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**House Appropriations Committee and Senate Finance Committee**  
**Article II: Health and Human Services Appropriations FY 2022-2023**  
**Texas Women's Healthcare Coalition Recommendations**  
**March 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.

TWHC thanks our legislators for their commitment to women's preventive healthcare and rebuilding the women's health programs to ensure that Texas women have access to healthcare. It has taken many years to stitch the safety net back together after the last budget cuts in 2011, and as we have seen, divesting from women's health results in higher costs to the state in the long run. As the Committee considers the 2022-2023 budget, we respectfully offer the following recommendations:

**I. Prioritized Funding for Women's Health Programs**

*Family Planning Program (FPP)*

We support prioritized funding for FPP, as this is a vital program for Texans who do not qualify for other health coverage options or HTW. FPP serves both women and men, and due to its eligibility criteria, has a wider potential client population when compared to HTW. 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.

*Healthy Texas Women (HTW)*

We support prioritized funding for HTW. While the program is not comprehensive healthcare, for those without access to other forms of coverage, it does provide a limited scope of vital services and enables individuals to maintain a connection to the healthcare system.

*Breast and Cervical Cancer Services Program (BCCS)*

We support prioritized funding for the BCCS program, which targets its outreach to low-income women who have not been screened in the past five years. This service helps fund clinics across the state to give quality, low-cost and accessible breast and cervical cancer screening and diagnostic services to women. Regular screening tests might find pre-cancer or cancers early, when treatment is likely to work best.

### *Women's Health Programs: Healthier Outcomes and Cost Savings*

Though the Women's Health Programs are not comprehensive insurance programs, for those without access to other forms of healthcare coverage they provide essential preventive healthcare services. Across Texas, over 1.9 million women need publicly supported contraceptive services and supplies.<sup>1</sup> In FY2019, HTW and FPP served about 15 percent of that or 291,056 clients.<sup>2</sup> Data and anecdotal information from providers show there are *more* potential clients in the state than are being served by these programs.

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. The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) describes preconception, or interconception health, as the health of women during their reproductive years. The MMMRC explains that, “optimal health during [these] years is essential to improving a woman’s overall health and pregnancy and birth-related health outcomes.”<sup>3</sup> In their work, the MMMRC reviews 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>4</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>5</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>7</sup> Not only does a woman’s access to healthcare impact her own health, as the MMMRC highlighted, but access to health care is essential for future healthy pregnancies and births.<sup>8</sup> Healthy pregnancies

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<sup>1</sup> Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016 <https://www.guttmacher.org/report/publicly-supported-FP-services-us-2016>

<sup>2</sup> Texas Health and Human Services. Women’s Health Programs Report Fiscal Year 2019. May 2020.

<sup>3</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Texas Health and Human Services. September 2018.

<sup>4</sup> Ibid

<sup>5</sup> National Center for Health Statistics, final natality data. Retrieved June 03, 2020, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats).

<sup>6</sup> Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. Texas Health and Human Services. November 2019.

<sup>7</sup> Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. Texas Health and Human Services. September 2018.

<sup>8</sup> Texas Department of State Health Services. 2019 Healthy Texas Mothers & Babies Data Book. Texas Health and Human Services.

lower costs by reducing expensive neonatal intensive care stays for infants and prevent maternal health complications. For example, in FY2015, 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>9</sup>

In addition to improving health outcomes, HTW and FPP save state resources that are expended on other programs, including the Texas Medicaid program.<sup>10</sup> Medicaid pays for more than half of Texas births, costing \$3.5 billion in 2016 for birth and delivery-related services for mothers and infants in the first year of life. When Texans can access these services, they are better able to plan pregnancies, which decreases unintended pregnancies – thereby saving Medicaid costs to the state. After the family planning funding cuts in 2011, the state experienced at least 82 women's healthcare clinics closing,<sup>11</sup> cutting off access to preventive care, including well-woman examinations 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 to Medicaid of approximately \$103 million.<sup>12</sup> Past experiences with funding shifts have shown how program stability hinges on adequate funding, and the long-term impact that program instability can have on the fiscal health of the state.

