



Texas Women's Healthcare Coalition

2021 Legislative Report

87th Legislative Session



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Welcome to the Texas Women's Healthcare Coalition (TWHC) report highlighting results of the 87th legislative session through the lens of preventive women's health services in Texas.

It was a challenging legislative session. The pandemic and severe weather conditions limited access to lawmakers. TWHC swiftly adjusted to the new environment and successfully protected funding for and access to preventive healthcare for Texas women. Like all sessions, there were legislative highs and lows. Budget writers held funding virtually flat for the state's three existing women's health programs – Healthy Texas Women (HTW) and HTW Plus; the Family Planning Program (FPP); and Breast and Cervical Cancer Services (BCCS) Program, but also approved legislation to extend Medicaid postpartum coverage to six months. Other crucial bills to improve access to, and the quality of, preventive women's health services were left on the table.

Our deepest appreciation to our TWHC members and steering committee who collaborated expertly and passionately. Their combined expertise regarding the legislative and budget writing processes, bill analyses, and advocacy during the legislative interim and throughout the 87th legislative session protected access to preventive healthcare for Texas women.

We are grateful for the long hours and committed work legislators and their staff put in during and beyond the legislative session. We value this dedication to Texans, and we look forward to continuing our advocacy work leading up to the 2023 legislative session.

We are grateful to the private foundations that advance our efforts for improved access to preventive healthcare for all Texas women. Thank you for your generous funding of Healthy Futures of Texas and the Texas Women's Healthcare Coalition.



Evelyn Delgado

CHAIR, TEXAS WOMEN'S HEALTHCARE COALITION



OUR FUNDERS

Episcopal Health Foundation

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Setting the Stage for the 87th Legislative Session

As a result of the COVID-19 pandemic, the 87th legislative session, and the months leading up to it, were uniquely challenging. Texas state and local governments were reacting to the economic ramifications from the necessary safety measures that encouraged people to stay at home in addition to other changes. Programmatic changes impacted the landscape as Texas geared up for an unprecedented virtual session.



Fiscal Landscape

In January 2020, Texas received approval from the federal Centers for Medicare and Medicaid Services (CMS) to implement the 1115 Healthy Texas Women Demonstration Waiver. The waiver allows Texas to receive federal Medicaid funds to support HTW. This is a change in the finance method, but the waiver did not introduce new funds. There were also policy changes to HTW as a result of the waiver approval and providers are still acclimating.¹

In May 2020, in response to decreased state revenue due to COVID-19, the Governor, Lieutenant Governor, and Speaker of the House issued a letter² directing state agencies to implement five percent budget reductions across the board. The Health and Human Services Commission (HHSC) reduction target totaled \$132,716,696 in general revenue. HHSC issued its original reduction plan,³ proposing \$15,194,052 in cuts to client services, including approximately \$3.7 million cuts to the women's health programs – HTW and the FPP. In response, TWHC⁴ and advocates⁵ mobilized to oppose these cuts. Lawmakers also voiced their concerns, asking HHSC to protect women's health funding. As a result of these efforts, in the fall of 2020, HHSC released a revised budget reduction plan⁶ which scrapped the client services cuts to the women's healthcare programs.

While client services budget cuts were successfully averted, administrative cuts were still made. This set the fiscal stage going into session in January 2021. During a public health emergency, funding health programs would be even more crucial. Yet, advocates were concerned that more budget reductions would be on the table.



As a result of a government order for state agencies to implement five percent budget reductions, the Health and Human Services Commission's target budget reduction totaled more than **\$132 MILLION** in general revenue.

“During a public health emergency, funding health programs would be even more crucial. Yet, advocates were concerned that more budget reductions would be on the table.”



