

State Efforts to Address Maternal Depression, Mortality and Morbidity in Texas

**As Required by
Texas Health and Safety Code, Sections
34.0155 and 34.0158**

**Texas Health and Human Services
December 2022**



TEXAS
Health and Human
Services

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Executive Summary

In December 2020, the Health and Human Services Commission (HHSC) released the first *State Efforts to Address Postpartum Depression, Maternal Mortality and Morbidity in Texas* report, required by Sections 34.0155 and 34.0158 of the Texas Health and Safety Code. Since then, HHSC and the Department of State Health Services (DSHS) have continued working to improve maternal health outcomes in Texas. The 2022 *State Efforts to Address Maternal Depression, Mortality and Morbidity in Texas* report includes information on the programs and initiatives designed to address maternal morbidity and reduce maternal mortality rates in this state; evaluate options for reducing pregnancy-related deaths; treat postpartum depression in economically disadvantaged women; and identify strategies to lower Medicaid costs and improve quality outcomes related to severe maternal morbidity and chronic illness.

A review of current data in this report demonstrates key areas where Texas can focus its present and future efforts to improve maternal health outcomes. The 2020 Texas Maternal Mortality and Morbidity Review Committee (MMMRC) and DSHS Joint Biennial Report finds that 89 percent of pregnancy-related deaths are preventable and racial and ethnic disparities persist in maternal mortality and morbidity. This report also finds that eight underlying causes of death accounted for 82 percent of all pregnancy-related deaths among reviewed cases from 2013. Additionally, the 2021 Healthy Texas Mothers and Babies Data Book noted trends related to prevalence of and treatment for maternal depression that highlight similar racial and ethnic disparities.

Improving maternal health and addressing the causes of maternal mortality and morbidity are a priority for Health and Human Services (HHS), as the majority of maternal deaths between 2012 and 2015 were to women enrolled in Medicaid at the time of delivery.¹ This report summarizes HHSC strategies and actions to reduce pregnancy-related deaths and rates of severe maternal morbidity (SMM), treat maternal depression, lower Medicaid costs related to SMM and chronic illness, and improve quality outcomes related to the underlying causes of maternal morbidity and chronic illness.

¹ Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, 2018. <https://www.dshs.texas.gov/legislative/2018-Reports/MMMTFJointReport2018.pdf>

In fiscal year 2021 and fiscal year 2022, HHS has supported several new and ongoing efforts and initiatives to reduce pregnancy-related deaths and severe maternal morbidity and improve treatment for maternal depression. HHS efforts and initiatives to reduce pregnancy-related death and severe maternal morbidity focus on the following:

1. Improving care coordination and access to comprehensive health services;
2. Expanding services to treat substance use disorders;
3. Implementing public health initiatives to support safer pregnancy; and
4. Educating and promoting awareness among providers and people served.

For treating maternal depression, HHS efforts and initiatives focus on five areas:

1. Increasing awareness among program providers and people served;
2. Establishing a referral network for mental health care;
3. Increasing access to support services;
4. Raising public awareness of and reducing stigma toward maternal mental health conditions; and
5. Enhancing collaboration between existing community-based treatment entities.

HHS will continue to coordinate and collaborate across programs and agencies to ensure a holistic, systematic approach in advancing state efforts to address postpartum depression and maternal mortality and morbidity in Texas.

Introduction

Texas Health and Safety Code, Section 34.0155, requires HHSC to submit a written report summarizing the DSHS *Maternal Health and Safety Initiatives* report required by Section 34.0156 and HHSC efforts to:

- Evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of pregnancy-related deaths as identified in the Texas MMMRC and DSHS Joint Biennial Report required under Section 34.015; and treating postpartum depression in economically disadvantaged women.
- Identify strategies to lower costs of providing medical assistance related to SMM and chronic illness and improve quality outcomes related to the underlying causes of SMM and chronic illness.

Additionally, Texas Health and Safety Code, Section 34.0158, requires HHSC to submit a report summarizing the actions taken to address maternal morbidity and reduce maternal mortality rates. Specifically, HHSC must address relevant programs and initiatives including Medicaid, the Children’s Health Insurance Program (CHIP), CHIP Perinatal, the Healthy Texas Women (HTW) program, the Family Planning Program, the Title V Maternal and Child Fee-for-Service Program, the Perinatal Advisory Council, the Healthy Texas Babies program, and state health plans managed by the Employees Retirement System of Texas, the Teacher Retirement System of Texas, and the Texas Department of Criminal Justice.²

Texas’ efforts to address maternal mortality, SMM, and maternal depression involve coordinated, strategic approaches spanning multiple programs and agencies. This combined report meets the requirements of Health and Safety Code Sections 34.0155 and 34.0158 and provides a comprehensive view of the Texas HHS initiatives and programs to support maternal health and safety, reduce pregnancy-related deaths, and address maternal depression.

HHS Health Programs and Initiatives

HHS administers several programs and initiatives to improve prenatal and postpartum care for women.

² Title V refers to Title V of the Social Security Act.

DSHS Healthy Texas Mothers and Babies Framework

DSHS implements multiple public health initiatives to support safer pregnancy, postpartum, and interpregnancy periods for Texas mothers and their babies. These initiatives are organized within a framework called Healthy Texas Mothers and Babies, funded by the Title V Maternal and Child Health Services Block Grant. The DSHS Healthy Texas Mothers and Babies Framework incorporates: 1) individual public awareness and knowledge, 2) professional education, 3) community empowerment, 4) community improvement, and 5) the perinatal quality improvement network.

HHSC Programs

- **CHIP** provides health care to children, teenagers, and young adults who are not eligible for Medicaid based on their family's income but whose family cannot afford to buy private health insurance. In fiscal year 2021, CHIP covered 264,765 Texans.³ **CHIP Perinatal** serves the unborn children of uninsured pregnant women who do not qualify for Medicaid. In fiscal year 2021, CHIP Perinatal served 25,916 clients.
- The **Family Planning Program** provides accessible family planning and reproductive healthcare to eligible women and men in Texas. The free or low-cost services offered through the Family Planning Program help reduce unintended pregnancies, allow people to determine the number and spacing of their children, and improve birth outcomes and overall health. In fiscal year 2021, the Family Planning Program served 108,782 Texans.⁴
- **HTW** offers women's health and family planning services at no cost to eligible women. This care helps women plan their families, whether they seek to achieve, postpone, or prevent pregnancy. It can also have a positive effect on future pregnancy planning and general health. In fiscal year 2021, HTW served 190,552 women.⁵ **HTW Plus** enhanced postpartum services are available to women enrolled in HTW who were pregnant in the past year. The benefits offered by HTW Plus target the greatest contributors to maternal

³ Texas Health and Human Services, Healthcare Statistics.

