Maternal Health Congress

Proposal 18

Title: Coverage Program for Low-Income, Uninsured Adults

Submitter: Anne Dunkelberg

Affiliated organization: Center for Public Policy Priorities

Category: Reducing barriers to care or increasing access to care

Description of the problem:

1. Uninsured adults under 138 percent of the federal poverty level (FPL) need an insurance coverage program.

Proposed solution:

1. Implement a coverage program for uninsured adults under 138-percent FPL, so all women can access an ongoing medical home, with uninterrupted access to basic primary and preventive care, family planning, behavioral health, substance use disorder treatment, and chronic disease management. This also likely would result in earlier entry into prenatal care.

2. In the current political landscape, any such solution likely will be tied to financing via local intergovernmental transfers and/or provider taxes, and to policy options popular with conservative governors such as premiums or work requirements.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:

165.001 Health Care Policy Development
190.012 Medicaid Managed Care
190.019 Medicaid and Medicaid Managed Care
190.022 Medicaid and CHIP Funding and Access to Care for Children
190.021 Funding for Pregnancy
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.029 Health Care Coverage Legislative Initiatives
190.032 Medicaid Coverage and Reform
190.036 Opposition to Federal Medicaid Block Grants for Traditional Medicaid Populations
215.019 Public Mental Health Care Funding
260.075 Preventive Health Care for Texas Women

Relevant AMA policy:

Extension of Medicaid Coverage for Family Planning Services H-75.988
Affordable Care Act Medicaid Expansion H-290.965
Access to Care by Medicaid Patients H-290.989
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
Preconception Care H-425.976
Infant Mortality D-245.994

Citations: None listed
Title: Federal Medicaid Funds for Medicaid Maternity Benefits
Submitter: Anne Dunkelberg
Affiliated organization: Center for Public Policy Priorities
Category: Other: Federal funding

Description of the problem:
Texas is one of only six states that deny maternity Medicaid to lawful permanent residents.

Proposed solution:
Accept federal Medicaid funds available to cover Medicaid maternity benefits for lawfully present immigrant women.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
165.001 Health Care Policy Development
190.019 Medicaid and Medicaid Managed Care
190.022 Medicaid and CHIP Funding and Access to Care for Children
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.029 Health Care Coverage Legislative Initiatives
190.032 Medicaid Coverage and Reform
215.019 Public Mental Health Care Funding
260.029 Preventive Medicine
260.075 Preventive Health Care for Texas Women
330.009 Preconception and Inter-gestational Health and Care

Relevant AMA policy:
Extension of Medicaid Coverage for Family Planning Services H-75.988
Requirements or Incentives by Government for the Use of Long-Acting Contraceptives H-75.991
Affordable Care Act Medicaid Expansion H-290.965
Access to Care by Medicaid Patients H-290.989
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
Medical Care for Indigent and Culturally Displaced Obstetrical Patients and Their Newborns H-420.995

Citations: None listed
Prioritize Access to Substance Use Disorder Treatment for Pregnant Women

Anne Dunkelberg

Center for Public Policy Priorities

Pregnant women with substance use disorder (SUD) experience continual barriers to needed services and treatment.

Prioritize access to SUD treatment for pregnant women, regardless of the drug of choice, by:

- Ensuring women’s need to make arrangements for care of their children is not a barrier to treatment; and
- Adopting best practices for allowing newborns to benefit from “kangaroo care” when born to drug- or alcohol-involved mothers, rather than defaulting to immediate removal of the newborn from the mother.

None listed

None listed.

25.007 Fetal Alcohol Syndrome
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
140.012 Prevention of Iatrogenic Prematurity
190.033 Enhancing Children’s Health Insurance Program Coverage
215.019 Public Mental Health Care Funding
260.092 Responsible Opioid Prescribing for Pain Management
330.006 Discharge of Mothers and Babies Following Delivery
330.009 Preconception and Inter-gestational Health and Care

Planning and Delivery of Health Care Services H-160.975
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Preconception Care H-425.976

None listed

None listed.

None listed.

None listed.

None listed.

None listed.
Maternal Morbidity and Mortality Registry for Texas

Eugene C. Toy, MD

(self)

Public health system improvement

Description of the problem:
There is a lack of meaningful data collection around maternal morbidity and mortality.