Legislative Interim:

Maternal Health and Healthy Texas Women Plus Implementation

Maternal death and pregnancy-related complications remain a serious concern for Texas moms and families. In its 2020 legislative report, the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) found over a third of the maternal deaths in the state occurred between 43 days and a year postpartum, and the majority of pregnancy-related deaths were preventable.⁷ Various factors contributed to these deaths, with chronic disease being a top patient-related factor. The MMMRC identifies the lack of access to care in the months following delivery, as well as insufficient financial resources as contributing factors to poor maternal health.⁸

As directed by Senate Bill 750 from the 86th legislative session,⁹ HHSC launched HTW Plus, an enhanced, though limited benefit package specifically for postpartum clients, on September 1, 2020. The additional benefits offered through HTW Plus include services to address postpartum depression, substance use disorders, cardiovascular, coronary, and diabetic conditions. However, due to the public health emergency period, federal law requires states to maintain Medicaid coverage for women beyond the usual two-months postpartum through the end of the public health emergency. Therefore, women are receiving postpartum services through Medicaid and not accessing HTW Plus services yet.

With the addition of broader benefits outside the scope of traditional family planning services and primary care, it will be necessary to have specialty providers participate in HTW to provide those broader benefits.

While HTW Plus is an important and exciting advancement for women's health in Texas, it is not comprehensive healthcare. Advocates entered the 87th legislative session ready to work towards extending comprehensive coverage for postpartum moms to complement the gains made with HTW Plus.

The Pandemic's Impact at the Texas Legislature

Outside of funding concerns and program changes, Texas grappled with the public health impacts of COVID-19. Health and safety precautions were put in place limiting in-person access to the Capitol. For the majority of the session, TWHC relied on virtual communication with offices to hold meetings and submit public comments. Despite this challenge, TWHC made its voice heard.

Going into the 87th legislature, TWHC considered uncertain funding prioritization, anticipated changes to HTW's enrollment and eligibility processes, the recently launched HTW Plus benefits, and navigating the COVID-19 health and safety restrictions, while striving to be effective advocates. The Coalition maintained its historic policy priorities, because the pandemic further highlighted the need for women's access to healthcare – a guiding principle of TWHC's work:



Ensure funding for the **state administered women's health programs** to help fully meet the **growing need for preventive healthcare** among **low-income and uninsured women** across Texas.



Ensure Texas has a **strong qualified provider network** with the capacity to serve all women in need of preventive health services.



Ensure women have **access to the full range of FDA-approved contraceptives** of their choice including the most effective forms – implants and intrauterine devices (IUDs).



Support **innovative new healthcare policies** that benefit the health of Texas' women and families.



Women's Health Funding and Budget Riders

TWHC strongly advocated to protect funding for women's health programs before and throughout the legislative session.