<https://www.hhs.texas.gov/about/records-statistics/data-statistics/healthcare-statistics>

⁴ Texas Women's Health Programs Report Fiscal Year 2021.

<https://www.hhs.texas.gov/sites/default/files/documents/texas-womens-health-programs-report-fy2021-august-2022.pdf>

⁵ Texas Women's Health Programs Report Fiscal Year 2021.

<https://www.hhs.texas.gov/sites/default/files/documents/texas-womens-health-programs-report-fy2021-august-2022.pdf>

morbidity and mortality, such as mental health conditions, chronic illness, and substance use disorders. In fiscal year 2021, 1,529 women received enhanced postpartum services through HTW Plus.⁶

- **Medicaid** provides health care and long-term services and supports to low-income children and their families, pregnant women, former foster care youth, individuals with disabilities, and people ages 65 and older. In fiscal year 2021, Medicaid served 4,682,819 Texans.⁷ Texas Medicaid provides a comprehensive benefit package for pregnant clients, including an array of perinatal and postpartum services, in addition to the continuum of non-pregnancy-related benefits available to all Medicaid clients.
- The **Title V Maternal and Child Health Fee-for-Service Program** provides prenatal services to pregnant women for up to 60 days while the applicant is awaiting Medicaid or CHIP Perinatal coverage and 30 days for postpartum services. This program provides a safety net for any gap in coverage, as Title V eligibility can be granted the same day a patient seeks services at a clinic.
- **Perinatal Advisory Council**, established by Texas Health and Safety Code, Section 241.187, provides clinical and non-clinical recommendations to improve neonatal and maternal outcomes. As an advisory committee, the Perinatal Advisory Council is supported by HHSC and makes recommendations to DSHS. This council is comprised of physicians, nurses, hospital administration and representatives.

Other Health Plans and Agency Initiatives

The **Employees Retirement System of Texas (ERS)** administers various health insurance benefits for more than a half-million Texans. The State offers several self-funded plans for employees, retirees, and their families, including the HealthSelect of Texas point-of-service medical plan.

The **Teacher Retirement System of Texas (TRS)** provides health coverage to retirees and current public education employees. TRS partners with both Aetna and

⁶ Texas Women's Health Programs Report Fiscal Year 2021.

<https://www.hhs.texas.gov/sites/default/files/documents/texas-womens-health-programs-report-fy2021-august-2022.pdf>

⁷ Texas HHSC, Healthcare Statistics. <https://www.hhs.texas.gov/about/records-statistics/data-statistics/healthcare-statistics>

Blue Cross Blue Shield of Texas (BCBSTX) to provide maternity programs like the Aetna Maternity Program and Ovia Health.

The **Texas Department of Criminal Justice (TDCJ)** partners with the University of Texas Medical Branch Correctional Managed Care (UTMB-CMC) to provide maternal care to TDCJ's pregnant offender population. Programs and initiatives in maternal healthcare are designed to achieve the best possible outcomes.

Background

Maternal Mortality and Morbidity

Maternal mortality, or pregnancy-related death, is defined under Texas Health and Safety Code Section 34.001, to mean the death of a woman while pregnant or within one year of delivery or end of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Section 34.001, Health and Safety Code, defines maternal morbidity to mean a pregnancy-related health condition occurring during pregnancy, labor, or delivery or within one year of delivery or end of pregnancy; and severe maternal morbidity is defined to mean maternal morbidity that constitutes a life-threatening condition. SMM is closely related to maternal mortality because it involves conditions that, if left untreated, can result in maternal death. Though SMM rates in the United States have been rising over the past decade, the rate of delivery hospitalizations involving SMM in Texas has remained relatively stable from 2010 to 2019. Like maternal mortality trends, there are ethnic and racial disparities in the rates of mothers who experience SMM.⁸

Causes of Pregnancy-Related Deaths

Since 2014, the Texas MMMRC has been reviewing maternal death cases and statewide data trends and providing recommendations to reduce maternal mortality and morbidity rates in Texas.

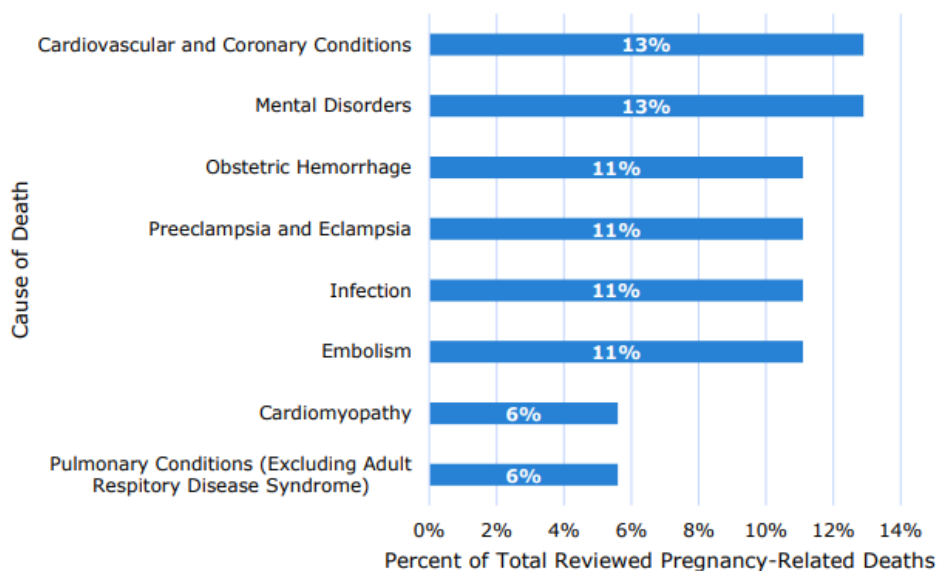
The 2020 MMMRC joint biennial report found that eight underlying causes accounted for 82 percent of all pregnancy-related deaths occurring in 2013. As noted in Figure 1, cardiovascular and coronary conditions were tied with mental disorders (with or without substance use) for the most frequently observed leading causes of death. Obstetric hemorrhage, preeclampsia and eclampsia, infection, and embolism were tied for second. These underlying causes of death accounted for 70 percent of the 54 pregnancy-related deaths reviewed to date from the 2013 case

⁸ Healthy Texas Mothers and Babies Data Book, 2021.
<https://www.dshs.texas.gov/healthytexasbabies/Documents/Healthy-Texas-Mothers-and-Babies-Data-Book-2021.pdf>

cohort. Cardiomyopathy and pulmonary conditions tied for third, collectively accounting for 12 percent of pregnancy-related deaths.

