



T E X A S
Women's Healthcare
COALITION

Women's Preventive Healthcare Key to State Efforts to Prevent Zika

June 20, 2016

The Honorable Greg Abbott
Governor, State of Texas
State Capitol
P.O. Box 12428
Austin, TX 78711-2428

Dear Governor Abbott:

The Texas Women's Healthcare Coalition (TWHC) and its 62 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—leads to better birth spacing, greater access to prenatal care, and healthier babies. The TWHC recognizes the critical role family planning and preventive healthcare services can play in preventing the spread of the Zika virus in Texas.

The Need in the State Is Greater Than Ever

The impacts of Zika have been devastating. Carried by the *Aedes aegypti* mosquito, the Zika virus has been linked to microcephaly, a condition which causes babies to have abnormally small heads and improper brain development. Zika has also been linked to problems in infants, including eye defects, hearing loss, and impaired growth.¹ Nearly 700 people in the United States, including 206 pregnant women, have been infected with Zika.² In Texas, there have been 41 reported cases, including one pregnant woman.³ Because there is no medication or vaccine for the Zika virus, the best strategy at this point is prevention.

To date, all of the cases in the United States have been the result of patients contracting Zika while visiting a Zika-infected area, or through sexual transmission from someone who had been infected abroad.⁴ However, health experts anticipate it is only a matter of time before the country

experiences local transmission by mosquitoes. Texas, where the *Aedes aegypti* mosquito thrives, is particularly vulnerable. The state will soon be entering mosquito season, and high rainfall and flooding have created a climate particularly conducive to the spread of mosquitoes.

If and when the Zika virus becomes actively transmitted in Texas, the volume of women seeking treatment and testing could be enormous. Many women are already struggling to find where to obtain testing. The largest volume of tests goes through the Centers for Disease Control and Prevention (CDC), with a long turnaround time (up to eight weeks).⁵ Polymerase chain reaction (PCR) testing is currently offered only for women within two weeks of symptom onset. The only other available options are antibody tests, which historically provide poor results, and tests for Zika, which are highly dependent upon the timing of infection and whether a person has had dengue or chikungunya in the past.⁶ Women and their providers face substantial challenges from a relatively new but profoundly significant disease, limited knowledge about the exact timing and rates of transmission, and complex, often inaccessible testing options.

The impacts of the Zika virus will likely be felt most in vulnerable communities in South Texas, the Gulf Coast, and the Lower Rio Grande Valley, as well as urban areas like Dallas County. In the state's poorest communities, many Texans are unable to afford mosquito repellent, or may have homes that provide little protection against mosquitoes. Others may have difficulty finding transportation to a local health care provider who can offer education and services related to Zika. Ensuring all Texans have access to education about Zika and resources to combat it – including family planning and contraceptive services – is more important than ever.

The Crucial Role of Family Planning and Preventive Healthcare

In Texas, nearly half of all pregnancies are unplanned.⁷ Because of the devastating impact the Zika virus can have on pregnant women and their fetuses, strategies to prevent unintended pregnancies are critical in combatting the potential spread of Zika. In areas with active Zika transmission, the CDC has recommended that women and their partners who do not want to get pregnant now should be advised about the range of effective birth control and counseled on the importance of correct and consistent use of these methods.⁸ Though Texas does not yet have instances of local transmission of the virus, it is crucial for the state to get ahead of possible transmission by providing women with the counseling and resources they need to plan their pregnancies.

Though many questions about Zika remain unanswered, health experts do know that a man with the Zika virus can transmit it to his sexual partner(s). Zika can be transmitted before symptoms start, while the man has symptoms, or after his symptoms end.⁹ The CDC is working to facilitate provider training on long-acting forms of contraception in areas that have active Zika transmission.¹⁰

As Texas coordinates its efforts to confront the Zika virus and prevent its spread, state leaders must ensure access to family planning is incorporated into its efforts. Below are recommendations for how the state can better integrate family planning within the broader statewide strategy.

Recommendations

1. Coordinate efforts with local health departments and other public health entities.

Because of Texas's decentralized system of public health programs, local governments are often responsible for disease prevention efforts.¹¹ Many of our state's poorest counties along the Gulf Coast and the Texas/Mexico border are the most vulnerable, and also the least able to afford coordinated preventive care efforts. Promoting the state's public health announcements and resources is an important step,¹² as was the request from state leaders for federal funding to combat Zika.¹³ We urge the state to earmark a portion of any federal funds for family planning training and services. However, with federal funding still uncertain, it is particularly important for the state to take swift action.

