



Publicly Funded Reproductive Health Care Programs for People with Low Incomes in Texas, 2011-2021

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Publicly funded programs are critical to ensuring access to reproductive health care for people who do not have insurance coverage for contraception, testing and treatment of sexually transmitted infections (STIs), screening for reproductive cancers and related services. In Texas, a combination of state and federal funding has been used to provide reproductive health care for people¹ living on low incomes at federally qualified health centers (FQHCs), public health departments, non-profit women's health centers, and hospital-based clinics. These funds do not cover abortion care in Texas, except as required by federal law.

Over the last decade, Texas has made numerous changes that have affected how this funding is allocated and the scope of services included. As a result of this, and the state's decision not to expand Medicaid, people with low incomes in Texas have been left to navigate a fragmented and shifting social safety net for reproductive health care, which has affected access to evidence-based care for those with the most need.

According to recent estimates, some 25%—or 1.7 million—women aged 15-49 years in Texas are uninsured.¹ Without Medicaid expansion, these women fall into the coverage gap—neither eligible for Medicaid for low-income families nor subsidies to purchase coverage on the Marketplace (See Table, pages 9-10). The share of uninsured is even higher among women who are Latinx, Black, and undocumented immigrants, and programmatic changes in Texas have had an outsized impact on these groups.

In this brief, we summarize key changes to Texas' funding for reproductive health care for people with low incomes, focusing on the last 10 years, and the impact these changes have had on access to services. We also look ahead to the next 10 years and the future directions Texas' family planning programs could take.

■ Background: Diversifying funding and establishing the Women's Health Program

Until 2005, Texas had primarily funded reproductive health services for people living on low incomes through Title V (Maternal and Child Health) and Title XX (Social Services) federal block grants and federal Title X funds. These programs were administered through the Department of State Health Services (DSHS). Title X was the only funding source dedicated entirely to providing infrastructural support for family planning clinics and subsidizing the cost of family planning services. Title X-funded clinics provide services to both female and male clients of reproductive age regardless of US legal residency status and guarantee confidential services, including for adolescents. Clients without other sources of funding for reproductive health services can obtain care on a sliding fee scale based on income at Title X-funded clinics.

In 2005, Texas applied for an 1115 Medicaid family planning waiver to establish the Women's Health Program (WHP).² Texas' Health and Human Services Commission (HHSC) began operating the fee-for-service program in January 2007, and 90% of the program's costs were covered by federal funds.³ Women were eligible for program services if aged 18-44 years with incomes $\leq 185\%$ of the federal poverty level (FPL), US citizens or legal residents for at least 5 years, and capable of becoming pregnant (i.e., not sterile). The WHP reimbursed participating providers for contraceptive methods and select reproductive health services, such as screening for cervical cancer and STIs.

¹We recognize that not all individuals who can become pregnant identify as women and that many transgender, nonbinary, and gender-expansive individuals are left out of family planning programs, despite their need for services. However, as programmatic language is very gendered and most data collection efforts include gender as a binary measure, we use that language in this brief.



Prior to significant legislative changes, these funding sources supported family planning services for thousands of Texans. In state fiscal year 2011 (September 2010-August 2011), 217,884 Texans obtained family planning services supported by Title V, XX and X programs. During this period, 119,803 women received services through WHP, 40% of whom obtained care from Planned Parenthood-affiliated health centers.⁴

■ 2011-2013 Cutting funding and prioritizing primary care providers

In 2011, the Texas state legislature passed three measures aimed at excluding organizations linked to abortion services or providers, such as Planned Parenthood, from publicly funded family planning programs, even though funds could not be used for abortion care. First, the legislature cut the biennial (September 2011 - August 2013) family planning budget by two-thirds, from \$111 million to \$38 million. The remaining budget was primarily composed of Title X funding. These cuts did not affect the WHP, which largely relied on federal funding.