Figure 1: Top Underlying Causes of Reviewed Pregnancy-Related Deaths by Timing of Death in Relation to Pregnancy, Texas, 2013 (Partial Review of Cohort)

Chart F-1: Leading Underlying Causes of Reviewed Pregnancy-Related Deaths, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)



PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

DATA SOURCE: 2013 Death Files, DSHS

NOTES: Amniotic fluid embolism is not included in the embolism grouping due to differences in etiology and opportunities for prevention. Mental disorders include deaths to suicide, overdose, poisoning, and unintentional injuries determined by the MMMRC to be related to a mental disorder.

Maternal Mental Health and Postpartum Depression

As noted above, mental disorders are a leading cause of pregnancy-related death in Texas. Mental health is an important health indicator at all phases of life; however, poor mental health prior to or during pregnancy can have implications not only in the health of the mother, but infant birth outcomes and the health and development of the infant throughout life. Research indicates associations between

poor mental health before and during pregnancy and negative birth outcomes, including preterm birth, low birth weight, reduced breastfeeding initiation rates, and miscarriage.^{9,10,11,12} Postpartum depression has been associated with negative consequences for maternal health, quality of life, and personal interaction, as well as for the development of the child.¹³

⁹ Witt, W. P., Wisk, L. E., Cheng, E. R., Hampton, J. M., & Hagen, E. W. (2012). Preconception mental health predicts pregnancy complications and adverse birth outcomes: a national population-based study. *Maternal and Child Health Journal*, 16(7), 1525–1541. Retrieved from doi.org/10.1007/s10995-011-0916-4 [Accessed March 28, 2022].

¹⁰ Grote, N. K., Bridge, J. A., Gavin, A. R., Melville, J. L., Iyengar, S., & Katon, W. J. (2010). A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Archives of General Psychiatry*, 67(10), 1012–1024. Retrieved from doi.org/10.1001/archgenpsychiatry.2010.111 [Accessed March 28, 2022].

¹¹ Gavin, A. R., Chae, D. H., Mustillo, S., & Kiefe, C. I. (2009). Prepregnancy depressive mood and preterm birth in black and white women: findings from the CARDIA Study. *Journal of Women's Health* (2002), 18(6), 803–811. Retrieved from doi.org/10.1089/jwh.2008.0984 [Accessed March 28, 2022].

¹² Grigoriadis, S., VonderPorten, E. H., Mamisashvili, L., et al (2013). The impact of maternal depression during pregnancy on perinatal outcomes: a systematic review and meta-analysis. *The Journal of Clinical Psychiatry*, 74(4), 321-341.

¹³ Slomian, J., Honvo, G., Emonts, P., Reginster, J.-Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*. Retrieved from doi.org/10.1177/1745506519844044 [Accessed March 28, 2022].

Part I: Reducing Pregnancy-Related Deaths and Severe Maternal Morbidity and Treating Postpartum Depression

HHS has engaged in several efforts to improve maternal health outcomes in Texas. This section describes ongoing and new efforts that aim to reduce pregnancy-related deaths and severe maternal morbidity. More detail about previously reported efforts can be found in the December 2020 report on State Efforts to Address Postpartum Depression, Maternal Mortality and Morbidity in Texas.¹⁴

Improve Care Coordination and Access to Comprehensive Health Services

Update on Previous Efforts

- **High-Risk Maternal Care Coordination Services Pilot Program:** Health and Safety Code, Chapter 1001, Subchapter K, directs DSHS to develop, implement, and report on the progress of a high-risk maternal care coordination services program pilot. Through the pilot, DSHS is working with partners to develop, test, evaluate, and refine:
 - ▶ A risk assessment tool for identifying pregnant women who are at a higher risk for poor maternal health outcomes;
 - ▶ A model for integrating community health worker services for women with high-risk pregnancies; and
 - ▶ A curriculum and training courses for preparing community health workers to support women at high risk for poor birth outcomes.

¹⁴ State Efforts to Address Postpartum Depression, Maternal Mortality and Morbidity in Texas, 2020. <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/state-efforts-maternal-mortality-morbidity-dec-2020.pdf>

More information on this pilot is available in the DSHS report on Maternal Health and Safety Initiatives.¹⁵

- **HTW Plus Implementation:** In December 2020, HHSC submitted an amendment to the HTW 1115 demonstration waiver to the Centers for Medicare and Medicaid Services (CMS). With a requested effective date of April 1, 2021, this amendment would allow the state to receive federal funds for HTW Plus. This amendment is still pending with CMS; however, in fiscal year 2021, the first year of implementation with state funding, 1,529 women enrolled in HTW obtained additional HTW Plus postpartum services. This number does not reflect anticipated caseloads since women have not transitioned from Medicaid for Pregnant Women into HTW throughout the COVID-19 public health emergency.¹⁶
- **Maternal Health Pilot Programs:** In response to Senate Bill (S.B.) 748, 86th Legislature, Regular Session, 2019, HHSC has been exploring options for implementing two maternal health-related pilot programs – one on the use of telemedicine in maternal care and the other on the establishment of pregnancy medical homes. HHSC submitted a progress report in early 2021.¹⁷
- **Medical Transportation Pilot Program:** House Bill (H.B.) 25, 86th Legislature, Regular Session, 2019, directed HHSC to develop and implement a pilot program for providing medical transportation services to pregnant women and new mothers. HHSC published a report on the implementation of

¹⁵ As of November 2022, the December 2020 report is the most current Maternal Health and Safety Activities Report available. This can be found at <https://www.dshs.texas.gov/legislative/2020-Reports/Maternal-Health-and-Safety-Activities-Report-2020.pdf>. Future reports will be posted to DSHS Legislative Reports: <https://www.dshs.texas.gov/Legislative/Reports.aspx>.

¹⁶ As required by the Family First Coronavirus Response Act (Public Law 116-127), states must maintain continuous Medicaid coverage during the COVID-19 public health emergency to qualify for enhanced federal funding. Women determined eligible for Medicaid, including HTW, as of March 18, 2020, and later remain eligible for coverage until the end of the COVID-19 public health emergency. Benefits for pregnant women enrolled in Medicaid include all Healthy Texas Women services, including Healthy Texas Women Plus postpartum benefits.

¹⁷ Progress Report on Maternal Teleservices and Pregnancy Medical Home Pilot Programs, 2021. <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/maternal-teleservices-pregnancy-med-home-pilot-prgms-jan-2021.pdf>

this pilot in December 2020.¹⁸ A final report on pilot outcomes, including a recommendation to continue, end, or expand the pilot, is due December 1, 2022.

