



T E X A S
Women's Healthcare
COALITION

Senate Finance Committee
Article II: Health and Human Services Appropriations
Testimony of the Texas Women's Healthcare Coalition
Evelyn Delgado
February 6, 2019

The Texas Women's Healthcare Coalition (TWHC) and its 84 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

TWHC thanks our legislators for their commitment to women's preventive healthcare. In 2017, during a challenging fiscal climate, legislators appropriated level funding to the women's health programs for the 2018-2019 biennium. The continuing investment in the women's health programs has been crucial in rebuilding our state's family planning network and providing vital services like health screenings, contraception, and well-woman exams to Texas women.

We are grateful for the Senate's base budget, which maintains funding for our women's health programs for the 2020-2021 biennium. Funding stability enables women's health providers to continue serving all the women they currently serve and maintain their outreach efforts.

While maintaining funding goes a long way towards supporting access for Texas women, the need in the state remains great, with nearly 1.8 million women in need of state-supported care.ⁱ Given this great need, we respectfully offer the following recommendations as you consider the 2020-2021 budget:

- 1) Fund the Family Planning Program at the level requested in the Health and Human Services Legislative Appropriations Request and support Exceptional Item #8: Maintain Funding for Current Women's Health Program Services.**

The Family Planning Program is a cornerstone of our women's health safety net. Health and Human Services Commission has requested funding for the program to meet the anticipated 20 percent growth in the average monthly number of women served through 2021.ⁱⁱ The agency also put forth Exceptional Item #8 to increase access to family planning and related services administered through: Healthy Texas Women (HTW), Family Planning Program (FPP), and Breast and Cervical Cancer Services (BCCS).

Investing in family planning ultimately leads to cost savings for the state. Preventive care and birth control are as important to the state's fiscal health as they are to the health of women and their babies. Every dollar used to provide contraceptive care for a woman saves \$7.09 in public costs.ⁱⁱⁱ Providing preventive services to low-income women saves costs primarily by helping women avoid unplanned pregnancy, which in turn averts Medicaid costs associated with pregnancy, birth, and infant healthcare. Medicaid pays for 53 percent of the births in Texas, resulting in the state spending \$3.5 billion per year for birth and delivery-related services for mothers and infants in the first year of life.^{iv} Based on the number of women served in Fiscal Year 2017 alone, it is estimated that the Family Planning Program will save \$44.2 million in general revenue and \$8.5 million in net savings.^v For the Healthy Texas Women program, the number of women served in Fiscal Year 2017 is estimated to save \$63.1 million in general revenue and \$4.3 million in net savings.^{vi} In tough financial times, funding for family planning is a smart investment for families and for the state.

Investing in women's preventive healthcare today is crucial given the Texas maternal health landscape. In the past two years, researchers discovered alarming increases in Texas' maternal mortality rates. The Department of State Health Services conducted further research and found some inaccuracies to the data; however, after an enhanced assessment, they noted there was still an increase in maternal mortality numbers.^{vii} Moreover, the Maternal Mortality and Morbidity Task Force found that the majority of maternal deaths occurred 60 days postpartum and that black women bear the greatest risk for maternal death.^{viii} Although there are many factors that contributed to these poor health outcomes and racial disparities, we know that one of the best strategies we have to reverse these trends is to ensure women have access to healthcare before, during, and after pregnancy – as recommended by the Maternal Mortality and Morbidity Task Force.^{ix}

When women and couples are able to plan and space their pregnancies, mothers experience healthier outcomes and babies have less risk of prematurity and low birth weight.^{x xi} Planned pregnancies have a healthier start. The benefits include earlier prenatal care, less alcohol and tobacco exposure, more folic acid to prevent birth defects, greater likelihood of breastfeeding, and many positive outcomes for children.^{xii xiii} The ability to plan pregnancies allows women and families to achieve their educational goals and improve their financial situation.^{xiv xv}

2) Increase access to the most effective, long-lasting forms of contraception (implants and intrauterine devices).

Access to contraception, particularly the highly effective, longer-acting methods, such as intrauterine devices (IUDs) and subdermal implants, markedly reduce unplanned pregnancies

and can help women ensure they are ready and healthy when starting a family.^{xvi} These forms of contraception are twenty times more effective than other methods and are considered a first-line choice for women by medical organizations.^{xvii}

The TWHC commends lawmakers for having included rider language in the past to strengthen access to long-acting reversible contraception (LARC). In fact, the number of women accessing LARCs through Healthy Texas Women and the Family Planning Program showed an increase from FY 2016 to FY 2017.^{xviii} However, recent studies show that cost, insurance, and administrative barriers continue to limit women's access to their preferred methods of contraception, including LARCs.^{xix xx}

Removing financial and informational barriers is still a work in progress. TWHC recommends helping the state build upon the advances it has already made in promoting access to effective contraception, particularly by making additional funds available to help reduce the upfront costs to providers and alleviate some of the financial and administrative barriers to making these highly effective methods available.