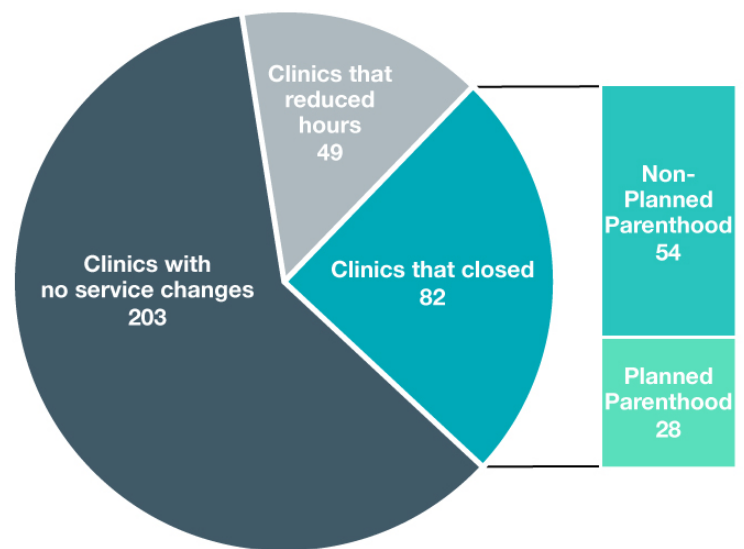
Second, the legislature required DSHS to distribute the remaining \$38 million through a three-tiered priority system, which placed public agencies providing family planning, such as health departments and FQHCs as tier 1 providers, preventive and primary care centers that also provide family planning as tier 2 providers, and specialized family planning organizations (including, but not limited to, Planned Parenthood affiliates) as tier 3 providers - the lowest priority. Tier 2 and 3 organizations only received funding if there were no tier 1 providers in the same geographic area. The funding cuts and tiered priority system went into effect on September 1, 2011.

Third, the legislature directed HHSC to adopt rules enforcing a ban on the participation of abortion providers or their affiliates in the WHP, when the agency submitted its December 2011 program renewal to Centers for Medicare and Medicaid Services (CMS).⁵ In March 2012, under the Obama administration, CMS rejected Texas' WHP renewal because excluding qualified health care providers violated federal law and went against the goals of the Medicaid program.⁶

In order to operate the WHP without Planned Parenthood affiliates, Texas rejected federal funding for the program and, on January 1, 2013, launched the Texas Women's Health Program (TWHP)⁷ using state general revenue. Client eligibility and program services remained largely unchanged.

• **Impact:** The 2011 funding cuts and reallocation of funds to primary care organizations adversely impacted the entire network of family planning providers and clients in Texas, not just the specialized family planning providers that were in the lowest funding tier. Overall, 82 clinics closed or stopped offering family planning services, approximately 25% of publicly funded clinics in the state.⁴ Two-thirds of these clinics were not affiliated with Planned Parenthood (Figure 1). Clinics that remained open reduced their hours and implemented fixed fees for services (versus sliding scales). Additionally, fewer organizations offered intrauterine devices (IUDs), implants, female sterilization and vasectomy, due to the higher cost of the methods.^{4,8}

Figure 1. Nearly 40% of publicly funded family planning clinics in Texas were affected by the 2011 state funding cuts





After the funding cuts went into effect, Texas' family planning organizations served 54% fewer clients, compared to the previous year.⁴ Organizations also reported a decrease in teen clients, in part because there were fewer Title X-funded clinics, the only sites where teens could obtain confidential care without parental consent.⁹ There was also an increase in teen births following the funding cuts.¹⁰

After Planned Parenthood was excluded from the WHP, the provision of IUDs and implants decreased by 36% and injectable contraceptive provision decreased by 31% in counties that had a Planned Parenthood health center; this was greater than the change observed in counties without a Planned Parenthood facility.¹¹ The percentage of women returning for an on-time contraceptive injection also decreased and, among injectable users, Medicaid births increased. Many former Planned Parenthood clients who used injectable contraception reported difficulties finding another healthcare provider, having to repeat physical exams or make multiple appointments before getting contraception, and being charged additional fees for the method.¹²

■ 2013 – 2016: Expanding and later narrowing the scope of services

During the 2013 legislative session, policymakers reinstated funding for family planning. The legislature allocated \$100 million of state general revenue to the newly created **Expanded Primary Health Care (EPHC) program**, which aimed to integrate family planning and primary care.¹³ While organizations needed to ensure that 60% of women receiving EPHC-funded services were contraceptive clients, they could also use funds for cancer screenings and treatment for chronic diseases (e.g., diabetes). Similar to other state-funded family planning programs, organizations that provided or were affiliated with abortion care were not eligible to receive EPHC funds.

