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Family Planning in the Texas Budget: Comparing the House and Senate Bills

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Making sure all Texans have access to the tools they need to plan the timing and size of their families is a critical piece of the puzzle in building equal economic opportunity for Texans who aspire to overcome poverty, join the middle class, and enjoy prosperity. Women's preventive healthcare—including cancer screenings and family planning—helps women stay healthy, have healthy pregnancies, and avoid unplanned pregnancy. Today, nearly half of Texas births are unplanned. When women lack the tools to plan and space their pregnancies, babies have higher risks of prematurity and low birth weight.

Devastating budget cuts to family planning in 2011—two-thirds of funding for family planning at the Department of State Health Services was cut—caused 147,000 Texas women to lose access to preventive cancer screening and contraception. The cuts also left the women's health "safety net" in tatters: at least 53 clinics have closed entirely (most of them not Planned Parenthood clinics); and many other family planning providers have reduced services. On top of that, cuts to family planning in 2011 have already begun to increase Medicaid caseloads and costs — in the three years from 2013 through 2015, Texas taxpayers will pay an extra \$136 million in General Revenue for maternal and infant care resulting from additional unplanned pregnancies.

Both the House and Senate budgets increase investments in family planning services over the 2012-13 budget. The House version fully restores access to the number of women who lost services after the 2011 cuts. The Senate version provides about \$32 million less in funding and will leave about 48,000 women without services compared to 2010. **We urge budget conferees to keep the higher funding in the House version, along with critical budget riders in the House budget, to fully restore access for all those who lost it, maximize state savings, and improve maternal and child health.**

How the Budgets Fund Family Planning

The key difference in funding under the budget is that that House budget replaces federal Title X funds no longer awarded to the state with General Revenue, and the Senate budget does not (see the discussion of Title X funds in the next section). The House budget also has several key riders that will ensure funding that is sufficient to restore services to all of the women who lost access with the 2011 cuts and create reports on the adequacy of provider capacity.

For full restoration of access to care the conference committee must adopt the House recommendation for DSHS Family Planning Strategy B.1.3 at the level of \$75.3 million for the biennium and maintain the funding levels recommended by both House and Senate for DSHS Community Primary Care Strategy B.1.4 (\$126.4 million for the biennium) and the HHSC Texas Women's Health Program (\$71.3 million for the biennium). As the chart on the last page illustrates, all three of these recommendations are needed to fully restore access to the number

of women who lost it in 2011, even when taking into account funding sources now outside of the state budget.

Comparison of Family Planning-related Budget Strategies and Key Riders		
	Senate	House
DSHS Family Planning (DSHS B.1.3)	\$43.2 million	\$75.3 million
DSHS Primary Health Care Services - Women's Health Expansion, DSHS EI #5 (DSHS B.1.4)	\$100 million	\$100 million
Texas Women's Health Program (HHSC D.2.3)	\$71.3 million	\$71.3 million
Riders recommended to fully reverse cuts and ensure provider capacity.		<p>DSHS Rider 87: Allows Primary Care 2014 funds to roll over to 2015. Will help rebuild the safety net.</p> <p>DSHS Rider 90: Replaces \$32.1 million in lost federal Title X funds, to maintain funding to DSHS' current contractors. Without the funding from the rider, the budget will not fully restore access lost in 2011 cuts.</p> <p>HHSC Rider 44: Requires HHSC to report on provider capacity and utilization twice a year.</p> <p>HHSC Rider 73: Requires HHSC to report on TX Women's Health Program provider capacity and/or utilization. Will help ensure access to care.</p> <p>HHSC Sec. 51 Rider: If TX Women's Health Program ends, funds go to Primary Care (B.1.4) to preserve access for women.</p>

State Programs that Provide Family Planning

The following programs provide low-income Texas women with access to basic preventive care including an annual exam, cancer screenings, and contraception. None of the programs provide abortion. For many women, these programs are their only contact with a healthcare provider.

