
OVERVIEW OF WOMEN'S HEALTH PROGRAMS

The women's health programs in Texas provide access to women's health, family planning, prenatal, and preventive care services to eligible women in need. In addition to improving health outcomes, the women's health programs save state resources that are expended on other programs, including the Texas Medicaid program.

After undergoing significant restructuring, the current women's health programs include the Healthy Texas Women program, the Family Planning Program, the Breast and Cervical Cancer Screenings program, and the Title V Prenatal Medical and Dental Programs at the Health and Human Services Commission. This overview of these health programs includes information regarding recent initiatives to improve participation in the programs.

FACTS AND FINDINGS

- ◆ The Legislature's funding for the women's health programs has increased significantly in recent years, increasing 30.9 percent from the 2014–15 biennium to appropriations of \$284.6 million in All Funds for the 2018–19 biennium.
- ◆ The Health and Human Services Commission estimates that from fiscal years 2017 to 2020, the women's health programs will save the state \$12.8 million in General Revenue Funds (\$157.8 million in All Funds) by decreasing healthcare costs to the Children's Health Insurance Program and the Texas Medicaid program.
- ◆ Each of the women's health programs provides a unique set of services and has its own eligibility requirements. Although the goals of each program vary, overall they seek to improve the pregnancy, birth, and general health outcomes of low-income women in the state.
- ◆ Initiatives at the Health and Human Services Commission such as client outreach and auto-enrollment of clients has increased participation in the women's health programs. During fiscal year 2017, monthly enrollment in the Healthy Texas Women program more than doubled, from 105,406 clients to 220,154 clients. During the same year, 38,959 women were autoenrolled into the Healthy

Texas Women program. Other initiatives related to the women's health programs include provider outreach and increasing access to long-acting reversible contraception.

DISCUSSION

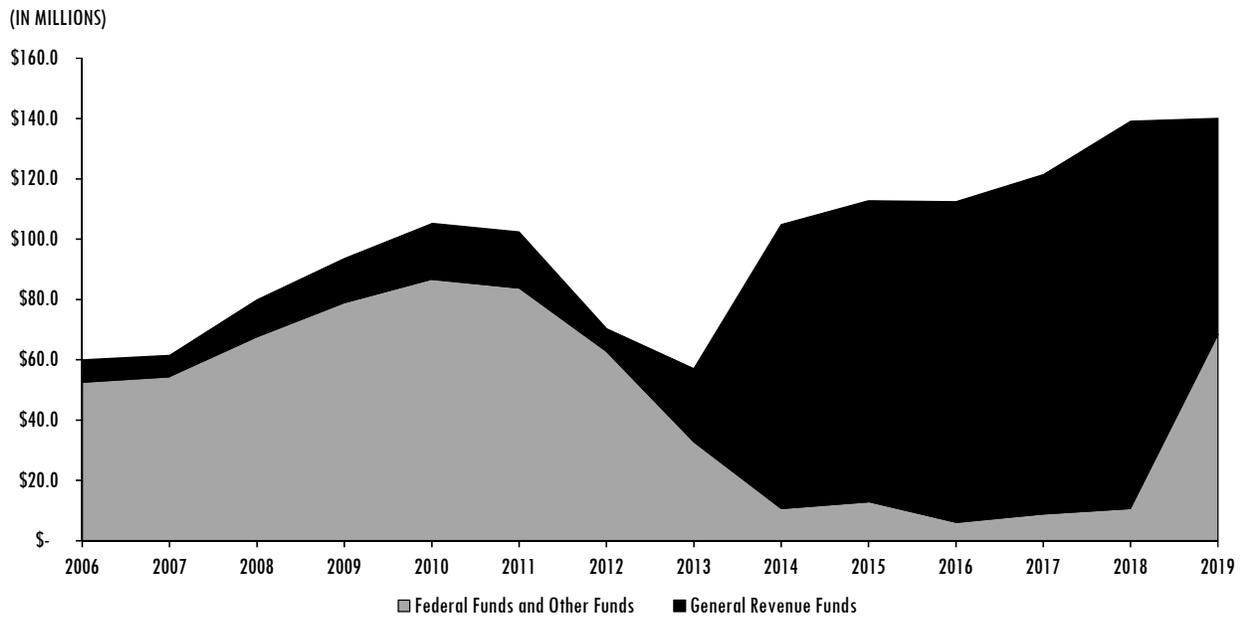
Rapid population growth and comparatively high rates of poverty and uninsurance challenge the state's ability to provide healthcare to women facing barriers to accessing healthcare. From fiscal years 2010 to 2017, the state population grew by 12.6 percent to 28.3 million people, slightly more than half of whom are female. Among women ages 19 to 64, 14.0 percent live in poverty and 19.0 percent are uninsured.

