

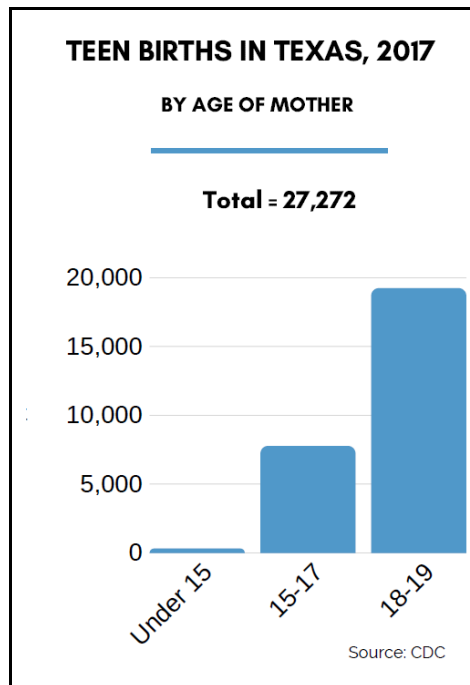
Improve Access to Preventive Care by Auto-Enrolling Young Adults from CHIP and Children's Medicaid into Healthy Texas Women

Testimony to the House Public Health Committee in Support of HB 1879

Texas has one of the highest teen birth rates in the country, with about 70 percent of teen births to older teens, ages 18 and 19. House Bill 1879 by Chair Sarah Davis would allow 19-year-old women aging out of the Children's Health Insurance Program (CHIP) and Children's Medicaid to automatically enroll in Healthy Texas Women (HTW). HTW offers preventive care – including well-woman exams, contraception, and health screenings – that support women's health and reduce unintended pregnancies. Nineteen-year-olds already qualify for HTW once they age out of CHIP and Children's Medicaid, but many don't know that it exists. Auto-enrollment is a smart policy step that reduces excess red tape, improves access to preventive care, and decreases state costs by reducing teen and unintended pregnancies.

Lack of preventive care for teens and young adults has significant consequences for Texas families and the state.

- While the teen birth rate has decreased over the last two decades, Texas still has one of the highest rates of teen births in the nation.¹ A baby is born to a teen mother once every 18 minutes in Texas.²
- Over 70 percent of teen births in Texas are to older teens, ages 18 and 19.³
- Limited access to preventive care and contraception contributes to higher rates of unintended pregnancies and teen births.
- Teens whose pregnancies are unintended are less likely to receive prenatal care early, which increases health risks for mom and baby, including pregnancy complications, prematurity, low birth weight, and infant death.⁴
- Teen mothers are less likely to complete their education, and more likely to live in poverty.⁵
- Children of teen parents are twice as likely to be placed in foster care as children born to older parents.
- With nearly 9 out of 10 births to teen mothers covered by Medicaid for Pregnant Women, the public cost is also significant.⁶ Costs of teen childbearing include lost tax revenue, increased public assistance payments, and greater expenditures for health care, foster care, and criminal justice services.⁷
- Helping youth delay pregnancy can improve health, promote economic security, and help save the state money.



The Health Texas Women program offers preventive care – including contraception and health screenings – that support women’s health and reduce unintended pregnancies.

- HTW is an effective program focusing on preventive care, including contraception, well-woman exams, breast and cervical cancer screenings, and screening and treatment for hypertension, diabetes, and cholesterol.
- Access to preventive care means healthier pregnancies and early detection of health conditions. Planned pregnancies have a healthier start, including earlier prenatal care, lower risk of prematurity and low birth weight, and better health for mom.⁸
- HTW and the Family Planning program have provided preventive care to more than 219,000 Texas women in FY 2017. This is an increase of 29 percent from FY 2016.⁹

Young adult females are eligible for HTW once they age-out of CHIP and Children’s Medicaid, but many don’t know this option exists. The current enrollment process poses unnecessary administrative hurdles and red tape for young women to enroll in HTW.