The legislature also allocated \$32 million of general revenue to create the **Family Planning Program (FPP)**, a hybrid fee-for-service and cost reimbursement program, after the federal Office of Population Affairs awarded Texas' Title X grant in March 2013 to the Women's Health and Family Planning Association of Texas (WHFPT)ⁱⁱ, instead of DSHS. FPP is a Title X look-alike program in that female and male clients, regardless of US legal residency, can be seen at FPP-funded clinics and obtain family planning services on a sliding fee scale, if uninsured. However, unlike Title X, FPP does not guarantee confidential care for minor teen clients, and they must obtain parental consent for contraceptive services.

PAYMENT MECHANISMS FOR STATE FUNDING FOR REPRODUCTIVE HEALTH PROVIDERS

Fee for service:	Cost reimbursement:
Providers are reimbursed for each service	Lump payments made to organizations to support infrastructure needed to provide services

During the 2013 session, the legislature also excluded abortion providers and affiliates, including Planned Parenthood, from the **Breast and Cervical Cancer Services (BCCS) program**, which provided 34,000 low-income people per year with cancer screening, diagnosis, and treatment. A last-minute budget rider made exceptions for counties in which an abortion provider or affiliate was the only available BCCS provider.

• **Impact:** The additional state family planning funding enabled established women's health organizations and primary care providers that had been affected by the 2011 funding changes to regain some of their previous capacity to serve clients, and these organizations were able to more easily provide the full range of contraceptive methods, including IUDs and implants.¹⁴ However, Texas' efforts to focus funding on primary care providers, as opposed to specialized family planning organizations, did not fully address women's needs.

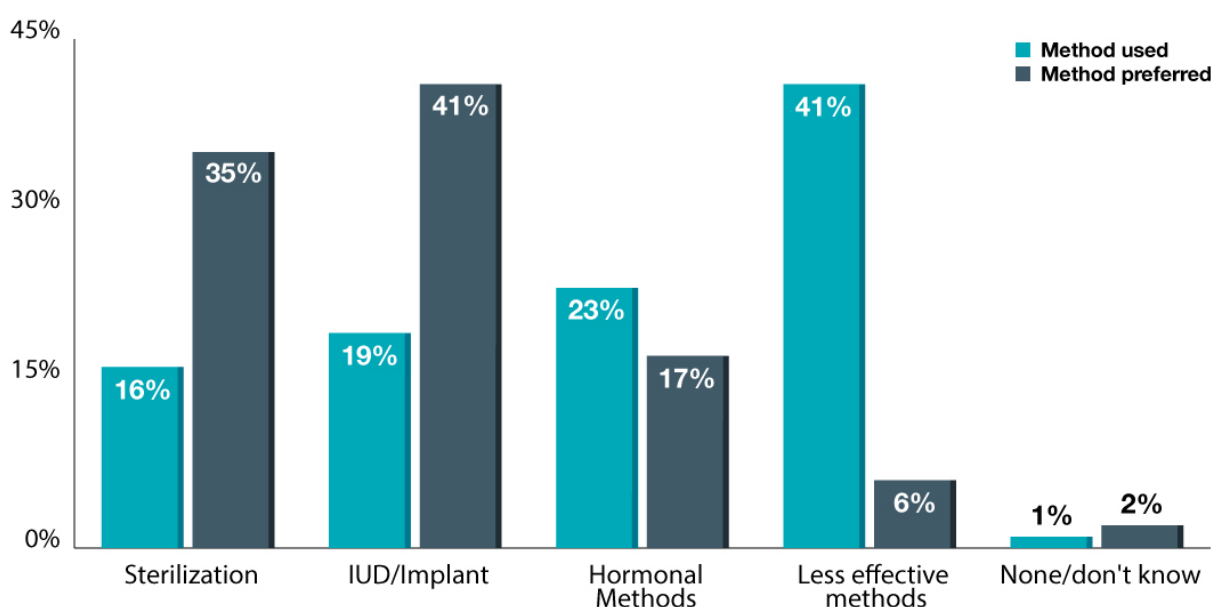
ii Women's Health and Family Planning Association of Texas is now Every Body Texas.



