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Policy Research Brief No. 29

An Early Assessment of the Potential Impact of Texas' "Affiliation" Regulation on Access to Care for Low-income Women

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Executive Summary

This analysis provides an initial assessment of the implications for low-income women of Texas' "affiliation regulation," which would bar Planned Parenthood Federation of America (PPFA) clinics from participating in the Texas Women's Health Program (WHP). In 2010, more than 183,000 women were enrolled in the WHP, which provides health screening, family planning and birth control to low-income women, and nearly 106,000 received care through the program. In our analysis of WHP provider data, we find:

- Planned Parenthood (PPFA) clinics are by far the dominant source of care under the WHP. In FY 2010, PPFA clinics accounted for approximately 49 percent of all WHP-financed care, furnishing services to 51,953 WHP clients out of 105,998 WHP clients served. Of the 1,469 providers that billed the WHP in FY 2010, 908 (62%) served 10 or fewer patients, while 368 (25%) served only one patient.

- By contrast, in the same year the state's community health centers served 10,130 WHP clients. Although health centers are the major source of care for the state's poorest residents and provide family planning services to thousands of traditional Medicaid beneficiaries, they attract fewer numbers of Medicaid expansion beneficiaries served through the WHP, who tend to be somewhat less poor.

- In order to offset the loss of PPFA clinics in WHP, health centers would have to expand their WHP capacity five-fold, from slightly more than 10,000 patients to over 62,000 patients. Such an expansion in a short time period is virtually impossible, particularly given the simultaneous and steep loss in family planning grant funding experienced by health centers along with other family planning programs throughout the state.

- The state's estimates of the impact of the loss of PPFA capacity under its affiliation rule appear to contain numerous methodological flaws. The estimates may overstate remaining provider capacity in communities in which WHP clients reside, do not take into account the fact that unlike PPFA clinics, many WHP providers treat only a handful of patients, and may count reference laboratories as sources of direct patient care.

As a result, we estimate that the affiliation rule may jeopardize family planning, cancer screening, and preventive health care for approximately 52,000 women currently served by PPFA clinics under the WHP.

Background

For nearly a decade, participation by Planned Parenthood Federation of America (PPFA) clinics in publicly-funded programs for women has been a matter of intense debate in Texas. In *Planned Parenthood of Houston and Southeast Texas v Sanchez*, 403 F. 3d 324 (5th Cir., 2005), a federal appeals court barred the state from excluding PPFA clinics from the federal Title X family planning program based on their affiliation with legally and financially separate entities that provided lawful abortion services. This decision was in place at the time Texas began implementing its Women's Health Program (WHP), which offers expanded publicly-financed family planning and preventive services through Medicaid.

The WHP[1] was established by the Legislature in 2005[2] and as of 2010, enrolled 183,537 women.[3] Texas has now sought to revive its "affiliation rule" and to apply the rule to the WHP. In late 2011, the state moved to bar WHP providers that maintained affiliations with entities that perform or promote abortions, leading to a decision by the United States Department of Health and Human Services to deny continued federal Medicaid funding for the WHP, which has resulted in the state's challenge of the decision of the Secretary of Health and Human Services.[4]

In moving by regulation[5] to exclude PPFA clinics from the WHP,[6] Texas has identified community health centers (CHCs) as a potential alternative source of care in order to satisfy Medicaid's access standards.[7] This raises the question of whether Texas' health centers have the capacity to preserve access to WHP-covered services for patients historically served by PPFA.

Estimates are that approximately 9 million Texas residents – including approximately 1.7 million women of childbearing age – may be classified as residing in medically underserved areas, based upon levels of deep poverty, a pervasive lack of

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[1] The program provides free family planning services to low-income women (defined in this case as at or below 185% of the federal poverty level) in Texas who are ages 18-44 and who are not eligible for full Medicaid, CHIP, Medicare Part A or Part B coverage or who are not able to receive family planning services through their private insurance.[1] The WHP covers one family planning exam a year, which may include breast and cervical cancer screening, screening (but not treatment) for STDs, diabetes, and high blood pressure, and a Pap smear. Other covered services include family planning counseling and education, a variety of birth control methods (not including emergency contraception), and follow-up family planning services related to the chosen method of birth control.

