



The Texas Women's Healthcare Coalition (TWHC) and its 76 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 – including health screenings and contraception – for all Texas women.

Preventive Healthcare Is Key to Improving Maternal and Infant Health Outcomes

As the state develops strategies to reduce maternal mortality and improve infant health, we believe it is critical to recognize the central role family planning plays in ensuring healthy outcomes for moms and babies. A healthy pregnancy begins well before a woman becomes pregnant. Screenings for conditions like hypertension, diabetes, cervical cancer, and postpartum depression are essential for helping women identify and address health issues early. Preventive care for non-pregnant women – including access to contraception to avoid unplanned pregnancy – reduces the risks of later maternal and infant complications. Planning pregnancy also allows for healthy spacing between pregnancies, which means lower chances of preterm birth, low birthweight, and infant mortality.

It is also important to recognize family planning as a key component of a broader perinatal system. Well-woman exams are frequently women's primary entry point into healthcare services, and family planning providers are essential for connecting women to an array of health services and programs that can help them become and stay healthy. The state's Maternal Mortality and Morbidity Task Force has recognized family planning services as a key component of efforts to improve maternal health in the year following delivery and in the interconception period.

Preventing Unintended Pregnancies Leads to Substantial Cost Savings

Unintended pregnancies are costly to the state. Medicaid pays for 53 percent of all births, at a cost \$3.5 billion per year for pregnancy and delivery-related services for moms and infants in the first year of life.ⁱ In 2010, 74 percent (133,000) of unplanned births in Texas were publicly funded, with a public cost of \$2.9 billion.ⁱⁱ

Reducing unintended pregnancy is key to reducing poor birth outcomes and the costs associated with them. For premature and low birth-weight babies, Texas spends an average of \$109,220, compared to only \$572 for a baby born full-term.ⁱⁱⁱ In state fiscal year (FY) 2015, Medicaid paid more than \$402 million for newborns with prematurity and low birth weight.^{iv} When women are able to plan their pregnancies and have healthy spacing between them, they substantially reduce the risk of low birthweight, prematurity, and infant mortality.^{v vi} In addition to having a devastating impact on families, these conditions can lead to considerable additional costs to the state's Medicaid program.

Investing in Texas's women's health programs has led to significant cost savings for the state. According to the 2015 *Texas State Government Effectiveness and Efficiency Report (GEER)*, the state's Texas Women's Health Program (TWHP) averted 6,160 pregnancies in FY 2013, resulting in a savings to the state of \$72.0 million in All Funds.^{vii} In FY 2016, HHSC estimates that the TWHP resulted in a reduction of 13,149 births. This adds up to savings of \$184.6 million for Medicaid and

net savings to the state of \$50.9 million.^{viii} State savings are even higher when the savings from Texas's other family planning programs are taken into account.^{ix x xi}

Few other programs can match the ability of Texas's women's health programs to both improve health outcomes and reduce costs. As the House Appropriations Committee considers policy changes that will result in cost savings for Texas, we offer the following recommendations designed to improve access to family planning services and increase cost savings for Texas.

Maximize State Savings by Improving Continuity of Care for Texas Women

Strategies that increase the number of women utilizing family planning services lead to reduced state costs associated with unintended pregnancies and poor birth outcomes. The state's women's health programs – Healthy Texas Women (HTW) and the Family Planning Program (FPP) – are key programs within the state's family planning safety net. Unfortunately, many low-income women are not adequately connected to these services, particularly when they transition out of a different health program.

The following recommendations would improve continuity of care between family planning programs and other health services available to low-income women, ultimately improving health outcomes and maximizing savings due to increased utilization of the state's women's health programs.

- **Examine strategies for reducing state costs associated with unintended pregnancy and poor birth outcomes by:**
 - **Increasing the number of women who receive health services after being auto-enrolled from Medicaid into Healthy Texas Women (HTW) 60 days postpartum.** Auto-enrollment has been an important policy change with the potential to substantially increase the number of women who access health care after they deliver through Medicaid. However, in order to fulfill the intent of this policy, the state should identify ways to ensure more women who are auto-enrolled actually receive services. Improving continuity of care for women in this vulnerable period after delivery will improve birth spacing and health outcomes for subsequent pregnancies, leading to substantial cost savings.
 - **Improving continuity of care between the CHIP Perinatal program and the Family Planning Program (FPP).** Too many women who deliver through CHIP Perinatal lose access to any source of health care after their postpartum coverage ends, and may be unaware that they qualify for FPP. Reducing unintended pregnancies for women in CHIP Perinatal will substantially reduce costs, including through Emergency Medicaid, which had pregnancy-related costs totaling over \$233 million of General Revenue in 2013.^{xii} Strategies that improve postpartum enrollment into FPP are essential for improving health outcomes for moms and babies in Texas.
 - **Improving CHIP clients' access to family planning services while enrolled in CHIP, as well as after they age out of CHIP or Children's Medicaid.** CHIP clients cannot currently access family planning services through HTW. This population faces additional barriers when they age out of CHIP, as they are not currently auto-enrolled into HTW. 18-19 year-olds account for nearly 70 percent of teen births in Texas, which collectively costs the state

\$1.1 billion per year.^{xiii} By addressing these barriers to access to care, Texas can make important strides in reducing the state's high teen pregnancy rates and reducing state costs.

