



NARAL
Pro-Choice Texas

Health & Human Services Commission ISSUE 8 – Women’s Health Programs

Susan Hays
Legislative Counsel
NARAL Pro-Choice Texas
November 13, 2014

Introduction

Texas’ abysmal levels of unplanned pregnancies and teen pregnancy — particularly *repeat* teen pregnancy — are no secret. They are also entirely predictable given the state policy shifts, cuts to women’s health and family planning programs, and the abrupt reorganization of those programs over recent years.

More than half of all Texas pregnancies are **unintended**.¹ A recent study by the University of Texas’ Policy Evaluation Project found among postpartum women, **almost 75%** of them reported wanting a highly effective form of birth control such as a Long Acting Reversible Contraceptive (LARC), *e.g.*, an IUD or contraceptive implant, or sterilization. However, in a follow-up six months later, **only 27%** had been able to acquire these more effective and the individual women’s desired methods of contraceptive.²

NARAL Pro-Choice Texas (NPCT) supports expanding and streamlining reproductive health care in Texas after the recent drastic women’s health care budget cuts and the abortion affiliate ban severely depleted reproductive health care access by forcing 76 family planning clinics to close. The current three-part system complicates coverage and is difficult for both patients and providers to navigate, causing many Texans of childbearing age to seek but not find basic family planning and reproductive health care services. Moreover, eligibility for programs is not based on effective policy, need, or assisting those Texans most at risk for unintended pregnancy but on a hodge-podge of

¹ See Gibson, RCHN Community Health Foundation Research Collaborative, Policy Research Brief No. 31, *Deteriorating Access to Women’s Health Services in Texas*, at 8, George Washington University, Dept. of Health Policy, Oct. 11, 2012, available at http://s3.amazonaws.com/static.texastribune.org/media/documents/GWU_WHP_study.pdf.

² See Potter *et al.*, *Unmet Demand for Highly Effective Postpartum Contraceptives in Texas*, forthcoming, summary available at <http://www.utexas.edu/cola/orgs/txpep/releases/ppc-release.php>.

arbitrary criteria. Good family planning policy and spending strategies save Texas money by avoiding Medicaid births.

Recommendations:

NPCT supports Recommendations 8.1 and 8.2, but adds the following comments.

Service Provision

- 1) With the streamlining of the three current programs into one in order to improve patients' and providers' ability to navigate the system, access to specialized reproductive health care providers should also be improved and not compromised by the transition. Specialized family planning providers provide efficient, comprehensive reproductive health care and are the most knowledgeable about all forms of contraception. Further, in a spot check NPCT conducted this spring, many providers listed with the Texas Women's Health Program website were not actually participating or had no particular expertise in women's health care. Texas should view this transition as an opportunity to improve the accuracy and quality of the list of providers available for women seeking reproductive health care.
- 2) Texas should not exclude any qualified providers based on erroneous assumptions or overblown conclusions about how funds are used, or mere "affiliation" with providers who will refer patients for abortion care. Prior to the affiliate ban, no public funds were being used for abortions and all family planning services were completely separate. All qualified providers should be included in the program and the abortion affiliate ban be abolished. Human Resources Code Section 32.024(c-1) prohibits funds spent on any entity that "promotes" or "affiliates" with an entity that "promotes" abortion. Doctors and other health care professionals cannot provide ethical, comprehensive reproductive health care to their patients with such broad language preventing them from even discussing abortion with their patients. A physician's professional judgment and ethical care of patients should always prevail, and Section 32.024(c-1) should be repealed.

Client Eligibility

- 1) **FPL.** The Sunset Advisory Committee recommends decreasing the coverage from 200% to 185% of the federal poverty level (FPL), despite concluding that covering beyond 100% FPL will have only minimal financial impact. Given the increased cost to the state of unintended pregnancies and the gap in health care coverage that exists beyond 200%, the qualification should be expanded to 250% federal poverty level. With family planning, the more Texas spends, the more Texas saves. (*See Recommendation 8.1, Modification 2*).

- 2) **Contraception for teenagers.** Currently, Texas has some of the worst reproductive health outcomes for teens with one of the highest teen pregnancy rates and ranks the highest in *repeat* teen pregnancy. Texas also requires parental consent for teens seeking prescription contraception funded by the state. This policy choice condemns many Texas teens to unintended pregnancy and the life of poverty and low education levels that too often follow. Moreover, many Texas teens *have no parent to consent* due to death, incarceration, or abandonment. Those are the very teens who are at a high risk for pregnancy, poverty, and crime, but are trying to take responsibility for their lives and health despite having parents who failed them. NPCT supports change of age qualifications from 18 to 15 years old to expand preventative reproductive health care to more teens. However, the parental consent requirement currently embodied as a Rider to the Appropriations Act should be eliminated to remove barriers to access for teens and young mothers.
- 3) **Eligibility Determination.** Many Texans face challenges making a second trip to the clinic after waiting for their eligibility to be determined, particularly in areas without effective public transportation. The suggested model also forces the provider to carry all the financial risk should the patient not return. In order to receive improved reproductive health outcomes, same-day point-of-service eligibility is necessary. This will allow for health care providers to lessen their risk of not being reimbursed and allow them to provide efficient and effective health care. It also allows patients to receive same day care which may be crucial if their life circumstance makes getting to a clinic once all they can do. (*See Recommendation 8.1, Modification 6*).

Coverage and Contraceptives

All forms of contraception should be covered including hormonal contraceptives, LARC, as well as sterilization. Providers should be required to make all forms of contraception, including LARC, readily available for their patients. As sharply pointed out by the UT study cited above, new mothers often want LARC or sterilization but cannot access it. (*See Modifications to Issue 8 – 15*).

Billing

The model proposed by the Sunset Advisory Committee requires fee-for-service for a majority of providers. The more stable option of cost reimbursement for all providers would encourage provider participation, therefore increasing coverage across Texas.

Transition

- 1) The Sunset Advisory Committee recommends that key stakeholders be informed of the process. Key stakeholders' involvement is vital to improving the health care of their clients, therefore key stakeholders should not only be informed, but

have a substantial, meaningful and ongoing role in the process. (*See* Recommendation 8.1, Modification 9).

- 2) Many Texans qualify for Medicaid during pregnancy but lose coverage 60 days post-partum and often face unintended pregnancy before they are ready to have and able to care for another child. All pregnant Medicaid clients should be automatically enrolled in the revamped women's health program regardless of age or parental consent. This is vital to providing continuity of care, improving health outcomes and preventing unintended pregnancy in Texas. (*See* Recommendation 8.2, Modifications 10, 11).

Additional Modifications to Issue 8

12. NPCT wholeheartedly endorses the reimbursement of LARCs at cost. State funding of LARCs has had remarkable health care outcomes in other states. Texas should do the same.

14. As stated above, the parental consent for contraception requirement currently embodied in the Appropriations Act is bad policy for all teens and an insurmountable obstacle for those teens who have no parent available rather through death, incarceration, or abandonment.