[2] Tx. Hum. Resources Code §32.0248(a)

[3] Texas Health and Human Services Commission. (August 2011). Rider 64 Annual Savings and Performance Report. http://www.hhsc.state.tx.us/reports/2011/Rider64-Womens-Health-0811.pdf

[4] *State of Texas v Sibelius, Civ. Action Case No. 6:12 –cv-62* (filed, W.D. Tx., 20120. See Brown, A.K. (2012, March 12) Health program losing federal funds, clinics. *Associated Press*, http://news.yahoo.com/health-program-losing-federal-funds-clinics-150240047.html

[5] Tx. Admin. Code 354.1361-64§§ (the "Affiliate" rule), effective March 14th, 2012.

[6] Texas has asserted that federal law does not prohibit its state Medicaid agency from denying Medicaid enrolled women free choice of qualified Medicaid providers on the basis that the state has broad discretion to set the terms of provider qualification standards, including the imposition of standards not recognized under federal law.

[7] 42 U.S.C. §1396a(a)(30)(A)

health insurance, elevated health risks, and residence in urban or rural communities experiencing a shortage of primary health care providers.[8] The state's 68 community health centers, which include 64 health centers receiving grants under the Public Health Service Act as well as four "look-alike" health centers that receive basic support through state and local funding, currently operate in over 300 locations throughout the state. Both types of health centers (i.e., those that receive federal funding and look-alike centers) are classified as "federally qualified health centers" (FQHCs) for the purposes of Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). In 2010, health centers were able to meet the need for basic primary health care for approximately one in 10 of the state's medically underserved population.[9] Approximately 74 percent of Texas' FQHC patients have family incomes below 100 percent of the federal poverty level.[10]

Health centers are responsible for the provision of primary health care for all medically underserved residents of their service areas. In 2010, Texas FQHCs served a total of 948,685 patients, including 345,079 children and 253,457 Medicaid beneficiaries.[11] Family planning services, defined as screening (including cervical cancer screening), counseling, the provision of contraceptive services, and treatment of sexually transmitted diseases are required services at all health centers.[12] Additionally, health centers furnished contraceptive management services to 60,676 patients over a reported 104,589 visits; Texas FQHCs also provided 113,114 Pap tests, 22,191 Hepatitis B and C tests, and 15,162 mammograms. Approximately 7,897 FQHC patients in Texas have a diagnosis of HIV/AIDS and 2,832 have been diagnosed with a sexually transmitted disease.

Both health centers and PPFA clinics can both be found in a number of Texas communities, underscoring the magnitude of the low-income and underserved population in the state and the severe shortage of health care providers to meet the population's need for subsidized primary health care.

Methods

For this preliminary assessment, we define PPFA clinics to include all providers bearing "Planned Parenthood" in their clinic name, as well as Family Planning Associates of San Antonio, which is a PPFA affiliate. Health centers (both FQHC and FQHC look-alikes) were identified manually by matching the HHSC WHP billing organization

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[8] Number of people living in Medically Underserved Areas based on 2006 Census data made available in HRSA's Geospatial Data Warehouse. Estimates are based on the number of people living in Primary Care Service Areas (PCSAs) by gender and age categories and the proportion of residents living in areas or designated as medically underserved.

[9] In 2010, Texas' FQHCs served 948,685 patients.

[10] Bureau of Primary Health Care. (2011). *Uniform Data System (UDS) Report 2010.* Washington, DC: Health Resources and Services Administration, US Department of Health and Human Services. http://bphc.hrsa.gov/uds/doc/2010/Texas.pdf

[11] Ibid.

