educate men and women on preconception and interconception health topics. The goal of the campaign is to improve overall health, pregnancy, and birth outcomes. The campaign also engages stakeholders and preconception health care providers through information, tools, and resources. In early 2018, DSHS identified a need to assess and evaluate the campaign for redesign. The campaign is being redesigned to align with current DSHS priorities and research. The redesign aims to improve

¹⁵ Prepared by Data Quality Team, Center for Analytics and Decision Support, HHSC, 5/3/2017. The data reported for SFY2016 are provisional. Data for SFY2016 may be incomplete.

messaging, materials, and community outreach strategies. The updated preconception health campaign should be completed by early fiscal year 2020.

Healthy Texas Women Coverage

On July 1, 2016, HHSC launched the Healthy Texas Women (HTW) program. The HTW program provides women's health and family planning services at no cost to eligible, low-income women. The HTW program contains several elements that address maternal mortality and morbidity: a benefit package focused on key drivers of maternal mortality, auto-enrollment of postpartum women from Medicaid to HTW, and client and provider outreach and education.

HTW offers a benefit package focused on maternal and reproductive health care, including treatment for health conditions linked to maternal mortality. Preventive services in the program include screening and treatment for hypertension, diabetes, and high cholesterol. The HTW program also provides screenings and pharmacological treatment for PPD.

To prevent gaps in coverage and improve interconception health, eligible women whose Medicaid for Pregnant Women coverage period is ending are automatically enrolled into the HTW program. This continuity of care is especially important when considering the Task Force's finding that a majority of maternal deaths occur more than 60 days after delivery. Coverage under Medicaid for Pregnant Women ends approximately 60 days postpartum. Automatic enrollment into the HTW program allows women to continue to receive screening and treatment services for hypertension, diabetes, high cholesterol, and PPD.

Beginning in 2016, HHSC launched a statewide HTW outreach campaign, with specific efforts focused on educating providers, clients, and external stakeholders on the benefits offered in HTW in addition to family planning services. HHSC has developed client fact sheets on available women's health programs and certain health topics, including cervical cancer, hypertension, and diabetes. Materials are available for free on www.HealthyTexasWomen.org. Short videos have also been developed to educate women on these health topics and have been used in social media advertisements and made available to health care providers.¹⁶

¹⁶ HTW videos can be found at <https://www.youtube.com/playlist?list=PLJE6pz0haTBpuKN9CCXI0vXoGLmVgDaky>.

Long-Acting Reversible Contraception

To avert unintended pregnancies and promote better birth outcomes, Texas is working to increase access to long acting reversible contraception (LARC). LARCs are highly effective for preventing pregnancy, easy to use, and last for several years. These devices are the most effective method of reversible contraception, with less than 1 pregnancy per 100 women in a year.¹⁷ LARC devices include the intrauterine device (IUD) and subdermal contraceptive device, commonly referred to as the implant.

Over the past few years, HHSC has updated its LARC reimbursement policy in the Medicaid and women's health programs to increase access to these methods of contraception. Texas has also focused on increasing client and provider education on LARC to increase access and utilization. State efforts to increase access have included the release of the Texas LARC Toolkit, a LARC quick course launched by Texas Health Steps, and state participation on several national collaboratives working to address reimbursement, administrative, and logistical barriers to LARC. HHS also holds bi-monthly meetings with LARC stakeholders to discuss successes and challenges with LARC policy in Texas. This stakeholder workgroup includes professional associations, academic organizations, and providers in the clinic and hospital setting. More information about state efforts to increase access and utilization of LARC can be found in the LARC Strategic Plan recently posted to the HHS website as required by S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 105).¹⁸

Early Elective Deliveries

Since 1979, the American College of Obstetricians and Gynecologists has discouraged delivering a baby before 39 weeks of gestation when not medically necessary. Early elective deliveries (EEDs) have a statistically higher health risk to

¹⁷ U.S. Department of Health and Human Services Centers for Disease Control and Prevention. (2011). *Effectiveness of Family Planning Methods*. Retrieved from https://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/Contraceptive_methods_508.pdf.

¹⁸ <https://hhs.texas.gov/laws-regulations/reports-presentations>

the infant and mother compared to waiting to deliver until a full term has been achieved at 39 weeks.^{19,20,21,22}

Since 2010, HHSC and DSHS have focused on reducing EEDs through the following activities:

- In 2011, HHSC implemented a Medicaid policy to recoup claims payment for non-medically indicated deliveries prior to 39 weeks of gestation based on retrospective reviews of physician's claims and medical records by the HHSC Office of Inspector General.
- Starting in 2013, DSHS participated in the Collaborative Improvement and Innovation Network to Reduce Infant Mortality (CoIIN), designed to reduce infant mortality rates and non-medically indicated cesarean sections and induced deliveries.

The 2018-19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 18), required a report on HHS efforts to improve data and oversight to reduce EEDs.²³ Following the submission of the fiscal year 2016 report, *Health Affairs*, a peer-reviewed health care journal, published a research article on

¹⁹ Spong, C. Y., Mercer, B. M., D'alton, M., Kilpatrick, S., Blackwell, S., & Saade, G. (2011). Timing of Indicated Late-Preterm and Early-Term Birth. *Obstetrics & Gynecology*, 118(2, Part 1), 323-333. doi:10.1097/aog.0b013e3182255999.

