



**Select Committee on Healthcare Reform
Testimony of the Texas Women's Healthcare Coalition
October 3, 2022**

The Texas Women's Healthcare Coalition (TWHC) and its 87 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.

Thank you for the opportunity to provide feedback on ways in which the Select Committee on Health Care Reform can support the health of Texas women and families.

Access to preventive and preconception care – including contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions. When it comes to reproductive health, access to timely care is urgent. Delayed care in accessing contraception can lead to unintended pregnancy; delayed care in cancer screening can allow a treatable condition to progress to a life-threatening one; delays in accessing postpartum care can lead to the tragic death of a new mother.

Healthy Texas Women (HTW), a Medicaid waiver program, provides access to preventive healthcare including contraception, life-saving cancer screening services, immunizations, treatment of sexually transmitted infections, and interconception care such as screening and limited treatment for conditions such as hypertension and diabetes that could jeopardize the safety of a pregnancy. The Family Program Program (FPP) offers similar benefits to low income Texans.

When the Public Health Emergency (PHE) ends, we expect more than 300,000 new mothers in Texas to abruptly lose health care coverage, along with hundreds of thousands of young adults who have aged out of Children's Medicaid and CHIP since 2020. Many will seek care through the Healthy Texas Women (HTW) Program; others will look to the Family Planning Program (FPP) – and both of these crucial programs already face challenges related to access and funding.

Keeping in mind these impending pressures on the safety net system, **we call on committee members to demonstrate their strong commitment to the health of Texas women and families** by supporting the following recommendations:

1. Provide significant funding increases in the Family Planning Program in order to fill unmet existing need in communities across Texas and ensure timely access to care
2. Address enrollment barriers in Healthy Texas Women
3. Ensure smooth transition of Healthy Texas Women to managed care



4. Provide access to 12 months of postpartum coverage for women following the end of pregnancy

The time is now to come together and make significant and meaningful investments in the health of Texas women and their children. We look forward to working with you in the 88th Legislative Session on these crucial issues.

TWHC Recommendations:

1. Provide significant funding increases in the Family Planning Program and other reproductive health care safety net programs in order to fill unmet need in communities across Texas.

FPP is a cornerstone program for Texans in need of preventive services - including contraception and limited prenatal care. There are fifty FPP contractors serving Texans across the state. Though FPP is not health insurance, it does offer a vital link to the healthcare system for those with no other options in Texas. The Texas Women's Healthcare Coalition (TWHC) has heard from these providers that they consistently run out of their FPP funds before the end of the fiscal year. Recent policy changes to the Healthy Texas Women (HTW) program (a federally funded limited benefit program) are making it harder for women to connect with its services, creating even more demand in FPP. Many providers report a lengthy wait for appointments within the FPP program due to the need for more funding and staffing.

To meet the consistent high demand and promote program growth, TWHC strongly urges legislators to appropriate no less than \$153.6 million in All Funds for FPP within the Women's Health Programs D.1.1. budget strategy for the FY 24-25 budget. We further recommend \$65.8 million be appropriated in FY 24 and \$87.8 million be appropriated in FY 25, allowing clinics to ramp up services and also allowing new contractors to come on board to service contraceptive deserts, or regions of the state in which access to care is geographically limited.

