

**April 16th, 2026**

**Texas Department of State Health Services  
Attention: DSHS Public Hearing, April 30th, 2026  
Via Email: DSHSPublicComments@dshs.texas.gov**

**Re: Comments in Response to the 2028-2029 Biennium Legislative Appropriations Request**

To Whom It May Concern,

On behalf of the Texas Women's Healthcare Coalition (TWHC), thank you for this opportunity to provide suggestions for the Department of State Health Services' (DSHS) Legislative Appropriations Request (LAR) for the 90th Session.

TWHC is a group of 77 healthcare, faith, and community-based member organizations - dedicated to improving the health and well-being of Texas women, babies, and families by advocating for 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.

In alignment with this mission, TWHC has the following recommendations for DSHS regarding the proposed LAR:

**1. Request Exceptional Item funding to continue supporting the Texas AIM program in rural communities to prevent maternal illness and death.**

TWHC is incredibly grateful to the Texas Legislature for increasing funding for the Texas AIM program from \$6.7 million for the 2024-2025 biennium to \$10 million for the 2026-2027 biennium, demonstrating a true commitment to improving maternal health outcomes in hospitals across Texas.

While this investment has enabled Texas AIM to implement the Sepsis Bundle and prepare to implement a future Cardiac Conditions Bundle in 2028, more funding is needed to ensure the program can provide adequate technical assistance to the rural hospitals they work with.

Texas faces a maternal mortality rate of 29.3 deaths per 100,000 births, the majority of which are preventable. Furthermore, the state is grappling with maternity care deserts.<sup>1</sup> 49.6% of Texas counties are defined as maternity care deserts, or counties that have no hospital offering obstetric care, no birth center, and no obstetric clinician.<sup>2</sup> This far exceeds the national average of 35%.<sup>3</sup> Between 2015 and 2025, 14

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<sup>1</sup> “2025 March of Dimes Report Card for Texas.” PeriStats, March of Dimes.

<sup>2</sup> “Maternity Care Desert: Texas, 2024 Report.” PeriStats, March of Dimes.

<sup>3</sup> Nowhere to Go: Maternity Care Deserts Across the US; 2024 Report, March of Dimes, 14 Aug. 2024.

rural hospitals closed, and only 41% of the remaining rural hospitals still offer labor and delivery services.<sup>45</sup>

By requesting more funding for Texas AIM, DSHS can ensure that providers—especially those in underserved areas—have the tools to prevent unnecessary loss of life.

## **2. Restore funding to HPV prevention efforts to prevent cervical and other cancers among Texas women.**

TWHC acknowledges that access to the Human Papillomavirus (HPV) vaccine within the Adult Safety Net (ASN) program has been discontinued since 2023 due to funding constraints. However, we urge DSHS to revisit this change as HPV is known to cause many types of cancer in adults, including cancers of the mouth and throat, cervix, vulva, vagina, penis, and anus. More than 39,000 people get HPV-related cancers in the United States every year.<sup>6</sup> Cervical cancer is the fourth most common cancer among women globally and caused an estimated 342,000 deaths in 2020.<sup>7</sup>

HPV vaccines are an effective and low-cost part of Texas's cancer prevention strategy. Access to HPV vaccines will benefit not only the lives of thousands of women (and men) each year but also lower Medicaid costs. The administration of a full HPV vaccine series costs a few hundred dollars.<sup>8</sup> In contrast, treatment for cervical cancer, the most common cancer caused by the virus, ranges from \$56,000 to more than \$100,000, depending on the stage at diagnosis.<sup>9</sup>

By restoring support to HPV prevention efforts for the ASN, lives can be protected and saved across the state.

## **3. Support the continued work and data needs of the Maternal Morbidity & Mortality Review Committee to strengthen the maternal health systems in Texas.**

TWHC believes that to effectively craft solutions to meet the needs of mothers and families in Texas, we need accurate, timely, and comprehensive data. We recognize and support the difficult task before the MMMRC and the agency in collecting, analyzing, reporting, and retaining these sensitive records. As the TWHC has many providers and healthcare systems within its membership, we acknowledge that there is always room for improvement in how we support pregnant women. We ask the agency to prioritize this work in its LAR.

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<sup>4</sup> Rural Hospitals at Risk of Closing, Center for Healthcare Quality and Payment Reform, Jan. 2026.

<sup>5</sup> “Stopping the Loss of Rural Maternity Care.” Saving Rural Hospitals, Center for Healthcare Quality and Payment Reform.

<sup>6</sup> Cancers Linked with HPV, American Cancer Society, 19 Mar. 2026.

<sup>7</sup> Cervical Cancer, World Health Organization, 2 Dec. 2025.

<sup>8</sup> Human Papillomavirus Vaccine: A Public Health Opportunity for Texas, Rice University’s Baker Institute for Public Policy, 6 Oct. 2014.

<sup>9</sup> Health and Economic Benefits of Cervical Cancer Interventions, Centers for Disease Control and Prevention, 15 Aug. 2025.

**4. Increase funding for local and regional maternal mortality review initiatives.**

Texas has an incredibly diverse regional array of health care resources and capacity, as well as a wide range of cultural and socioeconomic needs. Maternal health trends and issues in one region may differ from those in others. To combat this, TWHC recommends that DSHS fund regional maternal mortality review initiatives, such as High Risk Care Coordination and regional or county-level Maternal Mortality Review Teams.

**5. Request continued funding in the base budget for the Federally Qualified Health Center Incubator Program.**

The FQHC Incubator Program, administered by the Community Health Services Texas Primary Care Office, has been a key driver in increasing access to primary and preventive services for children and families. The Incubator Program provides funding to create new FQHC sites and increase capacity at existing FQHCs. In the last three biennia, funding has supported the creation of new women's and pediatric clinics, added obstetrician-gynecologists and behavioral health professionals, and established new sites in rural communities. However, health centers still need to keep up with the growth in demand for medical and mental health services. We support continued investments in the FQHC program through base budget funding.

Thank you again to DSHS staff for their strong collaboration and support. We appreciate your time and attention on these matters and are happy to answer any questions you may have.

Respectfully,  
Rachel Wolleben  
Policy and Advocacy Coordinator  
Texas Women's Healthcare Coalition (TWHC)