



Summary: 85th Texas Legislative Session

Budget Comparison: Appropriations for 2016/2017 and 2018/2019 Biennium

	DSHS FP	EPHC	TWHP	BCCS	"Women's health services"	TOTAL
2016 -17 \$ millions/biennium	\$41.6	\$100	\$69.3	\$23.7	\$50	\$284.6
	Strategy D.1.1 Women's Health Programs: HTW, FPP, BCCS					TOTAL
2018 -19 \$ millions/biennium	\$284.6					\$284.6

*In the 2018/2019 budget, Healthy Texas Women (HTW), the Family Planning Program (FPP), and Breast and Cervical Cancer Services (BCCS) have been grouped under the Women's Health Program Strategy. The budget does not indicate how much of the overall funding will go to each sub-strategy.

**According to the Legislative Budget Board, 2018/2019 Appropriations represent a \$30.9 million (All Funds) increase over FY 2016/2017 Expenditures.

State Budget Riders Related to Women's Preventive Healthcare

New Rider Language – Department of State Health Services (DSHS)

39. Accuracy of Death Certificate of Pregnant Person or Person Recently Pregnant. DSHS will use \$100,000 of appropriated funds for the Vital Records Project (TXEver) to develop and implement an electronic process for determining whether a person was pregnant at the time of death or was pregnant at any time in the year preceding the person's death, to ensure the accuracy of that person's death certificate.

New Rider Language – Health and Human Services Commission (HHSC)

51. Breast and Cervical Cancer Services Program: Providers. HHSC Rider 51 is a continuation of former DSHS Rider 72. No funds appropriated in BCCS may be expended to compensate providers that would be ineligible to receive funding pursuant to Texas Administrative Code §392.607: BCCS Applicant Requirements. If HHSC is unable to locate a sufficient number of eligible providers offering services in a permanent setting in a certain region, the agency may compensate other local providers for the provision of services.

"Permanent setting" is a new addition, enabling an otherwise ineligible provider to be compensated if the only available eligible provider is a mobile unit.

54. Women's Health Programs: Savings and Performance Reporting. Rider 54 is a continuation of former Rider 41. HHSC must submit an annual report (previously biannual) to the LBB and Governor's office. The original requirements of the former Rider 41 remain, but with the following underlined additions:

- Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years.
- Savings or expenditures in the Medicaid program that are attributable to enrollment levels.
- Descriptions of all outreach activities undertaken for the reporting period.
- The total number of providers, by geographic region, enrolled in the Healthy Texas Women Program and Family Planning Program networks, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers.
- The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider.
- The count of women in the Healthy Texas Women Program and the Family Planning Program receiving a long-acting reversible contraceptive.
- The service utilization by procedure code. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to the prior two fiscal years [*previously since calendar year 2011*], the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

161. Funding for Healthy Texas Women Program. Funds appropriated in Strategy D.1.1, Women's Health Program, include \$10,000,000 in General Revenue Funds and \$90,000,000 in Federal Funds in fiscal year 2019 for the Healthy Texas Women program (HTW). These amounts assume HHSC will seek approval to receive federal matching funds for the program and those funds will be available beginning in fiscal year 2019. In the event federal matching funds do not become available or are available in a lesser amount in fiscal year 2019, HHSC shall seek direction from the Legislative Budget Board prior to making any reductions to program funding or service levels.

In May 2017, HHSC announced its intent to apply to the Centers for Medicare and Medicaid Services (CMS) for a new 1115 Demonstration Waiver for HTW. September 1, 2018 is the proposed effective date for a five-year waiver program ending August 31, 2023. The public comment period for the state's proposal ended on June 12th, 2017.

189. Reporting of Postpartum Depression Data. No later than February 1, 2019, HHSC shall submit a report on the screening and treatment of postpartum depression to the Legislative Budget Board, the Texas Maternal Mortality and Morbidity Task Force, and each House and Senate committee with legislative authority over the operation or financing of public health programs.

193. Postpartum Depression Services. HHSC shall seek federal funds for the screening and treatment of postpartum depression pursuant to the 21st Century Cures Act.

Rider 193 is a provision from SB 1929 by Senator Lois Kolkhorst, which failed to pass.

