**House Human Services Committee**
**Testimony on House Bill 419**
**March 22, 2011**

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Good afternoon, Chairman Raymond and members of the committee. Thank you for the opportunity to testify.

I am Janet Realini, MD, MPH, a family physician and a volunteer for the Healthy Futures Alliance. The alliance is a community coalition dedicated to reducing teen and unplanned pregnancies in San Antonio and Texas. I also am here on behalf of the Texas Medical Association, the Texas Academy of Family Physicians, the Texas Association of Obstetricians and Gynecologists, the Texas Chapter of the American Congress of Obstetricians and Gynecologists, and the Texas Pediatric Society. I am speaking in strong support of House Bill 419, which would continue and strengthen the Medicaid Women's Health Program (WHP).

In 2007, Texas launched the Women's Health Program as a pilot aimed at reducing Medicaid costs by providing low-income women access to family planning services, *excluding* abortion. To participate in WHP, a woman must be between the ages of 18 and 44, a U.S. citizen or a legal immigrant, and uninsured. She must have an income at or below 185 percent of the federal poverty level — that's the same income level at which she would qualify for full Medicaid benefits if she were pregnant. WHP participants receive basic health care screenings — such as for cancer, high blood pressure, and diabetes — and birth control.

The premise behind WHP is simple: By helping women better plan and space their pregnancies, mothers and babies will be healthier, and Medicaid will be able to reduce pregnancy and neonatal-related expenditures. Mistimed pregnancies are costly in both human and economic terms. Among single young women, *more than 70 percent* of pregnancies in Texas are unplanned[i].

While most of the children born from unplanned pregnancies come to be wanted, loved, and cared for, the health risks are much higher for these pregnancies than for pregnancies that are planned. For example, unplanned pregnancies are associated with late prenatal care and with poor birth spacing, meaning pregnancies 18 months or less apart. Lack of prenatal care or too-close births contribute to low birth weight and/or premature babies. Babies born too soon or too small often have significant health problems, such as respiratory or developmental delays,

contributing to higher medical costs at birth and as the child ages. In 2007, unplanned Medicaid births cost the state more than $1.2 billion.[ii]

According to the Legislative Budget Board, in 2009 it cost Texas Medicaid a combined $16,000 (all funds) for each delivery and first-year newborn health care costs. The average annual costs per woman participating in WHP are $241 (all funds), and Texas' share is $24.

Since WHP's inception, more than 235,000 Texas women have received family planning services. In the first two years of the program, because of births averted, Texas saved more than $37.6 million in general revenue (GR). This represents a savings of more than $10 for every $1 of general revenue that Texas invested in the program.[iii] The Legislative Budget Board has recommended continuing and expanding the program to achieve additional savings and health gains.[iv]

Without legislative action, the Texas Women's Health Program will expire in December 2011. HB 419 will extend WHP through 2021, thereby allowing Texas to continue reaping the program's positive human and economic benefits.

Further, HB 419 will strengthen WHP by requiring the Health and Human Services Commission (HHSC) to automatically enroll women in the program when their pregnancy-related Medicaid benefits end 60 days postpartum. For a new mother, enrolling in WHP is not always a top priority when she's trying to juggle all the demands of caring for a new baby. Women who have had a Medicaid-funded delivery are at particularly high risk for subsequent pregnancy, often so soon that risks of prematurity and low birth weight are elevated.

Proactively enrolling women in WHP when their Medicaid coverage expires will help women retain access to the cost-effective services they need to plan future pregnancies — and avoid a short-interval pregnancy, with its increased risks.

In addition to automatically enrolling women in WHP, we would encourage HHSC to improve overall WHP outreach efforts. Currently, the program is a "well-kept secret," with only about one in six eligible women participating. Far higher savings and health benefits could be realized with greater participation in the program. Automatically enrolling women in WHP postpartum is not enough to ensure that women actually use WHP services effectively, or that women who have never been pregnant are aware of the program. The experience from other states indicates that automatic enrollment combined with a well-designed outreach campaign is a more effective approach than undertaking either strategy alone.

We urge you to adopt HB 419.

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[i] Texas DSHS communication; average for 2004-06.

[ii] Based on data provided by Texas DSHS for 2007: HHSC average Medicaid birth cost.

[iii] Texas Health and Human Services. Medicaid Women's Health Program Implementation Report, December 2010.

[iv] Legislative Budget Board. Texas State Government Effectiveness and Efficiency, January 2011, pp. 259-266.