[12] 42 C.F.R. §51c.102 and 42 C.F.R. §56c.102

against the grantee name in the Texas FQHC data report available on the HRSA website and the Texas Primary Care Office website.[13]

All client and provider estimates are based on the list of the Medicaid Women's Health Program billing physicians/facilities and the number of "clients" (i.e., women) and claims by each provider. This WHP provider list was generated by the Texas Health and Human Services Commission (HHSC). We use the WHP provider list 1) to estimate the extent to which WHP clients depend on PPFA clinics and health centers; 2) to assess the capacity of other providers to preserve WHP clients' access to covered services should PPFA clinics be excluded; and 3) to examine the extent to which health centers will be able to maintain access to care for PPFA clinics' WHP clients.

Given that there is no documentation for the provider file, we lay out a number of assumptions. First, we recognize that the number of clients associated with each provider is different from the total number of unduplicated Medicaid patients served in the WHP. HHSC reported a total 105,998 WHP clients who actually received one or more WHP-paid services out of the more than 183,000 clients enrolled in the WHP FY 2010. However, our tabulation of all the number of WHP clients for each provider totals 160,711. Therefore, we assume HHSC's total of 105,998 clients represents the number of unduplicated patients for whom a WHP claim was paid in FY 2010.

In terms of HHSC's reported number of clients served by each provider, we assume that they represent unduplicated clients to that provider but that clients may be counted again by other providers for additional services; that is, HHSC's total of 51,953 clients served by PPFA clinics and 83,003 clients served by other providers represent unduplicated clients for each group of providers, but some may be counted at least twice when added together. Given that this more than likely reflects the reality of how patients access various services, in particular reference labs, we use the combined totals to assess the extent to which WHP patients access either provider group.

We also recognize that some identified WHP physicians may be part of a health care facility or larger provider organization but may be listed as a separate billing entity. While this suggests the number of WHP providers may be overestimated, we also recognize that some providers with multiple practice sites may be billing as a single entity, which would lead to potential underestimate of provider supply. For example, in FY 2010, the HHSC lists only 27 PPFA clinics although there were approximately 61 clinic sites during this time (and 49 PPFA clinics in 2011).[14] We assume some of these PPFA clinics are likely billing on behalf of their satellite sites.

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[13] HRSA lists all FQHCs that reported performance data in 2010 (http://bphc.hrsa.gov/uds/doc/2010/Texas.pdf.) while the Texas Primary Care Office includes both FQHC and look-alikes as of April 5, 2012 (http://www.dshs.state.tx.us/chpr/fqhcmain.shtm).

[14] Lindell, C. (2012, April 11). Planned Parenthood sues Texas over women's health care. http://www.statesman.com/news/texas-politics/planned-parenthood-sues-texas-over-womens-health-care-2298135.html

Assessing the number of FQHC and FQHC look-alike health center sites is also challenging; although 68 health centers operate more than 330 practice sites statewide, we could only identify 122 health centers on the list. While the number of health centers and PPFA clinics that billed WHP in FY 2010 appears to be undercounted, we assume that the number of WHP women served by PPFA and health centers accurately reflects the volume of WHP patients across their respective organizations. To minimize potential duplication in our estimates, we considered excluding WHP providers such as reference laboratories, which are a source of diagnostic services but cannot be considered providers of the comprehensive range of WHP-covered clinical services including assessments, counseling and education, and contraception management; WHP does not cover treatment for diagnosed conditions.[15] Unless noted otherwise, we did not exclude them from our estimates.

We also assume PPFA's disqualification from Medicaid jeopardizes WHP clients' access to health care, given their low incomes and the low level of Medicaid provider participation in medically underserved communities where PPFA clinics frequently are located. Were PPFA clinics excluded from the Medicaid program, some WHP patients may be able to continue to receive care at PPFA clinics, although they would need to do so on an uninsured basis, thereby straining the clinics' capacity to treat more than a modest number of wholly uncompensated patients.