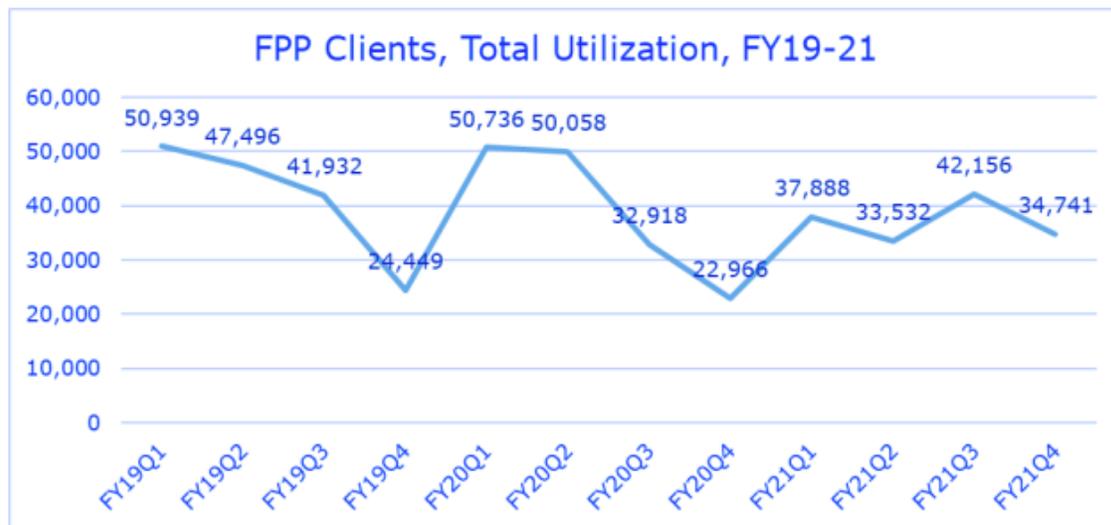
In addition to increased program demand expected to arise from the end of the PHE as women lose Medicaid coverage, three factors strongly support the need for increased funding in the Family Planning Program:

- **Funds Gone:** As described in the Texas Women's Health Programs Report for Fiscal Year 2021: *FPP contractors are required, per policy, to continue to serve existing clients after they have expended all contracted funds¹. Contractors continue to submit claims to TMHP for the services they provide even if there are no funds available. Those claims will process, and if there are no funds to pay what would otherwise be a paid claim they will become a "funds gone" claim.* In other words, Family Planning Providers are required to attempt to continue to

¹ Texas Women's Health Programs Report, August 2022

provide services with no guarantee that they will be reimbursed by the state for medications, lab work, and staffing. Based on the recent Women's Health Savings and Performance Report, Funds Gone for FY20-21 totalled \$5.7 million.

- **Long wait times for appointments:** Many Family Planning Programs report wait times of 2 months or more for appointments to provide highly effective contraceptive methods such as IUDs. When women face delays in accessing effective contraception, they run the increased risk of unintended pregnancy.
- **Q4 drop in clients served:** In each fiscal year, Family Planning Program providers show a sharp decrease in clients served in the final quarter of each fiscal year due to insufficient program funding. While this pattern was not as evident in FY21, it is likely that this was at least partially due to clinical disruptions at the height of the COVID pandemic. This drop in clients served represents a delay in care for patients who need access to services such as birth control and cancer screening.



Source: HHSC, Texas Women's Health Program Report

As noted below, FPP also serves as a crucial safety valve for women who are unable to access care through the Healthy Texas Women program due to enrollment barriers.

Similar funding increases should be considered in the Medicaid for Breast and Cervical Cancer Program, which provides screenings and life-saving cancer treatment to low-income Texas women. In 2021, health centers experienced an uptick in preventive screenings including mammograms, pap tests, and cervical cancer screenings compared to 2019 and 2020.



2. Address enrollment barriers in Healthy Texas Women

The Healthy Texas Woman (HTW) program provided preventive health care that supports healthy pregnancies.

In January 2020, Texas received approval from federal Centers for Medicare and Medicaid Services (CMS) to implement the 1115 HTW Demonstration Waiver. One of the changes included in the waiver implementation is the elimination of the Simplified HTW Application Form (2 pages), in favor of the Texas Works Application for Assistance or Form 1205, a thirteen page document.

Providers are reporting that this longer application, which requires extensive household-level financial information to conform with federal Modified Adjusted Gross Income (MAGI) eligibility screening, serves as a significant barrier to access to patients. Providers who are TWHC members report that clients simply aren't able to complete the application.

