Testimony of Janet Realini, MD, MPH
Texas Women's Healthcare Coalition

Senate Finance Committee
Article II: Health and Human Services Appropriations
Testimony of the Texas Women's Healthcare Coalition
Janet Realini, MD, MPH
January 31, 2017

The Texas Women's Healthcare Coalition (TWHC) and its 67 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 early detection of cancers and other treatable conditions.

TWHC thanks and commends our legislators for their commitment to women's preventive healthcare in 2013 and 2015. Increased investment from the state has been crucial for rebuilding our state's family planning network and providing vital services like health screenings, contraception, and well-woman exams to Texas women. The launch of the state's new women's health programs – Healthy Texas Women and the Family Planning Program – has been an opportunity to strengthen provider engagement and healthcare access throughout the state.

We are grateful for the Senate's base budget which maintains funding for our women's health programs for the 2018/2019 biennium. Funding stability will enable women's health providers to adjust to the new programs, strengthen outreach, and ultimately reach more women throughout the state.

Though maintaining funding will go a long way towards increasing access for Texas women, the need in the state is great, with nearly 1.8 million women in need of state-supported care.[i] Given this great need, we respectfully offer the following recommendations as you consider the 2018/2019 budget:

1) **Fund the Health and Human Services Commission's (HHSC) Exceptional Item request for Family Planning as originally recommended in HHSC's Legislative Appropriations Request.** The Family Planning Program is a cornerstone of our women's health safety net, and investing $20 million over the biennium will enable thousands of additional women to access core preventive health

services. We recognize that the Exceptional Item was removed in HHSC's revised request as a cost-containment measure, and HHSC is still determining what amount of additional funding would be necessary to support the program. However, investing in family planning ultimately leads to cost savings for the state. As the agency adjusts its caseload assumptions over the coming months, it will be important to have funding available to meet the growing needs within the program.

Preventive care and birth control are as important to the state's fiscal health as they are to the health of women and their babies. Every dollar used to provide contraceptive care for a woman saves $7.09 in public costs.[ii] Providing preventive services to low-income women saves costs primarily by helping women avoid unplanned pregnancy, and avoiding the Medicaid costs for pregnancy, birth, and infant healthcare. Medicaid pays for 53% of the births in Texas, resulting in the state spending $3.5 billion per year for birth and delivery-related services for mothers and infants in the first year of life.[iii] In tough financial times, funding for family planning is a smart investment for families and for the state.

Texas is facing new challenges that make it more important than ever to invest in preventive healthcare. Since November, Texas has seen six cases of locally-transmitted Zika virus in Cameron County, Texas. Because of the devastating impact the Zika virus can have on pregnant women and their babies, strategies to prevent unintended pregnancies are critical in combatting the potential spread of Zika. For many women, their visit with a family planning provider may be their only contact with a healthcare provider, and therefore serves as an important entry point to connect them with healthcare information and services.

Two recent reports have found an alarming spike in maternal mortality in Texas. The maternal mortality rate in Texas doubled in the two year period between 2011 and 2012, an increase researchers claim would normally only be explained by war, natural disaster, or significant economic upheaval.[iv] Moreover, the Texas Task Force on Maternal Mortality and Morbidity found that although only 11.4% of all births in 2011 and 2012 were to black women, they accounted for 28.8% of all maternal deaths.[v] Although there are many factors that contributed to these poor health outcomes and racial disparities, we know that one of the best strategies we have to reverse these trends is to ensure women have access to healthcare before, during, and after pregnancy.

When women and couples are able to plan and space their pregnancies, babies have less risk of prematurity and low birth weight, and mothers experience healthier outcomes too.[vi] [vii] Planned pregnancies have a healthier start, with earlier prenatal care, less alcohol and tobacco exposure, more folic acid to prevent birth defects, greater likelihood of breastfeeding, and many positive outcomes for children.[viii] [ix] The ability to plan pregnancies allows women and families to achieve their educational goals and improve their financial situation.[x] [xi]

2) **Increase access to the most effective, long-lasting forms of contraception (implants and intrauterine devices).**

Access to contraception, particularly the highly effective, longer-acting methods such as intrauterine devices (IUDs) and subdermal implants, markedly reduces unplanned pregnancy and can also reduce the number of abortions.[xii] These forms of contraception are twenty times more effective than other methods, and are considered a first-line choice for women by medical organizations. [xiii] When financial and informational barriers are removed, three out of four

women seeking contraception choose long-acting reversible methods.[xiv] However, their high upfront cost can be a barrier to providing them.