3) Support the Department of State Health Services Exceptional Item to Combat Maternal Mortality and Morbidity in Texas

It is important to ensure women have access to healthcare and to continue strengthening the state's safety net. However, it is equally important to ensure women receive high quality care when they enter the healthcare system. The Department of State Health Services (DSHS) put forward an exceptional item request for funding to implement maternal safety initiatives statewide, to implement a maternal care coordination pilot for women, and to increase public awareness and prevention activities. These initiatives will help Texas keep moms and babies healthy and are in line with the recommendations released by the Maternal Mortality and Morbidity Task Force.^{xxi}

4) Account for additional funds needed to implement improvements to continuity of care for women.

Lawmakers have great opportunities to maximize the ability of the women's healthcare safety net to reach *more* women and save Texas taxpayer dollars this biennium. One such opportunity is the implementation of an auto-enrollment process for 19-year-olds aging out of both the Children's Medicaid program and the Children's Health Insurance Program (CHIP) into Healthy Texas Women (HTW). Transitioning this otherwise vulnerable demographic into HTW would reduce barriers to preventive healthcare access and remove the burden of re-applying for a new program. Improving access to family planning services would also help reduce the number of teen and unplanned pregnancies. Currently, 70 percent of teen births are to 18 and 19-year-olds.^{xxii}

HHSC estimates the state would save \$58.7 million in General Revenue (\$102.6 million All Funds) over five years by auto-enrolling women aging out of Children's Medicaid and CHIP into HTW.^{xxiii} The bulk of savings would be through the estimated 11,275 averted births that could be realized through improving continuity of care and access to family planning services.^{xxiv}

Therefore, this policy would not only improve maternal health, child health, and improve continuity of care, it would reduce state GR costs.

We ask state leaders that in the event auto-enrollment policy change is pursued, funding for the HHSC D.1.1. budget strategy should include the full cost associated with the projected caseload increase to avoid the reduction in the provision of services within the program. Associated cost savings could be projected in the Medicaid Client Services A.1.3 or A.1.5 strategies.

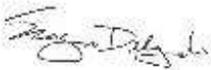
Lawmakers also have an opportunity to increase continuity of care for women after they give birth and ensure they are receiving all the necessary follow-up care. There is vast support to extend Medicaid coverage for women up to 12-months postpartum. This is also one of the recommendations put forth by the Maternal Mortality and Morbidity Task Force, along with the overall increase of access to health services during the year after pregnancy and throughout the interconception period.^{xxv} We encourage the Legislature to ensure funding is available to implement a Medicaid coverage extension up to 12-months postpartum, if such legislation is passed.

The TWHC looks forward to continuing its work with stakeholders, HHSC, DSHS, and state leadership to ensure the successful progress of our women's health programs. HHSC's hard work has been instrumental to the success of the women's health programs. Moving forward, we hope HHSC will continue to support providers and maintain program stability, so the network will continue to grow, and we can get closer to meeting the healthcare needs of all Texas women.

The Legislature's ongoing commitment to women's healthcare has been essential to the programmatic success experienced thus far. Investing in family planning is an investment in Texas. Continued commitment to women's health is critical to the stabilization of programs and reaching those in need of services. We look forward to continuing to work with state leaders to make sure that every Texas woman has access to life-changing preventive healthcare.

Thank you for your consideration, and for your strong support for women's preventive healthcare. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or EDelgado@TexasWHC.org.

Respectfully submitted,



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Chair, Texas Women's Healthcare Coalition

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association
District XI (Texas) American College of Obstetricians and Gynecologists
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Women's Health and Family Planning Association of Texas
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National Council of Jewish Women—Texas State
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North Harris Montgomery Advanced Practice Nurse
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North Texas Alliance to Reduce Teen Pregnancy
North Texas Nurse Practitioners
Panhandle Nurse Practitioner Association
Pasadena Health Center
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Texas Oral Health Coalition
Texas Pediatric Society
Texas Unitarian Universalist Justice Ministry
Texas Women's Foundation
The Contraceptive Initiative
The SAFE Alliance
The Women's Fund for Health Education and
Resiliency
United Methodist Women
University Health System
Valley AIDS Council
Women's & Men's Health Services of the Coastal
Bend, Inc.
Young Invincibles

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