Research suggests that access to care is an issue for women in Texas and that many women may experience difficulty receiving medical care, family planning, and prenatal care. For instance, from fiscal years 2014 to 2016, 15.0 percent of adult women in Texas reported that they did not see a doctor during the previous 12 months due to cost. The state's birth rate is the seventh highest in the U.S., and the birth rate for teens ages 15 to 19 is the fourth highest. Survey data indicate that slightly more than half of births in Texas are intended. Moreover, 71.6 percent of mothers in the state entered prenatal care within the first trimester, less than the U.S. rate of 83.0 percent.

The women's health programs in Texas seek to address these challenges by providing access to no-cost or low-cost health services for eligible women. The women's health programs provide women's health, family planning, and prenatal services that help families to decrease unintended pregnancies and improve pregnancy and birth outcomes. These programs also provide preventive care and treatment services to improve general health outcomes.

In addition to promoting better health, the women's health programs can save money through the cost-effective use of state resources. For instance, increased access to family planning services decreases unintended pregnancies, thereby averting potential pregnancy and infant-related costs to Texas Medicaid and the Children's Health Insurance Program (CHIP). The Texas Health and Human Services Commission (HHSC) estimates that from fiscal years 2017 to 2020, the

FIGURE 1
WOMEN'S HEALTH PROGRAMS, FUNDING BY METHOD OF FINANCE
FISCAL YEARS 2006 TO 2019



SOURCES: Legislative Budget Board; Health and Human Services Commission.

women's health programs will save the state \$157.8 million in All Funds, including \$12.8 million in General Revenue Funds.

The Legislature's funding for women's health programs has increased significantly in recent years. During the 2018–19 biennium, appropriations for the women's health programs increased to \$284.6 million in All Funds, which is \$67.2 million (30.9 percent) greater than All-Funds expenditures for the 2014–15 biennium.

RECENT CHANGES TO WOMEN'S HEALTH PROGRAMS

The Family Planning Program (FPP) and the Breast and Cervical Cancer Screenings (BCCS) program historically have provided women's health services in Texas. The Title V Prenatal Medical and Dental Programs began providing services to eligible pregnant and postpartum women during fiscal year 2013.

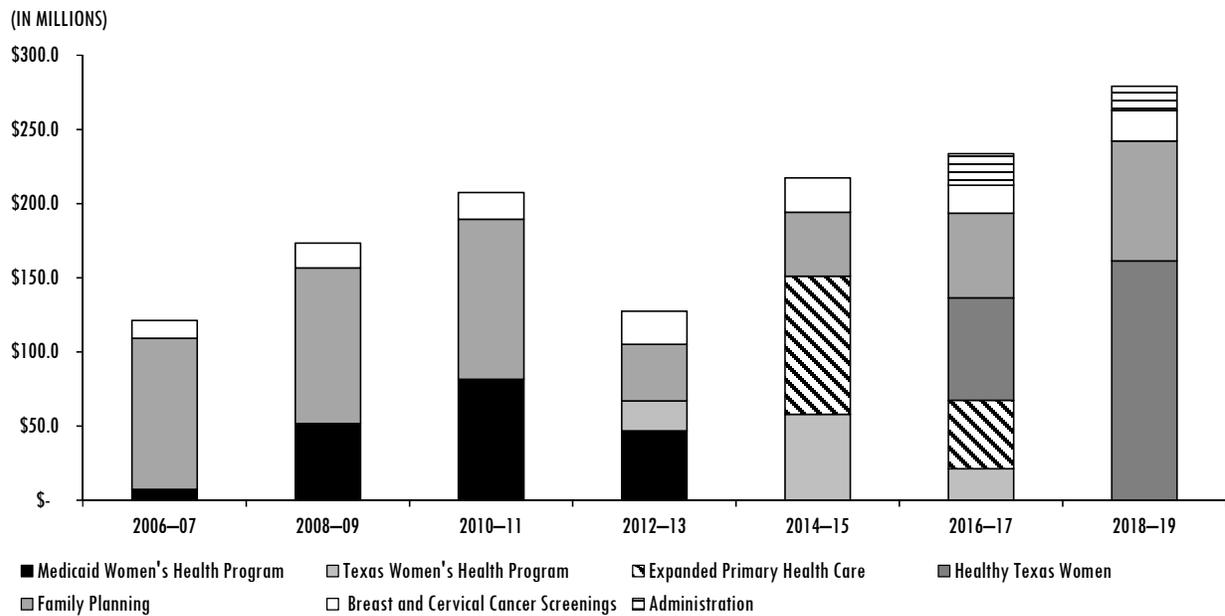
The Medicaid Women's Health Program operated from January 2007 to December 2012. It ended after HHSC was unable to receive approval from the federal Centers for Medicare and Medicaid Services (CMS) to continue it through a Medicaid waiver after changes in state law prohibited certain providers from participating. The state-

