Pregnant Women and Substance Use

Substance abuse is recognized by the physician and health care community as a chronic brain disorder marked by the compulsive use of a substance to the point it interferes with the person's ability to function at home, work, or school. In recent years, opioid addiction has come to be the face of substance use. Pregnant and postpartum women with a substance use disorder (SUD) may also experience maternal depression, which can greatly impact health outcomes of both mother and baby. Co-occurring disorders require proper diagnosis and treatment of both the SUD and the mental health condition.

Among pregnant women, substance abuse poses significant potential harm to mother and baby.

- 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 were used, though opioids were detected in 58 percent of cases.

- As the rate of opioid misuse among pregnant women has increased, so too has the incidence of neonatal abstinence syndrome (NAS), a condition in newborns caused by the sudden withdrawal of opioids taken by the mother. Between 2010 and 2014, rates of NAS in Texas increased by 51.3 percent. Newborns with NAS are more likely to have longer, medically complex initial hospitalizations. Texas Medicaid pays for 54 percent of all births in the state and is thus the primary payer of hospital charges associated with NAS, underscoring the state's critical interest in preventing and treating opioid use, especially during pregnancy.

When pregnancy-related Medicaid eligibility ends two months postpartum, so does access to treatment for most women unless the woman is extremely low-income or qualifies for Medicaid based on disability. Texas' women's preventive health programs, Healthy Texas Women (HTW) and the Family Planning Program (FPP), do not provide substance abuse treatment.

In addition to treatment of any SUD, it also is especially important that women receive complementary preventative and primary care services to keep them healthy before, during, and after pregnancy, including access to contraception. Research suggests women with opioid disorders have significantly higher rates of unintended pregnancies. Yet women who are able to plan their pregnancies are more likely to get early prenatal care, have healthier pregnancies and babies, and reduce their risk of having babies born too early or too small.

Services for Low-Income Women During Pregnancy and Postpartum
Pregnant women in Texas may be eligible for the Medicaid for Pregnant Women program if they are under 198 percent of the Federal Poverty Line (FPL). In 2015, 54 percent of births in Texas were covered by Medicaid.
Medicaid for Pregnant Women With a SUD
Under Medicaid, individuals can receive the comprehensive SUD benefit (incorporated into Medicaid on January 1, 2011). The Medicaid SUD benefits available to adults and children today include:

- Assessment or evaluation by a chemical dependency treatment facility to determine an individual's need;
- Outpatient treatment, including individual and group counseling;
- Residential treatment, long-term or short-term intensive treatment provided in a residential setting that can include detoxification, with the goal of helping an individual return to a community-based setting;
- Medication Assisted Treatment (MAT), the use of medication combined with counseling and behavioral therapies (MAT is currently for drug dependency, not alcohol dependency);
- Residential detoxification, an inpatient, safe place to go through detoxification; and
- Ambulatory detoxification, detoxification in an outpatient setting.

Medicaid SUD Benefit Usage
According to HHSC, the majority of individuals receiving Medicaid SUD treatment services between fiscal years 2013 and 2015 were women, and more than half of women receiving treatment in each year were of childbearing age (21 to 45). In 2015, 5,967 unique clients received SUD services (either medical or pharmacy), accounting for 9 percent of the entire Medicaid population.

Healthy Texas Women (HTW) and the Family Planning Program (FPP)
Women are eligible for Medicaid up to two months postpartum. If a woman is screened for a SUD during those two months, she is eligible for services under the Medicaid benefit. Two months postpartum, women who are no longer eligible for Medicaid are automatically enrolled into HTW. HTW eligibility is 200 percent of the FPL. Women can also qualify for the FPP if they are at or below 250 percent of the FPL.

Screening for SUD is not a covered service under HTW or FPP. Providers can screen on their own but they may not use HTW or FPP to pay for the services. Depending on the provider, screening for SUD can be an informal question or interview; some providers use specific screening tools for alcohol or drug use. Low-income women may qualify for SUD services through HHSC if they are below 200 percent and met medically necessary criteria.

Women’s SUD Programs through HHSC
Low-income women who do not qualify for Medicaid (because they are not currently pregnant or are more than two months postpartum) have few options for treatment. If a woman is below 200 percent of the FPL and has a medically diagnosed SUD, she may receive treatment through HHSC. A woman must be screened through an Outreach, Screening, Assessment, and Referral Centers (OSAR), which is connected with a Local Mental Health Authority (LMHA). After screening at an OSAR and eligibility confirmation, a woman may access needed services through the HHSC Women’s SUD Program. Services at a treatment facility can include residential and ambulatory detoxification, residential or outpatient treatment, and medication assisted treatment.