

Congress of the United States

Washington, DC 20515

August 4, 2017

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

We are writing to express our deep concern over Texas' proposed Medicaid family planning 1115 demonstration waiver currently under your consideration. Permitting Texas to implement the program as proposed would provide inadequate access to family planning and other preventive health care. As you know, Texas is seeking federal participation in its existing state-funded family planning expansion program, Healthy Texas Women (HTW). HTW was created in 2013¹ after the Obama administration denied renewal of Texas' previous 1115 waiver program because the proposal to "restrict beneficiary choice of family planning providers"² by seeking to exclude abortion providers from participating in the program violated federal law. The renewed proposed exclusion of qualified family planning providers runs contrary to the law protecting freedom of choice of provider in Medicaid.

Texas' waiver request represents yet another unprecedented attack on women's health, with the purpose of advancing ideological goals. This ban on qualified providers in Texas has already had a devastating effect on health outcomes across the state.

- One-quarter of all publicly funded family planning health centers in the state have been forced to close, which has led to a 35 percent decline in women on Medicaid using the most effective methods of contraception.³
- By 2016, 26 percent of the women enrolled in HTW had never received health care services from a participating provider, up from only 10 percent in 2011.⁴
- As of 2014, 55 percent of women in Texas reported at least one barrier to accessing reproductive health services, including family planning services and cervical cancer screenings.⁵
- The state's own data show a precipitous decline in claims and prescriptions for all contraceptive methods have declined by 41 percent between 2011 and 2015, including dramatic decreases in enrollees obtaining injectable contraceptives, oral contraceptives, condoms, and the contraceptive patch and ring.⁶

¹ Centers for Medicare & Medicaid Services, *Letter to Billy Millwee, Deputy Executive Commissioner of the Texas Health and Human Services Commission* (Dec. 12, 2011).

² Texas Human Resources Code §32.024 (c-1).

³ Amanda Stevenson et al., "Effect of Removal of Planned Parenthood from the Texas Women's Health Program," *New England Journal of Medicine* 374 (March 2016): 853-860.

⁴ Kinsey Hasstedt and Adam Sonfield, "At It Again: Texas Continues to Undercut Access to Reproductive Health," *Health Affairs* blog, July 18, 2017, <http://healthaffairs.org/blog/2017/07/18/at-it-again-texas-continues-to-undercut-access-to-reproductive-health-care/>, citing forthcoming Center for Public Policy Priorities in Austin analysis of state-published data.

⁵ Tex Policy Evaluation Project Research Brief: Barriers to Family Planning Access in Texas, Evidence from a Statewide Representative Survey, May, 2015.

⁶ Texas Health and Human Services Commission, *Final Report of the Former Texas Women's Health Program: Fiscal Year 2015 Savings and Performance*, March 2017, <https://hhhs.texas.gov/reports/2017/03/former-texas-womens-health-program-fiscal-year-2015-savings-performance>.

- In just two short years, from 2013 to 2015, the state saw a 15 percent spike in abortions.⁷ Simultaneously, abortion rates nationwide continued to trend in the opposite direction.⁸
- And over four years, the state saw a three-fold increase in its maternal mortality rate, with pregnancy-related deaths being even higher among women of color.⁹

When Congress established the 1115 waiver authority, its intent was clear. Section 1115 waivers must promote the objectives of the Medicaid program, but they also must be experimental in nature. In addition, 1115 waivers are intended to investigate new and innovative ways to expand eligibility or services, or to examine pioneering delivery system reforms.

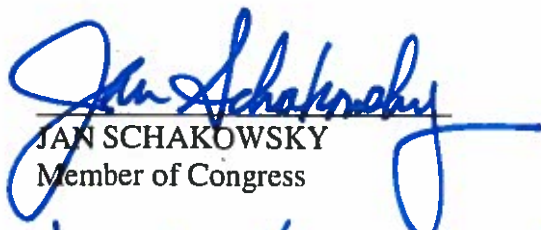
The strong evidence of the negative public health impact of HTW is proof that Texas' model has already been tested and proven to be detrimental to health care access, coverage, and public health. Furthermore, approving Texas' proposed waiver would run counter to Congressional intent in its establishment of 1115 waivers--the protection of freedom of choice of family planning providers, and the Medicaid program as a whole.

The undersigned stand in opposition to this dangerous proposal, and call on the Administration to reject Texas' proposal to seek federal funding for a Medicaid family planning demonstration project that excludes qualified family planning providers.