The TWHC commends the Senate Finance Committee for including rider language to strengthen access to long-acting contraception. TWHC recommends that the state build upon the advances it has already made in promoting access to effective contraception, particularly by investing in additional, more comprehensive training and education for providers.

3) **Support Exceptional Item #1 to maintain Medicaid program growth, without reducing benefits and eligibility. We urge the Legislature to use the Rainy Day Fund before considering cuts to vulnerable populations, including low-income pregnant women.**

Though our women's preventive health programs play a critical role in our state, they are only one piece of the safety net in place to ensure the health of moms and babies in Texas. When low-income women become pregnant, Medicaid offers necessary health services during and immediately after pregnancy, helping ensure that moms and babies experience the best health outcomes possible.

We recognize that HHSC has identified narrowed eligibility and services as a way to cut costs. However, we urge the Legislature to consider cuts to vulnerable populations as a last resort. Medicaid for pregnant women is not only a life-saving program – it also saves costs. In 2003, the Legislature reduced the Federal Poverty Level for pregnant women from 185% to 158%, reducing enrollment by over 8,000 women per month.[xv] The Legislature restored the upper eligibility limit in 2005 in recognition of the importance of providing preventive and prenatal care to women, as well as the cost savings that occur when women have healthy pregnancies and deliveries. Access to early prenatal care improves maternal and infant health outcomes, reducing the risk of still birth, premature birth, neonatal death, and infant death.[xvi] In 2015, Texas taxpayers spent roughly $402 million on babies born prematurely or with low birth weight. On average, Medicaid costs for babies carried full-term are $572 in the first year of life, while average costs for babies born prematurely or with low birth weight are over $100,000.[xvii]

Investing in services for pregnant women leads to substantial cost savings, in addition to improved health outcomes for moms and babies. We encourage the Legislature to use the Rainy Day Fund if necessary to cover vulnerable populations and avoid cutting eligibility and benefits.

The TWHC looks forward to continuing its work with HHSC and state leadership to ensure the successful progress of our state's zwomen's health programs. HHSC's hard work has been instrumental to the success of the new programs. Moving forward, we hope HHSC can provide the types of supports, conferences, and trainings that the Department of State Health Services (DSHS) provided to family planning providers in the past. A key component of making sure women receive the best care possible is ensuring that providers are following Quality Family Planning guidelines as recommended by the Centers for Disease Control and Prevention. We encourage HHSC to monitor and assist providers in ensuring their services follow quality standards.

Another essential tool for improving quality and access is having detailed, timely data on the capacity of providers and needs of women in the state. To this end, we commend the Finance Committee's inclusion of rider language strengthening data collection for the state's women's health programs. We hope to further strengthen available data so we can ensure the state's programs are able to target the most vulnerable women in the state, including those in rural and underserved areas.

The Legislature's ongoing commitment to women's healthcare has been essential for rebuilding our state's family planning safety net. We look forward to continuing to work with state leaders to make sure that every woman in our state has access to life-changing preventive healthcare.

Thank you for your consideration, and for your strong support for women's preventive healthcare. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or JRealini@TexasWHC.org.