- **Postpartum Mental Health Treatment Referral Network:** To comply with S.B. 750, 86th Legislature, Regular Session, 2019, HHSC is developing new requirements for managed care organizations (MCOs) related to a postpartum mental health treatment referral network for women enrolled in Medicaid or Healthy Texas Women.

New Efforts

- **Case Management for Children and Pregnant Women:** As directed by H.B. 133, 87th Legislature, Regular Session, 2021, Case Management for Children and Pregnant Women services were added to the array of services provided by MCOs beginning September 1, 2022. These services connect high-risk pregnant women with health-related resources, including medical, social, or educational services.
- **HTW Provider Indicator:** HHSC is in the process of adding an HTW provider indicator to the file sent to MCOs with the list of Medicaid-enrolled providers. MCOs will be required to identify HTW providers within their online provider directories. This will better allow pregnant women to choose healthcare providers who participate in Medicaid, CHIP and HTW, allowing them to stay with the same provider in the postpartum period.

Treat Substance Use Disorders

Substance use during pregnancy can be risky to a woman's health and that of her children in both the short and long term. Most drugs, including opioids and stimulants, could potentially harm an unborn baby. When a woman uses some substances regularly during pregnancy, the baby might be born with a condition called neonatal abstinence syndrome (NAS).

¹⁸ Pilot Program for Providing Medical Transportation Services to Pregnant Women and New Mothers, 2020. <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb25-pilot-prov-med-transp-preg-women-mothers-dec-2020.pdf>

Update on Previous Efforts

- **Maternal Opioid Misuse (MOM) Model:** The MOM Model is a national project that aims to improve quality of care for Medicaid-eligible pregnant women with opioid use disorder. Currently in Texas, MOM Model services are available in the Houston area at Harris Health System's Ben Taub Hospital, in partnership with Baylor College of Medicine and Santa Maria Hostel. The hospital's Maternal Perinatal Addiction Treatment Clinic helps women get necessary treatment during and after pregnancy and carefully coordinates with perinatal treatment programs, peer coaches, and health care providers. Enrollment for the MOM Model began in July 2021.
- **NAS Programs:**
 - ▶ **Pregnant, Parenting Women (PPW):** The HHSC NAS-PPW program offers pregnant women and women with dependent children various services, including withdrawal management and outpatient and residential treatment for moderate to severe substance use disorder. As part of the Restoration Center in San Antonio, the NAS-PPW program allows pregnant and parenting women to enter a single substance use disorder treatment and recovery program that provides a full continuum of care for women and their children. In fiscal year 2021, the NAS-PPW program served 65 women.
 - ▶ **Recovery Residence Housing (RRH):** RRH provides short-term (three to six months on average) residential support for women and their infants diagnosed with NAS. The RRH program began in San Antonio in 2021 and served 115 women. In fiscal year 2022, the RRH program began expansion efforts with goals to start recovery residences in Tarrant and Nueces counties. Those homes are slated to begin serving women in fiscal year 2023.
 - ▶ **Transitional Supportive Housing Program:** In September 2021, HHSC partnered with The University of Texas Health Science Center at San Antonio to expand comprehensive NAS treatment services and step-down, supportive, long-term (i.e., nine to 12 months) housing. Once opened, this project will serve women and their children, ensuring mothers with infants experiencing NAS receive a full continuum of clinical and supportive services while preserving the maternal and infant bond.
- **Pregnant and Parenting Intervention (PPI) Programs:** PPI programs help pregnant and parenting women reduce the effects of substance use for

themselves and their children by providing case management including education, collaboration, and coordination with obstetric care providers to integrate substance use disorder treatment, screening, and education. There are seven PPI providers throughout the state, located in counties with the highest percentage of newborn NAS cases, as determined by Medicaid claims and encounter data. In fiscal year 2021, the PPI program provided more than 3,800 women with targeted outreach at local hospitals, medication-assisted treatment clinics, jails, local food banks, churches, recovery support groups, and other locations.

- **Texas Targeted Opioid Response (TTOR):** TTOR’s mission is to save lives and provide lifelong support to Texans with opioid and stimulant use disorders by expanding access to medications for opioid use disorder and reducing opioid-related overdose deaths through prevention, integrated treatment, and recovery services. Specific to pregnant women, TTOR launched the Integrated Family Planning Opioid Response project through a partnership with HHSC’s Family Health Services Department and four healthcare systems. This initiative screens people in family planning programs for opioid use disorder with a particular focus on pregnant and postpartum women. When appropriate, they are offered immediate initiation on medication or provided referral to treatment and recovery services or both. Since launching in Spring 2021, Integrated Family Planning Opioid Response has screened more than 8,000 pregnant clients for opioid use disorder and referred more than 100 to medication-assisted treatment and recovery support services. People in services also receive naloxone and overdose prevention education as well as access to care for unmet healthcare concerns. All services offered through Integrated Family Planning Opioid Response align with TTOR’s overall goal of reducing overdose death, increasing access to low-threshold healthcare services, and improving quality of life.

Support Safe Pregnancies

Update on Previous Efforts

- **Maternal Health & Safety Initiatives Report:** DSHS is scheduled to publish the DSHS Maternal Health and Safety Initiatives report on December 1, 2022, concurrent to this report, to provide updates on maternal health and safety activities including the Texas Alliance for Innovation on Maternal Health (TexasAIM) Initiative, the High-Risk Maternal Care Coordination

Services Pilot, and the Maternal Health and Safety Awareness, Education, and Communication Campaign. The report is available on the DSHS Legislative Reports webpage.¹⁹

- **Perinatal Advisory Council Activities:** In fiscal years 2021 and 2022, the Perinatal Advisory Council members:
 - ▶ Reviewed strategic review reports for Maternal and Neonatal Levels of Care designations.^{20,21}
 - ▶ Participated in a workgroup with DSHS to review all public comments submitted regarding potential language changes to the maternal levels of care rules.²²
- **TexasAIM:**
 - ▶ From the beginning of TexasAIM in 2018 through August 15, 2022, 224 hospitals with obstetric service lines have enrolled in the program. As detailed in the December 2020 report on State Efforts to Address Postpartum Depression, Maternal Mortality and Morbidity in Texas, 219 hospitals participated in the TexasAIM Obstetric Hemorrhage Initiative. In fiscal year 2020, the national Alliance for Innovation on Maternal Health released an opioid use disorder bundle, which has since been replaced by a Care for Pregnant and Postpartum People with Substance Use Disorder patient safety bundle.
 - ▶ During fiscal year 2021, DSHS used key informant interviews, group assessment activities, and expert panel meetings to learn about hospitals' bundle implementation challenges, successes, and resource needs. Also, in fiscal year 2021, DSHS held a four-part continuing education workshop series for the early-adopter hospital teams to learn about trauma-informed care; stigma and bias in care of women with opioid and

¹⁹ DSHS Legislative Reports: <https://www.dshs.texas.gov/Legislative/Reports.aspx>

²⁰ Strategic Review of Maternal Level of Care Designations, 2022.

