



**Sunset Advisory Commission Staff Report
Health and Human Services Commission and System Issues
Texas Women's Healthcare Coalition Comments
October 17, 2014**

The Texas Women's Healthcare Coalition (TWHC) and its 45 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by assuring access to preventive healthcare for all Texas women. Access to preventive and preconception care— including health screenings and contraception—means healthy, planned pregnancies and early detection of cancers and other treatable conditions.

The Coalition respectfully offers the following preliminary recommendations concerning the proposal to consolidate the three streams of state funding for women's preventive healthcare in Texas, as presented under Issue 8 of the Sunset Advisory Commission Staff Report issued October 3, 2014.

Change in Statute (8.1)

1) Client Eligibility

- a. Income: Raise the cutoff for client eligibility to 250 percent of the federal poverty level, as in the DSHS Family Planning program currently. The financial implications of raising eligibility to this point would be minimal: as the report states, "most clients seeking services fall below 100 percent of the federal poverty level."
- b. Age and fertility: Expand eligibility to include women over 44 years of age who are not yet menopausal, as well as women who have been sterilized. Women in these categories need preventive healthcare services, such as clinical breast exams and screening for cervical cancer and sexually transmitted infections.
- c. Gender: Include services for men, as currently offered by the DSHS Family Planning program.

2) Eligibility Determination and Enrollment Process

- a. Point-of-service eligibility: Effective family planning and sexually transmitted infection control require availability of same-day services. Clinics need the capacity to determine a patient's eligibility upon arrival to provide efficient and effective care. Alternatively, clinics need support, such as presumptive eligibility, for the financial risk of treating a patient before eligibility has been confirmed. The suggested model provides neither.

3) Covered Services

- a. Benefits package: Comprehensive healthcare services for eligible patients, as currently provided in the Expanded Primary Care Program (including prenatal, medical, and dental) should be included in the new program, while ensuring that the level of funding for family planning services and the number of women receiving family planning services do not decrease from the current level. Providing preconception, interconception, and comprehensive healthcare services is consistent with the state's goals of improving birth outcomes and maternal health, as emphasized by state agencies and past legislative actions.

4) *Billing Procedures and Funding Distribution*

- a. Fee-for-service model: Many clinics rely on cost reimbursement to remain viable. The model suggested in the report would result in many geographic areas having only one clinic able to receive cost reimbursement, which would not allow for sufficient provider capacity to meet the need for preventive care. Providers considered part of the “safety net” (such as Federally Qualified Health Centers and Title X providers) should receive cost reimbursement benefits.

5) *Transition*

- a. Stakeholder involvement: The report recommends that HHSC “... keep providers and other stakeholders informed of the agency’s progress...” However, to ensure a workable system and to avoid losing much-needed providers in an already-damaged safety net, the process of consolidation must include substantial, meaningful, and ongoing stakeholder involvement from those “on the ground” – far more than is recommended in the report. Such involvement is an irreplaceable component of a successful transition.

Management Action (8.2)

1) *Transitioning New Mothers to New Women’s Health Program*

- a. Necessity of study: The feasibility and fiscal implications of automatically transitioning new mothers to publicly funded healthcare has been well-documented in other states. As such and in light of the delay and cost associated with studying such a program, the Commission should recommend the implementation of this program rather than its study.
- b. Authority to act: If study of the program is undertaken and it is determined to be feasible and cost-effective, state agencies should be empowered to implement the program as quickly as possible, rather than delaying a decision until the Legislature is again in session, as suggested in the report.

We look forward to the opportunity to discuss these preliminary concerns and others with you in detail. Thank you for your consideration, and for your strong support for women’s preventive healthcare. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or JRealini@TexasWHC.org.

Respectfully submitted,



Janet Realini, MD, MPH
Chair, Texas Women’s Healthcare Coalition

Steering Committee Members:

Center for Public Policy Priorities
District XI (Texas) American Congress of Obstetricians and Gynecologists
Healthy Futures of Texas
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Texas Medical Association
Women's Health and Family Planning Association of Texas

Coalition Members:

Amistad Community Health Center
Austin Physicians for Social Responsibility
AWHONN Texas
Cardea
Center for Community Health, UNTHSC
Children's Hospital Association of Texas
Coalition for Nurses in Advanced Practice
Consortium of Texas Certified Nurse
Department of Ob/Gyn of UNTHSC and the ForHER Institute
Family Health Care, Inc.
Gateway to Care
Generation Covenant Healthcare
Healthy Futures Alliance
League of Women Voters of Texas
Legacy Community Health Services
Midwives University Health System
National Council of Jewish Women—Texas State Policy Advocacy Network
National Latina Institute for Reproductive Health
People's Community Clinic
Port Arthur Housing Authority
SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
San Antonio Metro Health Clinic
Schneider Communications
South Texas Family Planning & Health Corp.
St. David's Foundation
Susan Wolfe and Associates
Texas Association of Obstetricians and Gynecologists
Texas Council on Family Violence
Texas Health Institute
Texas Hospital Association
Texas Medical Association Alliance
Texas Nurse Practitioners
Texas Nurses Association
Texas Pediatric Society
Texas Unitarian Universalist Justice Ministry



**Sunset Advisory Commission
Health and Human Services Commission and System Issues
Texas Women's Healthcare Coalition Testimony
November 13, 2014**

The Texas Women's Healthcare Coalition (TWHC) and its 46 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by assuring access to preventive healthcare for all Texas women. Access to preventive and preconception care—including health screenings and contraception—means healthy, planned pregnancies and early detection of cancers and other treatable conditions.