New primary care providers in the programs initially lacked capacity to fulfill program requirements because they did not have clinicians trained to place and remove IUDs and implants and faced challenges integrating family planning with existing services.¹⁴ The EPHC program was also administratively cumbersome for providers.¹⁵ As such, these organizations struggled to fill the health care gaps that were left when nearby Planned Parenthood health centers were excluded from state programs.

Even after new funding and programs were established, many women with low incomes who wanted to prevent pregnancy were not using the contraceptive method they preferred, indicating little improvement since the funding cuts.^{16,17} In particular, women wanted to use methods, such as female sterilization, IUDs and implants, that were more effective than those they were currently using (Figure 2).

Figure 2. Most Texas women were not using their preferred contraceptive method 6 months following delivery*



*Hormonal methods include the birth control pill, patch, ring, and injectible and less effective methods include condoms, withdrawal, and rhythm.

In its 2014 review of the state's women's health programs, the Sunset Advisory Commission - a legislative commission that evaluates state agencies and programs - found that administrative burdens likely contributed to the fragility of the provider network and made provider participation onerous. Following the Commission's recommendations, HHSC consolidated the EPHC and TWHP fee-for-service family planning programs.^{7,18} In July 2016, HHSC began operating the new Healthy Texas Women (HTW) program, Texas' third fee-for-service program that was funded solely by state general revenue. HTW reverted back to a narrower scope of services, as expanded primary care was no longer covered. The program also included an optional cost-reimbursement component. Women covered by Pregnancy Medicaid for prenatal care and delivery were automatically enrolled in HTW 60-days postpartum. Female teens ages 15-17 years also could enroll in and receive HTW services with parental consent.

After WHFPT began administering the Title X grant, the network of 94 health centers served 167,942 people (150,340 women and 17,602 men) in 2016.^{19,20} This was an increase of 19% from 2012, when 140,987 total people were served²¹



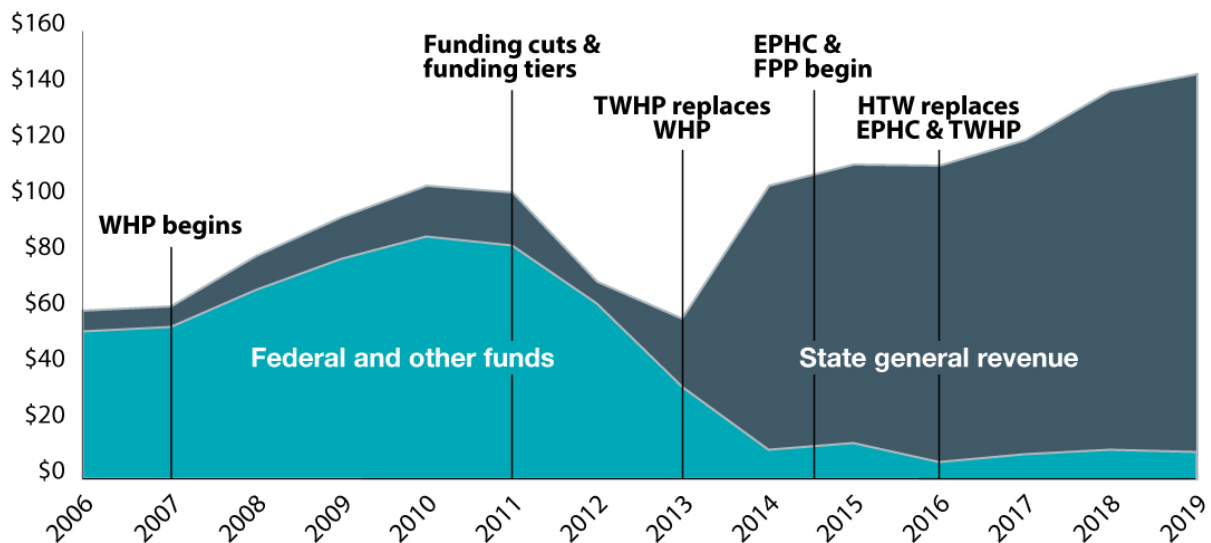
■ 2016 – 2021: Remaining needs in the patchwork of programs

Since 2016, Texas' HTW, FPP, and BCCS programs have endured fewer changes than in previous years, but challenges for the provider network and people needing services remain.