<https://dshs.texas.gov/legislative/2022-Reports/Strategic-Review-Maternal-Level-of-Care-Designations.pdf>

²¹ An Update on the Strategic Review of Neonatal Level of Care Designations, 2022.

<https://dshs.texas.gov/legislative/2022-Reports/Update-on-the-Strategic-Review-Neonatal-LOC-Designations.pdf>

²² Perinatal Advisory Council Agenda, July 27, 2022, Item 5. Neonatal and maternal transfers related to proposed administrative rule changes to Title 25, Part 1, Chapter 133, Subchapter K, Rules 133.201-133.211 – public comment. Available: [Perinatal Advisory Council Agenda | Texas Health and Human Services](#). Meeting recording available: [Jul 27, 2022 Perinatal Advisory Council - Texas Health and Human Services Commission \(swagit.com\)](#).

- substance use disorder; motivational interviewing and screening, brief intervention, and referral to treatment; and large-scale health care quality improvement methods.
- ▶ Throughout fiscal year 2022, DSHS worked with partners to develop an Obstetric Care for Women with Opioid Disorder quality improvement change package. The change package integrates state and national experiences with the opioid use disorder bundle and provides other substance use disorder collaborative framework and key improvement ideas for hospitals to test during the TexasAIM Other Substance Use Disorder Innovation and Improvement Learning Collaborative, which will launch in fiscal year 2023.
 - **Texas Collaborative of Healthy Texas Mothers and Babies (TCHMB):** Throughout fiscal year 2021 and fiscal year 2022, DSHS continued to partner with The University of Texas Health Science Center at Tyler and The University of Texas System and fund TCHMB facilitation activities. TCHMB, which functions as Texas' state perinatal quality collaborative, is a network of more than 150 health care providers, hospitals, state agencies, and other stakeholders with a shared goal of developing strategies, designing projects, and collecting data to improve birth outcomes in Texas. Along with hosting virtual annual summits to provide education and networking for approximately 1,500 people across fiscal year 2021 and fiscal year 2022, TCHMB coordinated their Executive, Obstetric, Neonatal, and Community committees to oversee development of hospital-based quality improvement efforts. In fiscal year 2022, The TCHMB Obstetric Committee planned and began recruiting hospitals for the Recognition and Response to Postpartum Preeclampsia in the Emergency Department project. TCHMB will coordinate with the TexasAIM Severe Hypertension in Pregnancy Learning Collaborative to provide education and process improvement resources to hospitals to improve maternal health outcomes for postpartum women presenting to emergency departments with preeclampsia.
 - **Texas MMMRC:** Administered by DSHS, the MMMRC is a 17-member multidisciplinary committee established by Health and Safety Code, Section 34.002. The MMMRC studies cases of identified pregnancy-associated death to determine if deaths were related to pregnancy, were potentially preventable, and what factors contributed to death. Findings from MMMRC case review and statewide trend analyses are used to develop and prioritize MMMRC recommendations for preventing maternal mortality and morbidity. Multidisciplinary maternal mortality case review is part of a cycle of

continuous quality improvement for health systems and is an integral part of Texas' Perinatal Quality Improvement Network.

New Efforts

- **H.B. 1164, 87th Legislature, Regular Session, 2021, Implementation:** The Perinatal Advisory Council developed considerations for patient safety practices and recommendations for maternal rules related to the diagnosis, referral, transport, and management of women with placenta accreta spectrum disorders, with input from subject matter experts, stakeholders, researchers, patient advocates, DSHS, and others, in accordance with H.B. 1164.
- **Hyperemesis Gravidarum (HG) Strategic Plan:** In accordance with S.B. 1941, 87th Legislature, Regular Session, 2021, HHS released a strategic plan to address hyperemesis gravidarum, a rare disorder that causes extreme, persistent nausea and vomiting during pregnancy and can result in adverse maternal and infant outcomes. The strategic plan lists eight objectives that seek to help clinicians and hospitals better recognize and treat HG using evidence-based protocols and improve the health and social support for pregnant women and infants impacted by HG.²³
- **Maternal Mental Health Designation:** HHSC created a new requirement for MCOs to designate providers of "Maternal Mental Health" in the MCO online provider directories. HHSC is also working to provide guidance to providers after a mother's positive mental health screening during a Texas Health Steps check-up.
- **Texas Strategic Action Partnership to Reduce Violent Pregnancy-Associated Deaths:** In fiscal year 2021, DSHS competitively applied for the five-year State, Local, Territorial, and Tribal Partnership Program to Reduce Maternal Deaths Due to Violence grant from the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Health. HHSC and the Texas Council on Family Violence contributed letters of commitment for the application. The Texas Strategic Action Partnership to Reduce Violent Pregnancy-Associated Deaths program involves convening partners to study patterns and context of maternal mortality caused by homicide, suicide, and

²³ Hyperemesis Gravidarum Strategic Plan, Fiscal Years 2023-2027. Published September 2022. <https://www.hhs.texas.gov/sites/default/files/documents/hyperemesis-gravidarum-strategic-plan-fy-2023-2027.pdf>

overdose; developing a strategic action plan; and implementing evidence-based, sustainable interventions for prevention. The program will be informed by the MMMRC's recommendations to improve infrastructure and programs to address violence and intimate partner violence and to improve access to integrated behavioral health services for women with mental and substance use disorders. DSHS received the grant award in fiscal year 2022 and began hiring staff, establishing agreements, conducting assessment activities, and developing a comprehensive evaluation strategy. DSHS plans to kick the project off and convene the core Texas Strategic Action Partnership to Reduce Violent Pregnancy-Associated Deaths workgroup in early fiscal year 2023.

