

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 maintain 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.<sup>i</sup> 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.<sup>ii</sup> 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.<sup>iii</sup> 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.<sup>iv</sup> 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.<sup>v</sup> 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.<sup>vi vii</sup> 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.<sup>viii ix</sup> The ability to plan pregnancies allows women and families to achieve their educational goals and improve their financial situation.<sup>x xi</sup>

## **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.<sup>xii</sup> These forms of contraception are twenty times more effective than other methods, and are considered a first-line choice for women by medical organizations.<sup>xiii</sup> When financial and informational barriers are removed, three out of four

women seeking contraception choose long-acting reversible methods.<sup>xiv</sup> 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%, impacting nearly 8,300 women.<sup>xv</sup> 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.<sup>xvi</sup> 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.<sup>xvii</sup>

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 women'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](mailto:JRealini@TexasWHC.org).

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Janet Realini, MD, MPH". The signature is written in a cursive style with a large initial "J".

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

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- <sup>iii</sup> French, Lesley and Delgado, Evelyn, "Presentation to the House Committee on Public Health: Better Birth Outcomes," Health and Human Services Commission, May 19, 2016.
- <sup>iv</sup> MacDorman et al., "Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues." *Obstetrics & Gynecology*. 128(3). September 2016
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- <sup>vii</sup> 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.
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- <sup>xii</sup> Piepert JF, et al. Preventing Unintended Pregnancies by Providing No-Cost Contraception. *Obstetrics & Gynecology* 2012; 120(6): 1291-1297
- <sup>xiii</sup> 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.
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