- **Using multiple points of contact – such as community health workers, health plans, or peer services – to increase awareness of and access to the state's women's health programs.** Despite strong efforts by HHSC, many women remain unaware of available women's health programs or how to access them. The state should identify ways to better coordinate with existing stakeholders to increase outreach and enrollment.
- **Study the potential cost-savings and health benefits of enabling women in the state to receive a one-year supply of birth control at a single pharmacy visit, if prescribed.** Running out of birth control pills is among the primary reasons women discontinue oral contraceptive use, and many women struggle to maintain consistent contraceptive use when they are forced to return to the pharmacy every month to receive their next supply. A common-sense solution for increasing continuation of birth control and reducing unintended pregnancies is enabling women to receive a larger supply at one time. Dispensing a 13-cycle supply has been shown to not only increase consistent use of birth control, but also to reduce state costs. A study of the California Medicaid family planning waiver program showed that dispensing 13-month supply significantly reduced costs to the Medicaid program.^{xiv}
- **Examine strategies to reduce state Medicaid costs by increasing access to Long Acting Reversible Contraception (LARC).** LARC methods, including implants and IUDs, are twenty times more effective than other contraceptive methods, and medical organizations consider LARC methods to be first-line choices for women. They can play a critical role in the state's efforts to improve maternal health and birth outcomes by reducing unintended pregnancy and improving birth spacing for Texas moms. The state should study and address the biggest barriers to LARC access, including low reimbursement rates, inadequate training and education for providers, and unmet demand within the CHIP Perinatal program. As noted in the 2015 GEER Report, with more women choosing more effective long-lasting contraceptive methods, Texas will see an increase in state savings due to births averted.^{xv}

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.	National Latina Institute for Reproductive Health
Amistad Community Health Center	North Harris Montgomery Advanced Practice Nurse Society
• Austin Advanced Practice Nurses	North Texas Alliance to Reduce Teen Pregnancy
Austin Physicians for Social Responsibility	North Texas Nurse Practitioners
AWHONN Texas	Panhandle Nurse Practitioner Association
Brazos Valley Community Action Agency, Inc.	Pasadena Health Center
Brazos Valley Nurse Practitioner Association	People's Community Clinic
Cardea	Port Arthur Housing Authority
Center for Community Health, UNTHSC	Pregnancy and Postpartum Health Alliance of Texas
Central Texas Nurse Practitioners	SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
Children's Hospital Association of Texas	San Antonio Metropolitan Health District
Coalition for Nurses in Advanced Practice	San Antonio Nurses in Advanced Practice
Coastal Bend Advanced Practice Nurses	Schneider Communications
Coastal Bend Wellness Foundation	South Plains Nurse Practitioner Association
Community Healthcare Center	South Texas Family Planning & Health Corp.
Consortium of Texas Certified Nurse Midwives	Southeast Texas Nurse Practitioner Associates
Department of Ob/Gyn of UNTHSC and the ForHER Institute	Special Health Resources
El Buen Samaritano	St. David's Foundation
El Centro De Corazón	Texas Association of Obstetricians and Gynecologists
El Paso Area Advanced Practice Nurse Association	Texas Campaign to Prevent Teen Pregnancy
Food Bank of the Rio Grande Valley	Texas Council on Family Violence
Fort Worth Region Nurse Practitioners	Texas Health Institute
Gateway to Care	Texas Hospital Association
Good Neighbor Health Center	Texas Medical Association Alliance
Haven Health	Texas Nurse Practitioners
Hill Country Advanced Practice Nurses & Physicians Assistants Association	Texas Nurses Association
Houston Area Chapter of NAPNAP	Texas Pediatric Society
Houston Area Nurse Practitioners	Texas Unitarian Universalist Justice Ministry
League of Women Voters of Texas	The Contraceptive Initiative
Legacy Community Health Services	The SAFE Alliance
March of Dimes - Texas	University Health System
Mental Health America of Greater Houston	Valley AIDS Council
National Council of Jewish Women—Texas State Policy Advocacy Network	Women's & Men's Health Services of the Coastal Bend, Inc.

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