Findings

The Dominant Role of PPFA Clinics in the WHP

According to HHSC's provider data, PPFA clinics served 51,953 out of a total of 105,998 of clients who received care financed by the WHP in FY 2010. The HHSC's count of PPFA clinic clients represents 49 percent of all patients who received care through the WHP in 2010.

Further analysis of the data underscores the critical importance of PPFA clinics to the WHP. Of the 1,469 providers that billed the WGP in FY 2010, 908 (62%) served 10 or fewer patients, while 368 (25%) served only one patient.[16] Although billing anomalies may partially explain the small volume of patients served by these providers,[17] the magnitude and scale of this discrepancy also suggests that the majority of WHP providers serve few patients. This pattern is consistent with Medicaid provider participation generally, in which a very small number of providers serves an outsize proportion of Medicaid patients, while a far larger proportion of providers serve only handfuls of

[15] The WHP website states: "If a health problem such as a sexually transmitted disease, diabetes or cancer is found, you will be referred to a doctor or clinic that can treat you. You might have to pay for those extra services." See the website for additional information on covered benefits at http://www.hhsc.state.tx.us/help/WHP/index.shtml. (Accessed 4/18/2012)

[16] In this count of WHP providers, we excluded commonly known reference labs: Quest Diagnostics, Laboratory Corporation of America, and Center for Disease Detection.

[17] E.g., eligible physicians may have billed separately from a group practice or medical center which may also participate in the WHP.

patients and strictly control their participation rates.[18] Billing anomalies aside, it is evident that PPFA clinics represent the dominant source of care under the WHP.

Figure 1 shows that 26 WHP providers served at least 1,100 patients in FY 2010.[19] Sixteen of these providers are PPFA clinics; together these clinics served approximately 50% of the WHP patient population. However, PPFA clinics emerge as the main source (74%) of providers, accounting for a high volume of patient care once at least two of the reference labs (Quest Diagnostics and Center for Disease Detection) are excluded from the provider pool (diagnostic laboratories provide no direct patient care). These findings suggest that the vast majority of WHP providers serve few patients and that PPFA clinics represent the dominant source of care under the WHP. None of the providers furnishing a high volume of care is a community health center.

[18] Sommers, A.S., Paradise, J., & Miller, C. (2011). Physician willingness and resources to serve more Medicaid Patients: perspectives from primary care physicians. Kaiser Family Foundation. http://www.kff.org/medicaid/upload/8178.pdf See also Medicaid and CHIP Payment and Access Commission. (2011). *Report on the Congress on Medicaid and CHIP*. https://docs.google.com/viewer?a=v&pid=sites&srcid=bWFjcGFjLmdvdnxtYWNwYWN8Z3g6NTZmYjU1ZDcwMTQzMDc0MA

[19] The next largest provider reported 977 WHP clients.