²⁰ Tita, A. T. N., Landon, M. B., Spong, C. Y., Lai, Y., Leveno, K. J., Varner, M. W., ... Mercer, B. M. (2009). Timing of elective repeat Cesarean delivery at term and neonatal outcomes. *New England Journal of Medicine*, 360(2), 111-120. doi:10.1056/nejmoa0803267.

²¹ American College of Obstetricians and Gynecologists. (2013). Definition of term pregnancy. Committee opinion no 579. *Obstetrics & Gynecology*, 122(5), 1139-1140. doi:10.1097/01.aog.0000437385.88715.4a.

²² American College of Obstetricians and Gynecologists. (1991) Assessment of fetal maturity prior to repeat cesarean delivery or elective induction of labor. ACOG committee opinion: Committee on Obstetrics: Maternal and fetal medicine number 77. *International Journal of Gynecology & Obstetrics*, 35(3), 279. doi:10.1016/0020-7292(91)90300-t.

²³ The 2017 Report on Early Elective Deliveries can be found at <https://hhs.texas.gov/sites/default/files//documents/laws-regulations/reports-presentations/2017/sb1-fy2017-report-early-elective-deliveries-nov-2017.pdf>.

Texas' efforts to reduce EEDs.²⁴ The researchers found Texas' improvements in EED percentages were larger than other states, and stated this could potentially be due to HHSC's Medicaid payment reforms in combination with participation in collaborative efforts to reduce EEDs.

Progesterone Treatment

Progesterone injections, called 17P, may help prevent premature birth. HHS provides Medicaid health plans with birth record and historical program data for all women entering Medicaid for Pregnant Women to provide timely, targeted care to mothers at risk for repeat pre-term birth, and has been working to make 17P more accessible across the state.

HHS provides linked Medicaid client and vital statistics data on a monthly basis to help managed care organization (MCO) efforts in identifying potential candidates for the administration of 17P. The data-sharing initiative leverages birth data to target women with a prior premature delivery who would potentially benefit from 17P therapy in a subsequent pregnancy. The goal is to provide health plans with information to assist them in early identification of high-risk pregnancies or prior premature births. This initiative provides a more targeted outreach and intervention to promote better birth outcomes, and supplements existing health plan efforts. Medicaid MCOs continue to report how useful these data are for their outreach and care coordination efforts on this issue and related fronts. In addition, HHS staff coordinate regularly with associated regional and national staff from the March of Dimes regarding their initiatives (e.g., establishing best practices, data linking presentations, etc.) to reduce preterm births, including targeted use of 17P.

Texas NICU Project

The Texas NICU Project (TNP) is a research collaborative of HHSC, The Dartmouth Institute for Health Policy and Clinical Practice, The University of Texas School of Public Health, and the Texas Medicaid external quality review organization (EQRO) at the Institute for Child Health Policy, University of Florida. A primary goal of the

²⁴ Dahlen, H. M., McCullough, J. M., Fertig, A. R., Dowd, B. E. & Riley, W. J. (2017). Texas Medicaid payment reform: Fewer early elective deliveries and increased gestational age and birthweight. *Health Affairs*, 36 (3), 460-477. Retrieved September 5, 2017 from <http://content.healthaffairs.org/content/36/3/460.abstract?etoc&related-urls=yes&legid=healthaff;36/3/460>

TNP is to examine patterns of NICU care over time in the Texas Medicaid program, including risk-adjusted variations in quality and payments for both premature and full-term neonates, and the role played by financial incentives in driving NICU utilization.

One preliminary TNP finding notes a high degree of regional and hospital variation in the provision of newborn care, as seen in the striking differences in utilization and respective fee-for-service and MCO claim payments. This care variation occurs in both high-risk newborns, such as those with very low birth weights, and those with much lower risk (i.e., late-preterm newborns). After adjusting for newborn health risk, the divergent care patterns persist, indicating substantial differences in physician and hospital practice styles, unrelated to patient needs.

Once a better understanding of appropriate NICU care is established, utilization, payments, and outcomes of NICU services will provide a vital overall indicator of birth events, including prenatal care, delivery best practices, care coordination, and postpartum care. In addition, TNP analytics provide a model for HHS to better link vital statistics, Medicaid, and program datasets (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]), identify related program payments, and promulgate quality care for some of the most vulnerable Texans. Last, TNP findings will help ensure newborn and NICU care in Texas Medicaid are provided wisely and efficiently.

4. Hospital Levels of Care Designations

House Bill 15, 83rd Legislature, Regular Session, 2013, and House Bill 3433, 84th Legislature, Regular Session, 2015, require HHSC, in coordination with DSHS, to assign levels of care designations to each hospital based on the verified neonatal and maternal services provided at the hospital.

The Perinatal Advisory Council develops and recommends criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each designation and a process for the assignment of levels of care to a hospital; makes recommendations for dividing the state into neonatal and maternal care regions; examines utilization trends in neonatal and maternal care; and recommends ways to improve neonatal and maternal outcomes.

The neonatal levels of care designation rules became effective in June 2016, and the maternal levels of care designation rules became effective in March 2018. Each set of rules specifies the criteria hospitals must meet to qualify for each level of care designation. HHSC completed the process of designating neonatal levels of care in September 2018, and the designation for neonatal levels of care became a requirement for Medicaid reimbursement on October 1, 2018. The designation for maternal levels of care will be a requirement for Medicaid reimbursement beginning September 1, 2020. HHSC anticipates completing maternal levels of care designation by this time.

Maternal and neonatal levels of care designations help ensure that maternal and newborn care is provided commensurate with the needs of the mother and baby, and that care is provided in a more coordinated manner. Through the implementation of these rules, and a respective evaluation, HHS expects to see improved birth outcomes throughout the state.