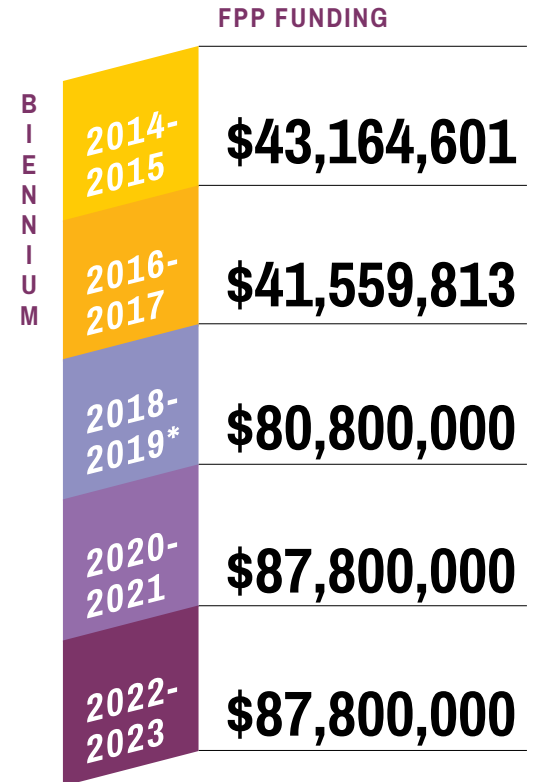
Navigating Funding Availability

While women's health services were largely spared from 5 percent funding reductions enacted prior to the 87th legislature, going into session, Texas Comptroller Glen Hegar's mid-2020 budget forecasts were dire. In July 2020, the estimated budget outlook predicted the 2020-2021 biennium to end with a \$4.5 billion deficit. The Biennial Review Estimate (BRE) in January 2021, announced that \$112.5 billion in revenue would be available for the 2022-2023 biennium¹⁰ – a 0.4 percent decrease from the previous biennium, but did not include any federal relief. The BRE also included an updated estimate of the 2020-2021 deficit at \$1 billion, instead of the previously projected \$4.5 billion.

Averting the women's health client services cuts that were proposed in the summer was encouraging. However, advocates were still preparing for a difficult funding cycle. Concerns intensified when HHSC requested \$4.5 million **less** for the women's health programs in its Legislative Appropriations Request (LAR) than what lawmakers approved in the 2020-2021 state budget.

TWHC strongly advocated to protect funding for women's health programs before and throughout the Legislative Session. With federal COVID-19 relief dollars, including the dollars from the American Rescue Plan Act signed into law in March 2021, fiscal pressure eased.

In public testimony to the Senate Finance and House Appropriations committees, TWHC built upon messaging to protect women's health funding and called for increased funding for FPP, which hasn't seen any recent budget increases.



*The amount for this biennium is from the LBB spent and estimated report out, not the appropriated amount in the GAA because there was no specific FPP breakout in that budget.



Women’s Health Funding and Where Dollars Were Directed

Close to the end of the session, the legislature agreed on a final budget. For the 2022-23 biennium, lawmakers appropriated \$352.6 million for Women’s Health Programs. Ultimately, the Women’s Health Programs budget strategy received approximately level funding when compared to the amount appropriated last biennium.

There appears to be a \$5.6 million increase to women’s health when compared to the 2020-2021 budget (\$346.9 million). However, once budget riders directing how dollars are spent are considered, the total flattens out — as shown through the following charts.

2022 - 2023 D.1.1. Women’s Health Programs Strategy

	General Revenue	Federal Funding	Totals by Program
HTW	\$75,429,480	\$154,474,468	\$229,903,948
FPP	\$84,038,544	\$3,761,456	\$87,800,000
BCCS	\$5,167,198	\$16,624,112	\$21,791,310
ADMIN.	\$9,075,896	\$4,043,874	\$13,119,770
TOTAL			\$352,615,028

Rider 70 Informational Listing: Women’s Health Funding explains the breakdown of the \$352.6 million among the Women’s Health Programs and program administration.

When compared to a similar programmatic breakdown for the 2020 - 2021 D.1.1 appropriations, the Family Planning Program has been appropriated at the same amount, and BCCS and Administration appropriations have been decreased in the 2022 - 2023 budget.

D.1.1. WHP Funds to Support

Six Months Postpartum Medicaid Coverage (HB 133)

	General Revenue	Federal Funding	Total	Remaining D.1.1. Funds
SEC 18.07 (B)(1)	\$2,965,221	\$6,902,742	\$9,867,963	\$342,747,065
amendment APPROVED				
SEC 18.07 (B)(2)	\$2,965,221	\$4,687,309	\$7,652,530	\$344,962,498
amendment NOT APPROVED				

In order to support HB 133 implementation — extending postpartum Medicaid coverage for mothers from two months to six months — the Legislature pulls some funds from the Women’s Health Programs’ \$352.6 million budget. The amount pulled differs depending on whether the pending HTW Plus amendment to the HTW 1115 Demonstration Waiver is approved (\$9.8M all funds if the amendment is approved; \$7.6M if the amendment is not approved).