Coordinating efforts among local health departments and other public entities is a crucial strategy for combatting the spread of Zika. Programs in the state that provide preventive services to women – including Healthy Texas Women, the Family Planning Program, Medicaid, and Title X clinics – must be incorporated into these efforts. Family planning providers are often women's primary source of healthcare, and providers must receive training and resources on Zika that they can give to their clients. In turn, local health departments and other public entities that provide primary care and social services to women must have a robust referral system for needed family planning care services.

2. Immediately improve access and information on Zika testing resources in Texas.

Texas needs statewide dissemination of the options and costs for testing within our state and city health departments. Additionally, the Health Texas Women and Family Planning programs under Texas Health and Human Services Commission should be resources for physicians and providers in accommodating the significant number of women seeking testing. The state needs to establish alternative arrangements with private labs to supplement and expedite testing for quicker results.

3. Take advantage of the recent Centers for Medicare and Medicaid Services (CMS) allowance to cover insect repellent as a benefit not only in Medicaid, but also in the Healthy Texas Women and Family Planning programs. Promptly begin outreach to Medicaid providers and health plans on the coverage of prescribed repellent and Zika services, and any related required procedures.

CMS recently released a bulletin to state Medicaid Directors providing guidance on how states can use Medicaid funds to combat Zika.¹⁴ The bulletin underscores the important role of Medicaid funding for family planning services. It also indicates that states can use Medicaid funds to finance mosquito repellents such as DEET. To date, HHSC has not taken steps in relation to this proposal. The TWHC urges Texas to pay for mosquito repellent not only in Medicaid, but also in the Healthy Texas Women program and the Family Planning program. For many women, their Medicaid or family planning provider is their primary healthcare contact, and they may be unable to afford mosquito repellent. Providing repellent through these programs is a critical opportunity to help women take simple, recommended steps to reduce the

likelihood of contracting Zika. When used as directed, EPA-registered insect repellants are proven safe and effective for pregnant women.¹⁵ However, some DEET products last for only four hours. The state should ensure that long-acting products are covered within the programs.

4. Increase access to condoms and remove barriers that prevent providers from supplying them. Using condoms correctly is a key tool for preventing the spread of Zika, and the CDC advises couples who may have been exposed to Zika to use condoms to help prevent transmission.¹⁶ However, in Texas only certain provider types are currently reimbursed for providing condoms within Medicaid and the Texas Women's Health Program, and we anticipate these same provider limitations will apply to the Healthy Texas Women program.¹⁷ We therefore recommend that the state ensure that Medicaid, Healthy Texas Women, and the Family Planning program will reimburse all providers types for supplying condoms to prevent Zika transmission.

5. Increase access to contraception for Texas women, including the most effective, long-lasting forms (implants and intrauterine devices). Texas must take every step to enable women to access the form of birth control they prefer, including long-acting forms of contraception such as implants and IUDs. These forms of contraception are twenty times more effective than other methods, and are considered the first-line choice for women by medical organizations. However, their high upfront cost can be a barrier to providing them.

For women who are not yet planning to get pregnant, these longer-acting forms are an important tool, particularly amid uncertainty around Zika transmission. We commend the state for requesting federal funding to combat Zika, and urge the state to earmark a portion of these funds for family planning, including provider training and education on implants and IUDs. The state should also regularly review and adjust payments for Long-Acting Reversible Contraceptives purchased directly by physicians or clinics to ensure women can obtain the devices during an office visit rather than returning later when the device is ordered from a specialty pharmacy.

6. Increase client outreach and provider participation in the state's new women's health programs. On July 1st, Texas will be launching two new women's health programs: Healthy Texas Women (HTW) and the Family Planning Program. These new programs offer an important opportunity to increase access to preventive health care services. For these programs to be effective, participation is needed from family physicians, hospitals, Federally Qualified Health Centers, and specialized family planning clinics. The state must work to identify and eliminate barriers to provider enrollment.

Additionally, this is an especially important time to increase outreach to Texas women and inform them of how to access the new state programs. Particularly because the new programs alter some former eligibility criteria, potential clients must be informed of what resources in the state are available to them so they do not lose continuity of care. Outreach to providers and clients would be a valuable use of any funding the state receives from the federal government to combat Zika.

7. Address technological glitches in the state's eligibility and enrollment system that prevent currently eligible clients from accessing family planning services.