Proposed solution:
Creating a maternal morbidity and mortality registry for Texas will help us collect meaningful data and recommend sound changes to improve health care. This has helped trauma care tremendously.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
- 265.018 Evidence-Based Medicine
- 330.013 Maternal Mortality Review
- 265.010 Medical Care Guidelines

Relevant AMA policy:
- Standard Terminology for Reporting of Reproductive Health Statistics in the United States H-420.982

Citations: None listed
Maternal Health Congress

Proposal 22

Title: The Alliance for Innovation on Maternal Health (AIM) Safety Bundles
Submitter: Eugene C. Toy, MD
Affiliated organization: (self)
Category: Evidence-based quality improvement initiative

Description of the problem:
Established guidelines for maternal health exist; they need to be put into practice at all hospitals.

Proposed solution:
I recommend that we consider embracing the Alliance for Innovation on Maternal Health (AIM) safety bundles for hospitals to meet the Maternal Level of Care requirements: http://safehealthcareforeverywoman.org/patient-safety-bundles/#link_tab-maternal

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
265.018 Evidence-Based Medicine
265.010 Medical Care Guidelines

Relevant AMA policy:
Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Proposal 23

Title: Embrace the California Maternal Quality Care Collaborative Toolkits

Submitter: Eugene C. Toy, MD

Affiliated organization: (self)

Category: Evidence-based quality improvement initiative

Description of the problem:
Texas should seek existing, proven resources to reduce maternal mortality and morbidity.

Proposed solution:
I recommend that we consider embracing the California Maternal Quality Care Collaborative toolkits. California has reduced its maternal mortality dramatically using these tools. www.cmqcc.org/resources-toolkits

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
140.012 Prevention of Iatrogenic Prematurity
260.029 Preventive Medicine
260.075 Preventive Health Care for Texas Women
265.010 Medical Care Guidelines
265.018 Evidence-Based Medicine

Relevant AMA policy:
Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Proposal 24

Title: Reducing Barriers to Care or Increasing Access to Care

Submitter: Janet Realini, MD, MPH

Affiliated organization: (self)

Category: Reducing barriers to care or increasing access to care

Description of the problem:
The importance of women's preventive health care and family planning in reducing maternal mortality by:

1. Averting unplanned pregnancies and thus reducing the chance that a woman will undergo the physical and emotional stress of pregnancy unnecessarily, especially women with chronic illnesses and behavioral health issues;
2. Delaying and timing planned pregnancies to allow women to be in optimum health at the time they become pregnant; and
3. Screening non-pregnant women before, after, and between pregnancies, so that conditions can be detected and treated before a woman becomes pregnant.

Proposed solution:
Research and assess barriers to auto-enrolled postpartum clients' entry into care with Healthy Texas Women (HTW) providers in both rural and urban areas of the state.

- Identify ways to use multiple points of contact — such as community health workers, health plans, or peer services — to increase awareness of and access to state women’s health programs.
- Identify methods to improve continuity of care between the Children’s Health Insurance Program-Perinatal (CHIP-P) and the Family Planning Program (FPP).
- Increase access to the full range of contraceptive methods, including Long Acting Reversible Contraception (LARC).
- Increase the number of women who are able to access behavioral health services, including Substance Use Disorder (SUD) treatment, through Medicaid.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
25.007 Fetal Alcohol Syndrome
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
140.012 Prevention of Iatrogenic Prematurity
190.012 Medicaid Managed Care
190.019 Medicaid and Medicaid Managed Care
190.021 Funding for Pregnancy
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.028 Medicaid and CHIP Applications
190.029 Health Care Coverage Legislative Initiatives
190.032 Medicaid Coverage and Reform
190.033 Enhancing Children's Health Insurance Program Coverage
190.036 Opposition to Federal Medicaid Block Grants for Traditional Medicaid Populations
215.019 Public Mental Health Care Funding
250.002 Ethical Practice of Medicine for Physicians Participating in the Women's Health Program
260.029 Preventive Medicine
260.052 Preventive Screening Tests
260.075 Preventive Health Care for Texas Women
265.010 Medical Care Guidelines
315.000 Tobacco
330.006 Discharge of Mothers and Babies Following Delivery
330.009 Preconception and Inter-gestational Health and Care
330.014 Maternal Obesity