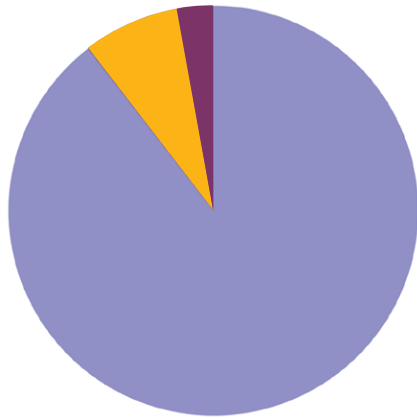
It should be noted that the funds described here will go toward the Medicaid for Pregnant Women program and will not be utilized in the D.1.1. programs.



D.1.1.Funds Earmarked for HTW Plus (via Rider 65)

	General Revenue	Federal Funding	Total
HTW PLUS — RIDER 65	\$10,665,232	\$16,622,044	\$27,287,276

Rider 65 Funding for HTW Plus details how much general revenue and federal funds will be used out of the D.1.1 Women’s Health Programs appropriated total specifically for HTW Plus services.¹¹ Though the rider includes federal funds, as noted above, the HTW Plus amendment to the HTW 1115 Medicaid Waiver is still pending. Rider 65 does include language directing HHSC to seek approval to transfer funds from another part of the budget if necessary.



D.1.1. PREVENTIVE HEALTHCARE SERVICES \$315.6 million

POSTPARTUM HEALTHCARE SERVICES HTW PLUS \$27.2 million

POSTPARTUM HEALTHCARE SERVICES HB 133 \$9.8 million

HTW Plus is specifically designed to provide postpartum services. These services have been researched and are much needed among postpartum clients. Sufficient funding for these services should be made available, but not at the expense of preventive healthcare services. Women’s preventive healthcare — including contraceptive services — save Texas dollars by avoiding unintended pregnancies and eliminating Medicaid labor and delivery costs and a year of infant healthcare. HHSC’s recent Women’s Health Programs Savings and Performance Report explains in fiscal year 2020 alone, the services rendered in HTW and FPP resulted in \$245.5 million (state and federal) dollars saved.

TWHC applauds lawmakers’ continued support of women’s health programs. However, more work is needed to ensure the funding needs within each women’s health program are met based on program utilization, need, and anticipated caseload growth.

This is especially true with FPP, where participating providers cite consistent high demand for services and routinely running out of funds as hurdles that impact their ability to serve their communities. Texas must prioritize funding for programs that provide preventive healthcare services, especially those that have proven cost-savings.



New or Modified Budget Riders

In addition to the agreed upon funding levels found in the state budget, legislators also work to finalize budget riders. Budget riders include additional direction on how state agencies should use the funds appropriated in the budget. TWHC proposed and advocated for changes to existing women's health riders, as well as for the adoption of new riders. Below is an overview of the changes that made it to the finish line and why they were a priority. For an overview of all women's health riders in the 2022-2023 General Appropriations Act, refer to the Appendix of Budget Riders.



64.

Women's Health Programs: Savings and Performance Reporting.

Rider 64 is an updated version of the Women's Health Programs: Savings and Performance Reporting rider. It incorporates language proposed by TWHC to require additional data related to HTW Plus and changes made to the HTW eligibility process.

The annual report maintains previous requirements, and has been updated to include:

- Descriptions of all outreach activities undertaken for the reporting period, including those focused on recruiting new specialty provider types;
- The number of program clients with a paid claim, detailed by provider type;
- Results of policies designed to reduce enrollment gaps, including but not limited to the number of unduplicated women automatically or administratively-enrolled into HTW from other Medicaid programs or the Children's Health Insurance Program, and recommendations for further reducing enrollment gaps; and
- Number of unduplicated women who are determined eligible and enrolled into HTW after their Medicaid for Pregnant Women ends.