Texas CHIP does not cover contraceptive services for its clients. Additionally, CHIP clients cannot receive contraceptive services through the Healthy Texas Women program because the HTW system (based on the Texas Integrated Eligibility Redesign System) is not currently designed to accept CHIP enrollees. As a result, eligible CHIP clients are unable to access contraceptive services through either program. This technological glitch within TIERS substantially undermines the benefits of having HTW serve some teenagers. With the highest rate of repeat teen pregnancy in the country, Texas has an opportunity to substantially decrease the likelihood of unintended pregnancies and Zika transmission among teenage women by enabling more teens to access contraceptive services through the new HTW program. HHSC should prioritize changes to the TIERS system that would enable it to accept HTW clients who are enrolled in CHIP.

8. Maximize the ability of the women's healthcare safety net to reach more women and save Texas taxpayer dollars. Medicaid currently covers only a small proportion of women of child-bearing age who would be particularly vulnerable to the effects of Zika. Texas has the highest rate of uninsured people in the country. Developing a workable solution for the coverage gap will increase the number of women able to access a medical home where they can receive critical preventive care and family planning services.

Thank you for your consideration, and for your strong support for women's preventive healthcare. If you have any questions or we can provide further information, please contact Janet Realini at JRealini@TexasWHC.org.

Respectfully,



Janet P. Realini, MD, MPH
Steering Committee Chair, Texas Women's Healthcare Coalition

CC: The Honorable Dan Patrick, Lieutenant Governor of Texas
The Honorable Joe Straus, Speaker of the Texas House of Representatives
The Honorable Jane Nelson, State Senator
The Honorable Charles Schwertner, State Senator
The Honorable Myra Crownover, State Representative
The Honorable John Otto, State Representative
The Honorable Four Price, State Representative
The Honorable Richard Raymond, State Representative
Charles Smith, Executive Commissioner, Texas Health and Human Services Commission

John Hellerstedt, Commissioner, Texas Department of State Health Services

Gary Jesse, Deputy Executive Commissioner, Texas Health and Human Services
Commission

Lesley French, Associate Commissioner, Texas Health and Human Services Commission

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association
 District XI (Texas) American Congress of Obstetricians and Gynecologists
 Texas Academy of Family Physicians
 Texas Association of Community Health Centers
 Methodist Healthcare Ministries
 Teaching Hospitals of Texas
 Texans Care for Children
 Center for Public Policy Priorities
 Healthy Futures of Texas

Texas Women's Healthcare Coalition General Members

Access Esperanza Clinics Inc.	North Harris Montgomery Advanced Practice Nurse Society
Amistad Community Health Center	North Texas Alliance to Reduce Teen Pregnancy
Austin Advanced Practice Nurses	North Texas Nurse Practitioners
Austin Physicians for Social Responsibility	Panhandle Nurse Practitioner Association
AWHONN Texas	People's Community Clinic
Brazos Valley Nurse Practitioner Association	Port Arthur Housing Authority
Cardea	SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
Center for Community Health, UNTHSC	San Antonio Metro Health District
Central Texas Nurse Practitioners	San Antonio Nurses in Advanced Practice
Children's Hospital Association of Texas	Schneider Communications
Coalition for Nurses in Advanced Practice	South Plains Nurse Practitioner Association
Coastal Bend Advanced Practice Nurses	South Texas Family Planning & Health Corp.
Consortium of Texas Certified Nurse Midwives	Southeast Texas Nurse Practitioner Associates
Department of Ob/Gyn of UNTHSC and the ForHER Institute	St. David's Foundation
El Paso Area Advanced Practice Nurse Association	Susan Wolfe and Associates
Fort Worth Region Nurse Practitioners	Texas Association of Obstetricians and Gynecologists
Gateway to Care	Texas Campaign to Prevent Teen Pregnancy
Good Neighbor Health Center	Texas Council on Family Violence
Healthy Futures Alliance	Texas Health Institute
Hill Country Advanced Practice Nurses & Physicians	Texas Hospital Association
Assistants Association	Texas Medical Association Alliance
Houston Area Chapter of NAPNAP	Texas Nurse Practitioners
Houston Area Nurse Practitioners	Texas Nurses Association
League of Women Voters of Texas	Texas Pediatric Society
Legacy Community Health Services	Texas Unitarian Universalist Justice Ministry
National Council of Jewish Women—Texas State Policy	University Health System
Advocacy Network	Women's & Men's Health Services of the Coastal Bend, Inc.
National Latina Institute for Reproductive Health	

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