Relevant AMA policy:
Increasing Availability and Coverage for Immediate Postpartum Long-Acting Reversible Contraceptive Placement H-75.984
Reducing Unintended Pregnancy H-75.987
Extension of Medicaid Coverage for Family Planning Services H-75.988
Requirements or Incentives by Government for the Use of Long-Acting Contraceptives H-75.991
Tubal Ligation and Vasectomy Consents D-75.994
Planning and Delivery of Health Care Services H-160.975
Affordable Care Act Medicaid Expansion H-290.965
Access to Care by Medicaid Patients H-290.989
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Preconception Care H-425.976

Citations: None listed
Maternal Health Congress

Proposal 25

Title: Public Health System Improvement

Submitter: Janet Realini, MD, MPH

Affiliated organization: (self)

Category: Public health system improvement

Description of the problem:
The importance of women's preventive health care and family planning in reducing maternal mortality by:

a) Averting unplanned pregnancies and thus reducing the chance that a woman will undergo the physical and emotional stress of pregnancy unnecessarily, especially women with chronic illnesses and behavioral health issues;

b) Delaying and timing planned pregnancies to allow women to be in optimum health at the time they become pregnant; and

c) Screening non-pregnant women before, after, and between pregnancies, so that conditions can be detected and treated before a woman becomes pregnant.

Proposed solution:

Regarding reducing mortality and morbidity in general:

• Increase our current provider network for Healthy Texas Women (HTW) and Family Planning Program (FPP), minimize disruption among providers, and monitor network adequacy.

• Ensure high quality of preventive women's health care services, e.g., through promotion of Quality Family Planning standards (QFP) and provider education and training.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
25.007 Fetal Alcohol Syndrome
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
140.012 Prevention of Iatrogenic Prematurity
190.021 Funding for Pregnancy
190.022 Medicaid and CHIP Funding and Access to Care for Children
190.033 Enhancing Children's Health Insurance Program Coverage
215.019 Public Mental Health Care Funding
250.002 Ethical Practice of Medicine for Physicians Participating in the Women's Health Program
260.021 Sexually Transmitted Infections Prevention, Screening, and Education
260.029 Preventive Medicine
260.052 Preventive Screening Tests
260.075 Preventive Health Care for Texas Women
260.092 Responsible Opioid Prescribing for Pain Management
260.093 Clinical Approaches to Obesity Prevention and Treatment
315.000 Tobacco
325.010 Physicians' Role in Identifying Violence and Abuse
330.006 Discharge of Mothers and Babies Following Delivery
330.009 Preconception and Inter-gestational Health and Care
330.014 Maternal Obesity

Relevant AMA policy:
Increasing Availability and Coverage for Immediate Postpartum Long-Acting Reversible Contraceptive Placement H-75.984
Reducing Unintended Pregnancy H-75.987
Extension of Medicaid Coverage for Family Planning Services H-75.988
Requirements or Incentives by Government for the Use of Long-Acting Contraceptives H-75.991
Tubal Ligation and Vasectomy Consents D-75.994
Planning and Delivery of Health Care Services H-160.975
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Nutrition Counseling for Pregnant and Recent Post-Partum Patients H-420.955
Prenatal Services to Prevent Low Birthweight Infants H-420.972
Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care Coordination D-420.991
Medical Care for Indigent and Culturally Displaced Obstetrical Patients and Their Newborns H-420.995
Preconception Care H-425.976
Infant Mortality D-245.994

Citations: None listed
Maternal Health Congress

Proposal 26

Title: Reducing Mortality and Morbidity from Substance Use Disorders

Submitter: Janet Realini, MD, MPH

Affiliated organization: (self)

Category: Public health system improvement

Description of the problem:
The importance of women's preventive health care and family planning in reducing maternal mortality by:

a) Averting unplanned pregnancies and thus reducing the chance that a woman will undergo the physical and emotional stress of pregnancy unnecessarily, especially women with chronic illnesses and behavioral health issues;

b) Delaying and timing planned pregnancies to allow women to be in optimum health at the time they become pregnant; and

c) Screening non-pregnant women before, after, and between pregnancies, so that conditions can be detected and treated before a woman becomes pregnant.