Table 1. WHP Providers Serving More than 1,100 WHP Patients, FY 2010

WHP Provider (County from which they billed)	WHP Clients
1) Planned Parenthood Association Of Cameron And Willacy (Cameron)	1,102
2) Planned Parenthood Association -Edinburg Center (Hidalgo)	1,119
3) Planned Parenthood Of West Texas-San Angelo Clinic (Tom Green)	1,144
4) Bexar County Hospital District (Bexar)	1,190
5) Planned Parenthood Of West Texas-Odessa Clinic (Ector)	1,220
6) Planned Parenthood Association -Weslaco Center (Hidalgo)	1,253
7) University of Texas Medical Branch Regional Maternal And Child Health Program (Galveston)	1,310
8) Dallas County Health Department (Dallas)	1,378
9) Planned Parenthood Gulf Coast Inc-PPHSET Southwest Clinic (Harris)	1,725
10) Planned Parenthood Of Texas (Travis)	1,748
11) Planned Parenthood Association (Lubbock)	1,853
12) El Paso County Hospital District-University Medical Center (El Paso)	2,124
13) Planned Parenthood Association -McAllen Center (Hidalgo)	2,257
14) Clinical Pathology Lab Inc (Travis)	2,388
15) Planned Parenthood Of Central Texas Inc (McLennan)	2,473
16) Texas Center for Infectious Diseases-DHS-Women's Health Lab (Bexar)	2,624
17) Texas Panhandle Family Planning And Health Centers (Potter)	2,817
18) Laboratory Corporation of America (Harris)	2,897
19) Planned Parenthood Of South Texas Inc (Nueces)	2,920
20) Family Planning Associates Of San Antonio (Bexar)	3,669
21) University of Texas Medical Branch Regional Maternal And Child Health Program (Jefferson)	3,760
22) Planned Parenthood Sexual Healthcare Services (Bexar)	4,294
23) Planned Parenthood Gulf Coast Inc-PPHSET Fannin Clinic (Harris)	4,553
24) Planned Parenthood Gulf Coast Inc (Fort Bend)	9,428
25) Planned Parenthood Of North Texas Inc (Dallas)	9,465
26) Center for Disease Detection (Bexar)	30,345

The Limited Role of Community Health Centers in the WHP Program

While Texas' community health centers provide essential primary health care to nearly one million low-income residents, in contrast to PPFA clinics, health centers play a more modest role in the WHP. Table 2 presents totals for WHP clients served by all 27 PPFA clinics[20] and at 122 distinct health center sites. Health centers focus heavily on the poorest populations and provide family planning services to both traditional Medicaid patients and to WHP patients, who represent a Medicaid expansion group. Given their focus on the very poor, in FY 2010, these 122 health centers sites (which included 24 sites also receiving state family grant funding) served a total of 10,130 WHP patients, less than 20 percent of the number served by the 27 PPFA clinics.

Table 2. Number of WHP Clients Served by PPFA Clinics[21] and Health Centers,[22] FY 2010

	Total WHP Clients
27 PPFA Clinics	51,953 (49.0%)
122 Health Center Sites	10,130 (9.6%)

Furthermore, there is little indication that, even with time, health centers could act as a reasonable substitute for PPFA clinics because of general provider orientation, location, and perhaps most importantly, the capacity to scale up care.

Provider orientation. Health centers serve a heavily impoverished patient population. Although they are an essential source of care for the near-poor, health centers tend to gear their services to the most deeply impoverished families and must stretch their staff and resources to cover the full age spectrum of community health care need. PPFA clinics, by contrast, offer a specialized form of primary health care and gear their programs to women's health needs, particularly the needs of younger women. They offer a level of privacy that is difficult to achieve in a general family practice setting. Women, particularly younger women, may prefer using PPFA clinics for their family planning needs.[23] PPFA clinics, which specialize in family planning, also may stock a wider array of contraceptive methods and be better suited to provide sexual health counseling and education that is specific to the needs of the community they serve. Although health

[20] Authors' client totals derived from sum of all WHP clients reported for each provider.

[21] Authors identified 27 PPFA clinics to include all providers bearing "Planned Parenthood" in their clinic name and Family Planning Associates of San Antonio, which is also a PPFA clinic. Although the number of WHP clients totals 54,321 using this methodology, we defer to HHSC's count of unduplicated clients of 51,953 to minimize any confusion; however, it is unclear if HHSC correctly included Family Planning Associates of San Antonio in their count of PPFA clients.

[22] The HHSC file does not include FQHC identifiers; health centers were manually identified using the HRSA's and the Texas Primary Care Office's list of health centers.

[23] Gold, R.B., Zakheim, M., Schulte, J.M., Wood, S., Beeson, T., & Rosenbaum, S. (2011). A natural fit: collaborations between community health centers and family planning clinics. Policy Research Brief No. 26. Washington, DC: George Washington University. http://www.gwumc.edu/sphhs/departments/healthpolicy/dhp_publications/pub_uploads/dhPPFAublication_13AFEE26-5056-9D20-3D3479861216C7E4.pdf

centers represent one of the nation's most important sources of family planning services for low income women, their orientation is both programmatically broader from that of PPFA clinics and targeted to the needs of the lowest-income residents, making them less likely to attract the population assisted through the WHP, as the WHP numbers served at health centers suggest.

