



T E X A S
Women's Healthcare
COALITION

House Public Health Committee

HB 1879

Testimony of the Texas Women's Healthcare Coalition

April 17, 2019

The Texas Women's Healthcare Coalition (TWHC) and its 84 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 the early detection of cancers and other treatable conditions.

Thank you for the opportunity to provide testimony in support of Representative Sarah Davis' House Bill 1879, which would allow 19-year-old women aging out of the Children's Health Insurance Program (CHIP) and the Children's Medicaid program be automatically enrolled in the Healthy Texas Women (HTW) program, if eligible. It would also allow women in the Healthy Texas Women program that become pregnant to be automatically enrolled into Pregnant Women's Medicaid. By improving continuity of care, this bill will help eliminate barriers to healthcare, help reduce teen and unintended pregnancies, and reduce costs for the state.

Eliminating barriers to care and improving continuity of care

In Texas, three out of ten women are low income and one in four women of reproductive age are uninsured.¹ For many young women, once they lose Medicaid or CHIP coverage, they don't know there is another option with HTW. Clients utilizing CHIP and Children's Medicaid are covered through the month of their 19th birthday and then they lose coverage. Auto-enrollment would reduce barriers to preventive healthcare access by removing the burden of re-applying for a new program.

Connecting young women with HTW is hugely beneficial because they will be able to receive services such as pelvic exams, contraceptive services, and screenings for chronic conditions like diabetes, high blood pressure, and cholesterol.ⁱⁱ Though HTW only provides a limited array of benefits, preventive healthcare and family planning services are often the only contact a young woman will have with the healthcare system. This interaction can act as entry to address other health concerns if needed.

Additionally, recent research found that many low-income young women enrolled in Texas community colleges want to use highly effective contraception, but believe that cost is a barrier, and don't know that they may be eligible for free family planning services through HTW.ⁱⁱⁱ Auto-enrolling eligible 19-year-old women into HTW would help increase program awareness within this population.

Furthermore, providing seamless automatic enrollment from HTW to Pregnant Women's Medicaid further promotes continuity of care and helps women receive timely prenatal care. Maternal death and pregnancy related complications remain a serious concern in Texas. We know that one of the best strategies to reverse this trend is to ensure women have access to healthcare before, during, and after pregnancy – as recommended by the Maternal Mortality and Morbidity Task Force.^{iv}

Help reduce unintended and teen pregnancies

In Texas, approximately half of all pregnancies are unplanned.^v When women are able to plan and space their pregnancies, mothers experience healthier outcomes and babies have less risk of prematurity and low birth weight.^{vi vii} Overall, planned pregnancies have a healthier start, including earlier prenatal care, less alcohol and tobacco exposure, more folic acid to prevent birth defects, a greater likelihood of breastfeeding, and many positive outcomes for children.^{viii ix} Eliminating barriers to preventive healthcare helps reduce unintended pregnancies.

Providing access to the Healthy Texas Women program to 19-year-old women aging out of CHIP and Children's Medicaid could especially help reduce the number of unintended teen pregnancies. In 2017, there were 26,971 teen births in Texas.^x About 70 percent of teen births belong to older teens ages 18-19.^{xi} Research shows that an increase in contraceptive use does not foster an increase in sexual activity among teens.^{xii} Providing young women the ability to decide when to enter parenthood will help them access other opportunities such as higher education.

Access to preventive care reduces state costs

Investing in family planning ultimately leads to cost savings for the state. 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 family planning services for a woman saves \$7.09 in public costs.^{xiii} Providing preventive services to low-income women reduces costs primarily by helping women avoid unplanned pregnancy, which in turn averts Medicaid costs associated with pregnancy, birth, and infant healthcare. Medicaid pays for 53 percent 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.^{xiv}

The Health and Human Services Commission estimates the state would save \$58.7 million in general revenue over five years by auto-enrolling women aging out of Children's Medicaid and CHIP into HTW. The bulk of savings would be through the estimated 11,275 averted births that could be realized through improving continuity of care and access to family planning services.

Access to healthcare, especially women's health and family planning services, is critical for all Texas women. This bill simply eliminates paperwork, red tape, and administrative barriers for young women who already are eligible for the program, but don't know that it exists. Please show your support for Texans being able to access all the preventive care they need and vote in favor of HB 1879.

Thank you for your consideration. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or EDelgad@TexasWHC.org.

Respectfully submitted,

Evelyn Delgado

A handwritten signature in black ink that reads "Evelyn Delgado". The signature is written in a cursive, flowing style.

Chair, Texas Women's Healthcare Coalition

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association
District XI (Texas) American College 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
Chair - 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
Cardea
Center for Community Health, UNTHSC
Centering Health Institute
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
Community Healthcare Center
Consortium of Texas Certified Nurse Midwives
Department of Ob/Gyn of UNTHSC and the ForHER
Institute
El Buen Samaritano
El Centro de Corazón
El Paso Area Advanced Practice Nurse Association
Food Bank of the Rio Grande Valley
Fort Worth Region Nurse Practitioners
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
Lone Star Family Health Center
March of Dimes – Texas
Mental Health America of Greater Houston
National Association of Nurse Practitioners in
Women's Health
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
Susan Wolfe and Associates, LLC
Texas Association of Community Health Plans
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 Oral Health Coalition
Texas Pediatric Society
Texas Unitarian Universalist Justice Ministry
Texas Women's Foundation
The Contraceptive Initiative
The SAFE Alliance
The Women's Fund for Health Education and
Resiliency
United Methodist Women
University Health System
Valley AIDS Council
Women's & Men's Health Services of the Coastal
Bend, Inc.
Young Invincibles

-
- ⁱ CPPP analysis of 2016 1-year American Community Survey (ACS) PUMS.
- ⁱⁱ Texas Health and Human Services. Healthy Texas Women. <https://www.healthytexaswomen.org/htw-program#benefits>
- ⁱⁱⁱ Hopkins, K, Hubert, C, Coleman-Minahan, K, Stevenson, A.J, White, K., Grossman, D, & Potter, J.E. (2018). Community college students want to use more effective birth control methods but can't always get what they want. PRC Research Brief 3(5). DOI: 10.15781/T2RJ49B80
- ^{iv} Texas Department of State Health Services. "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report." September 2018. Accessed at <https://docs.house.gov/meetings/IF/IF14/20180927/108724/HHRG-115-IF14-20180927-SD022.pdf>
- ^v Kost K, Maddow-Zimet I and Kochhar S, Pregnancy Desires and Pregnancies at the State Level: Estimates for 2014, New York: Guttmacher Institute, 2018, <https://www.guttmacher.org/report/pregnancy-desires-andpregnancies-state-level-estimates-2014>
- ^{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 Power to Decide. State Facts.<https://powertodecide.org/what-we-do/information/national-state-data/texas>
- ^{xi} United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Natality public-use data 2007-2017, on CDC WONDER Online Database, October 2018. <http://wonder.cdc.gov/natalitycurrent.html>
- ^{xii} Lindberg, Laura et al. Understanding the Decline in Adolescent Fertility in the United States, 2007–2012. Journal of Adolescent Health , Volume 59 , Issue 5 , 577 – 58.
- ^{xiii} 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.
- ^{xiv} French, Lesley and Delgado, Evelyn, "Presentation to the House Committee on Public Health: Better Birth Outcomes," Health and Human Services Commission, May 19, 2016.