Women’s Preventive Healthcare
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Who We Are:
TWHC is a project of Healthy Futures of Texas. We are 86 healthcare, advocacy, faith organizations from across the state.

What We Do:
Strive towards access to preventive healthcare, including contraception, for ALL Texas women

www.TexasWHC.org
Texas Women’s Healthcare Coalition

How:

• Work with state legislators to increase access to preventive health care for Texas women
• Strengthen relationships among coalition members and community stakeholders
• Educate and mobilize statewide support for women’s preventive health care
• Build relationships with leaders in state agencies to improve programs that serve Texas women.
Women’s Healthcare History in Texas

2011
Texas Legislature **deeply cuts** family planning budget

2013
“Restored” funding: All state GR: EPHC, TWHP, FP

2015
Consolidation:
- Healthy Texas Women
- Family Planning Program

2016
Healthy Texas Women and Family Planning programs launch

2017
Stable funding; LARC Strategic Plan; Improved data gathering/reporting

2018
Title X Family Planning Program changes

2019
Title X awards WHFPT as Texas’ statewide grantee
Impact of Family Planning Cuts and Policy Changes

82 clinic closures

- Reduced hours and services
- Reduced access to most effective forms of contraception

41% Decrease in clients served across women's health programs between FY 2010 and FY 2012

Increased costs to Medicaid
Clients Served by State-Funded Programs

The Need Far Outweighs the Supply

- Family Planning Program
- WHP/TWHP/HTW
- Expanded Primary Health Care
- Women in Need**

The graph shows the clients served by state-funded programs from FY 2010 to FY 2018. The need far outweighs the supply.
Women’s Preventive Healthcare and the 86\textsuperscript{th} Legislature
The Texas maternal mortality rate saw a sharp increase in 2012. New data analysis show the increase was not as sharp as originally reported, but is still worse than other states. Significant disparities still exist, as Black women are at the highest risk for maternal death.
### Table C1. Maternal Death by Cause and Timing of Death, Texas, 2012-2015

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>TIMING OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>While Pregnant</td>
</tr>
<tr>
<td>Drug Overdose</td>
<td>0</td>
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<tr>
<td>Other Causes</td>
<td>5</td>
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<tr>
<td>Cardiac Event</td>
<td>2</td>
</tr>
<tr>
<td>Homicide</td>
<td>2</td>
</tr>
<tr>
<td>Infection/Sepsis</td>
<td>1</td>
</tr>
<tr>
<td>Suicide</td>
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</tr>
<tr>
<td>Cerebrovascular Event</td>
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<tr>
<td>Hemorrhage</td>
<td>3</td>
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<tr>
<td>Hypertension/Eclampsia</td>
<td>0</td>
</tr>
<tr>
<td>Pulmonary Embolism</td>
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<tr>
<td>Amniotic Embolism</td>
<td>1</td>
</tr>
<tr>
<td>Substance Use Sequelae (e.g., liver cirrhosis)</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>
Selected Recommendations from the TX Maternal Mortality and Morbidity Task Force

1. Increase access to health services during the year after pregnancy & throughout the inter-conception period

2. Improve postpartum care management and discharge education for patients and families

3. Increase maternal health programming to target high-risk populations, especially Black women.
How Does Access to Family Planning Services Help?

- Reduces unintended pregnancies & allows healthy birth spacing
- Reduces maternal & infant complication risks
- Results in better maternal & infant health outcomes

Provides a critical entry point into healthcare services:
- Helps prevent, detect, and manage chronic conditions before pregnancy
- Increases access to postpartum and inter-conception health care
- Improves continuity of care
TWHC Policy Priorities

1. Ensure funding for women’s preventive healthcare, including contraception.

2. Identify areas with a shortage of qualified family planning providers, develop strategies to increase provider participation in the state’s women’s health programs.

3. Ensure women have access to the full range of FDA-approved contraceptives of their choice, including LARC.

4. Increase continuity of care for women by eliminating barriers to preventive healthcare access.

5. Maximize the ability of the women’s healthcare safety net to reach more women and save Texas taxpayer dollars.
### Women’s Health Budget – Where We Landed

<table>
<thead>
<tr>
<th></th>
<th>2020-2021 Biennium</th>
<th>2018-2019 Biennium</th>
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<tr>
<td></td>
<td>GR</td>
<td>Federal</td>
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<tr>
<td>HTW</td>
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<td>FPP</td>
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<td>Admin</td>
<td>$10,309,389</td>
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<tr>
<td><strong>D.1.1. Total</strong></td>
<td><strong>$346,961,855</strong></td>
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</tr>
</tbody>
</table>

- **$62.3 million all funds increase from last biennium.**
- **DSHS received $7 million maternal mortality exceptional item.**
SB 2132 – Powell
HHSC will provide an automatically enrolled HTW client with information about the program (services available), including a list of providers in the same area and directs HHSC to consult with the Task Force on best time to provide notice and how to provide notice

SB 750 – Kolkhorst
HHSC will evaluate postpartum care services currently provided in HTW and then add postpartum care benefits in HTW
Bills Signed by Governor

**SB 2132 – Senator Powell**

- Directs HHSC to add information to the letter notifying women they have been automatically enrolled into HTW:
  - information about the program (services available)
  - list of providers in the same geographic area as client.

- Directs HHSC to consult with the Maternal Mortality and Morbidity Task Force on best time to provide notice and how to provide notice.
SB 750 – Kolkhorst – Large Maternal Health Bill with pieces impacting women’s health programs (predominantly HTW)

- HHSC will evaluate postpartum care services currently provided in HTW and then develop an enhanced, cost-effective, and limited postpartum care benefits package in HTW
- Directs HHSC to develop strategies to improve continuity of care for women transitioning from Medicaid to HTW
SB 750 – Kolkhorst – Large Maternal Health Bill with pieces impacting women’s health programs (predominantly HTW)

- Assessment of impact, feasibility, and cost-effectiveness of HTW in managed care (if 1115 HTW waiver approved).
- Development and implementation of a postpartum depression treatment network for women in Medicaid and HTW. HHSC to work with managed care organizations and HTW providers.
Looking Ahead

• Budget
  • 1115 waiver approval
  • HTW Cost Reimbursement Program

• Legislation Implementation
  • SB 750
  • SB 2132

• 2019 Legislative Interim Committee Charges