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Sunset Advisory Commission
Health & Human Services Commission and System Issues

Texas Policy Evaluation Project Testimony

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The *Texas Policy Evaluation Project*, or TxPEP, is a five-year comprehensive effort to document and analyze the impact of the measures affecting reproductive health passed by the 82nd and 83rd Texas Legislatures. The project team includes researchers at the University of Texas Population Research Center, Ibis Reproductive Health, and the University of Alabama at Birmingham.

We appreciate the Sunset Advisory Commission's thorough evaluation of the challenges inherent in the current system that includes multiple funding streams for women's family planning and reproductive health care in Texas. We commend the Commission for suggesting that the funding streams be consolidated into one global women's health program. This combined program will present a significant opportunity to serve more low-income women in need of family planning and related health services. In addition, the proposed fee-for-service model will eliminate important bottlenecks in access that arise when providers run out of family planning grant money midway through the fiscal year.

TxPEP researchers would like to submit the following evidence-based testimony concerning the Sunset Advisory Commission's suggestions to create a consolidated women's health program.

1. Client Eligibility: Follow Recommendation to Serve all Texas Resident Women ages 15 to 44; Expand Recommendation to Cover Women Who Have Been Sterilized

- a) We strongly recommend that the any change in statute to the provision of women's health services follow the Commission's recommendation to serve all Texas resident women ages 15 to 44. Covering all Texas residents, regardless of immigration status, would avert or postpone births that would be covered by Medicaid, Emergency Medicaid, or the CHIP-Perinatal program.
- b) Women who are sterilized continue to need women's health services such as pelvic exams, Pap tests, mammograms, and follow-up care for cervical dysplasia. Research has shown that low-income sterilized women find it difficult to access subsidized health care services in Texas. We recommend that any change in statute cover these women as well.

2. Improve Access to Highly Effective Methods of Contraception

There is evidence that many women and men in Texas want but are unable to access highly effective methods of contraception (including IUDs, implants, and sterilization). Our research has also found that low-income men have unmet demand for vasectomy. These methods are cost effective and Texas' family planning programs could help these women and men receive their desired methods and avoid unintended pregnancy by:

- a) Facilitating the use of long-acting reversible contraception (also called LARC, which includes IUDs and implants) postpartum for women who desire it.
 - Provide funding for hospitals to stock IUDs and implants for postpartum insertions.

- Allow the new fee-for-service program to pay for postpartum LARC in addition to the global fee providers receive from Medicaid and Emergency Medicaid.
- b) Facilitating postpartum female sterilization for women who desire it.
 - Allow the new fee-for-service program to pay for postpartum sterilization in addition to the global fee providers receive from Emergency Medicaid.
- c) Facilitating male sterilization for men who desire it.
 - Allow the program to pay for men's services or allocate dedicated funding for men's reproductive health care, especially vasectomy services.
 - Increase vasectomy reimbursement rates to an amount that is closer to that charged by urologists for the procedure.
 - Design a vasectomy outreach campaign to educate Texas men and women about the availability of the procedure.

3. Establish a New Method to Evaluate Family Planning Programs in Texas

Finally, we recommend a new method of evaluating family planning programs in Texas.

Currently, programs are evaluated based on their cost-per-client. This metric penalizes providers who provide the most effective and cost-effective methods because the costs are not amortized over the life of the method's use but instead are calculated on a per-active-client basis. Instead, we recommend a metric for evaluating Texas' women's healthcare programs and providers that estimates the *cost per year of protection from unintended pregnancy*. This method would enable legislators to more precisely evaluate the return on their investment in family planning and would positively reward providers that are the best stewards of the public's money.

We would be happy to collaborate with our colleagues at HHSC to design this metric based on currently accepted methods in demography and medicine.

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