Provider perspectives on Texas' publicly funded family planning programs

Klaira Lerma, Emma Carpenter and Kari White

Publicly funded family planning services for Texans with low incomes are supported by the state-administered Healthy Texas Women (HTW) program and Family Planning Program (FPP), as well as federal Title X funding administered by Every Body Texas. Organizations participating in these programs include federally qualified health centers (FQHCs), county health departments, hospital districts, academic medical centers, and specialized family planning providers.

Because the state-administered programs have different eligibility criteria and include fee-for-service (reimbursement for each service provided) and cost-reimbursement (lump sum payments based on expected client volume) components, organizations often participate in more than one program to meet the broad range of family planning needs in their communities.

To evaluate organizations' experiences participating in state-administered family planning programs, we interviewed 25 executive directors and program administrators at 19 organizations across Texas between November 2020 and March 2021. These interviews highlight how frequent changes surrounding family planning programs create challenges for organizations as they try to serve clients in their communities and point to measures that could strengthen state-administered family planning programs.

Family planning programs work in concert with one another

Administrators view both the HTW and FPP programs as necessary to support their organization's ability to care for people in their communities because they often serve as the providers of last resort. They often conveyed that the two programs were not interchangeable because of the different eligibility criteria. With funding from different sources, including Title X, and participation in fee-for-service and cost reimbursement components, organizations could offer a range of contraceptive options and wrap-around services (e.g., assist with enrollment in other programs) to address diverse patients' needs:

> Specialized Family Planning Provider Participant: "*That's why that state Family Planning Program is super important. It sees a population that HTW does not see. Remember, [if] we put you in FPP, you did not qualify for HTW. You're talking about you're over 45, you're talking about up to 64 [years], you're talking about men, you're talking about your undocumented, you're talking about that 201% of poverty to 250% of poverty. They're in that gap, and they really need the help.*"

> Health Department Participant: "*We also have Title X and FPP. If they don't qualify or they get rejected [from HTW] or they can't turn in the rest of their stuff and they wind up not converting to HTW, then we move on to another program… That way we have a fallback for them. We're not going to refuse them care just because they're waiting on HTW.*"

> Health Department Participant: "*We have other community clinics also that allow HTW as a payor. But we are the only ones actually enrolling patients for HTW, and so I guess in that sense, it's a lot of work, and that's why we have the contract for cost reimbursement.*"

Administrators also emphasized that changes to a program would have ripple effects on service delivery overall:

> FQHC Participant: "*All of these funding sources impact our ability to provide services, particularly our ability to provide contraceptive options. Long-acting reversible contraceptives (LARC) are very, very expensive, and we rely on the funding we get both from the state and from Every Body Texas to be able to provide these LARCs to a wide range of patients. Getting that Healthy Texas Women funding cut would mean that less patients would have access to contraceptive options. That would have affected all patients across the board. Not just the 1,200 to 1,500 that would be cut from the program, but every single one of our family planning patients.*"

> Academic Medical Center Participant: "*I would like the state to realize that… when you sacrifice cost reimbursement for fee for service, you're not giving the capacity and the support for the fee-for-service component that is needed to make it successful overall.*"

Funding is often insufficient to meet needs & delayed distribution of funds disrupts services

Administrators at all organizations reported they never have enough funding to meet the needs of their communities. Although many organizations have strategies to fill the funding gaps, including relying on private foundations and fundraising, this creates additional administrative burdens and challenges for supporting services. Several administrators expressed frustration at the cumbersome application process and the requirement to extensively document community need only to have funding fall short of their requests:

> FQHC Participant: "*It felt almost like writing the grant was a waste of time if you were just going to renew us at the same level of funding. That was frustrating. We were excited writing these grants knowing that we could demonstrate this colossal need for services. We already are providing these services to patients, and we have so much that we could do with extra funding. To have [the state] come back and just give us the same amount that they did last year, that was discouraging.*"

Administrators at organizations participating in the Family Planning Program frequently noted that funding for this program, in particular, was very limited, and funds often ran out several months before the fiscal year ended. Administrators also reported they were seeing more clients during the COVID-19 pandemic, some of whom were less healthy than their typical patients, because health departments, private practices, and other providers in their region closed or could not see them. The increased demand made the gap between community needs and funds received even greater:

