

Texas women's health programs provide access to essential services:

- Annual well-woman exams
- Pap tests
- Breast cancer screening
- Screenings/treatment for sexually transmitted infections
- Diabetes screenings
- High blood pressure screenings
- Cholesterol screenings
- Reversible and permanent methods of contraception
- Diagnostic services for abnormal breast or cervical cancer test results
- Cervical dysplasia treatment
- Health education and counseling
- Prenatal medical and dental services

Why are these services important?

These essential services are important because they save the state money and:

- Ensure newborns are healthy.
- Reduce the number of births paid for by Medicaid.
- Detect diseases early, when complications can be prevented.

Women's preventive services and contraception help women avoid unplanned pregnancies, which have higher risks of prematurity and low birth weight; educational and economic disadvantage; and poor child mental and physical health.

Texas Women's Healthcare Coalition

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Healthy Futures
of Texas

Development and leadership of the Texas Women's Healthcare Coalition is a project of Healthy Futures of Texas

Protect Women's Preventive Care Programs



Increase Funding for Texas Women

The Texas Women's Healthcare Coalition (TWHC) is dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women.

The TWHC Legislative Agenda

- 1 Increase funding for women's preventive healthcare, including contraception.**
- 2 Maximize taxpayer savings.**
- 3 Coordinate programs in a way that maximizes access and minimizes disruption.**
- 4 Increase provider capacity.**



Women's Healthcare
COALITION

The Texas Women's Healthcare Coalition Legislative Agenda

1 Increase funding for women's preventive healthcare, including contraception, to fully meet the growing need among low-income and uninsured Texas women.

WHY: More than 1.3 million Texan women need publicly subsidized preventive healthcare, including contraception.¹ Only three in 10 of these women currently receive the services they need.²

HOW: Increase funding for these programs:

- Department of State Health Services (DSHS) Family Planning program.
- DSHS Expanded Primary Health Care program.
- Health and Human Services Commission Texas Women's Health Program.

2 Maximize the ability of the women's healthcare safety net to save Texas taxpayer dollars.

WHY: Texas currently spends \$1.3 billion each year on unplanned childbearing — 71 percent of the state's unplanned births are publicly funded.³ For every dollar invested in contraception, taxpayers see a return of \$7.09.⁴

HOW:

- Increase funding for the women's healthcare safety net to save Texas taxpayer money.
- Develop a workable solution for the coverage gap so the state can receive the maximum federal dollars for uninsured Texans' healthcare.

3 Improve access to healthcare by coordinating women's health programs in a way that minimizes service disruption and incorporates robust stakeholder involvement.

WHY: The three state programs that provide preventive healthcare to low-income, uninsured women differ substantially in services provided, population covered, and contract or fee-for-service arrangement with providers. The system is difficult to navigate for patients and providers.

HOW:

- Implement strategies to streamline and coordinate care across women's health programs that ensure meaningful and ongoing stakeholder involvement.
- Provide funding for an implementation process with robust collection of data and provider feedback.

4 Increase provider capacity for women's preventive care, including contraception.

WHY: Texas needs more providers to deliver preventive care to women, especially in rural areas. Most contractors suffered from cutbacks in 2011, and some providers were excluded from the Texas Women's Health Program in 2013. Any system changes now must prevent further damage to "safety-net" providers and prevent provider loss. Providers need the ability to provide the most effective, cost-efficient contraceptives.

HOW:

- Ensure meaningful input from providers in the Sunset process to prevent negative impact on providers and women.
- Increase provider program outreach.
- Increase provider capacity, particularly in underserved areas.
- Ensure adequate training in and reimbursement for long-acting reversible contraceptives (implants and IUDs).
- Support providers' ability to prescribe long-acting reversible contraceptives.

¹ Frost J, et al. Contraceptive Needs and Services, 2012 Update. New York, Guttmacher Institute, 2014.

² Number of women served in 2014 (per FY16-17 DSHS and HHSC Legislative Appropriation Requests), plus clients served by federally funded Title X June 2013 through May 2014, divided by number of women in need (per Frost et al).

³ Sonfield A, et al. Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy and Infant Care: Estimates for 2008. New York, Guttmacher Institute, 2014.

⁴ Frost J, et al. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. New York, Guttmacher Institute, 2014.