funded Texas Women's Health Program (TWHP) replaced the program on January 1, 2013.

The Expanded Primary Health Care (EPHC) program was established during fiscal year 2014. The discontinuation of the Medicaid Women's Health Program and establishment of TWHP and EPHC led to the women's health programs being financed primarily with General Revenue Funds rather than Federal Funds or Other Funds. **Figure 1** shows funding for the women's health programs by method of finance.

The Eighty-fourth Legislature, 2015, acted on the findings and recommendations of the Sunset Advisory Commission and passed Senate Bill 200, which reorganized and consolidated the health and human services system to achieve greater efficiencies and coordination across programs. This restructuring included the consolidation of the women's health programs at HHSC to improve efficiency and effectiveness for clients and providers. Services from EPHC and TWHP were combined to establish the Healthy Texas Women (HTW) program, which HHSC instituted in July 2016. At that time, FPP also was reconfigured to offer additional services. **Figure 2** shows biennial All Funds expenditures for the women's health programs, excluding Title V Prenatal Medical and Dental Programs, during the past 10 years.

FIGURE 2
WOMEN'S HEALTH PROGRAMS BIENNIAL ALL FUNDS EXPENDITURES BY PROGRAM
FISCAL YEARS 2006–07 TO 2018–19



SOURCES: Legislative Budget Board; Health and Human Services Commission.

On June 30, 2017, HHSC applied for a federal Medicaid 1115 demonstration waiver for HTW. The proposed effective date of the waiver was September 1, 2018, for a five-year period ending August 31, 2023. If approved, the waiver would enable the state to receive federal Medicaid matching funds to operate the program. As of January 2019, the waiver application is pending with CMS.

CURRENT WOMEN'S HEALTH PROGRAMS

Four programs primarily support women's health: HTW, FPP, BCCS, and the Title V Prenatal Medical and Dental programs. The Eighty-fifth Legislature, General Appropriations Act, 2018–19 Biennium, Article II, HHSC, Strategy D.1.1, Women's Health Program, appropriated \$284.6 million in All Funds, including \$170.9 million in General Revenue Funds, to these programs. **Figure 3** shows the benefits available through each women's health program. **Figure 4** shows eligibility requirements for each of the programs.

HEALTHY TEXAS WOMEN

HTW provides women's health, family planning, and preventive health services to eligible women at no cost to clients. Preventive health services include screening and treatment for hypertension, diabetes, and high cholesterol.

The goals of the program are to decrease unintended pregnancies, improve maternal health outcomes, and promote the early detection of breast and cervical cancers. Most of the services received by clients during fiscal year 2017 were for contraceptive and sexually transmitted infection (STI)/sexually transmitted disease (STD) services, family planning annual exams, and supplies and services, such as dispensing certain contraception.

HHSC reimburses HTW providers for the provision of client services on a fee-for-service basis. HHSC also pays contracted organizations for support services that enhance client service delivery. These activities include assisting clients with enrollment, client-based and community-based educational activities, and direct clinical care for clients deemed presumptively eligible for services, among other activities. HTW-contracted entities are required to report whether they attained the goals and objectives that are developed in the work plans they submitted to HHSC.

