



# Texas Women's Healthcare Coalition

June 11, 2020

Phil Wilson  
Acting Executive Commissioner  
Texas Health and Human  
Services Commission  
4900 N. Lamar Blvd.  
Austin, TX 78751

Dee Budgewater  
Deputy Executive Commissioner  
Health Development and  
Independent Services  
Texas Health and Human  
Services Commission  
4900 N. Lamar Blvd.  
Austin, TX 78751

Stephanie Stephens  
Medicaid and CHIP Services  
Texas Health and Human  
Services Commission  
4900 N. Lamar Blvd.  
Austin, TX 78751

Dear Acting Executive Commissioner Wilson, Deputy Executive Commissioner Budgewater, and Texas Medicaid Director Stephens,

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.

As the Health and Human Services Commission (HHSC) works to put together a plan as directed in the letter sent out May 20, 2020, by Governor Abbott, Lt. Governor Patrick, and Speaker Bonnen to reduce general revenue appropriations by five percent, we urge HHSC leadership to preserve funding for the women's health programs: the Family Planning Program (FPP), Healthy Texas Women (HTW), and the Breast and Cervical Cancer Services (BCCS) program. **Women's health programs save state dollars.** Past budget cuts to family planning decimated the provider network, resulting in more women unable to access services and increased costs to the state.

Due to the current COVID-19 public health crisis, 1.6 million Texas adults and kids will lose job-based health insurance.<sup>1</sup> If women do not have access to healthcare, lose continuity of coverage due to job or income loss, age out of a public program, or lose eligibility; they lose the security of knowing where to turn to manage their acute and chronic health conditions, and their access to contraception. Texas has *the worst* uninsured rate in the country, nearly double the national average.<sup>2</sup> Notably, Texas has the highest uninsured rate in the nation for women of childbearing age – with one in four women between the ages of 19-64 being uninsured.<sup>3</sup>

Though HTW and FPP are not comprehensive insurance programs, they provide essential preventive women's healthcare screenings, family planning services, and limited screening and treatment for chronic conditions to those without access to other forms of healthcare coverage. BCCS provides high-quality

<sup>1</sup> Garfield, R. et al. Eligibility for ACA Health Coverage Following Job Loss. Kaiser Family Foundation May 13, 2020.

<sup>2</sup> Fernandez, Stacy. "Texas has the most people without health insurance in the nation — again." The Texas Tribune. September 10, 2019. <https://www.texastribune.org/2019/09/10/texas-has-most-people-without-health-insurance-nation-again/>

<sup>3</sup> Kaiser Family Foundation. Health Insurance Coverage of Women 19 – 64: Timeframe: 2008 – 2017. <https://www.kff.org/other/state-indicator/nonelderly-adult-women/>

breast and cervical cancer screening, diagnostic services, and assists women in applying to the Medicaid for Breast and Cervical Cancer (MBCC) if needed. These programs do not solve all the issues related to healthcare access, but they do allow an option for a limited scope of vital services and enable individuals to maintain a connection to the healthcare system.

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. As described by the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), preconception or interconception health, refers to the health of women during their reproductive years. The MMMRC explains “optimal health during [these] years is essential to improving a woman’s overall health and pregnancy and birth-related health outcomes.”<sup>4</sup> In their work, the MMMRC review cases of maternal mortality and morbidity and make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. The MMMRC is keenly aware of the need for consistent healthcare access to address acute and chronic health issues, and “recommends increasing access to health services during the year after pregnancy and throughout the interconception period to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing before, during, and after pregnancy.”<sup>5</sup>

In 2018, almost one out of 10 Texas births were to a woman who received late or no prenatal care. Additionally, almost one in nine Texas births were preterm, and one in 12 infants were born at a low birthweight.<sup>6 7</sup> Moreover, alarming racial and ethnic disparities persist, with Black infants twice as likely to die within the first year of life compared to White and Hispanic babies, and with Black mothers having a disproportionately high percentage of pre-term births and low-birth weight babies.<sup>8</sup> Not only does a woman’s access to health care impact her own health, as the MMMRC highlighted, but access to health care is essential for future healthy pregnancies and births.<sup>9</sup> With over half of births in Texas covered by Medicaid, healthy pregnancies lower costs by reducing expensive neonatal intensive care stays for babies and preventing maternal health complications. For example, in fiscal year 2015, the average cost to cover a full-term newborn’s first year of life under Medicaid was \$572, while the average cost for a pre-term, low birth weight newborn’s first year of life was \$109,220.<sup>10</sup>

**In addition to improving health outcomes, the women’s health programs save state resources that are expended on other programs, including the Texas Medicaid program.**<sup>11</sup> In the most recent women’s health programs report released in May, HHSC estimated that services provided by FPP in 2019 will save the state a total of \$42.9 million in General Revenue, and that services provided by HTW in 2019 will save the state \$96.8 million in General Revenue. That means a combined total of \$139.7 million in savings to the state.<sup>12</sup> The report shows that net GR savings, after accounting for program costs, are \$13 million for HTW and \$6.6 million for FPP. These GR savings are from 2019 services, when HTW was fully funded by GR. With the Medicaid family planning waiver now in place, net GR savings will be far higher.