Proposed solution:
Regarding reducing mortality and morbidity from Substance Use Disorder (SUD):

• Provide behavioral health providers with additional education and training about local women’s health services, including Healthy Texas Women (HTW) and the Family Planning Program (FPP);

• Help behavioral health providers partner with HTW and FPP providers to provide family planning services to their clients;

• Increase targeted outreach and training for HTW and FPP providers regarding available SUD community resources and evidence-based methods for SUD screening and referral; and

• Provide reimbursement in HTW and FPP for procedure codes for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for SUD.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
25.007 Fetal Alcohol Syndrome
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
140.012 Prevention of Iatrogenic Prematurity
190.021 Funding for Pregnancy
190.022 Medicaid and CHIP Funding and Access to Care for Children
190.033 Enhancing Children's Health Insurance Program Coverage
215.019 Public Mental Health Care Funding
250.002 Ethical Practice of Medicine for Physicians Participating in the Women's Health Program
260.029 Preventive Medicine
260.052 Preventive Screening Tests
260.075 Preventive Health Care for Texas Women
260.092 Responsible Opioid Prescribing for Pain Management
260.093 Clinical Approaches to Obesity Prevention and Treatment
315.000 Tobacco
330.006 Discharge of Mothers and Babies Following Delivery
330.009 Preconception and Inter-gestational Health and Care

Relevant AMA policy:
Increasing Availability and Coverage for Immediate Postpartum Long-Acting Reversible Contraceptive Placement H-75.984
Reducing Unintended Pregnancy H-75.987
Extension of Medicaid Coverage for Family Planning Services H-75.988
Requirements or Incentives by Government for the Use of Long-Acting Contraceptives H-75.991
Tubal Ligation and Vasectomy Consents D-75.994
Planning and Delivery of Health Care Services H-160.975
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care Coordination D-420.991
Medical Care for Indigent and Culturally Displaced Obstetrical Patients and Their Newborns H-420.995
Preconception Care H-425.976

Citations: None listed
Title: Enhance Substance Use Disorder (SUD) Treatment for Pregnant and Postpartum Women

Submitter: Ryan Van Ramshorst, MD

Affiliated organization: TMA Select Committee on Medicaid, CHIP, and the Uninsured

Category: Reducing barriers to care or increasing access to care

Description of the problem:
According to the most recent data compiled by the Texas Maternal Mortality and Morbidity Task Force, drug overdoses are the leading cause of maternal death during and after pregnancy, with most deaths occurring after the 60-day postpartum period. In the majority of cases (77 percent), a combination of drugs was used, though opioids were detected in 58 percent of cases.

The Centers for Disease Control and Prevention (CDC) reports 10 percent of pregnant women drink alcohol nationally. Of those, 30 percent report binge drinking (defined as four or more drinks at one occasion) even though research shows there is no safe level of alcohol consumption while pregnant. Alcohol use during pregnancy can lead to low birth weights and preterm births, as well as developmental delays in newborns, often with lasting consequences.

For women enrolled in Medicaid, Substance Use Disorder (SUD) treatment is available. But few eligible women actually receive the services, despite pregnant women being a priority population, because services are not uniformly available statewide and capacity at existing facilities is limited, requiring women to travel far from home to access care. Additionally, the SUD benefit has limitations:
1) It not clear Texas Medicaid’s SUD benefit provides medication-assisted treatment (MAT) for all SUD diagnoses for which it is clinically appropriate (e.g. MAT appears limited to opioid use only), and
2) The program only pays for SUD screening for physicians who have received at least four hours of specialized Screening, Brief Intervention, Referral and Treatment (SBIRT) training.

Pregnancy-related Medicaid eligibility ends two months postpartum, meaning most postpartum women will lose access to SUD treatment unless they are extremely low-income or qualify for Medicaid based on disability. The current clinical criteria for non-Medicaid eligible women prioritizes some pregnant women over others, such as women who are pregnant and injecting, rather than making all pregnant and postpartum women a priority.

Lastly, preventive health programs such as Healthy Texas Women (HTW) and the Family Planning Program (FPP) are not paid to provide routine SUD screening, a missed opportunity to intervene.

