



**Texas Women's
Healthcare Coalition**

PROMOTING ACCESS TO PREVENTIVE
HEALTHCARE FOR ALL TEXAS WOMEN

November 22, 2023

Attn: **Texas Health and Human Services Commission**

Email: CFOStakeholderfeedback@hhs.texas.gov

**2026-2027 Legislative Appropriations Request Recommendations
for the Texas Health and Human Services Commission
November 22, 2023**

The Texas Women's Healthcare Coalition (TWHC) and its 88 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.

During the 88th legislative session HHSC requested and received new exceptional item funding to support Women's Health Programs. This new funding is currently being allocated to support providers that see high numbers of patients, treat preventable and chronic diseases that contribute to maternal mortality, address enrollment challenges, support post covid caseload growth, and launch new Mobile Health Units in underserved areas. *TWHC is incredibly grateful* to both the agency and the legislature for prioritizing the needs of Texas women and addressing the current demands on the women's health provider network.

Thank you for the opportunity to provide input into the development of the Fiscal Year 2026-2027 Legislative Appropriations Request (LAR) for the Texas Health and Human Services Commission (HHSC). While we will be developing more specific funding recommendations in 2024, please find our early recommendations below:

1. Support more Texas women by funding the expansion of women's health programs and into women's healthcare deserts.

Recommendation: *Request additional funding to allow innovative expansion strategies in the Family Planning Program (FPP) as the state continues to navigate the rising costs of healthcare, women's healthcare deserts and increasing maternal mortality rates.*

FPP is a vital preventive healthcare program for Texans who do not qualify for other health coverage options. It seeks to increase access to women's preventive health services to positively affect maternal and infant health outcomes, increase access to birth control and prevent chronic diseases for both men and women.



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Currently, FPP providers can determine client eligibility onsite and get people in the door for same day services. This flexibility and responsiveness is a key asset to FPP, and participating providers throughout the state report that FPP is consistently in high demand and program funds routinely run out before the end of the funding cycle.

We have consistently seen that investing in women's health ultimately leads to cost savings for the state. Based on the number of women served in Fiscal Year 2020 alone, it is estimated that FPP will have saved a total of \$129.7 million in Medicaid, \$37.9 million of which will be state general revenue savings.¹ⁱ Currently, **less than 25% of Texas counties** have an FPP provider. We recommend additional funding to allow this crucial program to expand into medically underserved areas of the state.

Recommendation: *Add reimbursement for Levonorgestrel oral medication (Plan B & generic equivalents) and Ulipristal (Ella & generic equivalents) into women's health programs to ensure that Texas women and their families have timely access to all FDA approved forms of birth control.*

According to the Texas Administrative Code, Texas Women's Health Programs are not currently permitted to provide emergency contraception to Texas women. However, there are *no statutory prohibitions* on these forms of birth control and they should be made available to all Texas women seeking care.

Per the 1115 Waiver submitted to CMS by HHSC in 2017, the below services are included in the project:

- Pregnancy testing
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Other contraceptive methods

The only mention of emergency contraception in the application states that the project will "Exclude diagnoses related to ...emergency contraception." While the coalition realizes that over 10 years ago there was a statutory prohibition on emergency contraception in a different women's health program, the **state legislature allowed that statute to expire** and it is not clear how the above language would exclude the provision of oral contraceptives Levonorgestrel & Ulipristal.

2. Build out programmatic and provider capacity to ensure a strong women's health network.

Recommendation: *Request Unexpended Balance Transfer Authority to ensure that all biennial appropriations can be expended as needed.*

We encourage HHSC to request permission to add unexpended balance transfer authority for women's health programs in the state budget. This will allow programs and providers to ramp up services and expend new funds in a sustainable manner, and ensure that all program funds are spent as intended.

Recommendation: *Request funding to support the technical assistance and training needs of women's health providers.*

Women's health providers are currently interfacing with both private and public payors, contractual requirements, grant funding requirements, and state and federal laws and regulations. This complex patchwork to support women's healthcare needs means that providers are spending precious clinical time attempting to appeal billing denials, support patient enrollment, stay abreast of state and federal regulations, and learn individual Medicaid managed care systems.

Providers are in need of training and technical assistance to navigate these systems and spend more time focused on patient care. Standardized trainings, templates and consistent and timely access to technical assistance from HHSC would greatly improve their operating capacity and improve quality of care and practice across the board.

3. Increase enrollment in Healthy Texas Women

Recommendation: *Request continued funding for Patient Navigators for Healthy Texas Women Program sites.*

When HHSC applied for the 1115 Waiver from CMS to implement Healthy Texas Women, the agency projected that by 2023, there would be over 750,000 women in Texas eligible for this program.ⁱⁱ Enrollment continue to hover between 300,000-400,000 women per annumⁱⁱⁱ, less than half of those projections.

Investments in women's preventive health services pay for themselves. Studies show that women who receive timely, routine preventive services, including annual exams, screening for cancer and chronic diseases, and access to contraceptives, are less likely to have unintended pregnancies, allowing them to stay in school or earn valuable work experience before starting a family. Moreover, they are more likely to have healthier pregnancies, resulting in lower costs for the state.^{ivv}



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March 2021, Texas ended auto-enrollment into Healthy Texas Women. Texas also implemented a new, long form, MAGI compliant application that providers report creates significant barriers to getting patients enrolled in a timely manner. The legislature took steps in the 88th to address these enrollment challenges by providing funds for clinics to hire patient navigators. We encourage the agency to continue this new program, with the goal ensuring that all Texas women who need access to the services can receive them, as soon as they need them.

Recommendation: *Request legislative authority to implement presumptive eligibility for women into the Healthy Texas Women Program.*

The enrollment rates for HTW have decreased between 2019 and 2023, statewide. This is happening as the state population increases and more and more people are losing health coverage. Many providers are currently relying on the state-funded Family Planning Program to cover services for women while their HTW application is being processed, and while they may be retroactively reimbursed, it still creates an unnecessary financial strain on FPP while the state has a backlog of applications to process extending well over a month. If eligible clients are unable to enter the federally-funded HTW program, providers will instead provide care through FPP, which is 100% funded with General Revenue.

Recommendation: *Prioritize and pursue an abbreviated application to remove barriers to enrollment in Healthy Texas Women.*

For several years the Healthy Texas Women Program utilized a short form application for those women that did not wish to apply for full Medicaid benefits. Since that application was phased out, enrollment rates have declined and providers are consistently having to use FPP funds to provide services while they and patients work through the long form application, which is intended to screen for full Medicaid. Many women neither want nor qualify for full Medicaid benefits. Texas should request a return to the short form application from the Centers for Medicaid Services as soon as possible so that additional resources for application support are not needed in the long term.



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We appreciate your time and attention on these matters and are happy to answer any questions you may have.

Sincerely,

Evelyn Delgado
Chair, Texas Women's Healthcare Coalition

ⁱ Texas Health and Human Services. Texas Women's Health Programs Report Fiscal Year 2020.

ⁱⁱ Healthy Texas Women Section 1115 Demonstration Waiver Application Texas Health and Human Services Commission Submitted June 30, 2017.

ⁱⁱⁱ Texas Women's Health Programs Report. As Required by the 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 64) Texas Health and Human Services August 2022.

^{iv} Texas Health and Human Services Commission. Better Birth Outcome Initiatives Within Health and Human Services. Dec 2018.

^v Wendt A. et al. *Impact of Increasing Inter-Pregnancy Interval on Maternal and Infant Health*. Pediatric Perinatal Epidemiology. July 2012; 26(0 1), 239–258.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4562277/>.