In addition to these new reporting requirements, the release date for the Women's Health Programs Savings and Performance report has been pushed back from May 1 to August 1 of each year. Rider 64 also removes language from previous versions of the rider that required HHSC to undertake corrective measures if the report found client enrollment or service utilization decreased more than ten percent when compared to the previous two fiscal years.

The Coalition proposed additional language related to capturing the number of clients who received FPP services after the provider exhausted the contracted FPP funds. Unfortunately, this reporting requirement was not included in the finalized version of the rider. FPP providers often report that funding for the program runs out before the end of the fiscal year, which impacts the number of clients they are able to serve. Capturing the number of clients providers continue to serve after FPP funds are expended for the year will allow an accurate capture of the true need and better inform program funding.

What impact will this rider have?

A strong specialty provider network is essential for HTW Plus' success, which requires provider outreach, education, and training to build expertise. The additional HTW Plus data will act as a foundation to understanding the real support providers need to successfully meet the goals of the program. Accurate data in the women's health program savings and performance reports is key for the Coalition as we develop recommendations and form policy priorities.

In March 2021, HHSC began to implement changes to HTW's enrollment and eligibility process. These changes are significant, and providers have voiced concerns about how they could negatively impact HTW enrollment. TWHC has heard from some providers that compared to the previous simplified application, the time it takes to go through the new HTW application has drastically increased.

Collecting information related to these changes and enrollment gaps will help inform HHSC so they can address common issues providers or clients experience that could lead to a decline in enrollment.

**65.**

Funding for Healthy Texas Women Plus.

A new rider in the budget, Rider 65 explains how HTW Plus will be funded by \$27.2 million over the 2022-2023 fiscal years. It assumes \$16.2 million will come from federal support, and \$10.6 million will come from state support. If federal dollars are less than the anticipated \$16.2 million, HHSC will be able to seek approval to transfer funds from other sources prior to making any reductions to service levels.

What impact will this rider have?

It is likely that the \$27.2 million will come from the \$229.9 million designated for HTW, meaning the program would be funded at \$202.7 million for the 2022-2023 biennium. This would represent a \$3.6 million decrease in the appropriated amount for HTW family planning services (\$206.3 million) from the 2020-2021 biennium.

69.

Report on Continuity of Care for Women Aging Out of CHIP and Medicaid.

Rider 69 is also new. It calls for a report from HHSC detailing the number of individuals aging out of Medicaid and the Children's Health Insurance Program (CHIP) but can maintain coverage under another Medicaid program – including HTW, through the agency's administrative renewal process. The report will also include the number of individuals determined ineligible through the administrative renewal process because documentation was not received from the individual. HHSC will evaluate the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into HTW.

What impact will this rider have?

The Coalition previously advocated¹² for automatic enrollment of Children's Medicaid and CHIP clients aging out into HTW. This rider will examine solutions to help reduce teen and unplanned pregnancies by improving access to family planning services, counseling, and contraception. Now that HHSC has begun implementing the HTW enrollment and eligibility changes, this report could help provide supporting data for avenues to reduce enrollment barriers and increase healthcare access for young adults.



70.

Informational Listing: Women’s Health Funding.

Rider 70, which is also new, explains how the \$352.6 million appropriated for the D.1.1. budget strategy will be distributed among the women’s health programs and their administrative needs. If federal dollars are less than the anticipated amounts for the women’s health programs, HHSC will be able to seek approval to transfer funds from other sources prior to making any reductions to service levels.

2022 - 2023 D.1.1. Women’s Health Programs Strategy / Rider 70

	General Revenue	Federal Funding	Totals by Program
HTW	\$75,429,480	\$154,474,468	\$229,903,948
FPP	\$84,038,544	\$3,761,456	\$87,800,000
BCCS	\$5,167,198	\$16,624,112	\$21,791,310
ADMIN.	\$9,075,896	\$4,043,874	\$13,119,770
TOTAL		\$352,615,028	

What impact will this rider have?

