



May 8, 2017

The Honorable Jane Nelson, Chair,
Senate Finance
The Honorable Juan "Chuy" Hinojosa
The Honorable Joan Huffman
The Honorable Lois Kolkhorst
The Honorable Charles Schwertner

The Honorable John Zerwas, Chair, House
Appropriations
The Honorable Trent Ashby
The Honorable Sarah Davis
The Honorable Larry Gonzales
The Honorable Oscar Longoria

Dear Budget Conferees,

On behalf of the 67 organizational members of the Texas Women's Healthcare Coalition (TWHC), thank you for your support for access to preventive healthcare for women. The proposals in both the House and Senate budgets to maintain funding for our state's women's health programs demonstrates the Legislature's commitment to ensuring that more women in Texas will have access to lifesaving preventive care, including well-woman exams, contraceptive care, and cancer screenings.

Access to preventive healthcare is critically important to the health and well-being of women and babies, and to the fiscal health of our state. In 2013 and 2015, the Legislature invested in core preventive health services for women. This session, state leaders in both chambers have expressed their support for strengthening our women's healthcare safety net. As our state seeks strategies to combat high maternal mortality rates and the threat of Zika transmission, the need for these services has never been greater.

We are writing to share our recommendations regarding Senate Bill 1, the proposed general appropriations act for 2018-2019. These recommendations seek to increase access to women's preventive healthcare in our state, resulting in better health outcomes for women, babies, and families in Texas.

Important Considerations for Seeking Federal Funding for Women's Healthcare Services

Both the House and the Senate have indicated the state's intention to apply for a federal Medicaid 1115 Family Planning waiver to help fund the state's Healthy Texas Women (HTW) program. HHSC Rider 186 in the House budget directs HHSC to pursue flexibility from the federal

government to reduce Medicaid costs. House leadership has indicated that an 1115 Family Planning is one of the Medicaid flexibility strategies under consideration. Additionally, Rider 184 in the Senate budget directs HHSC to seek approval to receive federal matching funds for the HTW program. The rider assumes the state will apply for \$180 million in federal funding and appropriate \$20 million in GR for the 2018/2019 biennium for this purpose.

TWHC recognizes the value of maximizing available federal funding, and supports new opportunities to strengthen our state's women's health programs. As the Conference Committee considers its budget decisions related to federal funding, we urge the Committee to keep the following considerations in mind. These recommendations are designed to preserve our women's health programs and their core components, regardless of federal decisions.

- **Protect women's preventive healthcare funding and women's access to care.** Uncertainty remains on whether the Centers for Medicare and Medicaid Services (CMS) will approve a waiver request; how much funding and at what match rate CMS would agree to; and when a waiver would go into effect if approved. Given this uncertainty, the TWHC recommends that any rider language referencing an 1115 Family Planning waiver include strong safeguards to ensure that funding and services for our state's women's health programs are at a minimum maintained at current levels, regardless of federal decisions. We know leaders in both chambers are committed to the success of these programs, and want to ensure the language prevents any unintended consequences.
- **Protect the Family Planning Program.** Texas has invested substantially to create a strong family planning infrastructure, with the Family Planning Program (FPP) and Healthy Texas Women (HTW) working together to ensure that women throughout the state have access to care. For many providers, the specific administrative and reimbursement structure of the FPP is the primary reason they have been able to participate in providing women's health services. The FPP is able to meet needs that the HTW is unable to do, and providers throughout the state report that this program is in high demand. Any reduction in funding for this program would undermine the ability of the state to provide crucial preventive services to vulnerable Texas women. As the funding amounts for HTW and FPP are currently laid out in HHSC Rider 184 in the Senate budget, there is the potential to substantially underfund the Family Planning Program. We urge the Legislature to ensure there is sufficient funding in the FPP strategy to meet the needs within this program.
- **Maintain benefits currently included in our state's health programs, including coverage in Healthy Texas Women for chronic conditions and postpartum depression.** As part of the state's consolidation and redesigning of Texas' women's health programs, a number of new benefits were added to the HTW program, such as screening and treatment for hypertension, diabetes, and postpartum depression. In addition to improving healthcare for women, reducing the risk of pregnancy complications, and improving birth outcomes, these new benefits have enabled many providers to continue participating in the programs. Whether CMS would agree to cover these services, or whether it would require state General Revenue, we urge the Legislature to ensure these important benefits are maintained.

- **Enable continued auto-enrollment of pregnant women in Medicaid into Healthy Texas Women after delivery.** The state's policy enabling auto-enrollment of pregnant women from Medicaid into Healthy Texas Women 60 days after delivery has been extremely successful, providing an opportunity to substantially improve health outcomes for moms, babies, and families. We urge the Legislature to ensure this policy is preserved.

Additional Recommendations

Savings and Performance Reporting for Women's Health Programs: HHSC Rider 60 in the House version of the budget adds important details to the existing report, including more frequent reporting, clearer information on patients served and services provided, and essential information about the development of the state's programs over time. The TWHC supports the House's proposal for improved data collection, and believes it will help the state better target areas of greatest need in Texas.

Family Planning Outreach. The TWHC supports HHSC Rider 196 in the House version, which would evaluate the benefits of providing targeted outreach regarding eligibility for Family Planning Program services to women who have recently delivered a child through emergency Medicaid or the CHIP Perinatal Program. This measure would prevent many women from losing access to preventive health services and improve health outcomes for babies and new moms. However, we recommend the language be further strengthened to ensure that HHSC begins providing targeted outreach as soon as it is determined feasible.

Access to Long-Acting Reversible Contraception (LARC). The TWHC supports HHSC Rider 206 in the House budget, which would require HHSC to develop a five-year strategic plan to reduce barriers for Medicaid recipients and those without health coverage to access long-acting reversible contraception, such as implants and IUDs. These forms of contraception are twenty times more effective than other methods, and are considered the first-line choice for women by medical organizations. Improving access to LARC will help more women plan and space their pregnancies, resulting in better infant/maternal health outcomes and savings for the state.

Auto-enrollment in the Healthy Texas Women Program. The TWHC supports HHSC Rider 207 in the House budget, which would require HHSC to submit a report on the cost-effectiveness and projected savings of automatically enrolling female clients enrolled in CHIP and Children's Medicaid into the Healthy Texas Women Program on the clients' nineteenth birthday. Auto-enrollment from Medicaid into HTW has been a major accomplishment for the state. Enabling young adults to auto-enroll into HTW will help ensure they do not experience a gap in coverage after their certification period ends.

Thank you for your consideration of these recommendations, and for your commitment to women in the state. Please let us know if we can provide you with any additional information.

Respectfully,

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