5. Neonatal Abstinence Syndrome

Substance use during pregnancy is associated with significant adverse pregnancy outcomes such as prematurity, low birth weight, and NAS. The 2016-17 and 2018-19 General Appropriations Acts each appropriated \$11.2 million in general revenue funds over the biennium to HHS to reduce the incidence and severity of NAS in Texas. HHS used the funds to create and expand services aimed at reducing NAS incidence, severity, and associated costs.

The NAS funds helped fund the Statewide Pregnancy Center and Recovery Residence, Recovery Support Services, the 15 NAS-opioid treatment services (OTS) providers, expanded capacity to current 18 Pregnancy Postpartum Intervention (PPI) providers, facilitated NAS training initiatives, and established NAS research projects.

Substance Use Disorder Treatment Increases

HHSC substance use disorder (SUD) treatment services within the state expanded treatment slots designated for pregnant and postpartum women who exhausted their pregnancy-related Medicaid to provide a seamless transition and to avoid any disruption in NAS-OTS. There are currently 15 NAS-OTS vendors for fiscal year 2019.

In August 2016, the Statewide Pregnancy Stabilization Center (Restoration Center) in San Antonio became operational. The Restoration Center allows pregnant women to enter a single SUD treatment and recovery program that can address all their needs by providing a full continuum of care for the women and their children. This program serves families residing in areas of the state that may not have available services to provide the care opioid-dependent pregnant women require. In fiscal year 2018, 92 patients (treatment) and 57 participants (recovery) have entered into the Restoration Center.

Mommies Program and Pregnancy and Postpartum Intervention Services Expansion

Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment block grant funds established Pregnancy and

Postpartum Intervention programs which the 84th Legislature expanded to provide community-based, gender-specific outreach and intervention services for pregnant women and parenting individuals with SUD or who are at risk of developing SUD. Services include intensive case management, motivational interviewing, home visitation, and education. Program goals include improving birth outcomes, reducing risk of parental substance misuse, promoting parent/child bonding, improving parenting skills, improving safety of relationships and home environment, increasing access to community resources, and promoting engagement in reproductive health and well-child visits. There are currently 18 PPI providers throughout the state located within 10 of 11 state regions. PPI programs have no capacity restrictions at this time.

There are currently 12 Mommies programs throughout Texas which provide an integrated and collaborative model of care. The program is designed to eliminate as many potential barriers as possible to maximize a woman's chances for successful recovery, and care is delivered in a collaborative, non-punitive, therapeutic manner that aims to support women who seek treatment. The program provides education, collaboration, and coordination to integrate SUD treatment, screening, and education into obstetric care for pregnant and postpartum women and their infants. The Mommies program has also made NAS response teams available in local communities, which are designed to increase education, understanding, and awareness, and to address the problem of opioid use in pregnant and postpartum women. For fiscal year 2018, the program has educated 373 women, including 214 pregnant women.

Since 2016, the PPI programs were funded to expand services to provide OTS support by conducting targeted outreach efforts through enhancing education and services to women at risk for having a child with NAS with the goal of earlier entrance into prenatal care, SUD treatment, and increased access to health care information. Outreach strategies include reaching people who would not traditionally engage with the health care system to engage high-risk women earlier in obstetrical and gynecological care and SUD treatment. In fiscal year 2018, PPI programs screened 8,902 women and targeted outreach reached 5,978 individuals across Texas.

A return on investment analysis was completed for NAS-OTS for services rendered in 2016 to 95 women, and found an average savings of \$15,981 per birth. Women entered 4.1 months prior to delivery and remained for 10.1 months after delivery. For these women, the NAS-OTS birth costs were \$13,108 per individual compared to \$29,089 per individual for Medicaid NAS non-OTS birth costs.

NAS Training and Research Initiatives

Training on NAS is supported by continued online training modules, Mommies Regional Training to hospital personnel and community partners, DFPS regional trainings, a statewide annual symposium, and intensive technical assistance. Additionally, overdose prevention trainings are offered in areas identified as having high rates of maternal opioid use.

NAS research supports key initiatives in better understanding health care for women with opioid use disorder (OUD). The University of Texas Health Science Center (UTHSC) has begun exploring the contextual factors surrounding maternal relapse and overdose for persons using and in recovery from an OUD through the Maternal Opioid Morbidity Study. Preliminary study results show that participants throughout Texas experienced significant exposure to multiple stressful and traumatic life events beginning early in life and extending into adulthood. The most common of these events were loss of a loved one to an accident, homicide, or suicide and having experienced sexual, physical, or emotional abuse. The circumstances surrounding return to opioid use or overdose involved removal of an infant or child to Child Protective Services, isolation, unaddressed trauma, mental health symptoms, and stress. These social determinants of health are all addressable with new and innovative models of care and access to needed services.

UTHSC is also conducting the Kangaroo Mother study to build further evidence for non-pharmacological management strategies for infants. Study results show participants indicated that an alteration in their parental role (separation from their infant, not being the primary caregiver, not having alone time) was the most stressful aspect of their infants' hospitalization for NAS. During kangaroo mother care (KMC),²⁵ researchers found a significant reduction in both maternal and infant heart rate, fewer infant withdrawal symptoms and greater maternal engagement in infant care. Further, because of KMC, mothers felt that: (a) they and their infants could relax; (b) they had "alone" time with their infants; and (c) their infants had "forgiven" them for their drug use. Due to findings, two large NICUs in San Antonio have re-designed their care model to include KMC and mother-infant rooming-in, which has resulted in decreased inpatient hospital costs.