In the most recent women's health programs report, HHSC estimated HTW services provided in 2019 will save the state \$96.8 million in general revenue.<sup>13</sup> A growing client base and committed investment in HTW has resulted in increased cost savings. Based on the number of women served in Fiscal Year 2019, it is estimated FPP will save \$42.9 million in general revenue and \$6.6 million in net savings.<sup>14</sup> It is in the state's best fiscal interest to support funding and access to HTW and FPP. 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>15</sup>

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November 2019.

<sup>9</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>10</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>11</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>12</sup> Texas Health and Human Services Commission. Legislative Appropriations Request Fiscal Years 2014-2015.

<sup>13</sup> Texas Health and Human Services. Women's Health Programs Report Fiscal Year 2019. May 2020.

<sup>14</sup> Texas Health and Human Services. [Women's Health Programs Report Fiscal Year 2019](#). May 2020.

<sup>15</sup> Ibid

## II. Healthy Texas Women Plus

In September 2020, in accordance with Senate Bill 750, passed during the 86th Legislative Session, HHSC launched HTW Plus. This new component of HTW is a limited, enhanced benefit package for postpartum clients that is meant to address health concerns and reduce maternal mortality and morbidity.

While TWHC welcomes additional needed benefits for women during the postpartum period, we caution that funding for HTW Plus should not detract from funding for the core family planning services in HTW. That would not be in the best interest of Texas women.

We encourage inclusion of HTW Plus reporting requirements in the existing women's health savings and performance report to monitor utilization and need, so funding can match growth as the program is fully implemented.

## III. Policy Changes Detrimental to Healthy Texas Women and Impact to Cost Savings

HHSC has indicated that when the HTW 1115 Demonstration Waiver is fully implemented it intends to remove three critical HTW components: **Auto-enrollment** of new mothers from Pregnant Women's Medicaid into HTW; **Adjunctive eligibility** for women applying for HTW that are already enrolled in WIC, have a child in Medicaid, or in a household that receives SNAP or TANF; and, the **Simplified HTW Application Form** (Form H1867). These policies streamline enrollment and eligibility, and if removed, will undermine the goal to have healthier moms. Removal of these policies will disincentivize providers from engaging in application assistance due to the administrative burden that limits their capacity to provide direct services to women. Among other provider and client challenges, these policy changes will compromise client's access to timely, preventive healthcare and are sure to decrease HTW enrollment. Given the uncertainties around provider engagement and support, and the potential for decreased client enrollment, HHSC should reconsider implementation of these changes, so that more, not fewer women have access to services provided by a successful HTW 1115 Waiver implementation and HTW Plus launch.

Constructing barriers and disrupting the efficiency of these current policies will result in fewer women served, increasing unintended pregnancies – thereby increasing state Medicaid costs. It is in the state's best fiscal interest to remove barriers to enrollment in HTW. Eliminating policies that streamline the enrollment and eligibility processes – especially when a mother has a 1-month old newborn – would undermine the goal of healthier moms and state cost savings.

Notably, Texas must maintain budget neutrality as part of the 1115 HTW Demonstration Waiver, meaning that the demonstration project does not result in Medicaid costs to the federal government that are greater than what the federal government's Medicaid costs would

likely have been absent the demonstration. HTW is expected to achieve this goal by increasing access to women’s health and family planning services, which in turn will reduce the number of unintended pregnancies, improve birth spacing, and reduce the number of premature deliveries and low-birth weight infants funded through Medicaid. Eliminating the above three policies could drastically decrease enrollment in HTW and access to women’s preventive care – which presents a serious risk to Texas’ ability to achieve the budget neutrality.

TWHC is working to identify possible solutions to mitigate the concerns outlined above. Please contact us to discuss further via the contact information provided on page 1.

