



**Legislative Appropriations Request Recommendations  
for the Texas Health and Human Services Commission  
November 19, 2021**

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. 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.

On behalf of the Texas Women's Healthcare Coalition, thank you for the opportunity to provide input into the development of the Fiscal Year 2024-2025 Legislative Appropriations Request (LAR) for the Texas Health and Human Services Commission (HHSC). Please find our recommendations below:

**1. Increase access to women's preventive healthcare services by prioritizing cost-effective, life-saving programs.**

**Recommendation:** *Request increased funding for the Family Planning Program (FPP) to allow Texans access to life-saving preventive care regardless of their income or employment status as the state continues to navigate the fiscal and health impacts of the COVID-19 pandemic.*

FPP is a vital preventive healthcare program for Texans who do not qualify for health coverage options. It seeks to increase access to women's preventive health services to avert unintended pregnancies, positively affect maternal and infant health outcomes, and improve the health and wellbeing of women, their families and communities. Currently, FPP providers can determine client eligibility onsite and get people in the door for same day services. This flexibility and responsiveness is a key asset to FPP, and participating providers throughout the state report that FPP is consistently in high demand and program funds routinely run out before the end of the funding cycle.

Increased support for FPP is even more necessary now considering the landscape of the women's health programs in Texas. Several significant policy changes to Healthy Texas Women (HTW), a comparable preventive healthcare program, have been announced and begun implementation in the past two years. These changes will impact



eligibility policy and HTW administration, and will make it more burdensome for women to access services. In addition to these changes, once the Public Health Emergency (PHE) ends, along with the maintenance of coverage requirements, many women could lose their current access to care via HTW or Pregnant Women's Medicaid. FPP providers will most likely see an influx of individuals seeking care.

We have consistently seen that investing in women's health ultimately leads to cost savings for the state. Based on the number of women served in Fiscal Year 2020 alone, it is estimated that FPP will save a total of \$129.7 million in Medicaid, \$37.9 million of which will be state general revenue savings.<sup>1</sup> In recent years, the Legislature has allocated level funding for FPP. Though we deeply appreciate the preservation of the program, considering the consistent high demand for FPP and potential for an even greater need in women's preventive healthcare, TWHC urges HHSC to request increased support for FPP.

**Recommendation:** *Request increased funding for the Breast and Cervical Cancer Services Program (BCCS) to support contracted providers' ability to meet all programmatic requirements and serve more women in need in the community.*

The BCCS program helps fund clinics across the state to give quality, low-cost and accessible breast and cervical cancer screening and diagnostic services to women. According to the latest Women's Health Programs Report, BCCS was on target to meet, and potentially exceed FY19 figures prior to the statewide COVID-19 impacts beginning in early 2020.<sup>2</sup> We know the importance of Regular screening tests that might find pre-cancer or cancers early. This early detection is vital because it is, when treatment is likely to work best. This program targets its outreach to low-income women who have not been screened in the past five years.

Given the rates at which BCCS clients were being seen in early FY20, and the pandemic's impact on keeping Texans from seeking this kind of medical service, there could be a much higher demand for BCCS as people get back to scheduling regular screenings. We urge increased funding to the BCCS program.

**Recommendation:** *Protect the Cost Reimbursement component of the Healthy Texas Women program.*

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<sup>1</sup> Texas Health and Human Services. Texas Women's Health Programs Report Fiscal Year 2020.

<sup>2</sup> Ibid.



Healthy Texas Women' Cost Reimbursement contracts allow providers to fund services and roles that enhance Healthy Texas Women fee-for-service and support clients' overall outcomes. With dedicated funds to support personnel costs, fringe benefits, equipment, supplies, and other direct and indirect costs, providers are able to offer more stable roles and ultimately better serve their community. Cost Reimbursement contracts are a vital funding source for providers, who depend on those dollars to shape their budgets and proactively respond to the needs of their clients.

## **2. Support innovative solutions for improved access to highly effective contraception for new mothers**

**Recommendation:** *Request funding for an immediate postpartum (IPP) long-acting reversible contraception (LARC) pilot program for teaching hospitals to improve postpartum access to contraception.*

Medicaid and the state's women's health programs, HTW and the FPP, pay for LARCs, including contraceptive implants and intrauterine devices, which are the most effective form of contraception. Yet despite their availability, adult women who want LARC often cannot get them due to administrative, logistical, and financial barriers that preclude physicians, community clinics, and hospitals from offering them.