DSHS Family Planning (DSHS budget strategy B.1.3)

This program has historically been funded primarily by federal dollars from Title X (Family Planning Block Grant), Title XX (Social Services Block Grant), and Title V (Maternal and Child Health Block Grant), plus some state general revenues (GR). In the 2010-11 biennium, it

received \$111.3 million, 80 percent of which was federal funding. It provided preventive care and contraception to an estimated 211,980 clients in Texas fiscal year 2010. Due to the deep cuts in 2011, the 2012-13 budget projected that DSHS Family Planning would serve only 65,000 a year, meaning about 147,000 women lost access to services.

In March 2013, the federal Title X family planning block grant was awarded to the Women's Health and Family Planning Association of Texas, a private network of publicly funded family planning providers, instead of DSHS. This means that the \$32 million from Title X in B.1.3 in both the House and Senate budgets will be removed. House DSHS Rider 90 replaces the federal funds with GR in order to maintain critical access to family planning through the state's current contractors and avoid further erosion of the state's family planning safety net.

DSHS Primary Health Care Services (DSHS Budget Strategy B.1.4)

DSHS proposed to expand its Primary Health Care Services program through its Exceptional Item #5 to increase access to priority women's health services, including, but not limited to family planning. DSHS estimates that with the \$100 million increase in program funding, it will be able to provide family planning services to an additional 100,000 women a year. In addition to family planning, clients in the program will have access to hypertension and diabetes screenings, perinatal services, dental care, and navigation help through community health workers, as appropriate. DSHS has indicated that it will contract with comprehensive primary care providers, such as Federally Qualified Health Centers and public health entities, to provide women's health services under the expansion.

The increase in funding for priority women's services through Primary Health Care Services is larger than the amount of the cuts to DSHS family planning in 2011 (\$100 million will be added to Primary Health Care Services and \$73 million was cut from Family Planning). The cost per client for Primary Health Care Services is higher than Family Planning though because more services are offered, so this expansion alone will not restore access to all of the women who have lost it. DSHS estimates that Primary Health Care Services expansion alone will restore family planning services to about 100,000 of the 147,000 who lost access through the 2011 cuts.

Texas Women's Health Program (HHSC Budget Strategy D.2.3)

In 2005, Texas joined a number of other states in creating a special Medicaid family planning program, the Medicaid Women's Health Program (WHP) that allowed uninsured women at the same income levels as those who could qualify for maternity benefits to get family planning services. The program has had as many as 130,000 low-income women enrolled, significantly expanding access to family planning. The program was financed with a generous 9-to-1 federal match, and Texas saved \$10 for each \$1 it put into the program.

