

From: [Sunset Advisory Commission](#)
To: [Cecelia Hartley](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Wednesday, October 15, 2014 2:08:07 PM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Wednesday, October 15, 2014 10:40 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Wednesday, October 15, 2014 - 10:40

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Dr. Virginia

Last Name: Rauth

Title: President

Organization you are affiliated with: Texas Association of Obstetricians and Gynecologists

Email: mignon@mignonm.com

City: Galveston

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

Dear Members of the Sunset Commission:

Today we write on behalf of District XI of the American Congress of Obstetricians and Gynecologists (ACOG) and the Texas Association of Obstetricians and Gynecologists (TAOG). Our two professional organizations represent over three thousand seven hundred Texas obstetricians and gynecologists. We are committed to maintaining a high level of safe obstetrical and gynecological care for the women of the State of Texas.

ACOG and TAOG would like to provide comments on the recent Sunset Commission Staff Report on the Health and Human Services Commission (HHSC) and System, specifically on the recommendation to consolidate the three state programs that currently provide women's reproductive healthcare in Texas (issue 8).

We are not necessarily opposed to the consolidation of the current programs, but want to ensure it is done in a way where services, eligibility, and funding are preserved without disrupting services to Texas women.

Any Alternative or New Recommendations on This Agency:

ACOG and TAOG would like to suggest the following:

§ Income eligibility: have 250% of the federal poverty level (FPL) as the cutoff for client eligibility, mirroring the current DSHS Family Planning program. By reducing eligibility to 185% (FPL), we risk leaving women currently served by one of the three programs without reproductive healthcare.

§ Age and fertility eligibility: include women above 44 years of age and women who have been sterilized. Otherwise, this segment of the population will not be able to access important reproductive healthcare services, such as screenings for breast and cervical cancer and sexually transmitted infections.

§ Point of service eligibility and enrollment: maintaining the ability to provide point of service eligibility is crucial to enrolling Texas women in the program. Providers need the flexibility to determine a patient's eligibility when that patient arrives, in order to provide efficient and effective care. This helps providers who participate in the program with the financial risk of treating a patient before eligibility has been confirmed.
Many clinics many not be able to participate without this type of support.

§ Billing procedures and funding distribution: both contract and fee for service models help attract a robust provider network. Moving solely to a fee for service model could have the unintended consequence of reducing provider capacity. The fee for service approach allows for private physicians to participate in the program, but the contractor accountability tools currently used by DSHS in its programs allow other types of providers (clinics run by local health departments, FQHCs, etc.) to plan in advance and to achieve measurable goals. Legislators will also have a more difficult time writing the budget and overseeing a program based on a fee for service model as data will be available after the fact. Both models are needed for a complete provider base.

As the Sunset Advisory Commission considers the recommendation made by Sunset staff, we respectfully request that the process to design a program, draft legislation, write rules, and/or create policies involve substantial and ongoing stakeholder participation. Including input from providers serving Texas women is necessary to creating and transitioning to a program that will work efficiently and effectively for the health Texas women.

My Comment Will Be Made Public: I agree