## **VI. Comprehensive Health Coverage Initiatives and Utilizing Federal Funds**

In Texas, three out of ten women are low income and one in five are uninsured.<sup>16</sup> Census data from 2019, shows that Texas remains the state with the highest number of uninsured residents with 5.2 million or 18.4 percent of Texans without insurance,<sup>17</sup> and we know the pandemic will only exasperate these rates. These numbers are alarming because facing a public health emergency of this magnitude has shown how important healthcare is in keeping communities safe. The numbers also highlight the challenges Texas moms face to have healthy pregnancies and babies, and manage postpartum issues, with inconsistent or unavailable healthcare coverage.

Texas’ family planning programs provide vital, but very limited health services. These programs are not a substitute for health coverage that can facilitate access to the full range of healthcare services women need. For all these reasons, we support implementation of comprehensive healthcare coverage solutions such as:

- ***12 months Medicaid postpartum coverage for mothers***

Maternal death and pregnancy related complications remain a serious concern. Not only are Texas’ high maternal deaths alarming, but pregnancy complications put mothers at risk for significant, ongoing health issues. The Maternal Mortality and Morbidity Review Committee (MMMRC) found that the majority of maternal deaths occurred more than 60-days postpartum and that many of them were preventable.<sup>18</sup> We know one of the best strategies to reverse these trends is to ensure women have access to healthcare before, during, and after pregnancy.<sup>19</sup> Recognizing the need for a program like HTW Plus is encouraging; however, it does not provide the same level of coverage a client receives on

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<sup>16</sup> Hamel, L., Wu, B., Brodie, M. Sim, S., & Marks, E. (2018). Views and Experiences Related to Women’s Health in Texas, Selected findings from the Kaiser Family Foundation/Episcopal Health Foundation 2018 Texas Health Policy Survey.

<sup>17</sup> Katherine Keisler-Starkey and Lisa N. Bunch U.S. Census Bureau Current Population Reports, P60-271, Health Insurance Coverage in the United States: 2019, U.S. Government Publishing Office, Washington, DC, 2020.

<sup>18</sup> Texas Department of State Health Services. “Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report.” September 2018.

<sup>19</sup> Ibid

Pregnant Women's Medicaid. We recommend extending the Medicaid postpartum coverage from 60 days to 12 months to better address and treat postpartum conditions.

- ***Drawing down federal Medicaid funds to cover low-income working Texans***

As stated above, the MMMRC recommends women have access to healthcare before, during, and after pregnancy. A woman working a low-wage job in Texas who is not pregnant, has few, if any options, for insurance, especially if it is not offered by her employer. Since March, more than 3 million Texans have filed for jobless benefits.<sup>20</sup>

Unemployed Texans will need medical care – COVID-19-related or not – but more will lack the means to pay for it. Reopening the economy, as conditions warrant, will undoubtedly help. Yet the pandemic also is reshaping the economy in profound and unpredictable ways, making the job market more uncertain. As such, employer-sponsored health insurance will likely be slow to rebound. For these reasons, we strongly support implementation of a comprehensive healthcare coverage solution to meet Texan's needs and ensure that women can get access to the care they need before, during, and after pregnancy.

TWHC represents various organizations providing direct healthcare, advocacy, or other community-based services across Texas. We are eager to work with you on these issues. We are happy to provide any additional information and welcome the opportunity to schedule follow-up conversations on the women's health budget and other topics relating to women's health. Thank you for taking our concerns and recommendations into consideration.

Respectfully,

Evelyn Delgado



Chair, Texas Women's Healthcare Coalition

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<sup>20</sup> More than 3.2 million Texans have filed for unemployment relief since mid-March, Anna Novak and Mitchell Ferman, *The Texas Tribune*, Aug. 21, 2020.



## 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  
 Every Body Texas  
 Texans Care for Children  
 Every Texan  
*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 Healthcare Institute
- Central Texas Nurse Practitioners
- Children's Hospital Association of Texas
- Circle Up United Methodist Women
- 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 Pediatrics and Women's Health, UNTHSC
- 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
- Latina Institute for Reproductive Justice Texas
- 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
- 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
- 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
- University Health System
- Valley AIDS Council
- Women's & Men's Health Services of the Coastal Bend, Inc.
- Young Invincibles