²⁵ KMC is a method of caring for premature babies in which the infants are held skin-to-skin with a parent, usually the mother, for as many hours as possible every day. The KMC Study attempts to determine if KMC is effective for infant experiencing NAS symptoms.

6. Maternal Mortality and Morbidity

BBO workgroup participants implemented several initiatives focusing on preventing maternal mortality and morbidity. Several of these initiatives are described below, along with other related HHS projects. Additional details on these initiatives can be found in the report on *State Efforts to Address Maternal Mortality and Morbidity in Texas* as required by Senate Bill 17, 85th Legislature, First Called Session, 2017, and due to the legislature on December 1, 2018.²⁶

Alliance for Innovation on Maternal Health Maternal Safety Bundles

DSHS launched the TexasAIM initiative in December 2017. The TexasAIM initiative is a partnership between DSHS and the Alliance for Innovation on Maternal Health (AIM) to implement maternal safety bundles (AIM Bundles) in hospitals throughout Texas. AIM Bundles are proven, evidence-based strategies used to improve maternal safety and health care quality. Each AIM Bundle focuses on a specific maternal health and safety topic. TexasAIM is currently implementing the Obstetric Hemorrhage Bundle, to be followed by the Obstetric Care for Women with OUD Bundle and the Severe Hypertension in Pregnancy Bundle. To do so, DSHS is working with experts from state agencies, professional organizations, physicians, and other key stakeholders to guide and facilitate the implementation of this initiative.

As of September 2018, over 185 hospitals are participating in the TexasAIM Obstetric Hemorrhage Bundle. Participating hospitals represent more than two-thirds of all the birthing hospitals in Texas, approximately 82 percent of the births in Texas, and approximately 8.1 percent of the births in the United States.

DSHS is partnering with HHSC to implement a pilot project for the Obstetric Care for Women with OUD Bundle. Hospital systems will be partners in the opioid pilot to ensure the bundle is properly customized for Texas prior to statewide implementation, scheduled for late 2019.

²⁶ The report can be retrieved from <https://hhs.texas.gov/laws-regulations/reports-and-presentations/all>.

DSRIP Program

On December 21, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Texas' request for the Texas Healthcare Transformation and Quality Improvement Program 1115 waiver for the next five years. One of the main components of the HHSC waiver is the DSRIP program. DSRIP is designed to provide incentive payments to Texas hospitals, physician practices, community mental health centers, and local health departments for investments in delivery system reforms that increase access to health care, improve the quality of care, and enhance the health of the patients and families they serve.

The DSRIP program developed targeted measure bundles that group clinical and process measures by a common theme or objective, such as behavioral health or diabetes care. Participating providers will earn DSRIP incentive payments based on their achievement of goals on the measures in their selected bundles. One of the measure bundles DSRIP providers may select is a bundle related to improved maternal care. The objective of the improved maternal care measure bundle is to improve maternal and infant health outcomes by implementing evidence-based practices to provide preconception, prenatal, and postpartum care including early detection and management of comorbidities such as hypertension, diabetes, and depression.

Maternal Mortality and Morbidity Task Force

The Maternal Mortality and Morbidity Task Force is governed by Chapter 34, Texas Health and Safety Code, Section 34.002, as added by S.B. 495, 83rd Legislature, Regular Session, 2013. The 17-member multidisciplinary Task Force, administered by DSHS, reviews and studies cases of pregnancy-related deaths and trends in severe maternal morbidity, identifies trends and disparities, reviews best practices, and makes recommendations to reduce poor maternal outcomes in Texas. The Task Force finished reviewing cases from the 2012 case cohort in March 2018 and is now reviewing cases from the 2013 cohort. DSHS and the Task Force published the Maternal Mortality and Morbidity Task Force and DSHS Joint Biennial Report on September 1, 2018.²⁷

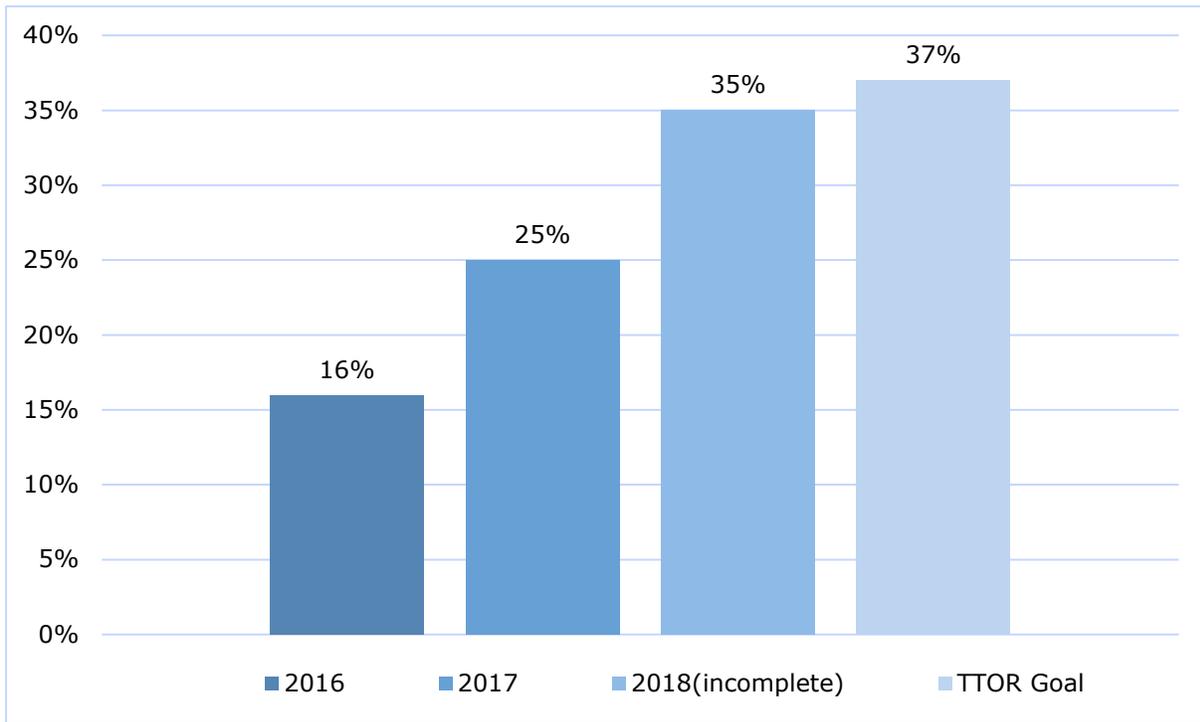
²⁷ <https://www.dshs.texas.gov/Legislative/Reports-2018.aspx>.

