GENERAL HOUSEKEEPING

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.

2. If you are connected through the phone press *6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
AGENDA FOR TODAY’S MEETING

1. Welcome – Andrea Kane, Vice President Policy & Strategic Partnerships, Power to Decide and Gina Legaz, Director of the Prematurity Collaborative

2. Updates and Announcements
   • New Title X rules from Administration
   • President’s FY 2020 Budget Proposal

3. Policy Priority #2: Postpartum Extension
   • Postpartum Extension in TX
     • Erika Ramirez, MPA, Texas Women’s Healthcare Coalition
   • Postpartum Extension in TX
     • Matt Keppler, Regional Director of Government and Advocacy Affairs

4. Discussion and Call to Action

5. Closing Business
   • Upcoming meetings

6. Adjourn
ANNOUNCEMENTS AND UPDATES
NEW RULES UNDER TITLE X

• Title X health centers that also offer abortion services could no longer participate in the program, unless those services are offered at a physically separate site.

• Health providers at sites that receive Title X funds would no longer be required to provide information about abortion alongside other pregnancy options, meaning some pregnant women getting care at Title X clinics will not be told all their options—a violation of medical ethics.

• Title X health care providers are effectively banned from referring patients for abortion services.

• The rule would steer some Title X dollars to facilities that only offer abstinence counseling and fertility awareness-based methods (such as the rhythm method) instead of a broad range of contraceptive methods like the current Title X network provides.
POSTPARTUM EXTENSION IN TEXAS

MATT KEPPLER
REGIONAL DIRECTOR, GOVERNMENT & ADVOCACY AFFAIRS
MARCH OF DIMES
POSTPARTUM EXTENSION IN TEXAS

ERIKA RAMIREZ, MPA
DIRECTOR OF POLICY AND ADVOCACY
TEXAS WOMEN’S HEALTHCARE COALITION
C/O HEALTHY FUTURES OF TEXAS
Women’s Preventive Healthcare

March 2019
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*President, Healthy Futures of Texas*  
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Leah Gonzalez, MSSW  
*Policy & Advocacy Associate, TWHC*  
[LGonzalez@TexasWHC.org](mailto:LGonzalez@TexasWHC.org)

Perdita Henry  
*Communications Specialist, TWHC*  
[PHenry@TexasWHC.org](mailto:PHenry@TexasWHC.org)
Texas Women’s Healthcare Coalition

Who We Are:
84 healthcare, advocacy, faith organizations

What We Do:
Strive towards access to preventive healthcare, including contraception, for ALL Texas women

www.TexasWHC.org
Texas Women’s Healthcare Coalition

How:

• Work with state legislators to increase access to preventive health care for Texas women
• Strengthen relationships among coalition members and community stakeholders
• Educate the public and mobilize statewide support for women’s preventive health care
• Build relationships with leaders in state agencies to improve programs that serve Texas women.
State Administered Programs
Healthy Texas Women (HTW)

Client Eligibility
• Women ages 15-44
  • 15-17 w/ parental consent
• 200% Federal Poverty Level
• Citizen/Eligible Immigrant
• Not pregnant

Eligibility Determinations
• Client eligibility is determined by HHSC
• Apply online or paper application
• Fee-For-Service (with a few contracts)

Covered Services
• Well woman visit
• Contraceptive services
• Breast and Cervical Cancer
  • Screenings & Diagnostic Services, Cervical dysplasia treatment
• Screening, limited treatment for
  • Hypertension, diabetes, cholesterol, postpartum depression
• STD screening and treatment
• Sterilizations
• Immunizations
• Other preventive services
Family Planning Program (FPP)

Eligibility:
• Women and Men
• Age 64 or younger
• 250% of the Federal Poverty Level (FPL)
• Texas residents
• Not be eligible for any similar program, including HTW
• Eligibility is determined at the point of service by family planning contractors

Covered Services:
• Well woman visit
• Contraceptive services
• Breast and cervical cancer screening & diagnostic services
• Screening for
  • Hypertension, diabetes, cholesterol
• STD screening and treatment
• Sterilizations
• Immunizations
• Prenatal Services
Medicaid for Pregnant Women

Eligibility:
• Women
• Must be pregnant
• 198% of the Federal Poverty Level (FPL)
• Texas resident
• Citizen/Eligible Immigrant

Eligibility Determinations
• Client eligibility is determined by HHSC
• Apply online or paper application
• Managed Care

Covered Services:
• Prenatal visits
• Labor and delivery
• Inpatient & outpatient services
• Laboratory and x-ray services
• Dental services
• Family planning services and supplies
• Transportation to medical appts.
• Ambulance services
• Tobacco cessation counseling
• Postpartum care for 60 days
• Services for any other medical conditions that may complicate pregnancy
Auto-enrollment from Medicaid into Healthy Texas Women

- Woman in Medicaid for Pregnant Women gives birth
- HTW eligibility determined
- Pregnant Women's Medicaid coverage ends
- HTW coverage begins
- 30 days postpartum
- HTW enrollment letter sent
- 60 days postpartum
- 61 days postpartum
Women’s Preventive Healthcare and the 86th Legislature
The Texas maternal mortality rate saw a sharp increase in 2012. New data analysis show the increase was not as sharp as originally reported, but is still worse than other states. Significant disparities still exist, as Black women are at the highest risk for maternal death.
Continuity of Care: Twelve-Months Postpartum Coverage

All relating to the Medicaid eligibility of certain women after a pregnancy

HB 1110 – S. Davis

SB 308 – Watson

Companions:
  • HB 241 – Farrar
  • HB 411 – Thierry
  • HB 610 – Walle
  • HB 744 – Rose
  • SB 147 – Rodriguez
1. Ensure funding for women’s preventive healthcare, including contraception.

2. Identify areas with a shortage of qualified family planning providers, develop strategies to increase provider participation in the state’s women’s health programs.

3. Ensure women have access to the full range of FDA-approved contraceptives of their choice, including LARC.

4. Increase continuity of care for women by eliminating barriers to preventive healthcare access.

5. Maximize the ability of the women’s healthcare safety net to reach more women and save Texas taxpayer dollars.
Questions?
DISCUSSION
NEXT STEPS

• Post materials/resources
• Identify strategy
• Geographic Focus
• Collective Work (roles)
REMINDER: WE NEED RESOURCES

- Fact sheets/issue briefs
- Testimony/talking points
- Sample legislation
- Peer-reviewed literature and other research/studies
- Other
EQUITY IN ACTION: MOVING FROM THEORY TO PRACTICE

• Hosting a training on July 8th in Orlando, FL focused on providing skills related to improving health equity.

• Held in conjunction with the NACCHO annual conference and will builds off of our 2018 Summit: Building a Birth Equity Movement by providing attendees with actionable health equity training and information.

• Save the date July 8th and stay tuned for registration details
# COLLABORATIVE MEETING SCHEDULE (all times are EST)

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If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborative@marchofdimes.org to receive the registration link and specific meeting information. This calendar is subject to change.
In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us. Thank you for participating!

The link for the survey is: http://marchofdimes.org/workgroup

Click on the Chat icon in your toolbox to access the survey link.
ADJOURN