Shifting funding sources and services

Between 2013-2019, Texas largely relied on state general revenue to support its family planning programs (Figure 3). In January 2020, CMS finally approved Texas' July 2017 application for the HTW program.^{22,23} Contrary to actions taken under the Obama administration, CMS under the Trump administration permitted Texas to receive federal funding for the HTW program while prohibiting abortion providers and their affiliates who provide family planning services. This was an unprecedented move that allowed the exclusion of qualified providers in a federally funded program. CMS indicated that approval of the program will be reversed if it determines that the provider exclusion negatively impacts health outcomes.²⁴

Figure 3. Texas women's health programs were primarily financed by state general revenue after excluding Planned Parenthood²⁵



- **WHP begins:** Medicaid 1115 waiver program. The Women's Health Program (WHP) begins with federal and state funding.
- **Funding cuts & funding tiers:** State budget for family planning programs cut by two-thirds and three-tier priority system implemented.
- **TWHP replaces WHP:** State general revenue-funded Texas Women's Healthcare Program (TWHP) replaces the WHP after Texas loses federal funding because qualified providers affiliated with abortion are excluded.*
- **EPHC & FPP begin:** Expanded Primary Health Care (EPHC) and Family Planning Program (FPP) are funded with state general revenue.
- **HTW replaces EPHC and TWHP:** EPHC and TWHP consolidated into state general revenue-funded Healthy Texas Women (HTW) program.

* Texas' Title X funding is awarded to a non-state agency and is not reported in overall funding after 2013.

To address Texas' high rates of maternal morbidity and mortality, HHSC expanded HTW to include limited postpartum care services through **HTW Plus**. Services covered by HTW Plus, which began in September 2020, include heart disease screening and treatment, diabetes management, substance use treatment, asthma medications, and treatment for postpartum depression and some other mental health conditions for up to one year following a pregnancy for those enrolled in HTW.²⁶ In December 2020, Texas also formally requested federal funding for HTW Plus services. However, if CMS does not approve Texas' waiver amendment, state general revenue funding would be required to support HTW Plus services.



While expanding services for postpartum women, Texas also announced forthcoming changes (planned for June 2021) to auto-enrollment into HTW from Pregnancy Medicaid. This enrollment mechanism will be replaced with a more cumbersome administrative renewal process that may disrupt client transitions into the program and undermine the state’s goal of increased continuity of care.