Location and the capacity to scale up quickly. Scaling up health care services for women of childbearing age is not an overnight activity. It requires considerable resources to hire new staff and to develop new service locations, as well as the ability to recruit health professionals specializing in women's health care. Planning and executing service expansions can take months, if not years, to realize. The challenges for Texas health centers will be particularly great because the state has also substantially reduced its state family planning grant program by two thirds, from $111.5 million in FY 2010-2011 to $37.9 million in FY 2012-2013.[24] The state family planning grant program is chiefly financed through Title X of the Public Health Service Act, the Title V Maternal and Child Health Block Grant program, and Title XX of the Social Security Act and acts as a companion to the WHP, providing a direct source of capacity-building.

Although the reductions in the state's family planning grant program were widely reported as affecting PPFA clinics in particular, most health centers also experienced a decrease in family planning funding. Overall, family planning funds for health centers decreased by 54 percent, from $7.8 million to $3.6 million. The experiences of individual health centers underscore the magnitude of the loss. Table 3 shows the change in state family planning grant funds between FY 2011 and 2012. Comparison of FY 2011 and FY 2012 grant levels shows that more than 70% of all health center sites receiving grants (20 out of 24 health center sites) experienced a reduction in family planning funds. Eight health center sites serving 5,621 family planning clients with family planning funding (in addition to 773 WHP clients served) were defunded completely. One health center, Lone Star Circle of Care sustained a loss of $768,038 -- a 70% decrease -- and is currently struggling to maintain capacity.[25]

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[24] Legislative Budget Board, Eighty-second Texas Legislature. (2012). Legislative Budget Board Fiscal Size-Up 2012–13 Biennium. (p. 190) http://www.lbb.state.tx.us/Fiscal_Size-up/Fiscal%20Size-up%202012-13.pdf

[25] Tan, T. (2012, January 17). State releases reduced list of women's health clinics. *Texas Tribune*. http://www.texastribune.org/texas-legislature/82nd-legislative-session/state-releases-family-planning-contractor-list/

Table 3. State Family Planning Grant Funding Received by Texas Community Health Centers, FY 2011 and FY 2012

Health Centers	WHP Clients 2010	FP Clients Served FY2011	FY2011 FP$	FY2012 FP$	Change FY2011 to FY2012
Brownsville CHC	23	227	$50,862	$109,000	114%
Fort Bend Family Hlth Ctr	222	1,849	$304,354	$0	-100%
Motherland	25	590	$245,261	$0	-100%
CHC Of Lubbock	241	279	$67,106	$0	-100%
Midland Comm Hlth Svc	154	207	$94,852	$0	-100%
Lone Star CHC	47	346	$155,326	$0	-100%
East Texas Comm Hlth Svc	77	121	$68,556	$0	-100%
Comm Hlth Clinic Of NE TX	6	1,514	$270,194	$0	-100%
Gateway CHC	1	715	$330,923	$0	-100%
Brazos Valley Comm Action	15	2,355	$595,201	$124,528	-79%
Comm Hlth Development	16	745	$248,490	$69,573	-72%
Lone Star Circle Of Care	52	4,229	$1,090,526	$322,488	-70%
Longview Wellness Ctr	794	1,745	$622,035	$198,001	-68%
South Plains Rural Hlth	17	343	$240,690	$86,011	-64%
United Medical Ctr	301	705	$298,459	$136,517	-54%
Centro De Salud Familiar La Fe	245	741	$258,887	$140,325	-46%
Comm Hlth Service Agency	476	2,567	$796,784	$435,000	-45%
CHC Of South Central TX	15	831	$239,190	$139,115	-42%
Su Clinica Familiar	20	1,266	$360,721	$218,818	-39%
Project Vida Hlth Ctr	41	595	$277,183	$188,400	-32%
El Centro Del Barrio	658	1,421	$410,502	$391,010	-5%
South Texas Rural Hlth Srvc	6	148	$27,920	$30,000	7%
Comm Care Montopolis	8	3,859	$413,619	$477,642	15%
Legacy Comm Hlth Svc	136	851	$325,947	$546,561	68%
Total	**3,596**	**28,249**	**7,793,588**	**$3,612,989**	**-54%**