This rider does not introduce new funding, it only provides additional information on how programs will be prioritized. In addition to what is outlined in this rider, we know from Rider 65 and Sec. 18.07 that funds from the D.1.1. strategy will also be used to support HTW Plus and the enactment of HB 133. More information is needed to understand the impact those initiatives will have on the current funding distribution.

The Coalition advocated for the inclusion of language directing the agency to seek additional funds if there are any changes in federal dollars. This was initially proposed as a standalone rider, but we applaud conference committee members for including the language in Rider 70. This language was a key priority precautionary measure in case any changes occur to the HTW 1115 Demonstration Waiver, since there is still a pending HTW Plus amendment.



Riders Not Adopted

Access to Long Acting Reversible Contraception (LARC)

TWHC proposed a rider that reinstated language directing HHSC to increase access to LARCs and explore federal funding opportunities through the HTW Section 1115 Demonstration waiver.

This rider was adopted by the House but was not included in the finalized budget.

Feasibility of Postpartum Medicaid Expansion

The Coalition proposed a rider directing HHSC to conduct a feasibility study of the cost effectiveness of extending postpartum Medicaid coverage to 12 months through a state plan amendment as authorized in the federal American Rescue Plan Act of 2021, and submit a report to the Governor, Lt. Governor, Legislative Budget Board, and the Legislature.

This rider was adopted by the House but was not included in the finalized budget. Through HB 133, Texas may allow six months of postpartum Medicaid coverage, instead of twelve. The state will have to submit a waiver or receive authorization from the CMS, not a state plan amendment, before implementation.



Successfully Passed Women's Preventive Healthcare Legislation

Despite limited in-person access to the Capitol, the Coalition's work did not go unnoticed by lawmakers. Amid the challenges this legislative session presented, a few bright spots for women's health successfully reached passage.

**HB 133**

REP. TONI ROSE,
D-DALLAS,
AND SENATOR
LOIS KOLKHORST,
R-BRENHAM

The bill extends the current postpartum Medicaid coverage period from 60 days to six months for individuals who deliver or experience an involuntary miscarriage. And it moves HTW into the managed care model.

In order to implement the six-month postpartum Medicaid coverage extension, as described in the bill, Texas must seek a waiver from CMS.

TWHC believes greater access to comprehensive healthcare for postpartum clients is a step in the right direction for Texas and we applaud the lawmakers who supported this effort. However, leading healthcare organizations, and the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) have consistently recommended a **full year** of postpartum coverage to address maternal death and pregnancy-related complications. As the MMMRC explains, access to comprehensive healthcare services before, during, and after pregnancy could help identify and properly manage health conditions before they become life-threatening.¹³

HB 133 also directs HHSC to transition HTW and the DSHS children and pregnant women case management services into the Medicaid managed care model. This transition will be another significant change for the women's health network in Texas. TWHC and many of its members agree that there may be benefits to delivering HTW services through a managed care model — especially for postpartum women (i.e. network adequacy, service coordination, or case management). However, several concerns have been raised about how the change will affect traditional family planning providers, including impacts on the close coordination between HTW and FPP. Because women's health programs in Texas have a long history of programmatic and

administrative changes, the Coalition stressed the need for significant stakeholder engagement as HHSC migrates HTW to managed care.

Of particular importance, TWHC urged lawmakers to ensure the transition process allows meaningful stakeholder input, examines potential barriers and solutions for HTW enrollment, and requires significant, traditional women's health providers to be included within Managed Care Organizations (MCO) networks. The final language incorporated into HB 133 includes the following TWHC recommendations:

- **Require HHSC to consult with the State Medicaid Managed Care Advisory Committee (SMMCAC) — an existing, multi-stakeholder advisory committee at HHSC — as the state transitions HTW to managed care. This step ensures vital opportunity for public and provider input.**
- **Direct HHSC to identify and implement options to reduce enrollment gaps stemming from forthcoming changes in eligibility and enrollment policies.**
- **Specify that current HTW and FPP providers will be designated Significant Traditional Providers in the course of implementation. Ensure requirements apply statewide to Medicaid managed care organizations for providers serving individuals in the Healthy Texas Women program.**

The inclusion of this additional language will help TWHC advocate more effectively for a smooth transition in the interim. The necessary provider engagement and administrative advocacy is discussed in further detail later in the report when we look ahead.