> Specialized Family Planning Provider Participant: "*One of the issues that we had was because we had all of these people coming from the health department who qualified for Family Planning [Program], we ran out of money in June. So, July, August, September, and October, we're seeing Family Planning [Program] patients with no money.*"

In addition to the funding challenges inherent in every budget cycle, there were substantial changes and delays in funding disbursements in Fiscal Year 2021 that added significant strain on participating organizations:

> Specialized Family Planning Provider Participant: "*[Because of the delayed contract], we have had to front all the money. We never got a penny until November. I don't know if we could have continued to provide services if we didn't have reserves, because the state has been tied up in knots trying to get those contracts out.*"

> FQHC Participant: "*It's just not been good… because we stop, we start, we stop, we start. [The state] says your money is going to end next week, and so we have to stop and move stuff around, and then they call the next day and say you have your money. Then we've got to stop and move stuff around again. It's just been confusing for patients, and it just raises their anxiety level. It's just been very confusing and very frustrating.*"

Administrative changes to HTW may undermine the program's overall goals

Administrators at organizations that serve a large number of HTW clients were concerned that the recent changes to eligibility determination and enrollment for the HTW program would make it more difficult for women to participate:

> Specialized Family Planning Provider Participant: "*We just think that's going to be very, very difficult for many of our women to qualify, because a lot of them don't have all these bank statements and asset information, and all their relatives, their phone numbers or ID.*"

> Academic Medical Center Participant: "*They're going to end auto-enrollment for somebody who is exhausted after having a baby and who has a newborn and needs care, and expect her to remember with a newborn and sleep deprivation to go in and apply for this stuff… I think the implications are just outrageous. I think you're going to have some unplanned pregnancies. If somebody that already did not have money for the baby that they had because they had a baby on Medicaid, I think it's going to end up costing the state more money.*"

CHANGES TO HEALTHY TEXAS WOMEN, 2020 - 2021

Following the January 2020 approval of federal funding for the HTW program, the state Health and Human Services Commission (HHSC) unveiled several changes. These changes ended auto-enrollment from Pregnancy Medicaid to HTW and adjunctive eligibility—the process by which people automatically qualify for HTW if they are eligible for other means-tested programs (e.g., WIC, SNAP, TANF)—and also initiated a new application form requiring more financial details.

Additionally, in September 2020, HHSC launched the HTW Plus program to address factors contributing to high rates of maternal morbidity and mortality in Texas.

HTW Plus covers women enrolled in HTW for 12 months following pregnancy and includes services for heart disease screening and treatment, diabetes management, substance use treatment, asthma medications, and treatment for postpartum depression and some other mental health conditions.

Administrators at several organizations also worried about how lower enrollment following these changes and COVID-19 might decrease their funding allocations and how their clients would be affected long term if the organization were no longer able to provide services at the same level.

Overall, administrators supported the newly established HTW Plus program and valued the expanded services. However, they were skeptical about whether the program would achieve its goals. Administrators worried that the changes in the HTW application process would be "counterproductive to enrollment" and women's abilities to obtain these services. Many were also concerned that the specialty services were not available in their communities, and it would be difficult for providers to make referrals:

> Health Department Participant: "*I don't think we're going to see much of a change on our end [regarding HTW Plus]....You can say that postpartum depression is covered. But if you have a psychologist or a psychiatrist that, number one, has openings, and number two, is actually a [HTW] provider, you're going to have services out there that can't be accessed. It's a useless program in that respect, if you don't have people that can actually bill for those services and have spots for these people.*"

> Specialized Family Planning Provider Participant: "*Let me be clear, I fully support the concept of HTW Plus…But in this community, finding providers of some of the services, such as counseling and the substance [use] disorders, they are in short supply. I would have a very hard time hiring those providers. I will have a very hard time even finding ones to refer to, who could then bill HTW directly themselves… I'm not going to go out and just hire one counselor and hope that fixes that problem.*"

None of the organizations that offered primary care and could provide at least some of the expanded services had provided care through HTW Plus since the program launched. This was, in part, related to the short notice about the program's rollout:

