



T E X A S
Women's Healthcare
COALITION

House Appropriations Committee
Article II Subcommittee: Health and Human Services Appropriations
Testimony of the Texas Women's Healthcare Coalition
Janet Realini, MD, MPH
Feb. 11, 2013

Good morning, Chairman Zerwas and members of the subcommittee. Thank you for the opportunity to speak on behalf of the Texas Women's Healthcare Coalition (TWHC), which is comprised of 32 healthcare, public policy, and faith-based organizations. The coalition's mission is to improve the health and well-being of Texas women, babies, and families by ensuring access to preventive care for all Texas women.

My name is Janet Realini, MD, MPH, and I serve as chair of the coalition. I am a family physician from San Antonio and serve as president of the nonprofit organization Healthy Futures of Texas.

The member organizations of the TWHC understand the need for prudent investment of limited taxpayer dollars. By investing in women's preventive care, such as Texas Women's Health Program and Department of State Health Services (DSHS) Family Planning program, Texas can actually *reduce* the state's Medicaid costs while also promoting healthier families and communities. In an era when lawmakers are looking to constrain Medicaid costs, improving preventive care for women is one of the single best strategies available.

We recognize that today's hearing focuses on the Health and Human Services Commission, rather than the DSHS Family Planning program spending. However, the two programs are interrelated in that they both reduce Medicaid costs to Texas. In addition, they complement each other in ensuring that Texas' women's health "safety net" is able to provide access to preventive care for low-income women across the state.

The TWHC strongly supports funding for:

- **Health and Human Services Commission (HHSC) Strategy D.2.3: Texas Women's Health Program (WHP);**
- **Department of State Health Services (DSHS) Strategy B.1.3: Family Planning Services; and**
- **DSHS Strategy B.1.4: Community Primary Care Services, including Exceptional Item #5, Primary Health Care Expansion.**

Our coalition also requests measures to ensure that ample provider capacity is available to serve the need throughout the state.

Women's preventive care includes well-woman examinations; screening for breast and cervical cancer, diabetes, high blood pressure, depression, family violence, and sexually transmitted infections; and counseling and provision of a contraceptive method (not abortion).

The need is massive. In Texas, more than 1 million low-income women aged 20-44 need publicly supported preventive care and birth control. Even before cuts enacted in 2011, programs were able to serve less than one-third of the women needing services. In order to *fully* meet the demand for women's preventive healthcare, our coalition estimates that a total of \$218 million per year would be required.

Women's preventive care saves lives and money. Screening detects health problems early, before they cause complications and become more expensive to treat. For breast and cervical cancer, early treatment means a greater likelihood of effectiveness; for diabetes and high blood pressure, it can prevent hospital admissions. Contraception is a vital part of preventive care. When women and couples are able to plan and space their pregnancies, babies have less risk of prematurity and low birth weight.

TWHC asks for full funding of the Texas WHP (HHSC Strategy D.2.3), which now is completely dependent upon state funding. In January 2013, the Texas WHP has lost its 90-percent federal funding (more than \$30 million annually). TWHC asks that the state fund the program at a level that would serve at least 130,000 women per year, the number that were enrolled as of August of 2011.

Our coalition would prefer the continuation of Texas WHP as a Medicaid-funded partnership, if possible, because taxpayers would be best served and the statewide need for care most easily met with the 9-to-1 federal match in Medicaid.

In addition to its need for funding, the Texas WHP faces challenges in recruiting enough healthcare providers with the capacity to serve women seeking services throughout the state. With the exclusion of the previous Medicaid WHP's most active providers, the capacity of the remaining physicians, community health centers, local health departments, and other clinics to absorb the tens of thousands of WHP clients seeking care is not clear. Although a recent HHSC survey estimates there is adequate Texas WHP provider capacity in most areas of the state, anecdotal information from coalition members and the media indicate more extensive gaps in the Texas WHP provider network.

TWHC also requests that HHSC be required to monitor closely Texas WHP provider capacity and service levels by geographic distribution, in order to ensure that women can receive the services they need in a timely fashion. We would suggest that immediate and strong remedial action be required if service levels fall in any county or public health region more than 10 percent relative to 2011. We would also ask that HHSC be required to regularly spot-check the Texas WHP provider directory to validate participation by enrolled providers, as well as capacity to accept new clients.

