

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



House Appropriations Article II Subcommittee
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Janet Realini, MD, MPH
February 18, 2015

The Texas Women's Healthcare Coalition (TWHC) and its 61 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 our legislators for the progress made toward improving Texas women's access to preventive healthcare in 2013. In light of the widespread and urgent need for women's preventive care services in Texas, TWHC respectfully offers the following recommendations.

- 1) **Increase funding.** TWHC urges increased funding for women's healthcare, as proposed in Senate Bill 2 Special Provision Sec. 48, providing an additional \$50 million for women's healthcare.

The need is massive: in Texas, more than 1.3 million low-income women aged 20-44 need publicly supported preventive care and birth control. **Currently, Texas' women's health programs can serve fewer than three in ten of the women in need.**¹

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 cure; for diabetes and high blood pressure, early detection and management can prevent hospital admissions. Contraception, a vital part of preventive care, allows women and couples to plan and space their pregnancies, ensuring their

¹ Number of women served in 2014 (per FY16-17 DSHS and HHSC Legislative Appropriation Requests), plus clients served by federally funded Title X June 2013 through May 2014, divided by number of women in need (per Frost J, et al. Contraceptive Needs and Services. Guttmacher Institute 2014).

babies have lower risk of prematurity and low birth weight. Fewer unplanned pregnancies mean lower Medicaid costs. Women's healthcare is a sound investment: for every dollar invested in contraceptive care, a savings of more than seven dollars is expected.²

- 2) **Protect safety-net clinics.** Providers considered part of the “safety net” must be able to receive grant-based (also called categorical or cost-reimbursement) funding. Without this funding, which covers operational costs not addressed by fee-for-service reimbursement, many safety-net providers will not be financially able to participate in state women's health programs. This would mean the loss to the program of a substantial number of currently participating providers at a time when Texas can ill-afford to lose any providers.

Retaining safety-net providers will also require a system of “presumptive eligibility” which allows clinics to provide the services that women need urgently at the time they seek care at a clinic. Many safety-net clinics will not be able to accept financial risk, and many women will experience unplanned pregnancies or untreated infections if there is a weeks-long delay for eligibility determination in the new consolidated women's healthcare program.

- 3) **Improve access to the most effective care.** Texas women need better access to the most effective forms of contraception, which dramatically reduce unplanned pregnancies and are deemed first-line choices for women by medical organizations.³ When financial and informational barriers are removed, three out of four women seeking contraception choose long-acting reversible methods. TWHC recommends that the new women's health programs include education for providers and adequate funding for highly effective methods.

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

² Frost J, et al. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. New York, Guttmacher Institute, 2014.

³ U.S. Centers for Disease Control and Prevention. U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. MMWR Recommendations and Reports Vol. 59, No. RR-4, June 18, 2010. Accessed at <http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf>, February 15, 2015.

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