> FQHC Participant: "*We are perfectly situated as an FQHC to offer additional services to women under [HTW] Plus. But we weren't given the opportunity to chime in…When you talk about rollout of funding and rollout of programs, the state could do so much better. I understand, they're completely taxed. But at the same time, we were completely flat-footed on this new additional benefit that can be amazing, but we don't know if we aren't given any insight.*"

Administrators also commented that it was not feasible to bring on new providers who could offer HTW Plus services at their organization. These services were outside the scope of care provided by specialized family planning providers, and other types of organizations were concerned about reimbursement and the long-term stability of HTW Plus funding, given prior changes in state-administered programs:

> Academic Medical Center Participant: "*I'm not saying [hiring specialized HTW Plus providers is] not worth it. But if the reimbursement is low and you have a lot of patients coming in - I have a lot of no pay, no reimbursement patients who need the service. You have to be realistic about expansion when you have a funding stream that is tightening the reimbursements.*"

> FQHC Participant: "*We would [hire specialized HTW Plus providers] but again, I will tell you that what happens and has happened in the past in our organization is, [the state] said, 'We're going to give you a grant for a million dollars,' and you hire all these people, Then they cut the grant down to four hundred thousand, and you still have all these people on your payroll. That makes me very leery of expanding a program without some multi-year opportunities.*"

State agency turnover & lack of family planning expertise contribute to administrative burdens

Many administrators commented that high turnover at HHSC in recent years and the resulting loss of institutional knowledge about the family planning programs has contributed to several of the challenges they experienced with funding disbursements and reporting, as well as some of the proposed changes that may affect program performance:

> **FQHC Participant**: "*The state has experienced quite a bit of rollover and shifts between positions, and [it] used to [be] the state would be fairly consistent in that you would deal with the same people every year. You know who to call. And now there's so many new people that we've never dealt with.*"

Administrators also noted that communication felt one-sided and suggested that opportunities for more open dialogue with agency officials, beyond webinars, and mechanisms for providers to offer input and learn from each other would help organizations that received HTW and FPP programs better serve their clients:

> **Health Department Participant**: "*They have these monthly calls which tell you nothing. They don't allow us to ask questions. You'd have to email them in. Previously, I dealt with Title X monies, and they have a lot of education. We were able to meet in Austin. There seems to be quite a [bit of] turnover in the [state] family planning group right now. This person's in charge of that, the next call it'll be, 'We have someone new.' So, I don't feel like there's a lot of communication. It's not very transparent.*"

> **FQHC Participant**: "*Our annual trainings, they really haven't done them. They've tried to do like webinars and conference calls. For these intense programs, they have so many requirements. Conference calls don't really work. Webinars don't work. You have to sometimes see it, talk about it, network with your other people. How are you managing this program? What are your problems going to be? So I think that's been the biggest thing for us... I don't feel like there's enough training and communication.*"

CONCLUSIONS AND RECOMMENDATIONS

Administrators at organizations that participate in state-administered family planning programs highly value the funding and the services that they can provide for clients in their communities. These interconnected funding streams allow organizations to serve diverse groups of people with low incomes, offer a broad range of contraceptive methods, and wrap-around services. However, changes to these programs may potentially undermine the goals of ensuring access to reproductive health care.

Several measures could be taken to strengthen the state-administered family planning programs:

- Increase funding for the Family Planning Program and allocate funds based on documented needs
- Reduce administrative burdens for organizations' applications for all funding streams
- Facilitate clients' enrollment in the HTW program through streamlined procedures for determining eligibility
- Create opportunities for ongoing provider input about program administration, including an advisory board and regular meetings to address provider questions and concerns

TEXAS POLICY TxPEP EVALUATION PROJECT

The Texas Policy Evaluation Project (TxPEP) is a multidisciplinary group of researchers based at The University of Texas at Austin Population Research Center who evaluate the impact of legislation and policies in Texas related to family planning and abortion. TxPEP has received funding from the Susan Thompson Buffett Foundation and the Society of Family Planning. Infrastructure support for the Population Research Center is provided by a grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Funders of the Texas Policy Evaluation Project have no role in the design and conduct of the research, interpretation of the data, approval of the final manuscript or brief, or decision to publish.