Undermining the provider network

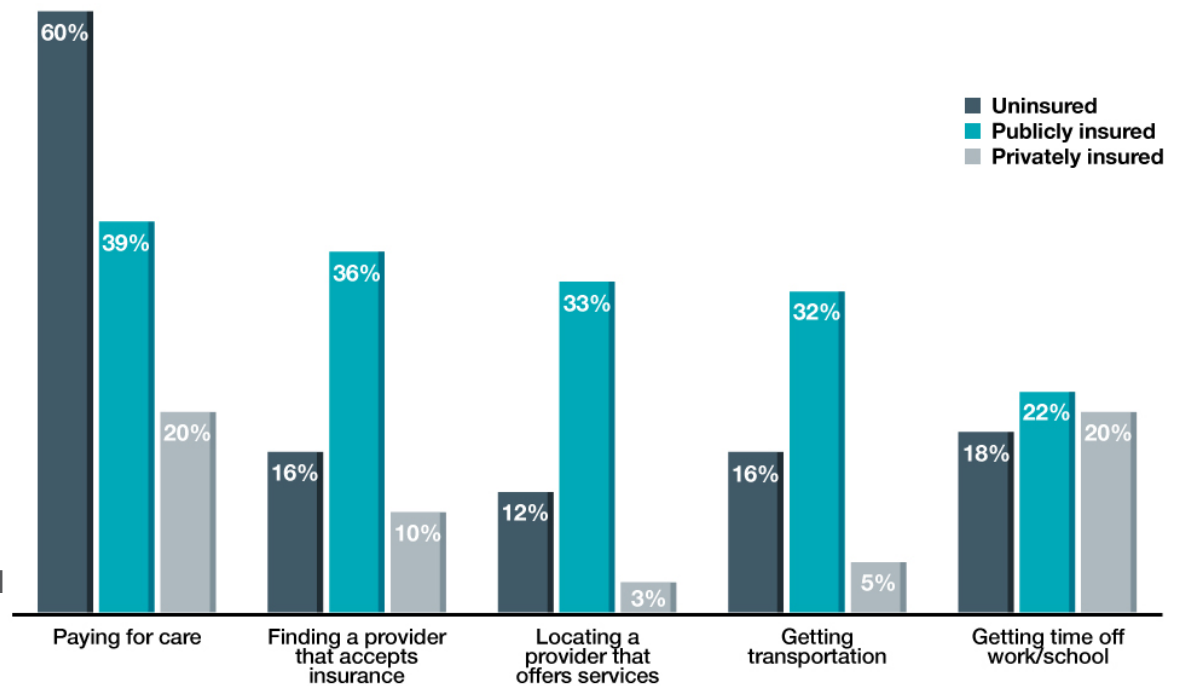
The consolidation of programs in 2016 did not yield the desired administrative efficiencies or increase service capacity. The FPP remains underfunded, and participating organizations often deplete their funds before the end of the year.²⁷ This makes it more difficult for these organizations to serve some groups of clients, such as teens, men, and undocumented immigrants, for whom there are limited other sources of funding.

Texas officials also continued efforts to exclude Planned Parenthood from publicly funded programs. In 2015, the state notified Planned Parenthood affiliates that it would be excluded from the full-benefit Medicaid program in Texas.²⁸ Officials cited videos suggesting the organization engaged in illegal activity, but a grand jury later found no wrongdoing and that the videos were obtained by fraudulent means.²⁹ The exclusion remained on hold while it was being challenged in court, and in November 2020, the U.S. Fifth Circuit Court of Appeals ruled that the exclusion could go into effect.³⁰ As of March 2021, Planned Parenthood is prevented from accessing funding for family planning services in Texas.³¹ This will likely lead to more changes in service provision that disproportionately impact patients with the least resources.

In March 2019, the Trump administration also finalized new rules for the federally funded Title X program that affected the provider network. Among these changes were the “domestic gag rule,” which aimed to restrict Title X-funded providers’ ability to provide comprehensive pregnancy options counseling or referrals to abortion services if requested, and requirements that made it difficult for providers that offered abortion with other funding to participate. These rules led some Texas providers to decline Title X funding.³²

• **Impact:** The increased stability of family planning programs has been beneficial, but gaps in services still remain. Uninsured and publicly insured women commonly reported difficulties paying for care or finding a provider that accepted their insurance, and locating a provider that offered the services they needed (Figure 4).³³

Figure 4. Uninsured and publicly insured women more commonly experienced barriers accessing women's health services compared to privately insured women





More than half of uninsured and publicly insured women in Texas also are not using their preferred contraceptive method, especially those who want the most effective methods, such as IUDs, implants and permanent methods.³³ A survey of HTW providers found that some providers, particularly those who do not receive other funding (e.g., FPP or Title X), report practices and barriers that may make it difficult for patients to get their preferred contraceptive method in a timely manner.³⁴ For example, these providers are less likely to follow evidence-based clinical guidelines for providing contraception (e.g., requiring medically unnecessary visits) and more often report that they do not have training to place (or remove) IUDs and implants.

■ Conclusion: Looking ahead to the next decade

Following significant changes to reproductive health care funding and services beginning in 2011 and the state's repeated efforts to exclude Planned Parenthood, Texas has struggled to re-establish a robust network of family planning providers that can provide evidence-based care to those in the most need. There are opportunities for policy change that would strengthen and solidify the reproductive health care safety net.