Educate and Promote Awareness

New Efforts

- **Mass Communications:**

- ▶ **Hear Her Texas Campaign:** In fiscal year 2022, DSHS launched the [Hear Her Texas campaign](#) to prevent maternal mortality and morbidity by increasing awareness of serious pregnancy-related complications and warning signs among Texas women, their partners, and other advocates. The campaign also aims to empower women to know their health risks and warning signs and speak up when they have concerns. DSHS is working on additional resources for the Hear Her Texas maternal health campaign, including survivor testimonials and resources for providers and public health partners.
- ▶ **Twitter Chats:** On May 4, 2022, HHSC held a Twitter chat on maternal mental health, the third in a series of three women's health Twitter chats. This event sought to engage public and private stakeholders at the local, state, and national levels; increase awareness of maternal mental health and available resources; and reduce stigma by holding public dialogue. The conversation can be found by searching #TXWomensHealth.
- ▶ **Web Presence:** HHSC is developing a health care provider webpage with maternal depression-related content and plans to launch it in fiscal year 2023. HHSC will also add a maternal mental health section on [MentalHealthTx.org](#).

- **DSHS Grand Rounds:** In fiscal year 2021, DSHS organized a three-part summer semester Perinatal Mood and Anxiety Disorders series to provide continuing education to health care and public health professionals on perinatal mood and anxiety disorder, including their impact on maternal mortality and morbidity in Texas and best practices for screening, early detection, treatment, and referral as well as trauma-informed care. More than 500 participants attended each session, which provided 1.5 hours of continuing education credits for physicians, nurses, certified health education specialists, licensed professional counselors, social workers, and other health and health care disciplines. Recordings of the sessions are available on the [Healthy Texas Mothers and Babies Webinar Channel](#).
- **Maternal Health Speaker Series:** In August 2021, DSHS hosted a three-part virtual event series titled, A Call to Action: Improving Maternal Health Outcomes in Texas. The purpose of this series was to share recommendations for improving maternal health, reducing maternal mortality and morbidity, and advancing maternal health equity in Texas. The content was based on recommended strategies and actions published in the Surgeon General’s Call to Action to Improve Maternal Health.²⁴ Each session was attended by more than 200 participants, including clinicians, hospital staff, community-based organizations, state agency staff, managed care organizations, local health departments, university staff, and other stakeholders who work with maternal populations. Workshop recordings are available on the DSHS [Healthy Texas Mothers and Babies Webinar Channel](#).
- **Perinatal Psychiatry Access Network:** HHSC worked closely with the Texas Child Mental Health Consortium to support implementation of the Perinatal Psychiatry Access Network, made possible by American Rescue Plan Act funds appropriated through S.B. 8, 87th Legislature, 3rd Called Session, 2021, to increase mental health services provided to Texas families and children. The Perinatal Psychiatry Access Network went live in fiscal year 2022.²⁵ The Perinatal Psychiatry Access Network is a new state-funded pilot project available to clinicians in four regions of Texas that are treating new and expectant mothers with mental health concerns. When clinicians have questions about identifying or treating maternal mental health conditions, the regional psychiatry access centers are there to support them.

²⁴ The Surgeon General’s Call to Action to Improve Maternal Health. Last reviewed December 2020. <https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/surgeon-generals-call-action-improve-maternal-health>

²⁵ Perinatal Psychiatry Access Network website. <https://tcmhcc.utsystem.edu/peripan/>

Treat Maternal Depression

Under the Maternal Depression Strategic Plan, HHSC has launched several efforts to improve access to depression screening, referral, treatment, and support services not only during the postpartum period, but during pregnancy as well, with the following objectives:

- Increase awareness among providers who may serve women who are at risk of or are experiencing maternal mental health conditions about the prevalence and effects on outcomes for women and children;
- Establish a referral network of community-based mental health providers and support services addressing maternal mental health;
- Increase access to peer support services, including access to certified peer specialists with training related to maternal mental health;
- Raise public awareness of and reduce the stigma related to maternal mental health conditions; and
- Leverage sources of funding to support existing community-based screening, referral, treatment, and support services.

Many activities outlined in this report are included in the most recent update to the Maternal Depression Strategic Plan.²⁶ Other notable efforts to improve treatment of maternal depression include:

- **Survey on Maternal Depression:** HHSC created and distributed a survey to local mental health authorities and local behavioral health authorities in October 2021 on perinatal mood and anxiety disorders. The survey was completed in November 2021, with 34 of 39 local mental health authorities and local behavioral health authorities responding. HHSC continues to analyze responses to address actionable items from the survey.
- **Teledelivery of Mental Health Services:** HHSC issued direction that prohibits Medicaid and CHIP health plans from denying reimbursement for audiovisual telemedicine or telehealth services, and audio-only behavioral health services, solely because the service was delivered remotely.

²⁶ Maternal Depression Strategic Plan for Fiscal Years 2021-2025: Fiscal Year 2022 Update. Published September 2022.

<https://www.hhs.texas.gov/sites/default/files/documents/hb253-postpartum-depression-strategic-plan-update-sept-2022.pdf>

Additionally, as directed by H.B. 4, 87th Legislature, Regular Session, 2021, HHSC analyzed the clinical and cost effectiveness of Medicaid and CHIP COVID-19 telemedicine and telehealth flexibilities. In September 2022, HHSC transitioned many fee-for-service telemedicine and telehealth policies that were operating under temporary public health emergency flexibilities to permanent policies. The permanent policies for telemedicine and telehealth are outlined in the Texas Medicaid Provider Procedures Manual.

- **Recruiting Providers to HTW Plus:** HHSC sent HTW Plus provider recruitment emails to new HTW Plus-specific provider types and is conducting specific outreach to local mental health authorities, local behavioral health authorities, and provider associations to increase enrollment. HHSC is working with the Texas Medicaid and Healthcare Partnership to track HTW Plus provider enrollment.

Part II: Actions to Address Maternal Morbidity and Reduce Maternal Mortality Rates

Section 34.0158(7), Health and Safety Code, requires HHSC to include information from programs and initiatives created to address maternal morbidity and reduce maternal mortality rates in Texas, including state health plans. To satisfy this requirement, HHSC coordinated with ERS, TRS and TDCJ.

Employees Retirement System of Texas

ERS administers various health insurance benefits for more than a half-million Texans. HealthSelect plans served 9,554 pregnant women in fiscal year 2021 and 5,153 newborns. The state offers several self-funded plans for state employees, retirees, and their families, including the HealthSelect of Texas point-of-service medical plan.

HealthSelect supports expectant mothers with various programs and plan benefits to help them achieve a healthy pregnancy, birth and, ultimately, a healthy baby. Specifically, HealthSelect provides holistic high-risk pregnancy management using dedicated medical and mental health clinicians.