HTW services are available to women that are U.S. citizens or eligible immigrants of childbearing age (ages 15 to 44) with an income at or less than 200 percent of the federal poverty limit (FPL), which is \$24,280 for a single person for 2018. In addition, eligible clients must be uninsured Texas residents who are not pregnant, shown in **Figure 4**.

After a client is determined to be eligible for the program, she can receive services for one year and can renew enrollment every year if she still qualifies. Enrollment is effective on the first day of the month in which the application is received.

According to HHSC, during fiscal year 2017, the average monthly number of unduplicated women enrolled in HTW was 167,178. The unduplicated number of enrolled women accessing services through the program for that year was 132,542. On average, 15.0 percent of women enrolled in HTW accessed services during any month of fiscal year 2017.

HTW expenditures during fiscal year 2017 were \$58.6 million in All Funds. The majority of these expenditures, \$48.2 million, was for client services provided through the fee-for-service component of the program. The remaining \$10.3 million were for support services provided by contracted entities.

FAMILY PLANNING PROGRAM

FPP provides low-cost or no-cost reproductive healthcare, family planning, prenatal, and preventive screening services to eligible individuals. Eligible clients with incomes at greater than the FPL may be charged a copayment not to exceed \$30. Women and men may access services through FPP. The goal of the program is to help individuals plan the timing of having children, decrease unintended pregnancies, and improve pregnancy, birth, and general health outcomes.

Program benefits are similar to those for HTW, shown in **Figure 3**. Most of the services received by clients during fiscal year 2017 were for contraceptive and STI/STD services, family planning annual exams, and supplies and services, such as providing certain contraception.

HHSC reimburses FPP providers of client services on a fee-for-service basis. In addition, HHSC pays family planning contractors to develop and maintain infrastructure related to providing client services. This funding supports clinic facilities, staff salaries, and utilities. As with HTW, FPP-contracted entities must report on whether they met the goals they developed in their applications to participate in the program.

FPP services are available to individuals age 64 and younger with incomes at or less than 250 percent of the FPL, which is \$30,350 for a single person for 2018. Clients also must be Texas residents, shown in **Figure 4**. Eligibility is determined at a contracted clinic. When eligible, clients can receive

services for one year and can renew enrollment every year if they still qualify.

FPP served 96,991 clients during fiscal year 2017 at a cost of \$35.7 million, according to HHSC. Client services through the fee-for-service component of the program accounted for \$27.3 million of the expenditures. Costs to family planning contractors to develop and maintain infrastructure for the provision of client services accounted for the remaining \$8.4 million.

BREAST AND CERVICAL CANCER SCREENING PROGRAM

BCCS helps low-income women access screening and diagnostic services for breast cancer and cervical cancer at no cost to clients. Breast and cervical cancers are easier to treat when detected early. **Figure 3** shows that program benefits include breast cancer and cervical cancer screenings, diagnostic services, and cervical dysplasia treatment. HHSC reimburses BCCS providers for client services on a fee-for-service basis.

Eligible women must be Texas residents who do not have access to programs or benefits offering the same services. Age requirements vary for the different screening, diagnostic, and treatment services covered. In addition, eligible women must have an income at or less than 200 percent of the FPL, shown in **Figure 4**. Clients may receive services as long as they remain eligible.

According to HHSC, during fiscal year 2017, BCCS spent \$5.3 million in All Funds and provided services to 32,075 clients.

TITLE V PRENATAL MEDICAL AND DENTAL PROGRAMS

The federal Social Security Act, Title V, Maternal and Child Health Services Block Grant, is a state–federal partnership to improve maternal and child health. In Texas, one component of this program is the Title V Prenatal Program, which provides prenatal services for up to 60 days to pregnant women who are in the process of applying for and enrolling in the CHIP Perinatal Program. Another component, the Title V Prenatal Dental Program, provides dental services to pregnant women and up to three months postpartum. All medically indicated prenatal and dental services are covered. In addition, high-risk pregnant women qualify for two case-management visits, shown in **Figure 3**. HHSC reimburses providers in both programs through a fee-for-service model.