Texas Targeted Opioid Response / State Opioid Response

The 2018 Joint Biennial Report by DSHS and the Task Force finding that drug overdose was a leading cause of maternal death within 365 days postpartum between 2012 and 2015 demonstrates a clear need for substance use prevention and treatment services in Texas.

On May 1, 2017, Texas received \$27.4 million in federal funding through the SAMHSA State Targeted Response opportunity to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose death through the provision of prevention, treatment, and recovery activities for OUD. Through TTOR, Texas received the second highest award in the nation based on unmet treatment need and overdose death rates. Outcomes of this initiative include increased access to evidence-based treatment for OUD (see Table 1) as well as an increase in the number of people receiving overdose prevention education and overdose reversal medications. Overdose prevention was provided to 1,702 individuals and 5,910 doses of medication were distributed to both traditional and non-traditional first responders resulting in 82 confirmed lives saved.

Table 1. Percent OUD Admissions to Medication-Assisted Treatment



In August 2018, HHSC submitted an application for the SAMHSA funding opportunity announcement for State Opioid Response (SOR) grants to extend and expand the State Targeted Response funding. Texas received a notice of grant award on September 19, 2018, for \$46.2 million per year for a two-year grant period with annual continuation. SOR will allow HHSC to continue to fund existing strategies established through TTOR as well as to expand services.

7. Other BBO Initiatives

Outside of the initiatives described above, HHS is working on several other key projects focused on improving maternal and infant health, summarized below. For a full list of initiatives discussed by the BBO workgroup, see Appendix A.

Healthy Texas Mothers and Babies

DSHS established the Healthy Texas Mothers and Babies (HTMB) framework to improve maternal and infant health and safety for all Texas mothers and babies. The HTMB framework aims to advance quality, equity, and evidence-based prevention by 1) increasing public awareness of maternal health issues, 2) providing professional education to improve maternal care, 3) increasing community empowerment, 4) fostering community improvement, and 5) establishing an ongoing Perinatal Quality Improvement Network.²⁸ SSN, the HTMB Coalition, the Maternal Mortality and Morbidity Task Force, and the Texas Collaborative for HTMB are all programs and initiatives housed under HTMB framework.

DSHS funds and supports the Texas Collaborative for HTMB. The goal of the collaborative is to reduce preterm birth and infant mortality through such means as reducing disparities in the health outcomes of mothers and babies, reducing maternal mortality and severe maternal morbidity, and improving the health outcomes of mothers and babies. The executive committee includes a multidisciplinary network comprised of health professionals throughout the state and representatives of the March of Dimes, DSHS, HHSC, and the Department of Family and Protective Services.

The HTMB Coalition (formally Healthy Texas Babies) was established in October 2010 and is Texas' comprehensive infant mortality reduction strategy. The coalition seeks to reduce maternal and infant risk factors for poor birth outcomes and infant death that exist across the lifespan. The coalition also emphasizes persistent birth outcome disparities that affect specific populations in the state. The 2018-2022

²⁸ A perinatal quality improvement network is a state or multi-state network of teams working to improve the quality of care for mothers and babies (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>).

program will provide support and technical assistance for ten local perinatal coalitions in Texas communities with the greatest disparities in infant mortality. Each coalition is reviewing Perinatal Periods of Risk²⁹ analyses, carrying out a community needs assessment, and using a strategic planning process to develop, implement, and evaluate interventions and programs tailored to their population to address identified risk factors.

Healthy Families

In September 2015, HHS began the Healthy Families project: a women’s health disparities and infant mortality risk reduction project led by HHSC. The purpose of Healthy Families is to increase access to family planning services and decrease the risk for infant mortality among Black and Hispanic women by providing communities with flexible resources they can use to implement customized health care interventions within a health equity awareness framework. Through data analysis, Hidalgo and Smith counties were identified to pilot projects with a focus on Hispanic women of childbearing age and Black women of childbearing age, respectively. In August 2016, HHS contracted with The University of Texas Health Center at Tyler to implement project activities. Through this project, HHS expects to gain valuable insight to help inform community efforts across the state to reduce infant and maternal mortality.

PPD

PPD is a common and potentially serious condition typically diagnosed after pregnancy. The impact of PPD, and related conditions, can be far-reaching. HHS is working to increase awareness, education, and continuity of care for women with PPD.

