TEXAS Women's Healthcare COALITION

September 25, 2017

Charles Smith
Executive Commissioner
Texas Health and Human Services (HHS)
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78751-2316

Dear Executive Commissioner Smith:

On behalf of the undersigned Texas organizations, we would like to thank HHSC for its work to increase access to Long-Acting Reversible Contraception (LARC), including subdermal contraceptive implants and intrauterine devices (IUDs). HHSC's commitment to meeting regularly with women's healthcare stakeholders has been instrumental in helping develop statewide strategies for increasing access to LARC methods. HHSC has also elevated this issue by modifying state policies, offering provider trainings, and participating in national initiatives like the Association of State and Territorial Health Officials (ASTHO) Increasing Access to Contraception Learning Community.

As Texas' alarmingly high rates of maternal mortality indicate, it is more important than ever to identify strategies for helping women plan and space pregnancies, as well as receive essential preventive health services. A healthy pregnancy begins well before a woman becomes pregnant. Screenings for conditions like hypertension, diabetes, and cervical cancer 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.

A key aspect of quality preventive care is providing the full range of contraceptive methods, including LARC. These methods of contraception are 20 times more effective than oral contraceptives, and medical organizations consider LARC methods to be first-line choices for women and adolescents.[i] [ii] [iii] When financial and informational barriers are removed, three out of four women seeking contraception choose LARC.[iv] However, many providers face significant barriers to providing these more effective methods, including inadequate reimbursement rates. Recent research has shown that there is substantial unmet demand for LARC in Texas.

RECOMMENDATIONS
The Texas Legislature has repeatedly prioritized LARC access, most recently by directing

HHSC to develop a 5-year strategic plan to reduce LARC barriers. Our organizations offer the following recommendations to increase access to LARC methods:

- **Update LARC reimbursement rates more frequently to keep pace with their true acquisition costs.** HHSC currently reviews Current Procedural Terminology (CPT) codes for LARCs every year. However, the acquisition costs for LARCs increase at a more frequent rate. As a result, physicians, clinics, and practices frequently are reimbursed by HHSC at a lower rate than the cost of the LARC device.

  The high up-front costs and the lack of coordination between acquisition costs and reimbursement rates make it cost-prohibitive for many providers and health care facilities to stock LARCs on-site. Without onsite stocking of LARC devices, providers are not able to insert a LARC device at the time of the client's initial visit, which is recommended by the CDC.[v] Although HTW provides for acquiring selected LARC through a specialty pharmacy, women who choose a LARC method sometimes are not able to return to their health care provider to receive their method. The Centers for Medicare and Medicaid Services (CMS) have released guidance advising states to ensure that reimbursement for LARC devices, insertion, and removal are reasonable.[vi] Updating LARC rates more frequently will enable more providers to stock LARCs on-site, ensuring more women have access to their preferred method of contraception and reducing the likelihood of future unintended pregnancies.

- **Enable clinician-administered drugs claimed through the medical benefits process to be reimbursed using Vendor Drug Program formulary pricing.** Leading health experts recommend that providers offer women access to the LARC method of their choice on the day they request it, rather than requiring them to return for the device.[vii] Unfortunately, low reimbursement rates often prevent providers from offering same-day LARC. Other states have identified successful solutions to this problem. For instance, Oklahoma utilizes the same reimbursement methodology for clinician-administered drugs procured through the medical benefit and the pharmacy benefit.[viii] An approach like Oklahoma's may help reduce the often substantial discrepancy between reimbursement rates for drugs billed as a medical benefit versus drugs billed as a pharmacy benefit, improving the ability of providers to afford to readily stock LARC devices. Though there may be initial upfront costs to align the two systems, we anticipate the state will experience cost savings by increasing the number of women able to access more effective contraceptive methods.

- **Increase provider training and education.** Many Texas providers are interested in providing LARC methods, but lack the education and training necessary to do so. HHSC should invest in additional training for family planning staff at all levels. Key training topics include LARC insertion and removal, including immediate postpartum insertion; coding and billing for LARC devices and procedures; and client-centered care.

- **Address demand within the CHIP-Perinatal program.** Although many of the state's LARC policies focus on Medicaid, recent research has shown that there is significant unmet demand among clients in the CHIP Perinatal program.[ix] Enabling CHIP Perinatal clients to receive LARC methods immediately postpartum will lead to safer

interpregnancy intervals and better birth outcomes. However, clients in CHIP Perinatal are currently unable to access postpartum LARC because CHIP does not cover contraception, and contraception is not included as an Emergency Medicaid benefit. HHSC should investigate the feasibility, cost-savings, and health benefits of enabling contraceptive coverage for CHIP Perinatal clients.

- **Ensure timely and appropriate payment to providers for LARC procedures.** Texas hospitals have experienced challenges receiving payment for LARC procedures. Claims for LARC procedures are often denied or only partially paid, creating an administrative burden for hospitals that must file appeals or complaints. These reimbursement issues may also hinder more widespread adoption of post-partum LARC implementation by hospitals. HHSC should continue to work with stakeholders to develop solutions that ensure timely and appropriate payment to providers to increase LARC access.

- **Offer regular meetings for LARC stakeholders.** We appreciate the efforts already being made by HHSC to engage stakeholders. However, since the Women's Health Advisory Committee is no longer an available forum, we recommend HHSC conduct regular public meetings to involve stakeholders in statewide strategies to increase access to LARC.

Thank you for your time and consideration. We look forward to continuing to work with HHSC and state leadership to identify ways to improve women's access to preventive healthcare and highly-effective contraceptive methods.

Respectfully,

Janet P. Realini, MD, MPH
Steering Committee Chair, Texas Women's Healthcare Coalition

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Cecile Young, Chief Deputy Executive Commissioner, Texas Health and Human Services
Enrique Marquez, Deputy Executive Commissioner of Medical and Social Services, Texas Health and Human Services
Greta Rymal, Deputy Executive Commissioner for Financial Services, Texas Health and Human Services
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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 Community Action Agency, Inc.
Brazos Valley Nurse Practitioner Association
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Center for Community Health, UNTHSC
Central Texas Nurse Practitioners
Children's Hospital Association of Texas
Coalition for Nurses in Advanced Practice
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Coastal Bend Wellness Foundation
Community Healthcare Center
Consortium of Texas Certified Nurse Midwives
Department of Ob/Gyn of UNTHSC and the ForHER Institute
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El Centro De Corazón
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
Haven Health
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
Pasadena Health Center
People's Community Clinic
Port Arthur Housing Authority
Pregnancy and Postpartum Health Alliance of Texas
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
Special Health Resources
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
The SAFE Alliance
University Health System
Valley AIDS Council
Women's & Men's Health Services of the Coastal Bend, Inc.

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[vi] Centers for Medicare and Medicaid Services, "Re: Medicaid Family Planning Services and Supplies, SHO#16-008," June 14, 2016. https://www.medicaid.gov/federal-policy-guidance/downloads/sho16008.pdf; Centers for Medicare and Medicaid Services, "CMCS Information Bulletin: State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception, April 8, 2016, https://www.medicaid.gov/federal-policy-guidance/downloads/CIB040816.pdf

[vii] American College of Obstetricians and Gynecologists Committee on Gynecologic Practice Long-Acting Reversible Contraception Working Group. Committee Opinion: Increasing Access to Contraceptive Implants and Intrauterine Devices to Prevent Unintended Pregnancy. Committee Opinion Number 642, October 2015.

[viii] Center for Evidence-based Policy, *Medicaid and Specialty Drugs: Current Policy Options*, June 2016.

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