- Youth in low-income families can get CHIP and Children’s Medicaid insurance until they turn 19.¹⁰
- 19-year-old females who age out of CHIP and Children’s Medicaid already qualify for HTW (i.e. same income eligibility), but many young women don’t know HTW exists or is an option.
- In fact, recent research found that many low-income young women enrolled in community colleges in Texas want to use highly-effective contraception, but believe that cost is a barrier, and don’t know that they may be eligible for free family planning services through HTW.¹¹

- The current process requires young women to submit an application and enroll in HTW, even though the eligibility criteria are the same for CHIP, Children’s Medicaid, and HTW.

Auto-enrollment promotes preventive care, eliminates excess red tape, and reduces state costs by reducing teen and unintended pregnancies in Texas.

- This bill maintains current benefits and eligibility criteria. Youth who age-out of Children’s Medicaid and CHIP are already eligible for HTW because of similar eligibility criteria between the different programs.
- This bill simply eliminates the unnecessary red tape of applying for a new program.
- In its July 2018 report to the Legislature, the Health and Human Services Commission (HHSC) estimated that Texas would save \$58.7 million in General Revenue between 2020 and 2025 by auto-enrolling women aging out of Children’s Medicaid and CHIP into HTW.¹²
- The significant savings over the next five years are due to preventing an estimated 11,275 births through continuity of care and access to family planning services. In other words, Texas saves by reducing the number of births paid for by Medicaid for Pregnant Women.
- While there may be an uptick in HTW program enrollment when auto-enrollment is first implemented, lawmakers should weigh this against the significant cost savings over the next five years -- and the decades ahead. Every \$1 spent to offer contraceptive care to a woman saves over \$7 in public costs, including Medicaid-paid births. Investing in prevention now leads to savings for the state.
- Auto-enrollment is a smart policy step for the state’s fiscal health and the health of kids, families, and future generations.

¹ Centers for Disease Control. Teen Birth Rate by State, ages 15-19. <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>.

² Texas Campaign to Prevent Teen Pregnancy. Teen Birth Rate in Texas FAQ. <http://txcampaign.org/wp-content/uploads/2018/05/Teen-Birth-in-Texas.pdf>.

³ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Natality public-use data 2007-2017, on CDC WONDER Online Database, October 2018. <http://wonder.cdc.gov/nativitycurrent.html>.

⁴ The Campaign to Prevent Unplanned Pregnancy. Maternal and Infant Health and the Benefits of Birth Control in America. Retrieved from <https://powertodecide.org/sites/default/files/resources/supporting-materials/getting-the-facts-straight-chapter-3-maternal-infant-health.pdf>.

⁵ Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). Kids having kids: economic costs and social consequences of teen pregnancy (2nd ed.). Washington, DC: Urban Institute Press. Department of Health & Human Services, Office of Adolescent Health. “Teen Pregnancy and Childbearing.”

<https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/index.html>.

⁶ Texas Campaign to Prevent Teen Pregnancy. “Teen Birth in Texas.” <http://txcampaign.org/wp-content/uploads/2018/05/Teen-Birth-in-Texas.pdf>.

⁷ Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.

⁸ Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birthspacing and risk of adverse perinatal outcomes: a meta-analysis. *JAMA* 2006; 295(15): 1809-1823. Zhu BP. Effect of interpregnancy interval on birth outcomes: findings from three recent US studies. *International Journal of Gynecology and Obstetrics* 2005;89 (Supplement 1): S25-S33.

⁹ Health and Human Services Commission. “Texas Women’s Health Programs Report Fiscal Year 2017: As Required by Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 97).” May 2018.

¹⁰ If a 19-year-old doesn’t have insurance through her job or through her parent’s employer-sponsored coverage, there are limited insurance options for low-wage adults or students in Texas. This is one reason why one in four Texas women of childbearing age are uninsured (28%). Center for Public Policy Priorities analysis of 2016 1-year American Community Survey (ACS) PUMS data.

¹¹ Hopkins, K, Hubert, C, Coleman-Minahan, K, Stevenson, A.J, White, K, Grossman, D, & Potter, J.E. (2018). Community college students want to use more effective birth control methods but can’t always get what they want. *PRC Research Brief* 3(5). DOI: 10.15781/T2RJ49B80.

¹² Texas Health and Human Services Commission, Auto-Enrollment in the Healthy Texas Women Program: As Requires by Senate Bill 1, 85th Legislature, Regular Session, 2017, Rider 106. (July 2018).