---

<sup>4</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Texas Health and Human Services. September 2018.

<sup>5</sup> Ibid

<sup>6</sup> National Center for Health Statistics, final natality data. Retrieved June 03, 2020, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats).

<sup>7</sup> Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. Texas Health and Human Services. November 2019.

<sup>8</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Texas Health and Human Services. September 2018.

<sup>9</sup> Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. Texas Health and Human Services. November 2019.

<sup>10</sup> Delgado, E., French, L. Presentation to the House Committee on Public Health: Better Birth Outcomes. Texas Health and Human Services System. May 19, 2016.

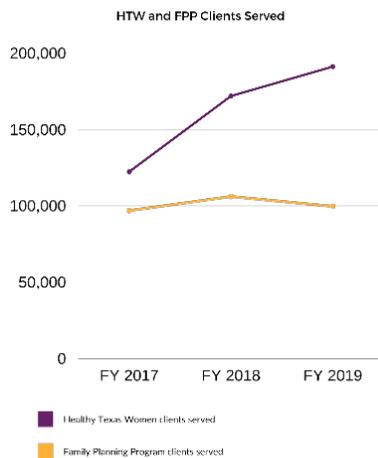
<sup>11</sup> Legislative Budget Board Staff. Overview of Women’s Health Programs. April 2019.

[http://www.lbb.state.tx.us/Documents/Publications/Staff\\_Report/2019/5098\\_WomensHealthPrograms.pdf](http://www.lbb.state.tx.us/Documents/Publications/Staff_Report/2019/5098_WomensHealthPrograms.pdf).

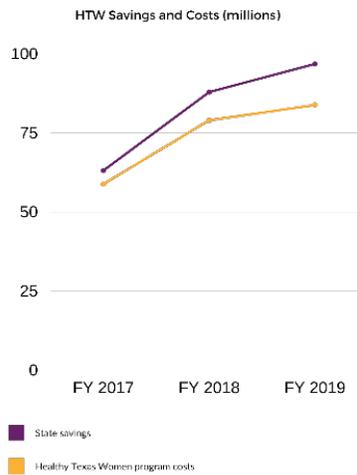
<sup>12</sup> Texas Health and Human Services. Women’s Health Programs Report Fiscal Year 2019. May 2020.

The cost savings are realized through potential averted births, which result in savings from eliminating labor and delivery costs through Medicaid and a year of infant healthcare.<sup>13</sup> One can also conclude, that when women and their partners have access to reliable contraceptive services to decide if, and when, to become pregnant, the number of averted births could also include averted abortions.

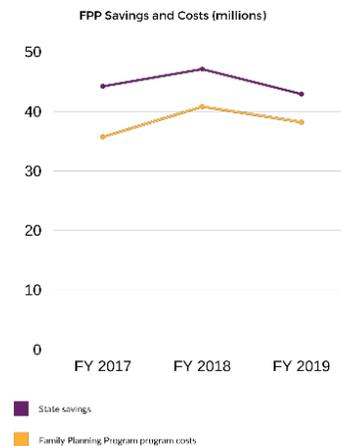
**Figure 1**



**Figure 2**



**Figure 3**



Figures 1, 2, and 3 represent HTW and FPP data related to clients served, and the total state savings & program costs for fiscal years 2017, 2018, and 2019 from HHSC’s respective Women’s Health Program Savings and Performance reports.

**Women’s health in Texas has a long history of programmatic and administrative disruptions, and it is the providers and clients bearing the brunt of these changes.** The 2011 family planning budget cuts resulted in at least 82 women’s healthcare clinics closing,<sup>14</sup> cutting off preventive care, including well-woman examinations, breast and cervical cancer screenings, and contraception for low-income women. As a result, the state saw a rise in Medicaid births in 2014-2015 and an increase in costs in Medicaid by approximately \$103 million.<sup>15</sup>

It is our understanding that as HTW is now a Medicaid waiver program, eligibility and benefits in the fee for service portion of the program are exempt from the current round of cuts, while the cost reimbursement portion of the program and FPP are not. **HTW’s cost reimbursement portion is critically important in supporting participating providers and the safety net.** HTW cost reimbursement ensures funding for activities that include: HTW fee for service program client enrollment assistance; client and community based educational activities related to HTW; and staff development and training related to HTW service delivery. These activities are designed to work in tandem with HTW fee for service to support positive client outcomes. **By cutting this funding source, the state runs the risk of handicapping providers who need these funds for outreach, client and provider education, and other resources to ensure quality service delivery.**