195. Prioritization of Behavioral Health Treatment for Pregnant Women. HHSC shall seek to educate and inform the public and behavioral health service providers that pregnant women and women with dependent children are a priority population for services funded through the Substance Abuse Prevention and Treatment Block Grant.

198. Access to Long-Acting Reversible Contraception Strategic Plan. HHSC shall develop a five-year strategic plan to reduce barriers for Medicaid recipients and those who may be eligible for HTW, the Family Planning Program (FPP), or CHIP Perinatal to access long-acting reversible contraception (LARC). The strategic plan must be submitted to the Legislative Budget Board and Governor by November 1, 2018.

209. Auto-Enrollment in the Healthy Texas Women Program. HHSC must submit a report to the Legislative Budget Board no later than July 1, 2018, on the cost-effectiveness and projected savings of automatically enrolling into HTW those female clients who age out of CHIP or the Children's Medicaid Program. If feasible and cost effective, HHSC, with Legislative Budget Board approval, may consider automatic enrollment of eligible women who meet the criteria identified above into HTW, if not eligible for other programs providing women's health services.

212. Texas Medicaid Pre-term Births and Low Birthweight Births. HHSC shall study and report on opportunities for cost savings to the Texas Medicaid program from increasing the minimum legal age to access tobacco and electronic nicotine delivery system products from 18 to 21 years. The report shall include, but is not limited to, estimates related to the prevention of pre-term births (PTB) and low birthweight births (LBW) attributable to smoking and the cost of treating PTB and LBW.

216. Office of Minority Health Statistics and Engagement. In addition to other cultural competency trainings and community development, the Office of Minority Health Statistics and Engagement, in coordination with the Task Force on Maternal Mortality and Morbidity, shall study and review trends, rates, or disparities in pregnancy-related deaths and evaluate options for reducing maternal mortality, including focusing on reducing postpartum depression among economically disadvantaged women.

Rider 216 includes study provisions from SB 1929, which failed to pass.

222. Alternatives to Abortion. HHSC is authorized to transfer and expend up to a total of \$38,300,000 from any appropriated funds for the 2018-19 biennium for the Alternatives to Abortion program, if HHSC determines that there is a demand based on program utilization. Any funds transferred to Alternatives to Abortion shall be spent on direct client services.

Sec. 6.25. Limitation on Abortion Funding. To the extent allowed by federal and state law, money appropriated by the state may not be distributed to any individual or entity that performs abortions; is commonly owned, managed, or controlled by an entity that performs abortions; or is a franchise or affiliate of an entity that performs abortions. This provision does not apply to hospitals.

Former Riders that Were Cut from the 2018/2019 Budget

Former HHSC Rider 87. Family Planning Affiliate Requirements. This rider defined the term “abortion-services affiliate.”

Though the rider was not included in the 2018/2019 budget, affiliate language remains as part of the Texas Administrative Code for HTW and FPP.

Former Sec. 55. Breast and Cervical Cancer Program Services. In the event that federal funds are less than appropriated to the BCCS Program, it is the intent of the legislature that the Executive Commissioner transfer necessary funds for BCCS prior to suspending services.

Ongoing Riders – HHSC

The following riders have been carried over from the previous biennium, but many have been modified from their previous version.

52. Prohibition on Abortions. No funds shall be used to pay the direct or indirect costs of abortion procedures provided by contractors of HHSC contractors. No funds appropriated for Medicaid Family Planning shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

53. Funding for Medicaid Family Planning and Family Planning Instruction. No state funds may be used in Medicaid Family Planning to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for non-parents and minors pursuant to Texas Family Code §32.

This rider formerly exempted only emancipated 16- and 17-year-old parents.

55. Payments to Health Centers for the Healthy Texas Women Program. HHSC will reimburse Federally Qualified Health Centers for family planning services under Strategy D.1.1, Women's Health Program, funding for HTW, using a prospective payment system at a per visit rate, not to exceed three payments during a calendar year.

56. Prohibition on Abortions: Healthy Texas Women Program and Family Planning Program. No funds shall be used to pay the direct or indirect costs of abortion procedures provided by HHSC contractors. No funds appropriated to HTW or FPP under Strategy D.1.1, Women's Health Program, shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.