Sincerely,



DIANA DEGETTE
Member of Congress


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Member of Congress


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Member of Congress


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Member of Congress


MARC VEASEY
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BETO O'ROURKE
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⁷ Analisa Packham, "Family Planning Funding Cuts and Teen Childbearing," accepted for publication, *Journal of Health Economics*, July 2017.

⁸ The Guttmacher Institute, "Induced Abortion in the United States," January 2017, https://www.guttmacher.org/fact-sheet/induced-abortion-united-states?clid=CjwKCAjwzMBLBRBzEiwAFz4gavQIH5k6K-cQOQGQC_Ed-RpiHQArIAA5cAtyqFkIVhsobjDudGqghoC6kAQAvD_BwE.

⁹ Marian F. MacDorman, PhD et al, "Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues," *Obstetrics and Gynecology* 128, no. 3 (2016): 447-455.



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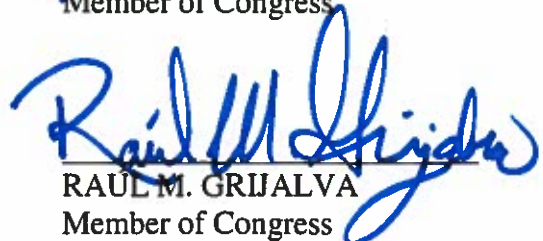
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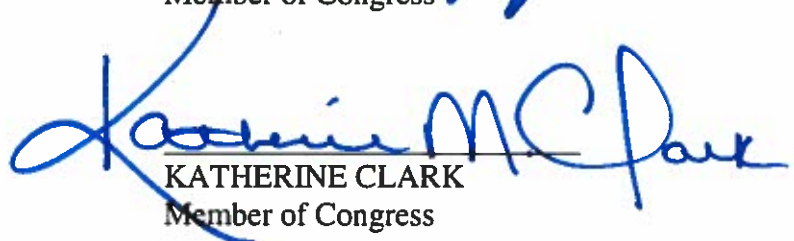

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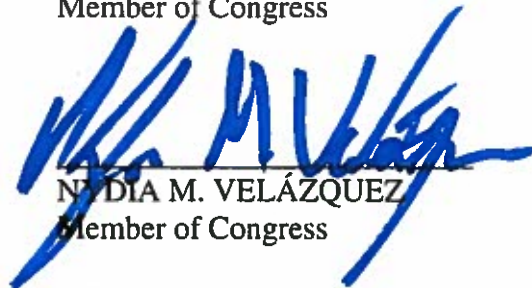

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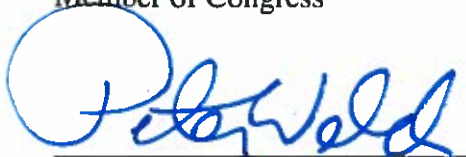
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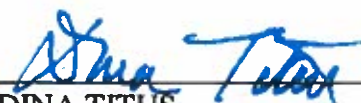
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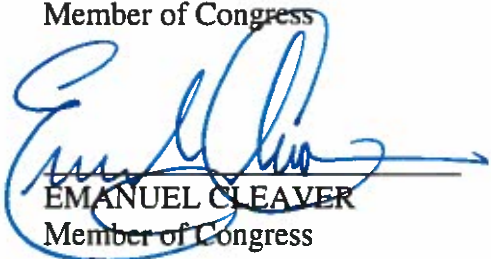
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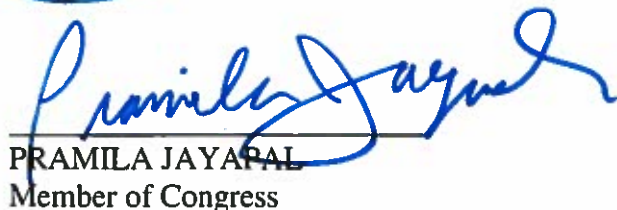
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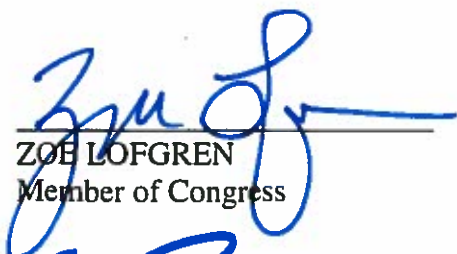
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