Last session's deep funding cuts to the DSHS Family Planning program had a huge and negative impact on Texas' women's healthcare safety net—which includes many of the providers with the potential to serve Texas WHP clients.

The DSHS program was cut by two-thirds — \$73 million — reducing the number of clients served by the DSHS Family Planning program from 211,980 in FY 2010 to an estimated 65,000 in FY 2013, a reduction of 146,980 Texans. At least 53 clinics closed, and two-thirds of these had no affiliation with Planned Parenthood. Other clinics have reduced their hours and restricted access to the most effective contraceptive methods. A wide range of publicly supported health clinics, including federally qualified health centers, urban hospital districts, local health departments, and academic medical centers, had funds dramatically reduced or eliminated.

HHSC estimates cuts to the DSHS Family Planning program have increased the state's Medicaid costs by \$33 million this fiscal year. An additional 23,760 Medicaid-funded births are expected in 2014-15, which in turn will cost the state an additional \$103 million in Medicaid costs alone.

Currently the proposed budget for the DSHS Family Planning program (Strategy B.1.3) includes only \$21.6 million per year, an amount far too low to restore access to care for the 147,000 women who lost services after 2011. Funding the program at FY 2010-11 levels of \$55.6 million per year (\$111.3 million for the biennium) would be needed.

Funding for the proposed DSHS Exceptional Item #5, Primary Health Care Expansion (Strategy B.1.4), would increase by 70,860 the number of women receiving preventive reproductive health services and result in costs savings of at least \$22 million per year. Even with full funding of this Exceptional Item, however, more than 76,000 fewer women would have access to preventive family planning than in fiscal year 2010, given the currently proposed funding for DSHS Family Planning.

In summary, TWHC recommends that Texas, at a minimum:

- **Fully fund the Texas Women’s Health Program** at the level of at least \$36 million per year to maintain service for at least 130,000 women annually and replace the \$32.3 million in lost federal funding.
- **Ensure ample healthcare provider capacity and geographic distribution** by closely monitoring service levels and requiring immediate and strong remedial action should levels fall in any county or public health region more than 10 percent relative to 2011; and require HHSC to periodically spot-check the WHP provider directory to validate participation by enrolled providers as well as capacity to accept new clients. Satisfactory geographic distribution of DSHS contractors may also require adjustments to the tiered priority system.
- **Increase funding of women’s preventive healthcare to restore access to all of the estimated 147,000 women who lost access due to the DSHS Family Planning cuts.** This could be accomplished by funding DSHS Strategy B.1.3 at 2010-11 levels (\$55.6 million per year) or by funding the Primary Health Care Expansion (DSHS Strategy B.1.4; Exception Item #5) at a level which would provide care for women not served by the DSHS program.



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Coalition Membership

as of February 6, 2013

Texas Medical Association*
Texas Medical Association Alliance
District XI (Texas) American Congress of Obstetricians and Gynecologists*
Texas Academy of Family Physicians*
Texas Association of Obstetricians and Gynecologists
Texas Pediatric Society
Texas Hospital Association
Texas Nurses Association
Methodist Healthcare Ministries*
Texas Association of Community Health Centers*
Children's Hospital Association of Texas
Texans Care for Children
Center for Public Policy Priorities*
Department of Ob/Gyn of UNTHSC and the ForHER Institute
National Council of Jewish Women—Texas State Policy Advocacy Network
Women's Health and Family Planning Association of Texas*
Susan Wolfe and Associates
Family Health Care, Inc.
Healthy Futures of Texas*
Healthy Futures Alliance
Texas Health Institute
Cardea
Austin Physicians for Social Responsibility
Texas Unitarian Universalist Justice Ministry
Center for Community Health, UNTHSC
Gateway to Care
Consortium of Texas Certified Nurse Midwives
Teaching Hospitals of Texas*
University Health System
San Antonio Metro Health Clinic
South Texas Family Planning and Health Corp
Texas Council on Family Violence

*Steering Committee Members