Clients with incomes at greater than the FPL may be assessed copayments not to exceed 25.0 percent of the total

**FIGURE 3
WOMEN'S HEALTH PROGRAMS SERVICES, FISCAL YEAR 2017**

HEALTHY TEXAS WOMEN	FAMILY PLANNING PROGRAM	BREAST AND CERVICAL CANCER SCREENINGS	TITLE V PRENATAL MEDICAL AND DENTAL PROGRAMS (1)
Annual family planning and preventive healthcare visit	Annual family planning and preventive healthcare visit	Clinical breast examination	Prenatal medical services
Contraceptive services	Contraceptive services	Mammogram	Two case-management visits for high-risk pregnant women
Preconception care	Preconception care	Pelvic examination and pap test cervical screening	Two postpartum care visits
Basic infertility services	Basic infertility services	Human papillomavirus DNA test	Prenatal and postpartum dental services up to three months postpartum
Cervical cancer screening and diagnosis	Cervical cancer screening and diagnosis	Diagnostic services	
Screening and treatment of cervical intraepithelial neoplasia	Screening and treatment of cervical intraepithelial neoplasia	Cervical dysplasia management and treatment	
Breast cancer screening and diagnosis	Breast cancer screening and diagnosis		
Screening and treatment for sexually transmitted infection (STI) and sexually transmitted disease (STD)	Screening and treatment for STI/STD		
Human immunodeficiency virus (HIV) testing	HIV testing		
Pregnancy testing	Pregnancy testing		
Recommended immunizations	Recommended immunizations		
Screening and treatment of diabetes, hypertension, and elevated cholesterol	Screening for diabetes, hypertension, and elevated cholesterol		
Screening and treatment of postpartum depression	Prenatal care services		

NOTE: The Title V Prenatal Medical Program and Title V Dental Program are part of the state–federal partnership to improve maternal and child health provided in the federal Social Security Act, Title V, Maternal and Child Health Services Block Grant.
SOURCES: Health and Human Services Commission; Department of State Health Services.

reimbursement amount for the visit. However, clients who declare an inability to pay copayments cannot be denied services.

Figure 4 shows that eligible women must be pregnant or postpartum Texas residents with incomes at or less than 185 percent of the FPL, which is \$22,459 for a single person for 2018.

According to HHSC, the Title V Prenatal Medical and Dental programs served 4,285 women age 22 and older during fiscal year 2017 at a cost of \$1.1 million in All Funds.

**OTHER PROGRAMS PROVIDING
WOMEN'S HEALTH SERVICES**

In addition to the four women's health programs, eligible women may access women's health services through the Texas Medicaid and CHIP Perinatal programs.

Texas Medicaid provides health coverage to certain categories of individuals, including pregnant women, related caretakers of dependent children, and people with disabilities. In addition, the Medicaid for Breast and Cervical Cancer Program provides access to cancer treatment services through full Medicaid benefits to certain women with qualifying cancer diagnoses. Age and financial eligibility requirements vary among eligibility categories, but a client must be a Texas resident and a U.S. citizen or qualified noncitizen to qualify.

**FIGURE 4
WOMEN'S HEALTH PROGRAMS ELIGIBILITY, FISCAL YEAR 2017**

REQUIREMENT	HEALTHY TEXAS WOMEN	FAMILY PLANNING PROGRAM	BREAST AND CERVICAL CANCER SCREENINGS (1)	TITLE V PRENATAL MEDICAL AND DENTAL PROGRAMS (2)
Citizenship	U.S. citizen or eligible immigrant			
Texas Resident	X	X	X	X
Without access to programs providing same services	X		X	X
Women	X		X	X
Income limit	200% of the federal poverty level (FPL)	250% of the FPL	200% of the FPL	185% of the FPL
Age	15 to 44	64 and younger	breast cancer screening: 40–64; cervical cancer screening: 21–64; breast and cervical cancer diagnostic services: 18–64	
Other	Not pregnant		breast and cervical cancer diagnostic services: must have abnormal test result; cervical dysplasia management and treatment: must have qualifying diagnosis	must be pregnant or postpartum; prenatal medical services: must be in the process of applying for and enrolling in CHIP Perinatal (3)

NOTES:

- (1) Some coverage of these Breast and Cervical Cancer Screenings services is available to certain women age 65 and older.
- (2) The Title V Prenatal Medical Program and Title V Dental Program are part of the state–federal partnership to improve maternal and child health provided in the federal Social Security Act, Title V, Maternal and Child Health Services Block Grant.
- (3) CHIP=federal Children’s Health Insurance Program.