Respectfully submitted,

Janet Realini, MD, MPH
Chair, Texas Women's Healthcare Coalition

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association
District XI (Texas) American Congress of Obstetricians and Gynecologists
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Women's Health and Family Planning Association of Texas
Texans Care for Children
Center for Public Policy Priorities
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 Nurse Practitioner Association
Cardea
Center for Community Health, UNTHSC
Central Texas Nurse Practitioners
Children's Hospital Association of Texas
Coalition for Nurses in Advanced Practice
Coastal Bend Advanced Practice Nurses
Coastal Bend Wellness Foundation
Consortium of Texas Certified Nurse Midwives
Department of Ob/Gyn of UNTHSC and the ForHER Institute
El Paso Area Advanced Practice Nurse Association
Food Bank of the Rio Grande Valley
Fort Worth Region Nurse Practitioners
Gateway to Care
Good Neighbor Health Center
Hill Country Advanced Practice Nurses & Physicians Assistants Association
Houston Area Chapter of NAPNAP
Houston Area Nurse Practitioners
League of Women Voters of Texas
Legacy Community Health Services
March of Dimes - Texas
Mental Health America of Greater Houston
National Council of Jewish Women—Texas State Policy Advocacy Network
National Latina Institute for Reproductive Health
North Harris Montgomery Advanced Practice Nurse Society
North Texas Alliance to Reduce Teen Pregnancy
North Texas Nurse Practitioners
Panhandle Nurse Practitioner Association
People's Community Clinic
Port Arthur Housing Authority
SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
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
St. David's Foundation
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 Pediatric Society
Texas Unitarian Universalist Justice Ministry
The Contraceptive Initiative
University Health System
Women's & Men's Health Services of the Coastal Bend, Inc.

[i] Frost JJ et al., *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update.
[ii] Frost JJ, Sonfield A, Zolna MR and Finer LB, Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *Milbank Quarterly*, 2014, doi: 10.1111/1468 0009.12080,http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080/, August 12, 2016.
[iii] French, Lesley and Delgado, Evelyn, "Presentation to the House Committee on Public Health: Better Birth Outcomes," Health and Human Services Commission, May 19, 2016.
[iv] MacDorman et al., "Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues." Obstetrics & Gynecology. 128(3). September 2016
[v] Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." July 2016. Accessed at http://dshs.texas.gov/ConsumerandExternalAffairs/legislative/2016Reports/M3TFBiennialReport2016-7-15.pdf
[vi] Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birthspacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA 2006; 295(15): 1809-1823.
[vii] Zhu BP. Effect of interpregnancy interval on birth outcomes: findings from three recent US studies. International Journal of Gynecology and Obstetrics 2005; 89(Supplement 1): S25-S33.
[viii] Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child, and parental health: a review of the literature. Studies in Family Planning 2008; 39(1); 18-38.
[ix] The National Campaign to Prevent Teen and Unplanned Pregnancy. Fast Facts: The consequences of unplanned pregnancy, May 2008. Accessed at http://www. thenationalcampaign.org/resources/pdf/fast-facts-consequences-of-unplannedpregnancy.
pdf, January 12, 2013.
[x] Sonfield A et al., The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children, New York: Guttmacher Institute, 2013. Accessed at https://editor.guttmacher.org/sites/default/files/report_pdf/social-economic-benefits.pdf, Aug. 26, 2016
[xi] Bloom DE, Greenhill R. Invest in Family Planning, Escape Poverty. Bill and Melinda Gates Foundation, Impatient Optimists, posted July 10, 2012. Accessed at www. impatientoptimists.org/Posts/2012/07/Invest-in-Family-Planning-Escape-Poverty, Aug. 26, 2012.
[xii] Piepert JF, et al. Preventing Unintended Pregnancies by Providing No-Cost Contraception. Obstetrics & Gynecology 2012; 120(6): 1291-1297
[xiii] U.S. Centers for Disease Control and Prevention. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. MMWR Recommendations and Reports Vol. 59, No. RR-4, June 18, 2010. Accessed at http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf, February 15, 2015.
[xiv] Peipert J, Madden T, et.al. Preventing unintended pregnancies by providing no-cost contraception. Obstet Gynecol. December 2012. 120(6):1291–1297. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4000282/.
[xv]"Children's Medicaid and SCHIP in Texas: Tracking the Impact of Budget Cuts," Kaiser Commission on Medicaid and the Uninsured, Prepared by Anne Dunkelberg and Molly O'Malley, July 2004.; "Texas Official Recommends Restoring Medicaid Coverage to 8.300 Pregnant Women," Kaiser Health News. Available at: http://khn.org/morning-breakout/dr00024454/
[xvi] Partridge, S., Balayla, J., Holcroft, C.A., & Abenhaim, H.. "Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: A Retrospective Analysis of 28,729,765 U.S. Celiveries Over 8 Years." *American Journal of Perinatology*, 29(10), 2012
[xvii] House Committee on Public Health, Texas House of Representatives Interim Report 2016, December 2016.