Providers have expressed client confusion over the new application document and are concerned that incorrect or incomplete applications are resulting in lower HTW enrollment. Additionally, providers share concerns that application processing times are too long, jeopardizing client access to care.

Given that FPP has a streamlined eligibility process that clinics determine onsite, providers are seeing an increased demand for FPP in order to cover services rendered. When women are not able to navigate the HTW application, providers turn to the 100% GR-funded Family Planning Program. Additionally, if women are simply unable to access care, they face higher risk of unintended pregnancy, resulting in additional costs for the state related to Pregnant Women's Medicaid and Children's Medicaid, as well as risks that treatable conditions such as cervical dysplasia will progress to life-threatening cancer.

While the expanded MAGI application is a federal requirement, we urge policymakers to work closely with HHSC to explore ways to support clinics and patients in accessing HTW, such as:

- Work with CMS to explore the option of a shorter or simplified application.
- Provide additional technical assistance to family planning providers, including FTEs.
- Provide funding for HTW navigators, or compensate clinics for the lengthy process of helping women complete the new application.
- Increase funding in the Family Planning Program to accommodate program overflow from women who could not successfully complete the HTW application.

3. Ensure that the transition of Healthy Texas Women into managed care is accomplished in a way that does not jeopardize access to care



Following direction in the last legislative session, the HTW program will transition into managed care.

Current HTW providers have expressed concerns around billing and reimbursement from MCOs. If policies differ from one plan to another that could impact a clinic's capacity to process and submit billing.

According to the latest Women's Health Programs Savings and Performance report, 50 contractors participate in the Family Planning Program. All of these contractors are also HTW providers. In addition to the FPP services they provide, these 50 contractors saw over one-third of the total clients served in HTW. If HHSC and health plans do not help them transition to the new managed care world, the harm will be felt in both FPP and HTW.

In general, many traditional family planning providers that have historically participated in Healthy Texas Women and previous iterations of the program are accustomed to a fee for service model and have little experience with a managed care delivery model. It would be beneficial to educate traditional family planning providers with an overview of how participation in HTW will change for traditional family planning providers once the program is moved into Managed Care. From that base point, traditional family planning providers will be able to assess impacts to their practice and provide feedback.

4. Provide access to 12 months of postpartum coverage for women following the end of pregnancy

Maternal death and pregnancy related complications remain a serious concern. In recent years, researchers discovered alarmingly high rates of maternal mortality in the state. Extending Medicaid for a full year postpartum would implement the top recommendation of Texas' Maternal Mortality & Morbidity Review Committee (MMMRC) and promote health for moms and babies during the critical first year of a baby's life. The MMMRC explains, access to comprehensive healthcare services before, during, and after pregnancy could help identify and properly manage health conditions before they become life-threatening.² Currently, new mothers in Texas maintain Medicaid coverage for only 60 days following the end of pregnancy. Women no longer are automatically enrolled from Medicaid into HTW. This abrupt termination of care without a smooth transition into another program puts new mothers at risk of delayed care, at a time when the risk of pregnancy-related death or morbidity still is high.

In the 87th Legislative Session, HB 133 aimed to implement 6 months of postpartum coverage for women following delivery or miscarriage. However, by limiting proposed coverage to only 6

² Texas Health and Human Services. Texas Department of State Health Services. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. September 2020. <https://www.dshs.texas.gov/mch/pdf/DSHS-MMMRC-2020-UPDATED-11282020.pdf>



months instead of 12 months, this legislation did not take advantage of the simplified State Plan Amendment (SPA) process. Of the 36 states that have implemented or are in the process of implementing 12-month postpartum coverage, a large majority (26) have utilized the quicker SPA process.

We urge the Legislature to seek out a full 12 months of postpartum medicaid coverage using the simplified SPA process.

Respectfully,

Evelyn Delgado

A handwritten signature in black ink, reading "Evelyn Delgado", is displayed on a light gray rectangular background.

Chair, Texas Women's Healthcare Coalition