To help increase awareness and provide additional educational resources on PPD, HHSC first launched the Texas Clinician’s Postpartum Depression Toolkit in May 2017, and updated it in August 2018. This toolkit serves as a resource for Texas clinicians on screening, diagnosis, and treatment of PPD.

²⁹ Perinatal Periods of Risk is a comprehensive approach for using data to improve women and infants’ health.

Additionally, House Bill 2466, 85th Legislature, Regular Session, 2017, directed HHSC to add PPD screening as a reimbursable service for the mothers of current CHIP and Medicaid enrollees. The new Medicaid benefit launched on July 1, 2018. The Medicaid screening is performed as part of the Texas Health Steps preventive care medical checkup and is billed as part of the child's visit under the infant's ID. The CHIP screening is performed as part of the well-child preventive care medical checkup and has been a benefit in CHIP prior to the passage of the legislation, as CHIP MCOs are required to follow the American Academy of Pediatrics' guidelines. This benefit provides an additional space for new mothers to receive needed PPD screening and referral services.

Zika Virus Prevention

DSHS and HHSC maintain ongoing collaboration efforts to reduce the impact of the Zika virus on Texas women. DSHS is leading the public health effort and updating the public information website, www.texaszika.org, on a consistent basis. DSHS and HHSC developed tools and outreach materials to educate the public about the Zika virus and new repellent benefits. Texas Medicaid, CHIP, and other state programs include certain mosquito repellent products for the prevention of the Zika virus as a covered benefit.

DSHS and HHSC also participated in the AIM Learning Collaborative, a multistate collaborative to improve quality and access to care in maternal and child health. The learning collaborative team focused on improving provider capacity and capability around the Zika virus. The team also worked with the Association of State and Territorial Health Officials (ASTHO) to conduct an environmental scan to identify family support services in Texas. The collaborative concluded in April 2018.

Additionally, DSHS received funding from CMS to implement the Zika Health Care Services program. This program employs community health workers and case managers to assist with patient education and assistance in accessing services along the Texas-Mexico border. The program also focuses on education and resources to improve provider capacity and capability.

8. Conclusion

To ensure a continued focus on infant and maternal health, HHSC leads the BBO workgroup in collaboration with DSHS. BBO workgroup participants collaborate and seek input on initiatives to meet a woman's health care needs for a healthier pregnancy and baby using a life course approach. This is accomplished through providing education and services to families during the preconception and interconception period through the prenatal and postpartum periods. The BBO workgroup currently collaborates on over 30 initiatives.

Initiatives implemented by BBO workgroup participants include HHS efforts focused on decreasing NICU admissions, preventing premature births, increasing access to women's health and family planning services, and reducing the incidence, severity, and costs associated with NAS. Several BBO initiatives and related HHS projects focus on preventing maternal mortality and morbidity.

HHS is committed to improving infant and maternal health throughout the state. Through the initiatives described throughout this report, HHS has made improving maternal health and infant health a top priority in Texas. In the future, HHS will continue to focus on efforts that ensure every woman and family has access to services and supports that contribute to healthy pregnancies, babies, and mothers.

List of Acronyms

Acronym	Full Name
AIM	Alliance for Innovation on Maternal Health
ASTHO	Association of State and Territorial Health Officials
BBO	Better Birth Outcomes
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DSHS	Department of State Health Services
DSRIP	Delivery System Reform Incentive Payment
EQRO	External Quality Review Organization
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HTMB	Healthy Texas Mothers and Babies
HTW	Healthy Texas Women
LARC	Long-Acting Reversible Contraception
MCO	Managed Care Organization
NAS	Neonatal Abstinence Syndrome
NICU	Neonatal Intensive Care Unit

OTS	Opioid Treatment Services
OUD	Opioid Use Disorder
PPD	Postpartum Depression
PRAMS	Pregnancy Risk Assessment Monitoring System
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance Use Disorder
TNP	Texas NICU Project
TTOR	Texas Targeted Opioid Response
UTHSC	The University of Texas Health Science Center
WIC	Special Supplemental Program for Women, Infants, and Children

Appendix A. BBO Projects and Subprojects

HTMB

DSHS established the HTMB framework to improve maternal and infant health and safety for all Texas mothers and babies. The HTMB framework aims to advance quality, equity, and evidence-based prevention by 1) increasing public awareness of maternal health issues, 2) providing professional education to improve maternal care, 3) increasing community empowerment, 4) fostering community improvement, and 5) establishing an ongoing Perinatal Quality Improvement Network.³⁰

The Texas Collaborative for Healthy Mothers and Babies

The Texas Collaborative for Healthy Mothers and Babies is a DSHS-supported multidisciplinary network made up of health professionals throughout the state. The mission is to advance health care quality and patient safety for all Texas mothers and babies, through the collaboration of health and community stakeholders in the development of joint quality improvement initiatives, the advancement of data-driven best practices, and the promotion of education and training.

HTW Waiver

In Spring 2017, the Legislature directed HHSC to submit a waiver application to CMS as soon as possible, and on March 9, 2017, HHSC sent a letter to notify CMS of the state's intent to submit a new Section 1115(a) demonstration waiver application to seek federal participation in the HTW program. HHSC did not propose any changes to the current HTW program in the waiver application. HHSC submitted the HTW waiver application to CMS on June 30, 2017 and continues to participate in discussions with CMS on the waiver.