Source: FY 2010 and FY 2011 Family Planning Allocations, Expenditures, Clients. FY 2011 allocations cover January 15, 2012 through March 21, 2013.[26]

Federal funding included in the Affordable Care Act will help support health center expansion through a special Trust Fund.[27] However, these funds will permit only modest growth over a five-year period and are not available to Texas health centers to immediately begin to offset the loss of PPFA clinics. Funds available for expansion have been significantly reduced as a result of budget cuts enacted by Congress in 2011,[28] and health centers' family planning growth would be further slowed in Texas due to the surging need for providers and the fact that the state has the most heavily uninsured non-elderly adult population in the U.S.

[26] Ibid.
[27] Shin, P., Rosenbaum, S., & Paradise, J. (2012). Community Health Centers: the Challenge of Growing to Meet the Need for Primary Health Care in Medically Underserved Communities. *Kaiser Commission on Medicaid and the Uninsured.* Available at: http://www.kff.org/uninsured/upload/8098-02.pdf.
[28] Ibid.

Furthermore, even with expansion funding, Texas health centers may serve communities far from those in which WHP-financed providers will be lost. If health centers were to have to open new sites in geographically accessible locations to those in which PPFA capacity is lost, the cost would be even greater.

The HHSC Analysis

These findings raise significant questions regarding the accuracy of the HHSC analysis of the impact of its affiliation regulation. Given the role played by PPFA clinics in the WHP program, the Texas House of Representatives may have had similar concerns about access when members sought clarification from HHSC regarding its claim that "over 50,000" patients would be able to find an alternate provider within 2.5 miles.[29] Although HHSC clarified that the agency had mapped the location of each client and the closest certified provider,[30] it is unclear whether HHSC adjusted its methodology to take into account the extent of participation by alternative providers or their capacity or willingness to grow.[31] The mere fact of physical proximity is simply the starting point for determining capacity; questions related to the size and scope of participation, the resources needed to scale up participation, and the willingness to grow patient capacity all come into play. Furthermore, it is unclear whether HHSC used current data or relied on an older provider list including not only closed practices (or practices with reduced hours, long appointment times, and the like)[32] but entities such as Quest Diagnostics, Lab Corp, and Center for Disease Detection, which are simply reference laboratories and do not provide direct clinical care.

An additional factor complicating the analysis of access and capacity stems from the state's family planning grant reductions noted above.[33] This decision resulted in the closure of half of all state-supported family planning clinics, reduced the number of low-income women served by roughly three quarters, from 220,000 women to 40,000-60,000

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[29] Texas House of Representatives' letter to Thomas M. Suehs, HHSC Executive Commissioner (March 23, 2012).

[30] HHSC Executive Commissioner, Thomas M. Suehs' letter to the Texas House of Representatives (April 3, 2012).

[31] HHSC provides a WHP provider locater which currently appears to exclude most PPFA clinics. Available at www.dshs.state.tx.us/famplan/locator.shtm (Accessed 4/25/2012). The number of locations on the statewide map also appears to be significantly less than 1,469 providers that billed to WHP in FY 2010 and are largely clustered in larger communities, leaving most of the state without a WHP access point.