BCBSTX maternity specialists conduct telephone outreach and provide ongoing support to expectant mothers identified with high-risk pregnancies through claims data, utilization, provider, or self-referrals. The clinician engages with the participant throughout the pregnancy and post-delivery, providing support to help coordinate care for the mother and her baby. The clinician supports the participant by coordinating with the providers, addressing co-morbid conditions, and connecting the mother to resources, such as dedicated licensed social workers.

HealthSelect also provides integrated mental health clinical support for participants enrolled in a care management program. These participants receive a mental health/depression screening and are connected with a licensed mental health clinician when appropriate. Through a seamless approach, participants receive holistic support for their medical and mental health needs.

WellonTarget®, accessible in the HealthSelect Blue Access for Members personal portal, offers self-guided courses about pregnancy that participants can take online at their convenience on topics such as healthy foods, body changes, and labor.

These educational and support tools help expectant mothers have healthy pregnancies through every stage.

These services provide critical care and support to the maternal health of ERS HealthSelect participants. Ensuring healthy pregnancies, births, and babies is important to provide support for the participants and prevents more costly and preventable critical care services for the plan.

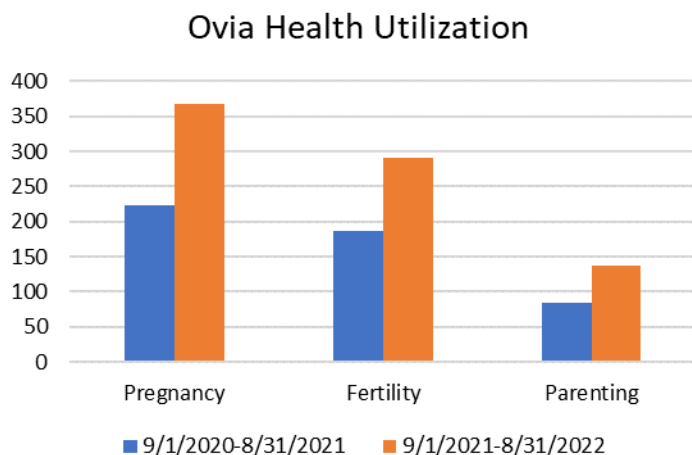
Teacher Retirement System of Texas

TRS provides health coverage to retirees and current public education employees. TRS is composed of a predominantly female population; 66.3 percent of all members are female and in fiscal year 2021 there were 6,344 newborns.

TRS - ActiveCare and TRS - Care Standard members have access to Ovia Health through BCBSTX. Ovia Health is a maternity and family benefit, offering daily personalized support. Ovia Health supports tracking for fertility, pregnancy, and early years of parenting. Ovia Health provides access to registered nurses, midwives, lactation counselors, and reproductive health coaches 7 days a week.

The Ovia Health app includes:

- Health assessment and symptom tracking
- Over 50 physician-developed clinical programs
- Unlimited 1-on-1 coaching (registered nurse health coaches)
- Career and return-to-work programs



TRS introduced Ovia Health on September 1, 2020, and has seen an increase in utilization in year two, with most participants using the app for pregnancy support.

Ovia Health follows the American College of Obstetricians and Gynecologists clinical guidelines and uses Patient Health Questionnaire-9 and Edinburgh Postnatal Depression Scale validated screening for postpartum support.

TRS - ActiveCare participants also have access to a 24/7 nurse line for any questions or concerns that may arise. Registered nurses can provide participants with advice and assistance related to accessing care.

TRS shares information about these programs and services with participants through a variety of channels including in enrollment guides, targeted mailings, emails, and web articles as well as when participants contact customer service.

In addition, BCBSTX's Clinical High-Risk Maternity Management focuses on women identified as high-risk maternity cases but is available for all members. BCBSTX identifies TRS members for High-Risk Maternity Management by combining Ovia Health assessments, 14-sonogram claims, disease codes impacting pregnancy and member self-referrals. Member-level data of women who are at increased risk of adverse outcomes is given to case managers who proactively reach out.

There are 67 high-risk triggers including age, body mass index, and previous pregnancy complications as well as behavioral health triggers. Additional key high risk triggers include:

- High Blood Pressure (Hypertension)
- Gestational Diabetes
- Diabetes
- Preeclampsia
- Thyroid Disease
- History of Kidney Disease
- Ulcerative Colitis
- Placenta Abruption
- History of Birth before 37 Weeks
- History of Pregnancy Loss
- Multiple Births

- Exposure to Alcohol or Tobacco
- Psychosocial and Substance Use or Abuse

Texas Department of Criminal Justice

TDCJ partners with the UTMB-CMC to provide maternal care to TDCJ’s pregnant offender population. Programs and initiatives in maternal health care are designed to achieve the best possible outcomes.

UTMB-CMC focuses on the well-being of the pregnant mother and her baby before and after delivery. Pregnant offenders receive comprehensive healthcare such as diet counseling, vitamins, routine obstetrical care, lab testing, and mental health counseling. The following data for fiscal year 2021 and fiscal year 2022 confirm the success of maternal care for incarcerated mothers and babies.

As of August 31, 2022, there were 36 pregnant offenders in TDCJ population.

Table 1. TDCJ Birth Outcomes

Measure	Fiscal Year 2021	Fiscal Year 2022
Number of Live Births	55	70
Number of Miscarriages	0	2
Infant Mortality Rate	0.0%	0.0%
Maternal Mortality Rate	0.0%	0.0%

TDCJ and UTMB-CMC collaborate with The University of Texas Medical Branch School of Nursing (UTMB-SON) and the local community in Houston with the Santa Maria Hostel on programs focused on bonding, parenting, building healthy relationships, substance use issues, learning to make good life choices, and overall maternal and baby well-being. Each program is described briefly in the following paragraphs.

Baby and Mother Bonding Initiative

The Baby and Mother Bonding Initiative (BAMBI) program offers multiple classes and individual programs to help foster a healthy mother-child bond, prepare the offender for real-life situations, address substance use concerns, and adhere to TDCJ Rehabilitation Programs Division mission of providing an opportunity for mother and child bonding and attachment. Bonding and attachment are vitally

important to healthy growth and development, socialization, and psychological development during the infant's formative years. This initiative is achieved while in a safe and secure environment. BAMBI is structured with treatment goals that include rehabilitation, recovery, and reduction of recidivism. Program participants (offenders) receive 20 hours of programming each week.

Love Me Tender

The Love Me Tender program provides mother and infant visitation for TDCJ postpartum women who are housed at Hospital Galveston after delivery. The program supports the BAMBI mission and evidence-based practices that benefit mother and infant bonding.