³⁰ A perinatal quality improvement network is a state or multi-state network of teams working to improve the quality of care for mothers and babies (<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html>).

Infant Mortality

Healthy Families

The purpose of the Healthy Families Project led by HHSC is to increase access to family planning services and decrease the risk for infant mortality among Black and Hispanic women by providing communities with flexible resources they can use to implement customized health care interventions within a health equity awareness framework.

Association of Maternal Child Health Programs CoIIN

CoIINs are multidisciplinary teams of federal, state, and local leaders working together to tackle a common problem. The focus of this CoIIN is social determinants of health. DSHS is joined by Florida, Illinois, Kentucky, Massachusetts, North Carolina, New Mexico, Nevada, Ohio, Oregon, Rhode Island, South Carolina, and Wisconsin. By spring 2020, the Texas team will develop, adopt, or improve at least two policies or practices at the state or local level that directly impact social and structural determinants of health.

Project Concern International CoIIN

The focus of this CoIIN is also social determinants of health, but specifically those affecting border states. DSHS is joined by Arizona, California, and New Mexico. The goal of the CoIIN is to increase early prenatal care utilization by 10 percent among women in targeted impact areas with poor social determinants of health measures through the development of place-based improvement strategies.

LARC

ASTHO and 6 | 18 Initiatives

ASTHO selected Texas to participate in its LARC Immediate Postpartum Learning Community. DSHS and HHSC participate in this learning community to improve state capacity to provide access to LARCs immediately postpartum by facilitating state-to-state resource sharing, providing technical assistance, and developing resources for states to use in their own programs. The Centers for Disease Control and Prevention also invited Texas to participate in its 6 | 18 initiative to prevent

unintended pregnancy by addressing reimbursement, administrative, and logistical barriers to LARC adoption.

Immediate Postpartum

In addition to providing LARC in an outpatient setting, LARC methods are also appropriate to use in the immediate postpartum period before hospital discharge. This initiative aims to establish policy and education on providing LARC in the immediate postpartum period in the Texas Medicaid program.

LARC Strategic Plan; Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 105)

Rider 105 directs HHSC to develop a five-year strategic plan to reduce barriers to access LARC. The plan must include: a review of LARC eligibility, identification of barriers relating to reimbursement and billing procedures, and methods for developing and expanding partnerships to increase education, training, and LARC awareness. The plan identified the following key strategies to increase access to women’s health and family planning services statewide:

- Increase outreach efforts focused on educating women on available services in Texas, including LARC
- Identify best practices for reimbursing immediate postpartum LARC
- Improve provider education and resources through One Key Question implementation and updates to the Texas LARC Toolkit
- Continue to collaborate with stakeholders through bimonthly stakeholder meetings and other avenues for partnership

Medical and Pharmacy Benefit in Medicaid and HTW

HHSC created multiple options for providers in the Medicaid and HTW programs to receive reimbursement for LARC devices and insertions: the pharmacy benefit and the “buy and bill” method. Effective August 1, 2014, HHSC added certain LARC products as a pharmacy benefit in the Medicaid and the legacy Texas Women’s Health programs³¹. Under the pharmacy method, providers can prescribe and obtain LARC products on the Medicaid and HTW drug formularies from certain specialty pharmacies. The pharmacy method avoids up-front costs of stocking LARC

³¹ Effective July 1, 2016, the Texas Women’s Health Program was relaunched as HTW.

for providers. Under the “buy and bill” method, providers can order LARC devices directly and keep the devices on-site in their general stock. When a patient requests a LARC method, the provider pulls from their on-site stock and can provide services on the same day.

Maternal Mortality and Morbidity

AIM Bundle Implementation

DSHS has partnered with the AIM to implement maternal safety initiatives in hospitals and other settings throughout Texas. DSHS has assembled a multidisciplinary team to guide and facilitate the implementation of AIM throughout Texas. Texas will first work on the Obstetric Hemorrhage Bundle, followed by the Obstetric Care for Women with Opioid Use Disorder Bundle, and the Severe Hypertension in Pregnancy Bundle.

DSRIP

On December 21, 2017, CMS approved HHSC’s request for the Texas Healthcare Transformation and Quality Improvement Program 1115 waiver for the next five years. One of the main components of the waiver is the DSRIP program. Under DSRIP, targeted measure bundles have been developed where hospital and physician practices will earn DSRIP incentive payments based on their performance on the measures in their selected measure bundles. One of the measure bundles DSRIP hospitals and physician practices may select is related to improved maternal care.

Senate Bill 17, 85th Legislature, First Called Session, 2017

S.B. 17 clarifies and expands the duties of the Maternal Mortality and Morbidity Task Force, DSHS, and HHSC relating to maternal health and safety. In addition to adding new Task Force members, S.B. 17 requires DSHS to provide additional analysis of at-risk populations, the development of maternal safety initiatives, and a report on improving the quality of death certificate data. The bill also requires HHS to prepare a report on pregnancy-related deaths, severe maternal morbidity, and PPD.

Maternal Mortality and Morbidity Task Force

The Maternal Mortality and Morbidity Task Force was established by Texas Health and Safety Code, Section 34.002. The 17-member multidisciplinary Task Force, administered by DSHS, reviews and studies cases of pregnancy-related deaths and trends in severe maternal morbidity, identifies trends and disparities, reviews best practices, and makes recommendations to the Governor and the Legislature to reduce poor maternal outcomes.

Outreach and Education

Breastfeeding Support Services Medical Benefit

Breastfeeding support services policy regarding breast pump equipment became effective September 1, 2017 in the Texas Medicaid program. Since publishing the provider notification in July 2017, HHSC is working to provide additional education and clarification on the new policy.