**The FPP fee for service and infrastructure funding is both equally important.** Contractors utilize the

<sup>13</sup> Ibid

<sup>14</sup> Dr. Kari White, Co-investigator on Texas Policy Evaluation Project, Testimony to the Texas Senate Health and Human Services Committee, September 13, 2016, <http://liberalarts.utexas.edu/txpep/legislative-testimony/HHSC%20White.php>

<sup>15</sup> Texas Health and Human Services Commission. Legislative Appropriations Request Fiscal Years 2014-2015.

money for client services but also to develop and maintain infrastructure needed to provide those services, such as clinic facilities, staff salaries, and utilities.<sup>16</sup> FPP is a cornerstone of our women's healthcare safety net. Services are consistently in high demand and program funds routinely run out before the end of the funding cycle. In fact, funding for all three women's health programs is critical to upholding the women's preventive health provider network, so uninsured and underinsured women can access care.

In recent years, the Legislature has shown its commitment to rebuilding these programs and ensuring Texas women have access to healthcare. It has taken many years to stitch the safety net back together after the last budget cuts. It would be shortsighted to undo all that work, as we have seen cuts to these programs result in higher costs to the state in the long run. We urge you to preserve funding for the women's health programs in this biennium as well as in appropriations requests for the 2022-2023 biennium.

Respectfully,

A handwritten signature in black ink, reading "Evelyn Delgado". The signature is written in a cursive style with a large initial "E".

Evelyn Delgado  
Chair, Texas Women's Healthcare Coalition

---

<sup>16</sup> Legislative Budget Board Staff. Overview of Women's Health Programs. April 2019.  
[http://www.lbb.state.tx.us/Documents/Publications/Staff\\_Report/2019/5098\\_WomensHealthPrograms.pdf](http://www.lbb.state.tx.us/Documents/Publications/Staff_Report/2019/5098_WomensHealthPrograms.pdf).

## **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  
Texans Care for Children  
Center for Public Policy Priorities  
*Chair - Healthy Futures of Texas*

## **Texas Women's Healthcare Coalition General Members**

Access Esperanza Clinics Inc.  
Amistad Community Health Center  
Austin Advanced Practice Nurses  
Austin Physicians for Social Responsibility  
AWHONN Texas  
Brazos Valley Community Action Agency, Inc.  
Brazos Valley Nurse Practitioner Association  
Cactus Health  
Cardea  
Center for Community Health, UNTHSC  
Centering Health Institute  
Central Texas Nurse Practitioners  
Children's Hospital Association of Texas  
Coalition for Nurses in Advanced Practice  
Coastal Bend Advanced Practice Nurses  
Coastal Bend Wellness Foundation  
Community Healthcare Center  
Consortium of Texas Certified Nurse Midwives  
Department of Ob/Gyn of UNTHSC and the ForHER  
Institute  
El Buen Samaritano  
El Centro de Corazón  
El Paso Area Advanced Practice Nurse Association  
Food Bank of the Rio Grande Valley  
Fort Worth Region Nurse Practitioners  
Haven Health  
Hill Country Advanced Practice Nurses & Physicians  
Assistants Association  
Houston Area Chapter of NAPNAP  
Houston Area Nurse Practitioners  
Improving Maternal Health  
League of Women Voters of Texas  
Legacy Community Health Services  
Lone Star Family Health Center  
March of Dimes – Texas  
Mental Health America of Greater Houston  
National Association of Nurse Practitioners in  
Women's Health  
National Council of Jewish Women—Texas State  
Policy Advocacy Network  
National Latina Institute for Reproductive Health  
North Harris Montgomery Advanced Practice Nurse  
Society

North Texas Alliance to Reduce Teen Pregnancy  
North Texas Nurse Practitioners  
Nurse-Family Partnership  
Panhandle Nurse Practitioner Association  
Pasadena Health Center  
People's Community Clinic  
Port Arthur Housing Authority  
Pregnancy and Postpartum Health Alliance of Texas  
SALVERE (Striving to Achieve Literacy via  
Education, Research, and Engagement)  
San Antonio Metropolitan Health District  
San Antonio Nurses in Advanced Practice  
Schneider Communications  
South Plains Nurse Practitioner Association  
South Texas Family Planning & Health Corp.  
Southeast Texas Nurse Practitioner Associates  
Special Health Resources  
St. David's Foundation  
Susan Wolfe and Associates, LLC  
Texas Association of Community Health Plans  
Texas Association of Obstetricians and Gynecologists  
Texas Campaign to Prevent Teen Pregnancy  
Texas Council on Family Violence  
Texas Health Institute  
Texas Hospital Association  
Texas Medical Association Alliance  
Texas Nurse Practitioners  
Texas Nurses Association  
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