BAMBI/School of Nursing Collaborative Project

The BAMBI/UTMB-SON Collaborative Project is an innovative, service-learning project created by the UTMB-SON faculty members and leadership teams from TDCJ and The University of Texas Medical Branch Health System. This project supports the mission of BAMBI to improve maternal bonding and meet breastfeeding objectives while impressing upon nursing students the importance of advocacy for vulnerable populations.

Part III: Strategies to Lower Costs and Improve Quality Outcomes

HHSC is moving toward a payment model that focuses on value of health care services. This transformation aims to achieve better care for individuals, better health for populations, and lower costs for the state. The strategies and efforts highlighted in this section aim to lower the costs of care related to severe maternal morbidity and chronic illness, while improving quality outcomes related to these conditions.

Medicaid Pay-for-Quality Programs

Texas Government Code Section 536.051 requires the use of payment systems to hold Medicaid and CHIP MCOs accountable for the quality of services they provide with focus on the use of quality-based outcomes and process measures, including measuring potentially preventable events.²⁷ In the medical Pay-for-Quality (P4Q) program, three percent of MCOs' capitation is at-risk for performance on quality measures. MCO performance is evaluated in three ways:

- Performance against self (comparison of an MCO's performance to its prior year performance);
- Performance against benchmarks (comparison of an MCO's performance against Texas and national peers); and
- Bonus pool measures.

Using performance against self and performance against benchmarks allows HHSC to reward high-performing plans while still incentivizing plans to improve, regardless of their current level of performance. Plans can earn or lose money based on their performance against self and against benchmarks. Any money remaining after recoupments and distributions are calculated is placed in a bonus pool where MCOs can earn rewards if they meet a separate set of bonus pool

²⁷ [S.B. 7, 82nd Legislature, First Called Special Session, 2011](#)

measures. Bonus pool measures allow HHSC to encourage improvement with no financial risk to the health plans.²⁸

The medical P4Q program measures were selected to focus on prevention, chronic disease management including behavioral health, and maternal and infant health. HHSC staff included MCOs, provider organizations, and advisory committees in the development of the P4Q program and the selection of measures. For 2022 and 2023, maternal health at-risk measures in P4Q include:

- Prenatal and postpartum care - the percentage of deliveries that received a:
 - ▶ prenatal visit in the first trimester or within 42 days of enrollment; and
 - ▶ postpartum visit between 7 and 84 days after delivery.
- Maternal health bonus pool measures include:
 - ▶ Pregnancy-Associated Outcomes - severe maternal morbidity among all deliveries excluding cases identified only by transfusion;
 - ▶ Cesarean sections among uncomplicated deliveries; and
 - ▶ Low birth weight - the percentage of live births in which the baby weighed less than 2,500 grams.

Healthcare Effectiveness Data and Information Set Quality Measures

The National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set is a nationally recognized and validated set of measures used to gauge quality of care provided to members. In 2020, HHSC developed a group of maternal health performance measures that are available to the public on the Texas Healthcare Learning Collaborative portal.²⁹

Medicaid Directed Payment Programs

CMS, under federal regulations (42 C.F.R. Section 438.6(c)), allows states to direct MCO expenditures toward efforts to achieve their objectives for delivery system, payment reform, and performance improvement. In state fiscal year 2021 and

²⁸ Additional information about P4Q program methodology and measures can be accessed at: <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/pay-quality-p4q-programs>

²⁹ <https://thlcportal.com/measures/medical>

2022, HHSC received approval for four new Medicaid Directed Payment Programs, including the Texas Incentives for Physicians and Professional Services for certain physician groups providing health care services to children and adults enrolled in Medicaid programs. These programs align with focus areas identified in the Delivery System Reform Incentive Payment Transition Plan including, among other areas, maternal health, and birth outcomes.

Performance Improvement Projects

Performance Improvement Projects are an integral part of Texas Medicaid's managed care quality strategy. HHSC designed these projects to achieve significant, sustainable improvements in clinical and nonclinical care areas that have a favorable effect on health outcomes and client satisfaction. In 2022, projects have worked toward improving maternal health by focusing on reducing health disparities. These Performance Improvement Projects were implemented in January 2022 and will conclude in December 2023, with final reports due to HHSC in October 2024. Interventions include integrating screenings into electronic health record systems, increasing care coordination through targeted case management, and partnering with local community health workers.

Midwife-Assisted Delivery

Given the increasing evidence of the positive impacts of midwifery care on maternal birth experience and delivery outcomes, the Texas Medicaid External Quality Review Organization conducted an analysis of encounter data associated with midwife-attended deliveries among women in Texas Medicaid. The External Quality Review Organization's report contains three key takeaways:

- Midwifery-led care holds promise as a high-value investment of health care resources, overall and in state Medicaid programs, which finance over 40 percent of births in the United States.
- Although the midwifery model of maternity care is associated with lower costs and positive pregnancy and birth outcomes, the current literature suggests Medicaid members have limited access to and lower utilization of midwife services.
- Rurality may play an important role in midwifery care utilization among women in Texas Medicaid and CHIP members. Still, additional research is necessary to understand the key barriers to midwife utilization in rural counties.

Conclusion

The State of Texas has many programs and initiatives aimed at improving maternal health outcomes, improving quality of care, addressing postpartum depression, and reducing costs associated with maternal mortality and morbidities. Texas HHS and its partner agencies continue coordination and collaboration through programs and initiatives for a holistic, systematic approach to achieving these goals.

List of Acronyms

Acronym	Full Name
AIM	Alliance for Innovation on Maternal Health
BAMBI	Baby and Mother Bonding Initiative
BCBSTX	Blue Cross and Blue Shield of Texas
C.F.R.	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
CHIP	Children's Health Insurance Program
DSHS	Department of State Health Services
ERS	Employees Retirement System
H.B.	House Bill
HG	Hyperemesis Gravidarum
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women
MCO	Managed Care Organization
MMMRC	Texas Maternal Mortality and Morbidity Review Committee
MOM	Maternal Opioid Misuse
NAS	Neonatal Abstinence Syndrome
P4Q	Pay for Quality
PPI	Pregnant and Parenting Intervention
PPW	Pregnant, Parenting Women
RRH	Recovery Residence Housing
S.B.	Senate Bill
SMM	Severe Maternal Morbidity
STAR	State of Texas Access Reform
TCHMB	Texas Collaborative for Healthy Mothers and Babies
TDCJ	Texas Department of Criminal Justice
TRS	Teacher Retirement System of Texas

Acronym	Full Name
UTMB-CMC	University of Texas Medical Branch – Correctional Managed Care
UTMB-SON	University of Texas Medical Branch – School of Nursing