HTW Outreach Campaign

Beginning in 2016, HHSC launched a statewide HTW outreach campaign targeting providers, clients, and external stakeholders. The goals of the campaign include informing and educating eligible women in Texas about state women's health programs, educating women on why it is important to see their health care provider, expanding access to women's health and family planning services, and increasing program enrollment.

Someday Starts Now

SSN is a DSHS public awareness campaign that aims to improve birth outcomes by addressing the health and safety of women and infants across their lifespan. The campaign provides information and tools to inform and educate men and women on preconception and inter-conception health topics.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC provides healthy foods, nutrition, and breastfeeding education and referrals to women who are pregnant, postpartum, or have children under the age of five. WIC

is 100 percent federally funded and serves approximately 810,000 participants in Texas.

Perinatal Advisory Council

HHSC supports the Perinatal Advisory Council created by H.B. 15, 83rd Legislature, Regular Session, 2013, which develops and recommends criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation and a process for the assignment of levels of care to a hospital; makes recommendations for dividing the state into neonatal and maternal care regions; examines utilization trends in neonatal and maternal care; and recommends ways to improve neonatal and maternal outcomes. Recommendations are made to the executive commissioner of HHSC.

Peripartum Substance Use

NAS

As directed by the 84th Legislature, HHSC seeks to reduce the incidence and severity of NAS in Texas by creating and expanding services aimed at reducing incidence, severity, and costs associated with NAS.

Opioid Initiatives

This HHSC project aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for OUD, including prescription opioids and illicit drugs such as heroin.

PPD

PPD is a common and potentially serious condition typically diagnosed after pregnancy. The impact of PPD, and related conditions, can be far-reaching. To increase awareness, education, and continuity of care for women with PPD, HHSC and DSHS have launched several initiatives.

Coverage for Maternal Depression Screening; House Bill 2466, 85th Legislature, Regular Session, 2017

House Bill 2466 promotes increased screening for PPD by creating a PPD screening benefit for the mothers of current CHIP and Medicaid enrollees.

21st Century Cures Act; Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 86)

In compliance with Rider 86, HHSC applied for, but ultimately did not receive, a federal grant from the Health Resources & Services Administration to increase screening, referral, and treatment services for maternal depression and related behavioral health disorders for Texas women living in rural and medically underserved areas of the state. The project application sought to continue and expand on the work currently being done in Texas on maternal depression, including implementation of H.B. 2466.

Reporting of PPD Data; Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 189)

Rider 189 requires HHSC to submit a report on the screening and treatment of PPD, which includes claims data, codes for all PPD screenings, and other relevant clinical data in public health programs, including the Medicaid program, local mental health authorities, and women's health programs. HHSC must submit a report to the Legislative Budget Board (LBB), the Maternal Mortality and Morbidity Task Force, and relevant House and Senate committees by February 1, 2019.

Reports

BBO workgroup participants report on the status of various legislative reports related to maternal and infant health at each monthly workgroup meeting. Items discussed include reports on maternal mortality, HTW, and PPD.

Texas NICU Project

The Texas NICU Project is a research collaborative developed by HHS, The Dartmouth Institute for Health Policy and Clinical Practice, The University of Texas School of Public Health, and the Texas EQRO at the Institute for Child Health Policy, University of Florida. TNP addresses recent NICU growth and payment questions by

examining patterns of care over time in the Texas Medicaid program, including risk-adjusted variations in quality and payments for both premature and full-term neonates, as well as the role played by financial incentives in driving NICU utilization.

Zika Virus Prevention

AIM Learning Collaborative

DSHS and HHSC participated in the AIM Learning Collaborative, which was a multistate collaborative to improve quality and access to care in maternal and child health. The learning collaborative team focused on improving provider capacity and capability around the Zika virus. The team also worked with ASTHO to conduct an environmental scan to identify family support services in Texas. The collaborative concluded in April 2018.

CMS Grant

CMS funds the Zika Health Care Services program through DSHS. This program employs community health workers and case managers to assist with patient education and assistance in accessing services along the Texas-Mexico border. The program also focuses on education and resources to improve provider capacity and capability.

Outreach

DSHS and HHSC are collaborating on ongoing efforts to reduce and eliminate the Zika virus public health epidemic. DSHS is leading the public health issue and updating the public information website, www.texaszika.org, on a consistent basis. DSHS and HHSC are developing tools and outreach materials to educate the public about the Zika virus.

Repellant Benefit

Texas covers certain mosquito-repellent products for the prevention of the Zika virus as a benefit in Medicaid, CHIP, and other state programs.

17P

Access and Availability

As part of the HHSC initiative to reduce the number of pre-term births in Texas, HHSC added Makena, the name-brand version of 17-alpha hydroxyprogesterone caproate (often referred to as 17P), to the pharmacy formulary effective June 15, 2015. Makena is available as both a Medicaid pharmacy and medical benefit. The compounded version of 17P will continue to be available only as a Medicaid medical benefit. The primary benefit of adding Makena to the formulary is enabling doctors to prescribe the drug and submit the prescription to a pharmacist who will then submit the claim and mail the drug to the physician's office without the physician having to purchase, stock, and submit a claim for the drug.

Data Sharing

HHSC provides health plans with a monthly file providing access to birth record and historical claims data for all women entering Medicaid for Pregnant Women to provide timely, targeted care to mothers at risk for repeat pre-term birth (e.g. 17P).