Lawmakers should allocate funds to increase availability of LARC, including for women who want them immediately postpartum before leaving the hospital. LARC methods are safe and effective, and immediate postpartum availability will help new mothers better time and space any future pregnancy. Research shows that women who wait at least 18 months between pregnancies have healthier maternal and infant health outcomes.

## **3. Conduct outreach to ensure awareness of available healthcare options and renewal processes after the PHE ends.**

**Recommendation:** *Utilize funds to initiate an outreach campaign to inform Texans about available healthcare options, including HTW Plus and FPP. The campaign should include what the end of the PHE means for accessing women's health services, including postpartum services through both Medicaid and HTW Plus.*

Investments in women's preventive health services pay for themselves. Studies show that women who receive timely, routine preventive services, including annual exams, screening for cancer and chronic diseases, and access to contraceptives, are less likely to have unintended pregnancies, allowing them to stay in school or earn valuable work



experience before starting a family. Moreover, they are more likely to have healthier pregnancies, resulting in lower Medicaid costs.

During the PHE, Texans have been able to maintain coverage in Medicaid programs without having to renew their eligibility. As conditions restabilize and the PHE ends, Texans will again be required to renew their eligibility, and will lose certain types of healthcare coverage.

The women's health programs are vital programs, not only for the services they provide, but also for how they help keep Texans without comprehensive coverage connected to the healthcare system. TWHC recommends a campaign to provide clear, meaningful communication for healthcare providers and clients to understand what healthcare options are available and how to best support clients as they transition programs.

#### **4. Invest in the state's technology infrastructure to support streamlined enrollment**

**Recommendation:** *Request funds for technology initiatives to update the eligibility system -- such as Texas Integrated Eligibility Redesign System (TIERS) -- used by HHSC and families to apply for programs like Medicaid, CHIP, SNAP, and HTW.*

Use requested funds to cover the one-time costs of updating TIERS to reinstate auto-enrollment of new mothers to HTW when Medicaid coverage ends. Pregnant women and new mothers have been able to keep Medicaid coverage during the COVID-19 PHE. When the PHE ends, thousands of new mothers will likely miss out on getting connected to HTW. Since 2016, Texas has had a popular policy of auto-enrolling new mothers into HTW after Medicaid coverage ends – a policy that state leaders recognize “reduces the burden of re-enrollment for services and facilitates access to postpartum care.” In March 2021, Texas ended auto-enrollment as a result of the implementation of the 1115 HTW Waiver and replaced it with the “administrative renewal” process. As noted below, Texas' current system of administrative renewals is one of the least effective systems in the country, with fewer than 9 percent of Medicaid or CHIP clients renewed administratively. As a result, when the PHE ends, the majority of new mothers (about 9 out of 10) will be asked to submit some number of verification documents within 10 days of the request – and it is very likely many Texas mothers will fall through the cracks and not be enrolled into HTW. Upon federal approval, Texas should reinstate auto-enrollment for new moms and use ARPA funds to cover the one-time costs of updating TIERS technology to reinstate this policy.



Texas should use funds to make one-time updates to the TIERS eligibility and enrollment system that are needed to fix the inefficient administrative renewal process. Federal rules require state Medicaid agencies to first attempt to renew Medicaid eligibility using available electronic data before requiring the client to provide updated information. Texas' current system of automated administrative renewals is one of the least effective systems in the country, with fewer than 9 percent of Medicaid or CHIP clients renewed administratively. This low rate means HHSC staff must spend extra time processing Medicaid and CHIP applications manually instead of leveraging electronic data.

One-time updates to TIERS are needed to improve the administrative renewal process. For example, to fix administrative renewals, HHSC should reinstate the use of the Work Number System data (ended in October 2019 by HHSC) to improve the quality of available electronic data on earned income. This was the most detailed data available to verify income electronically without reaching out to the client. If Work Number System data is used again, a one-time TIERS update is needed to improve the system. Now is the time to make these investments. Medicaid clients have been able to keep coverage during the COVID PHE but once it ends, Texas will have to recertify eligibility for most clients and HHSC will be conducting a significant number of administrative renewals – adding a huge burden on HHSC staff and the TIERS system. One-time system improvements to fix the ineffective administrative renewal process will ensure fewer children and postpartum moms churn off coverage at renewal or at the end of the PHE.

Thank you for your consideration. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or [EDelgado@TexasWHC.org](mailto:EDelgado@TexasWHC.org).

Respectfully,

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