[32] For example, the Texas Tribune maps the location of WHP providers; however, we find providers do not necessarily match the FY 2010 WHP list. For example, on the Texas Tribune website, some practices near PPFA clinics in Brownsville could not be found in the WHP report and at least one provider was listed only in earlier years, which suggests providers may no longer be participating in the WHP or are practicing elsewhere. Even if we assume the Brownsville map is correct, we find only one provider is within 2.5 miles of the PPFA clinic while most other providers outside 2.5 miles reported only one WHP client in FY 2010. Aaronson, B. & Tan, T. (2012, February 28). Interactive: Mapping Women's Health Program Providers. *Texas Tribune.* http://www.texastribune.org/library/data/texas-womens-health-program-providers/ (Accessed 4/18/2012)

[33] Legislative Budget Board, Eighty-second Texas Legislature. (2012). Legislative Budget Board Fiscal Size-Up 2012–13 Biennium. (p. 190) http://www.lbb.state.tx.us/Fiscal_Size-up/Fiscal%20Size-up%202012-13.pdf

women within months of the funding reductions, and affected all clinics, including the very health centers that would be under intense pressure to scale up in the face of the loss of PPFA clinics.[34] As these patients spill over into other providers, there may be even less capacity to serve "over 50,000" WHP patients.

While HHSC has acknowledged the need to recruit additional qualified WHP providers as part of any effort to compensate for the loss of access to PPFA clinics,[35] it is unclear whether providers can be attracted to communities served by PPFA clinics and other areas in which publicly-supported family planning practices may have lost funding. Given that at least half of WHP clients seek care at PPFA clinics and that health centers face substantial provider shortages, HHSC will encounter significant challenges in rebuilding capacity to meet current patient demand.

Conclusion

Data from the HHSC show that PPFA clinics are the main source of family planning, cancer screening, and preventive health care for women in the WHP. Our review documents that the majority of WHP-participating providers furnishing direct clinical care serve very few WHP patients and there are only a few providers that have the capacity to serve a large volume of patients. The exclusion of PPFA clinics would eliminate access to 16 of 26 of the state's largest WHP providers. Although health centers serve nearly one million low-income residents in Texas, we found that they serve few WHP patients and will have to overcome significant provider shortages and funding gaps to substantially expand access. In addition, in comparison to PPFA clinics, health centers may attract a far smaller proportion of WHP clients because they serve the very poorest Texas residents, must spread their resources over the entire age spectrum of general family practice, and tend not to be associated with specialized capabilities in the area of family planning services. The extent to which HHSC considered capacity and patient needs in determining alternate WHP providers is unclear. Together, our findings indicate that the exclusion of PPFA clinics from the WHP will in turn trigger the risk of loss of access to covered services for approximately 52,000 low-income women.

[34] Simon, S. (2012, March 5). States slash birth control subsidies as federal debate rages. *Reuters.* http://www.reuters.com/article/2012/03/05/us-states-slash-birth-control-idUSTRE8240ZM20120305

[35] HHSC Executive Commissioner, Thomas M. Suehs' letter to the Texas House of Representatives (March 8, 2012).

ERRATA

Corrections were made for Table 2 in our report (previously released May 2, 2012) which shows totals for WHP clients served by all 27 PPFA clinics, as well as WHP patients served in health center sites (122 sites out of more than 300 total health center sites throughout the state). In FY 2010, these 122 health centers sites (which included 24 sites also receiving state family grant funding) served a total of 10,130 WHP patients, less than 20 percent of the number served by the 27 PPFA clinics. The health center figure represents an upward adjustment of WHP patients of 6,534 patients.

Table 2. Number of WHP Clients Served by
PPFA Clinics and Health Centers

	Total WHP Clients
27 PPFA Clinics	51,953
122 Health Center Sites	10,130

Based on these corrections, we note that health centers would need to augment their WHP capacity five-fold, rather than 12-fold, to offset the loss of PPFA clinic capacity under the WHP program. If only 24 health center sites that receive family planning grants are considered (because they are more likely to provide a broader range of family planning services comparable to PPFA clinics), their capacity would have to increase 12-fold.