TWHC thanks and commends the Legislature for the progress made toward restoring Texas women's access to preventive healthcare. We urge the Sunset Advisory Commission to continue the forward momentum.

The Sunset Advisory Commission Staff report (Issue 8) recommends consolidation of the three women's health state funding streams. TWHC does not oppose consolidation, per se. However, we have serious concerns about the effects on provider capacity and patient access of the proposed system. TWHC respectfully offers the following recommendations.

- 1) **Cost Reimbursement Needed:** Providers considered part of the "safety net" must be able to receive cost reimbursement benefits. Without a system of cost reimbursement or grants to support infrastructure, many providers will not be financially able to participate in the program. The Sunset staff report recommends a fee-for-service only approach, allowing limited cost reimbursement only for providers who demonstrate that, without their services, clients would lack access in their geographic area. This would mean the loss to the program of a substantial number of clinics currently participating in women's preventive healthcare programs. Because the current system is able to serve only 30 percent of the women in need of publicly subsidized contraceptive services, Texas can ill-afford to lose any providers.
- 2) **Eligibility System:** Clinics need the ability to determine "presumptive eligibility" for women in the program, without the threat of financial risk. This means that a clinic's good-faith effort to determine client eligibility would result in payment for initial services. Many women visit clinics when they need a service, and effective family planning requires availability of same-day services. Currently, clinics that contract with the Department of State Health Services (DSHS) in the Family Planning program or the Expanded Primary Health Care (EPHC) program presumptively determine client eligibility on site. Many clinics also assist women in filling out their applications for the Texas Women's Health Program (TWHP), effectively supplying the state with efficient marketing and eligibility services for TWHP. Under the program recommended in the staff report, clinics would determine client eligibility at their own financial risk. Many clinics would not be able to offer services without assurance of payment, resulting in a delay of services

Testimony of Janet Realini, MD, MPH
Texas Women's Healthcare Coalition

until receipt of state approval—and increasing the number of unplanned pregnancies. If clinics are not able to assist women to enroll in the program, the state will need massive outreach and additional enrollment support.

- 3) **Stakeholder Involvement:** In order to ensure a workable system and avoid losing much-needed providers, the process of consolidation must include substantial, meaningful, and ongoing provider involvement from those “on the ground”—far more than is recommended in the report. The report recommends only that HHSC “... keep providers and other stakeholders informed of the agency’s progress...” TWHC recommends creating a short-term advisory committee of providers and other stakeholders to participate in the transition process. Such involvement is an irreplaceable component of a successful transition.
- 4) **Clients:** TWHC recommends serving as many clients as possible in the program. Extending the income cutoff to 250 percent of the federal poverty level (FPL), as in the DSHS Family Planning program, would have minimal financial cost to the state, but ensure women at the income level continue to receive needed services. Second, the age of eligibility should be changed to include all women of reproductive age. Women over 44 years of age who are not yet menopausal, as well as women who have been sterilized, need preventive healthcare services, such as screening for breast and cervical cancer and sexually transmitted infections. Third, the program should include services for men, as currently offered by the DSHS Family Planning program.
- 5) **Benefits Package:** Comprehensive healthcare services for eligible patients, as currently provided in the Expanded Primary Care Program (including prenatal, medical, and dental), should be included as much as possible in the new program, while ensuring that funding for and the number of women receiving family planning services does not decrease. Providing comprehensive healthcare services is consistent with the state’s goals of improving birth outcomes and maternal health, as emphasized by state agencies and past legislative actions. To avoid reductions in family planning services while providing comprehensive care, the state will need to increase the overall appropriations for women’s health.
- 6) **Post-Partum Transition:** The feasibility and fiscal savings of automatically transitioning new mothers to publicly funded preventive healthcare have been well-documented in other states. As such and in light of the delay and cost associated with studying such a program, TWHC recommends the implementation of this program rather than its study. If study of the program is undertaken and it is determined to be feasible and cost-effective, state agencies should be empowered to implement the program as quickly as possible, rather than delaying a decision until the Legislature is again in session.

Thank you for your consideration, and for your strong support for women’s preventive healthcare. If you have any questions or if we can provide further information, please contact me at (210) 223-4589 or JRealini@TexasWHC.org.

Respectfully submitted,



Janet Realini, MD, MPH
Chair, Texas Women’s Healthcare Coalition

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Texas Nurses Association
Texas Pediatric Society
Texas Unitarian Universalist Justice Ministry
Women's & Men's Health Services of the Coastal Bend, Inc.