Expanding Medicaid in Texas would bring streamlined and comprehensive health care coverage and access to many residents with low incomes who fall into the income gap between the state's current Medicaid program and subsidized Affordable Care Act plans. This would provide both family planning services and preventive and primary care to 1.7 million women rather than leaving them to navigate a patchwork of programs, pay high out-of-pocket costs, or forgo needed services.¹

This change would not diminish the need for publicly funded family planning programs, which would provide infrastructure support for the network of providers and cover Texans who are ineligible for Medicaid. For these programs to be most effective at increasing both access to and quality of care, efforts need to be made to ensure that participating providers can offer evidence-based contraceptive services and should allow participation from all specialized family planning providers, regardless of whether they provide abortion using other funds.

Additional changes to services and funding for these programs would also strengthen the care available. For example, because adolescents who have confidentiality concerns are less likely to access contraceptive services,³⁵ **allowing minor teens to obtain confidential contraceptive services in all programs**, including HTW and the state Children's Health Insurance Program (CHIP), would expand access, which is only currently available at clinics that receive Title X funding. The state also could **expand HTW to include men** by submitting a request to CMS to revise program eligibility and covered services, as 21 other states have done.³⁶ This would facilitate eligible men's ability to obtain screening and treatment for STIs, vasectomy, and select other services at no cost. It would also better support providers' abilities to offer these services, for which there are few other sources of funding.⁸

To help strengthen access for Texans who do not meet the income or US residency eligibility requirements for Medicaid or HTW, the state should also **ensure funding for FPP is aligned with the expected costs of adequately meeting clients' service needs**. This program has historically been underfunded, leaving providers with insufficient financial resources to serve clients later in the fiscal year.²⁷

Policies that create equitable access to comprehensive, evidence-based reproductive health care are essential to public health and possible in Texas. This can be achieved through a coordinated and inclusive strategy across federally and state-funded programs that expands the safety net and closes the gaps in access to reproductive health care for Texans who are in need.



A VISION FOR COMPREHENSIVE REPRODUCTIVE HEALTH CARE COVERAGE IN TEXAS

- Medicaid coverage is expanded to 138% of the federal poverty level, resulting in 1.7 million women with low incomes gaining coverage.
- Public funding is prioritized for specialized family planning organizations and other high-volume providers who have demonstrated their ability to deliver evidence-based care.
- Contraception is included as a covered benefit in the state CHIP program, allowing continuity of care for enrolled patients.
- Confidential contraceptive services are guaranteed for those under 18 years of age in all funding streams and programs.
- An adequately funded safety net is available for people otherwise ineligible for Medicaid, such as undocumented immigrants.
- Family planning programs promote gender equity by including services and coverage for men.
- Coverage for abortion care is no longer prohibited, ensuring Texans have comprehensive reproductive health care.

■ Overview of family planning funding sources: 2021

The state and federal funding sources that currently support family planning in Texas operate through different funding mechanisms and have different eligibility criteria for people seeking services, as shown in the table below. These funding sources enable people who are not pregnant to obtain a range of contraceptive methods, screenings for cervical and breast cancer, testing and treatment for sexually transmitted infections, and pelvic exams, which we refer to below as core services. Programs may be limited-benefit, which focus primarily on core family planning services, or comprehensive, which include family planning along with other healthcare services. These funding sources do not pay for abortion care, with the exception of Medicaid, which covers abortion only in the cases of rape, incest, and life endangerment.

Cost-reimbursement and Title X funding allow organizations to conduct outreach, provide infrastructure support and subsidize the cost of care, as needed, for people ineligible for other programs.