Proposed solution:
Incorporate routine SUD screening into Medicaid, Children’s Health Insurance Program-Perinatal (CHIP-P), HTW, and the FPP. Medicaid provides for comprehensive screening services known as (SBIRT) training, but only physicians and providers who have undergone specialized training can bill for it — a tall order. All
physicians treating pregnant or postpartum women enrolled in Medicaid, CHIP-P, or women’s preventative
health programs should be permitted to bill for routine screening services.

HTW and FPP are programs that low-income women rely on for preventative health care services postpartum
when they are no longer eligible for Medicaid. The American College of Obstetricians and Gynecologists
recommends universal screening during annual well-woman exams. Yet SUD screening is not a component of
HTW or FPP. It should be.

Enhance coverage for SUD screening and treatment options for postpartum women. SUD treatment services are
available to pregnant and postpartum women who are ineligible for Medicaid if they are indigent and meet the
state’s clinical requirements. However, the benefit is focused on pregnant women, “injecting women,” pregnant
and injecting women, or those referred by the Department of Family and Protective Services (DFPS). This
narrow eligibility criteria means women using non-injectable drugs, including alcohol or prescribed stimulants,
or a DFPS intervention, may not get timely services — services that could prevent a DFPS referral later.

Physicians and providers need increased education and awareness on currently available resources for SUD
treatment. Medicaid provides comprehensive SUD intervention, treatment, and recovery services, but
unbeknownst to most physicians, there are state-funded programs for women ineligible for Medicaid who meet
the state’s clinical and financial eligibility guidelines. Postpartum women are a priority population for state-
funded SUD services, but significant gaps exist between screening, referral, and services. Many physicians are
not aware of existing resources for their patients. Further, some physicians in rural or underserved areas are
reluctant to screen for a SUD when they know there are not enough services available in the area. More
collaboration between women’s health providers and SUD providers is needed. SUD providers should be made
aware of HTW and FPP, in order to connect women with needed women’s health services.

Ensure SUD treatment providers offer patients a comprehensive array of services, including Medication
Assisted Therapy (MAT). MAT is the use of medication combined with counseling and behavioral therapies to
lessen dependency on substances and reduce cravings. Currently, the Medicaid MAT benefit is only available
for opioid disorders, and specifically excludes alcohol. MAT should be available for any substance use disorder
for which it is clinically indicated, including alcohol dependence.

Strengthen referral networks and SUD provider availability. Having a robust provider network is essential to
meeting the needs of people with SUD. One major barrier to creating a comprehensive provider network is a
lack of SUD treatment providers who accept Medicaid.

Ensure chemical dependency treatment facilities are proactively connecting women to preventive and primary
health services available via HTW and the FPP, including access to long-acting reversible contraception
(LARC) to help women with SUD better plan their pregnancies.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
25.007 Fetal Alcohol Syndrome
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System
190.021 Funding for Pregnancy
190.022 Medicaid and CHIP Funding and Access to Care for Children
190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
190.032 Medicaid Coverage and Reform
250.002 Ethical Practice of Medicine for Physicians Participating in the Women's Health Program
260.029 Preventive Medicine
260.075 Preventive Health Care for Texas Women
265.018 Evidence-Based Medicine
330.006 Discharge of Mothers and Babies Following Delivery
330.009 Preconception and Inter-gestational Health and Care
330.013 Maternal Mortality Review

Relevant AMA policy:
Extension of Medicaid Coverage for Family Planning Services H-75.988
Planning and Delivery of Health Care Services H-160.975
Affordable Care Act Medicaid Expansion H-290.965
Access to Care by Medicaid Patients H-290.989
Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
Improving Mental Health Services for Pregnant and Postpartum Mothers H-420.953
Prenatal Services to Prevent Low Birthweight Infants H-420.972
Improving Treatment and Diagnosis of Maternal Depression Through Screening and State-Based Care
Coordination D-420.991
Disparities in Maternal Mortality D-420.993
Medical Care for Indigent and Culturally Displaced Obstetrical Patients and Their Newborns H-420.995
Preconception Care H-425.976
State Maternal Mortality Review Committees H-60.909
Infant Mortality D-245.994