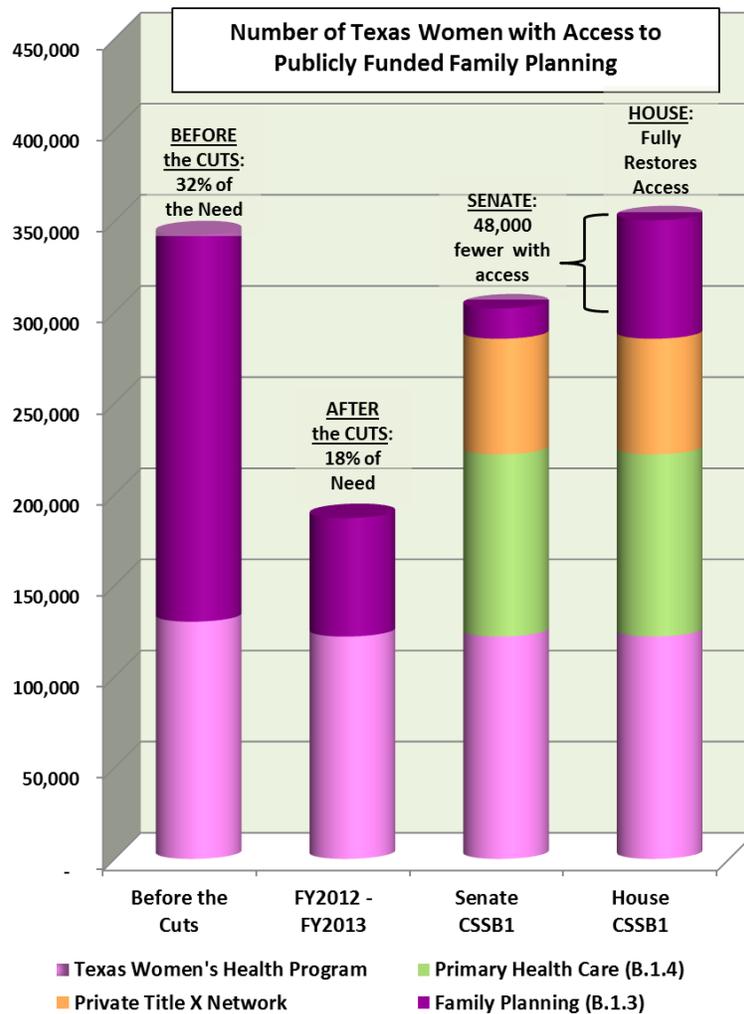
In 2012, HHSC adopted a rule to deny WHP funding to any health care provider that has an affiliation with an abortion provider, despite the fact that the rule violates federal Medicaid laws granting women the right to select their own qualified family planning care provider. The program lost federal funding as of January 1, 2013 and transitioned to the GR-funded Texas Women's Health Program. Funding appropriated in both the House and Senate budgets is essential to ensuring the Texas Women's Health Program can continue to serve eligible women. Without Planned Parenthood, formerly WHP's largest provider that served about 45 percent of all WHP clients, advocates are concerned about the capacity of the Texas Women's Health

Program network to provide care to all enrolled women. House HHSC riders noted above will help monitor and ensure adequate provider capacity.

Federal Title X Grant through a Private Network

As noted above, the Women’s Health and Family Planning Association of Texas was awarded the federal Title X family planning grant this March. It will receive about \$13 million a year for three years. As the chart shows, these funds, while outside the state budget, are critical to restoring Texas’ family planning service capacity to serve as many women as before the 2011 session’s cuts.

The House’s Budget Recommendations for Family Planning Will Fully Restore Access to Women’s Essential Preventive Care



Source: Texas Women’s Healthcare Coalition¹

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About CPPP

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¹CHART NOTES:

- **Texas Women's Health Program (TWHP)** numbers are based on the Final Count Enrollment numbers by month posted at <http://www.hhsc.state.tx.us/research/wh-final-count.asp>. 'Before the cuts' uses the peak enrollment (Aug. 2011), and the others assume stable enrollment at the latest (Sept. 2012) level.
- **Primary Health Care (B.1.4)** numbers based on Department of State Health Services (DSHS) estimate of 100,000 reproductive aged women receiving contraceptive services per year through the \$100 million Primary Health Care expansion in DSHS Strategy B.1.4.
- **Family Planning (B.1.3)**: "Before the Cuts" number based on State Fiscal Year (FY) 2010 numbers, from DSHS 2012 Operating Budget. "FY 2012 - FY 2013" number based on DSHS 2014-15 Legislative Appropriations Request. "House CSSB1" number based on the House Committee Substitute Senate Bill 1 estimate of 65,000 women served each year by DSHS Strategy B.1.3. "Senate CSSB1" number reduces the estimate number of women served by Strategy B.1.3 in the Senate Committee Substitute Senate Bill 1 by the percentage funding reduction with loss of \$16.1 million per year Title X funding.
- **Private Title X Network** based on estimate of \$13 million per year federal grant, with an overall cost of \$205 per year per client served (the same per-client cost that the program has had under DSHS).
- **Number of women needing publicly funded preventive and contraceptive services** based on the number of women aged 20-44 in need from Frost JJ, et al. Contraceptive Needs & Services, National & State Data, 2008 Update. NY: Guttmacher Institute, 2010.