



Senate Health and Human Services Committee
Testimony on Interim Charge No. 2
April 14, 2010

Madam Chair and members of the committee, my name is Janet Realini, MD, MPH, and I am a family physician and volunteer representing the Healthy Futures Alliance (HFA), a nonpartisan, multi-disciplinary community coalition dedicated to reducing teen and unplanned pregnancy in San Antonio and Texas. I'm also here today on behalf of the Texas Medical Association, the Texas Pediatric Society, and the Texas Academy of Family Physicians, representing more than 48,000 physicians in Texas.

I commend you for taking the challenge of reviewing the effectiveness of some of the state's prevention programs in Texas. The organizations I am representing recognize the need to help our children develop the skills to address complex issues and assist them in avoiding preventable health and social outcomes which can limit their ability to lead a healthy and productive lives. Unfortunately, far too many children are not able to learn these skills from their families and in their communities.

I will focus today on one of the most significant prevention programs in Texas, the Women's Health Program (WHP) which was authorized by Senate Bill 747 of the 79th Texas Legislature, and the need for Texas to invest in programs and services that reduce the incidence of preterm birth, a significant contributor to Medicaid costs.

Background and Improvements to the Texas Medicaid Women's Health Program (WHP):

- The Texas legislature authorized the WHP in 2005 with strong bipartisan support. The Texas Health and Human Services Commission and the Department of State Health Services implemented it in early 2007.
- WHP provides family planning services – excluding abortion -- to low-income women in Texas. Services include well-woman exams, breast exams, screening for STDs, and access to contraceptives. The program is limited to women ages 18-44 who are not pregnant and who are legal Texas residents.
- The legislature approved the program in 2005 as a means to help reduce unplanned pregnancies among women in Texas as well as to help women improve what is called “birth spacing” – having a longer interval between births, which studies show not only result in healthier babies and mothers but lower Medicaid costs.
- Our associations have prioritized the need for accessible and high quality maternal and child health services and support. This is essential also to reduce Medicaid costs that are associated with a large proportion of unplanned pregnancies in Texas as well as preterm births and birth trauma.
- TMA's Select Committee on Medicaid, CHIP and the Uninsured has strongly called for improvements to preconception, prenatal, and interconception care in Texas. In 2007, Medicaid hospital costs in Texas for preterm births alone were \$408 million. Improvements in preconception and interconception care can start with supporting enhancements to the Women's Health Program.
- We strongly encourage you to strengthen the Women's Health Program by improving outreach and eligibility systems. Currently, only minimal funding is available for outreach, meaning too

few women know about the preventive services that are covered under the WHP. Today, only about 100,000 women are using it. Yet, DSHS has projected that more than 80 percent of the more than 2 million uninsured, low-income women of child bearing age do not have access to comprehensive family planning services.

- One of the most effective components of the WHP has been the comprehensive physical assessment provided to women enrolled in the program. Our organizations strongly support comprehensive health assessments and referral systems to assure women can have access early diagnosis should a screening require further assessment.
- Access to timely preventive health and family planning services is one piece of the puzzle in solving Texas' high rate of preterm births and improving birth outcomes. Women who receive preconception and interconception care – that is, preventive health care services and interventions before and between pregnancies – are more likely to deliver full term, healthy babies.
- A risk factor for prematurity is a “short interval” births – pregnancies spaced 18 months or less apart. According to an analysis by Community First Health Plan in San Antonio, in 2006 women on Medicaid were 2.5 times more likely to have had one or more “short interval” births.
- Prematurity not only can result in long-term medical and developmental and neurological problems for the baby, but contribute to higher Medicaid costs. The average hospital charge for a newborn without complications is about \$1,500 versus \$79,000 for a baby born prematurely. These costs do not include the short or long-term follow up medical care or social services often required for babies born prematurely. Since Medicaid pays for about 56 percent of all births in Texas, even nominal reductions in the rates of prematurity could save money while improving lives.
- New Jersey and Arizona are two states evaluating ways to improve preconception and interconception care for women based on CDC recommendations. Both states are working to improve public education about the importance of preventive health before pregnancy but also to enhance health services for women of child-bearing age. In 2009, our organizations supported SB 1842 by Sen. Van de Putte that directed HHSC to pilot a program to prevent high-risk pregnancies that result in the birth of premature or low birth weight infants. We encourage this committee to consider similar measures in 2011.

I also encourage this committee to provide guidance for the state in seeking the federal funding available under the health reform act for Texas to promote new prevention programming for “personal responsibility” among our teens and adolescents. This funding can go to states to support evidence-based education of teens and adolescents regarding abstinence and contraception to prevent STIs and pregnancy.

Since at least 2005, numerous riders have been authorized which reduce the number of people served by programs that are shown to be effective in reducing state costs. Riders to the state's family planning programs have been reauthorized several times and have effectively reduced the number of women served by 21% and caused Texas to lose over \$15.4 million in federal funds for checkups and birth control services. Our organizations do not support diversion of this federal funding that reduces the number of women served.

We appreciate the budgetary challenges the state will be facing in 2011. We believe investing in preventive health services for mothers and babies can help the state reduce the cost growth of Medicaid and other public programs while improving the lives of Texans.