Citations: None listed
Maternal Health Congress

Proposal 28

Title: Increase Early Entry Into Prenatal Care

Submitter: Ryan Van Ramshorst, MD

Affiliated organization: TMA Select Committee on Medicaid, CHIP, and the Uninsured

Category: Reducing barriers to care or increasing access to care

Description of the problem:
Initiation of prenatal care within the first trimester is a key component of a healthy pregnancy. The American Congress of Obstetricians and Gynecologists (ACOG) recommends women have an initial prenatal visit within the first six to eight weeks of pregnancy, where they will receive a comprehensive health risk assessment to determine any medical, behavioral, or social conditions that could harm the pregnancy accompanied by an individual care plan to address those risks.

The Healthy People 2020 target is for 78 percent of pregnant women to receive prenatal care within the first trimester. In Texas, the rate falls short, with only 66 percent of women getting early care. Texas data indicates that for some women, late prenatal care stems from the mistaken belief early prenatal care is not necessary if they are already healthy. However, Texas’ maternal mortality and morbidity data clearly indicates otherwise.

Proposed solution:
• Expand the availability of Medicaid presumptive eligibility (PE) to include physician offices as well as other locations authorized by federal law. Texas currently offers presumptive Medicaid eligibility to pregnant women, a designation authorized by federal law to allow states to extend immediate, temporary coverage to pregnant women who are not currently enrolled in Medicaid, but who are likely income eligible for the program. Federal law stipulates that only qualified entities can determine presumptive eligibility, but the list of entities that can do so is quite broad, including hospitals, emergency departments, Federally Qualified Health Clinics (FQHCs), and physician offices, as well as other locations, such as food banks. Texas restricts PE determination to hospitals and FQHCs. However, other states, including Indiana and Kentucky, allow physician offices to provide PE for pregnant women. By expanding PE determination to physician practices and family planning clinics, pregnant women could begin receiving services more expeditiously. Per federal law, physicians and clinics who provide services while a woman has temporary, presumptive eligibility coverage will get paid for those services even if the woman does not ultimately gain full Medicaid eligibility.

• Enact an educational campaign to educate women and their families about the importance of early-entry prenatal care, even for otherwise healthy women. According to the 2017 Healthy Texas Babies Databook, “Late entry into prenatal care is a statewide problem. In 2015, only one urban Texas county (Williamson County) met the HP2020 target percentage of women entering prenatal care in the first trimester.” However, there is considerable variation across women of different ethnic backgrounds. Only 55 percent of black mothers receive early prenatal care compared to 75 percent among white women. Texas data indicates that for some women, late prenatal care stems from...
the mistaken belief early prenatal care is not necessary if they are already healthy. For others, barriers to receiving care, such as lack of transportation, may result in delayed care.

- Preserve Medicaid eligibility for pregnant women, which provides important preventive, primary, and specialty care for low-income women. Any legislative initiative to reduce Medicaid coverage for pregnant women should be opposed.

**Key stakeholders:** None listed

**Potential cost savings or costs associated:** None listed.

**Relevant TMA policy:**
- 140.002 Prenatal and Perinatal Care
- 140.007 Perinatal Health Care System
- 140.012 Prevention of Iatrogenic Prematurity
- 190.004 Medicaid Allowance for Preterm Labor
- 190.021 Funding for Pregnancy
- 190.022 Medicaid and CHIP Funding and Access to Care for Children
- 190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
- 190.028 Medicaid and CHIP Applications
- 190.029 Health Care Coverage Legislative Initiatives
- 190.032 Medicaid Coverage and Reform
- 190.033 Enhancing Children's Health Insurance Program Coverage
- 190.036 Opposition to Federal Medicaid Block Grants for Traditional Medicaid Populations
- 260.029 Preventive Medicine
- 260.052 Preventive Screening Tests
- 260.075 Preventive Health Care for Texas Women
- 330.009 Preconception and Inter-gestational Health and Care
- 330.014 Maternal Obesity

