



Texas Women's Healthcare Coalition

PROMOTING ACCESS TO PREVENTIVE
HEALTHCARE FOR ALL TEXAS WOMEN

November 22, 2025

Attn: **Texas Health and Human Services Commission**

Email: CFOStakeholderfeedback@hhs.texas.gov

2028-2029 Legislative Appropriations Request Recommendations for the Texas Health and Human Services Commission November 22, 2025

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 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.

During the 88th legislative session HHSC requested and received new exceptional item funding to support Women's Health Programs. This new funding is supporting providers that see high numbers of patients, treat preventable and chronic diseases that contribute to maternal mortality, address enrollment challenges, support post covid caseload growth, and launch new Mobile Health Units in underserved areas. *TWHC is incredibly grateful* to both the agency and the legislature for prioritizing the needs of Texas women and addressing the current demands on the women's health provider network. We are also thrilled to see this new funding support the influx of new providers that joined in the 2025 procurement, allowing healthcare access to new patient populations.

Thank you for the opportunity to provide input into the development of the Fiscal Years 2028-2029 Legislative Appropriations Request (LAR) for the Texas Health and Human Services Commission (HHSC). While we will be developing more specific funding recommendations in 2026, please find our early recommendations below:

1. Support more Texas families by ensuring the stability and availability of women's health programs.

Recommendation: Request *additional funding and examine innovative options* to support the Breast and Cervical Cancer Screening program as the state continues to navigate the rising costs of healthcare, loss of coverage, women's healthcare deserts and increasing maternal mortality rates.



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BCCS providers are few and very far between in our state, but they are providing life saving care. Reimbursement rates for specialty care are so low that this network continues to shrink, leaving women without any options. HHSC should consider how best to support this program, whether it is by offering grants to incentivize providers or incorporating these services into HTW and FPP. If nothing is done, we fear this program and its services will disappear entirely.

Recommendation: *Request legislative authority and funding to support the certification and credentialing of women's health providers that are being failed by the TMHP. Enhance PEMS system functionality and provider support by fully funding and staffing the SB 1266-mandated support team with authority to resolve issues promptly and transparently.*

Providers continue to face significant delays with Medicaid enrollment through the Texas Medicaid Healthcare Partnership (TMHP) and its Provider Enrollment and Management System (PEMS). The system lacks transparency, clear timelines, and reliable communication channels. These problems affect not only individual providers but also new clinic sites and women's preventive mobile health units. HTW providers have waited up to nine months for enrollment or revalidation. Delays that prevent billing and reimbursement, creating severe financial strain on freestanding clinics that do not have the cash reserves of large hospital systems. Timely Medicaid payments are essential to sustain day-to-day operations and prevent service interruptions. TMHP system inefficiencies compound these delays. The inability to track application progress or access timely assistance forces providers to spend extensive hours resubmitting documents and waiting weeks for responses. HTW providers spend a significant amount of time resubmitting documents and waiting for support. Even scheduling technical support can take nearly a month, including five to seven business days simply to receive a callback to book an appointment.

Disenrollment notices are sent only via email and often land in spam folders, leaving providers unaware of disenrollment until claims are denied, disrupting operations and delaying patient care. These inefficiencies disrupt clinic workflow and reduce time available for patient outreach and service delivery.

2. Increase enrollment in Healthy Texas Women and ensure full implementation of the HTW Short Form, as adopted in the 89th session, SB1.

Recommendation: *Request any additional funding needed to ensure rapid and full implementation of a Short Form application for Healthy Texas Women.*



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The enrollment rates for HTW have decreased statewide. This is happening as the state population increases and more and more people are losing health coverage. Many providers are currently relying on the state-funded Family Planning Program to cover services for women while their HTW application is being processed, and while they may be retroactively reimbursed, it still creates an unnecessary financial strain on FPP while the state has a backlog of applications to process extending well over 60 days.

The long-form MAGI application for the HTW program continues to be a major barrier to enrollment, delaying care for women who urgently need preventive services and do not qualify for Medicaid. Since its implementation in 2019, approval rates have dropped from approximately 50% to 30%, and procedural denials due to missing documentation have risen from about 13% to nearly 30%. The delays limit timely access to cancer screenings, STI testing and treatment, contraception, and chronic disease management.

3. Support Texas Mothers by ensuring full implementation of Postpartum Medicaid Coverage for 12 months

Recommendation: *Request funds to strengthen and complete full implementation of the 12-month Medicaid postpartum coverage benefit.*

Although Texas implemented 12-month postpartum Medicaid coverage in April 2023, significant gaps remain in awareness, utilization, and correct administration of the benefit. Many providers and Medicaid enrollees remain confused about who qualifies, what services are covered, and the full length of coverage, resulting in inconsistent access to care. In addition, there is no standardized transition from obstetric care to primary care in the postpartum period, leaving many women without coordinated follow-up for chronic conditions, mental health needs, or ongoing recovery. Providers continue to report claims denials for postpartum services that require burdensome appeals, and patient advocacy groups continue to identify cases where women are erroneously disenrolled at 60 days postpartum, despite the statutory 12-month coverage period.