SOURCES: Health and Human Services Commission; Department of State Health Services.

The CHIP Perinatal program provides prenatal and limited postpartum services to pregnant women that are not eligible for Texas Medicaid due to income or immigration eligibility requirements.

RECENT INITIATIVES

The state has undertaken several initiatives to improve participation in the women’s health programs. These efforts include provider and client outreach activities and autoenrollment of Texas Medicaid for Pregnant Women clients into HTW. State agencies also are working to increase access to long-acting reversible contraception, the most effective method of reversible contraception.

PROVIDER AND CLIENT OUTREACH

When HTW and the restructured FPP were instituted, HHSC conducted client and provider outreach to increase awareness and enrollment. Client outreach activities included media advertising campaigns and a reformatted website. Since the program began, HTW has seen an increase in enrollment each month. During fiscal year 2017, monthly enrollment grew 109.0 percent, from 105,406 clients to 220,154 clients. During fiscal year 2017, 132,542 enrolled HTW clients and 96,991 FPP clients accessed program services.

Provider outreach activities included training, contact through community partners and professional organizations, and outreach at professional or community-related events.

During fiscal year 2017, 5,342 fee-for-service providers were enrolled in HTW to serve eligible program clients. This enrollment is a 16.1 percent increase from fiscal year 2015, the last full year that TWHP was in operation. During fiscal year 2017, 2,896 fee-for-service providers billed for services provided to HTW clients. According to HHSC, this amount may undercount the actual number of providers serving clients in the program, because providers may not always file claims through their personal identification numbers. For the same year, HTW had 39 contracted providers with 201 clinic sites. HHSC is recruiting new HTW providers to increase access and provide additional options to clients.

During fiscal year 2017, FPP had 53 contracted providers with 258 clinic sites.

AUTOENROLLMENT INTO HEALTHY TEXAS WOMEN

Texas Medicaid for Pregnant Women clients ages 18 to 44 automatically are enrolled in HTW upon conclusion of their Medicaid coverage. Automatic enrollment decreases the burden of reenrollment for clients and promotes continuity of care. Furthermore, access to family planning during the postpartum period can improve health outcomes for mothers and children. Coordination between HTW and Texas Medicaid has enabled many clients to keep the same providers as they transition between programs. During fiscal year 2017, 38,959 women were autoenrolled from Texas Medicaid for Pregnant Women into HTW.

Currently, women age 19 who no longer are eligible by age for CHIP or Children's Medicaid coverage must apply for HTW coverage. HHSC has determined that if these women also were autoenrolled into HTW, a significant number of unintended pregnancies would be averted. In addition, because most teen births occur from ages 18 to 19, autoenrolling previously eligible CHIP or Children's Medicaid clients into HTW may decrease the state's teen birth rate. According to HHSC, autoenrolling previously eligible CHIP or Children's Medicaid clients into HTW would require updating the Texas Integrated Eligibility Redesign System, the state's system of record for eligibility determinations for health and social programs.

LONG-ACTING REVERSIBLE CONTRACEPTION

Long-acting reversible contraception (LARC) refers to intrauterine and subdermal contraceptive devices. LARC is considered highly effective and easy to use, which decreases the likelihood that it will be used inconsistently or incorrectly compared to other contraceptive methods. In addition,

LARC lasts for several years and often does not require follow-up visits with a physician. Despite these benefits, LARC is used by 8.0 percent of women of childbearing age nationally, according to data from the Centers for Disease Control and Prevention.

Texas state agencies are working to increase access to these devices because of their potential to avert unintended pregnancies and to improve birth outcomes through planning healthy pregnancy spacing. For example, HHSC has developed a toolkit for providers to support access to LARC. In addition, HHSC has changed certain policies to ensure that providers are reimbursed appropriately for providing LARC. HHSC anticipates that increasing access to LARC will save state resources through the aversion of unintended births. HTW, FPP, and Texas Medicaid cover LARC. During fiscal year 2017, 10,203 HTW and 7,675 FPP unduplicated clients received LARC.