**Relevant AMA policy:**
- Extension of Medicaid Coverage for Family Planning Services H-75.988
- Non-Emergency Patient Transportation Systems H-130.954
- Planning and Delivery of Health Care Services H-160.975
- Affordable Care Act Medicaid Expansion H-290.965
- Access to Care by Medicaid Patients H-290.989
- Transforming Medicaid and Long-Term Care and Improving Access to Care for the Uninsured H-290.982
- Preconception Care H-425.976

**Citations:** None listed
Title: Provider Coverage for Smoking Cessation Counseling and Medications (including over-the-counter products) for Women Enrolled in The Healthy Texas Women (HTW) and Family Planning Programs (FPP) to Help Reduce Smoking Rates Among Women of Reproductive Age

Submitter: Ryan Van Ramshorst, MD

Affiliated organization: TMA Select Committee on Medicaid, CHIP, and the Uninsured

Category: Substance use prevention, screening, and treatment

Description of the problem:
Smoking while pregnant is a known risk factor for poor maternal birth outcomes. According to the Centers for Disease Control and Prevention, women who smoke during pregnancy are more likely than nonsmoking women to miscarry or deliver prematurely. Babies who are born to mothers who smoke may have low birth weight or certain birth defects like cleft lip or cleft palate. Smoking during and after pregnancy is a risk factor for Sudden Infant Death Syndrome (SIDS). According to Texas’ 2015 Pregnancy Risk Assessment Monitoring System Databook:

- 15 percent of women said that they had smoked cigarettes in the three months before their pregnancy;
- 5.1 percent reported smoking cigarettes in the last three months of their pregnancy; and
- 9.0 percent said they smoked cigarettes postpartum.

Providing women enrolled in HTW with the tools they need to quit smoking will help improve maternal health outcomes.

Proposed solution:
Include smoking cessation medications and counseling as a benefit of HTW and FPP.

Key stakeholders: None listed

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
- 140.002 Prenatal and Perinatal Care
- 140.012 Prevention of Iatrogenic Prematurity
- 190.023 Policy Principles for Medicaid and CHIP Legislative Initiatives
- 260.029 Preventive Medicine
- 260.075 Preventive Health Care for Texas Women
- 315.000 Tobacco
- 330.009 Preconception and Inter-gestational Health and Care
Relevant AMA policy:

- Research into Preterm Birth and Related Cardiovascular and Cerebrovascular Risks in Women D-420.992
- Disparities in Maternal Mortality D-420.993
- Preconception Care H-425.976

Citations: None listed
Title: Using the Alliance for Innovation on Maternal Health Model to Implement Evidence-Based Quality Improvement Initiatives

Submitter: Lisa Hollier, MD

Affiliated organization: (self)

Category: Evidence-based quality improvement initiative

Description of the problem:
There is a lack of consistency and implementation of evidence-based, standardized protocols that can improve maternal health.

Proposed solution:
The Alliance for Innovation on Maternal Health (AIM) is a national program that helps hospitals, medical staff, and communities use evidence-based strategies to improve maternal safety and health care quality through Maternal Safety Bundles. Each bundle focuses on a specific issue. Having standardized protocols on hemorrhage and severe hypertension in pregnancy can help address two of the major causes of maternal mortality and morbidity.

Standardize risk assessments to be used at the prenatal, labor and delivery, postpartum periods.

- Prioritize women with cardiovascular risk in pregnancy and those who develop hypertension and preeclampsia and develop a targeted follow-up strategy with these women.
- Adopt the American College of Obstetricians and Gynecologists and Association of Women’s Health, Obstetric and Neonatal Nurses safety bundles and related toolkits — standardized protocols to respond to or avoid life-threatening incidents.
- Prioritize the AIM Maternal Safety Bundle for Obstetric Hemorrhage.
- Prioritize AIM Maternal Safety Bundle for Severe Hypertension in Pregnancy.

Key stakeholders:
Physicians, hospitals, Texas Department of State Health Services (DSHS), Texas Health and Human Services Commission, AIM Implementation Advisory Workgroup (DSHS), medical directors

Potential cost savings or costs associated: None listed.

Relevant TMA policy:
140.002 Prenatal and Perinatal Care
140.007 Perinatal Health Care System

Relevant AMA policy:
Preconception Care H-425.976
Health Care Reform Physician Payment Models D-385.963
Support for Hemorrhage Control Training H-130.935

Citations: None listed