57. Consent for Family Planning: Women's Health Services. Of funds appropriated for FPP, no state funds may be used to dispense prescription drugs to minors without parental consent. An exemption shall be made for non-parents and minors pursuant to Texas Family Code §32.

Exemption language is new.

58. Family Planning Services: Allocation of Funds. HHSC shall allocate funds appropriated for the FPP using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning services; secondly, non-public entities that provide comprehensive primary and preventative care as a part of their family planning services; and thirdly, non-public entities that provide family planning services but do not provide comprehensive primary and preventative care. HHSC shall ensure the distribution and allocation methodology for funds for FPP, does not severely limit or eliminate access to services to any region.

59. Access to Highly Effective Methods of Contraception. HHSC shall expeditiously implement program policies to increase access to long acting contraceptives. HHSC shall develop provider education and training to increase access to the most effective forms of contraception, including vasectomy but excluding abortifacients or any other drug or device that terminates a pregnancy.

150. Reporting of Child Abuse. HHSC may distribute or provide appropriated funds only to recipients who show good-faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.

Updates to Legislation

Legislation that Passed

HB 2466 (Sarah Davis) Covers maternal depression screenings for a woman during a Medicaid or CHIP covered office visit regardless of whether the mother is also an enrollee. HB 2466 also directs the state to apply for federal funding through the 21st Century Cures Act, and includes fields on the application asking pregnant applicants if it is their first pregnancy, and if they want to receive info by text, call, email during pregnancy.

HB 2466's direction to apply for funding through the 21st Century Cures Act was also a provision in SB 1929, which failed to pass.

HB 2466's provision to modify the application for pregnant applicants is a provision from HB 1158 by Representative Davis, which failed to pass.

HB 3576 (Guerra) Allows for certain demographic and related information to be released to the appropriate requesting federal agency if an individual has or is suspected of having Zika.

HB 3859 (Frank) Protects a child welfare services provider who decline to provide or facilitate certain services, including contraceptive access for individuals within the child welfare system, due to a sincerely held religious belief.

SB 1599 (Miles) Requires reporting on the systematic protocol for pregnancy-related deaths and best practices for reporting pregnancy-related deaths to the medical examiner or justice of the peace of each county.

SB 1680 (Miles) Establishes a taskforce in the Texas-Mexico border region to raise public awareness on health issues, including diabetes, infant mortality, heart disease, obesity, and cervical cancer.

Legislation that Did Not Pass

HB 1158 (Sarah Davis) Would have included fields on a Medicaid application asking pregnant applicants if it is their first pregnancy, and if they want to receive info by text, call, or email during pregnancy.

Passed out of originating committee, but was knocked off Local and Consent calendar and failed to receive a House floor reading. Provisions of HB 1158 were added as an amendment to HB 2466.

HB 1161 (Sarah Davis) Would have allowed health benefit plans that provide coverage for prescription contraceptives to provide a recipient up to a 12-month supply of the covered prescription contraceptive.

Passed out of originating committee but did not receive a House floor reading

HB 2135 (Coleman) Would have provided postpartum depression mental health services as a covered benefit of the CHIP Perinatal program.

Passed out of originating committee but did not receive a House floor reading

HB 2604 (Farrar) Would have implemented a five-year strategic plan regarding postpartum depression screening, referral, treatment, and support services.

Passed out of originating committee but did not receive a House floor reading

SB 790 (Miles) Would have continued the Women's Health Advisory Committee until September 1, 2019.

Signed in the House and the Senate but vetoed by the Governor

SB 1929 (Kolkhorst) Would have extended the Maternal Mortality and Morbidity Task Force until September 2023. The bill also included direction for the state to apply for federal funding through the 21st Century Cures Act, and included more detailed requirements for studying and reviewing maternal mortality among the most at-risk populations.

Passed in the House and the Senate, but failed to pass when conferees could not reach a consensus on the bill's amendments. Provisions of SB 1929 to seek federal funds for the screening and treatment of postpartum depression pursuant to the 21st Century Cures Act are included in HB 2466 and HHSC budget Rider 193. Provisions of SB 1929 for study and review of trends, rates, or disparities in pregnancy-related deaths and evaluate options for reducing maternal mortality, and options for treating postpartum depression in economically-disadvantaged women are included in Rider 216.