



Texas Women's Healthcare Coalition

PROMOTING ACCESS TO PREVENTIVE
HEALTHCARE FOR ALL TEXAS WOMEN

November 10, 2025

Texas Health and Human Services Commission

Via Email: PFDAcuteCare@hhs.texas.gov

Re: Comments on the proposed payment rates for the Family Planning Program and Title V Program

The Texas Women's Healthcare Coalition (TWHC) and its 75+ healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by improving access to preventive healthcare, including annual exams, cancer screenings, and contraception. Access to these services throughout a woman's reproductive years – including health screenings and contraception – contributes to healthy, planned pregnancies as well as early detection and treatment of cancers and other chronic conditions.

On behalf of the TWHC, thank you for this opportunity to provide public comment on proposed payment rates for the Family Planning Program and Title V Program. We appreciate your commitment to the health of Texas women.

Family Planning Program and Syphilis Testing

The proposed inclusion of syphilis testing (CPT 86593) in the Family Planning Program, with a nonstate clinical laboratory fee of \$3.70 effective May 1, 2025, represents an important investment in preventive care. Between 2019 and 2023, Texas experienced an alarming 75% increase in syphilis case counts. Syphilis infections during pregnancy can cause miscarriage, stillbirth, or neonatal death, as well as lifelong disabilities for the child. In 2023, there were 930 reported cases of congenital syphilis, a rate of 238.6 per 100,000 live births, which is more than twice the national rate of approximately 105.8 per 100,000. Adequate access to screening and treatment for syphilis – especially prior to the beginning of pregnancy – can help prevent fetal deaths associated with congenital syphilis. Expanding testing within FPP will allow low-income and uninsured Texans who depend on family planning clinics as their primary source of care to receive timely access to essential screening and treatment. This small laboratory fee is highly cost-effective compared with the long-term health and financial burden of congenital syphilis and demonstrates HHSC's commitment to prevention and health equity.

Title V Maternal and Child Health Program: Prenatal Ultrasound and Mental Health Screening

The TWHC supports the proposal to include prenatal ultrasounds for fetal anomalies (CPT 76811) and mental health screening for pregnant and postpartum women (CPT 96127) under Title V. Detailed prenatal anatomy ultrasounds enable early identification of fetal structural concerns, allowing providers to plan timely interventions that improve infant health outcomes. Strengthening maternal mental health screening is equally essential. Mental and behavioral health conditions remain among the leading causes of pregnancy-related death in Texas. The Texas Maternal Mortality and Morbidity Review Committee reports that 85 percent of pregnancy-related deaths linked to mental health conditions occur between 42



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days and one year after childbirth. Suicide and overdose account for about one quarter of these preventable deaths. Adding a routine screening benefit will allow providers to identify risk early, connect mothers to care, and promote healthy family stability during the critical postpartum period.

Recommendations

To ensure these new benefits achieve their full potential, we respectfully recommend that HHSC:

- Offer training to support the effective delivery of syphilis testing and mental health screening services.
- Strengthen behavioral health referral networks to ensure timely access to treatment and support for identified patients.

These measures will help ensure the success of the proposed benefit changes and reinforce Texas's leadership in building a preventive, equitable, and integrated maternal health system.

If you have any questions or if we can provide further information, feel free to contact Desiree Ingram at: Dingram@healthyfutures-tx.org.

Respectfully submitted,

Desiree Ingram

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