Some county-level programs, such as those in Dallas, Harris, and Travis counties, also provide family planning services to women and men living with low incomes who are not eligible for other coverage, such as Medicaid, CHIP, or the healthcare Marketplace plans. Additionally, patients who were enrolled in Pregnancy Medicaid (annual income less than \$43,008 for a family of 3) can obtain family planning services up to 60 days following delivery, when Pregnancy Medicaid coverage expires; however, postpartum family planning services are not available for patients who receive pregnancy-related care through CHIP Perinatal (annual income less than \$43,884 for a family of 3).^{iv}

^{iv} Income limits are based on the 2021 US poverty guidelines: <https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines>



Table: Sources of funding for family planning services in Texas (continued next page)

LIMITED-BENEFIT PROGRAMS (DATE EST.)	FUNDING SOURCE	ELIGIBILITY CRITERIA	FAMILY PLANNING SERVICES INCLUDED	OTHER PROGRAM NOTES
FAMILY PLANNING PROGRAM (FPP) (March 2013)	<ul style="list-style-type: none"> • State funding • Fee-for-service and cost reimbursement components 	<ul style="list-style-type: none"> • Women and men • Age ≤64 years • Minors <18 years must have parental consent • Income ≤250% FPL (\$54,900 a year for a family of 3) • Eligible regardless of immigration status 	<ul style="list-style-type: none"> • Core services; female sterilization and vasectomy also included, but funding for these methods is limited 	<ul style="list-style-type: none"> • FPP was created when Texas' Title X grant was awarded to the Women's Health and Family Planning Association of Texas instead of DSHS. • Services are provided on a sliding fee scale based on income. • Providers must sign a form attesting that they do not perform or promote elective abortion or affiliate with any organization that does.
HEALTHY TEXAS WOMEN (HTW) (July 2016)	<ul style="list-style-type: none"> • HTW fee-for-service: federal and state funding through an 1115 Medicaid waiver, except services for minors, which are covered by state funds 	<ul style="list-style-type: none"> • Women who are not pregnant • Age 15-45 years • Minors <18 years must have parental consent; not eligible for HTW Plus • Income ≤200% FPL (\$43,920 a year for family of 3) • US citizen or legal resident ≥5 years 	<ul style="list-style-type: none"> • Core services, including female sterilization • HTW Plus: includes care for major health conditions contributing to maternal mortality and morbidity, such as treatment for hypertension and substance use and mental health services, up to 12 months following the end of a pregnancy 	<ul style="list-style-type: none"> • HTW was created as a successor to the Women's Health Program (2007-2012), by merging the Texas Women's Health Program (2013-2016) & Expanded Primary Healthcare Program (2013-2016). • Providers must sign a form attesting that they do not perform or promote elective abortion or affiliate with any organization that does.
HEALTHY TEXAS WOMEN PLUS (Sept. 2020)	<ul style="list-style-type: none"> • HTW cost reimbursement: state funded • HTW Plus: state funded 			
OTHER SUPPORT				
TITLE X (1970)	<ul style="list-style-type: none"> • Federal funding 	<ul style="list-style-type: none"> • Women and men • Reproductive age (not strictly defined) • Confidential services for all patients, including minors <18 years • Eligible regardless of immigration status 	<ul style="list-style-type: none"> • Core services; female sterilization and vasectomy also included, but funding for these methods is limited 	<ul style="list-style-type: none"> • Services provided on a sliding fee scale based on income for those who do not have other coverage, who are not eligible for other programs, or who require confidentiality.



COMPREHENSIVE PROGRAMS

<p>MEDICAID (1965)</p>	<ul style="list-style-type: none"> • Federal and state funding • Fee-for-service 	<ul style="list-style-type: none"> • Women and men • All ages • Minors <18 years can consent to their own care, but confidentiality not guaranteed • Enrollees over 18 years must be a caregiver, disabled, blind, or age ≥65 years • ≤17% FPL (\$3,733 annually for a family of 3). 	<ul style="list-style-type: none"> • Core services, including female sterilization and vasectomy • Abortion, only in cases of rape, incest and life endangerment 	<ul style="list-style-type: none"> • In March 2021, Planned Parenthood was excluded from participating in Medicaid in Texas.
<p>CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) (1997)</p>	<ul style="list-style-type: none"> • Federal and state funding • Fee-for-service 	<ul style="list-style-type: none"> • Female and male children / teens • Age ≤18 years • ≤201% FPL (\$44,140 for a family of 3) • US citizen or legal resident ≥5 years 	<ul style="list-style-type: none"> • Contraception only allowed for medical needs other than pregnancy prevention 	<ul style="list-style-type: none"> • Enrollment fees and co-pays vary based on income.

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