Legislation That Did Not Pass

There were some setbacks this session, and bills that would have improved access to preventive healthcare did not successfully progress through the legislature. TWHC will continue to pursue these policy changes through the interim in preparation for the 2023 legislative session.

HB 2651

(Rep. Jessica Gonzalez, D-Dallas) would have allowed clients to receive 12-months of their birth control prescription at one time. Currently, most health plans allow clients to obtain only one-or-three months of birth control at a time, meaning they must refill the prescription incrementally over the year.

The bill was filed and received a hearing but was left pending in the House Insurance Committee.

HB 320

(Rep. Donna Howard, D-Austin) would have brought back the Women's Health Advisory Committee (WHAC), which was a forum for communication between HHSC and women's health stakeholders.

The bill was filed but did not receive a hearing.

HB 835

(Rep. Donna Howard, D-Austin) would have allowed contraception coverage in the CHIP. Texas is one of two states that does not provide contraceptive coverage in the program.

The bill was filed but did not receive a hearing.



Moving Forward— Interim Work

After bills are passed by the legislature, and signed into law by the Governor, the implementation work by the designated entities can get started. During the interim, TWHC will work towards escalating the need for additional funding in FPP, providing input to HHSC to inform the HTW into managed care transition, as well as identifying additional program policies that may create barriers for providers and clients alike in the women's health programs.



With the passage of HB 133 comes significant implementation work.

The bill includes direction for two major policy changes: extending postpartum Medicaid coverage to six months, and transitioning HTW into managed care. Three out of ten Texas women qualify as low income and one in five lack insurance coverage.¹⁴ The postpartum Medicaid coverage extension in HB 133 marks an important development for healthcare access in Texas. As the bill language describes, a waiver or authorization from CMS is still needed before this element of HB 133 can be fully implemented. TWHC will continue its work with partners to monitor these developments and engage with state or federal agencies to advocate for greater postpartum Medicaid coverage.

TWHC will closely track the execution of stakeholder input, provider prioritization and enrollment support directives in HB 133, so Coalition members can inform the transition of HTW into managed care.

TWHC represents various organizations providing direct healthcare, advocacy, or other community-based services across Texas. The Coalition has an expansive network of providers who can speak to the day-to-day impacts this kind of transition could have.



“TWHC will closely track the execution of stakeholder input, provider prioritization and enrollment support directives in HB 133 so Coalition members can inform the transition of HTW into managed care.”

The Coalition will work with providers to monitor, capture, and escalate issues to HHSC, and maintain a positive working relationship with HHSC staff to ensure consistent communication.

There is still more work to do, but the prioritization and commitment to women's health from the Legislature with the successful passage of HB 133 is one step closer to ensuring preventive healthcare access for all Texans.

Legislators reconvened for a special session in July, and we anticipate at least one more special session in the fall. Only the Governor can call a special session, which is an additional 30 days for legislators to address issues determined by the Governor. If any agenda items provide an opportunity to engage legislators on women's health policies and funding, TWHC will do so.

FPP is a priority area that is constantly in need of funds. Researchers recommend an increase in funding for FPP to improve access to preventive care for uninsured Texas women.^{15 16} Program administrators report that funding for the program falls short of their communities' needs and run out several months prior to the end of the fiscal year.¹⁷ The Coalition will work with providers and members to collect data underscoring gaps in funding and to inform the true need in FPP.

Lawmakers' support of prioritizing level funding for the women's health program is helpful in maintaining services. However, more work is necessary to underscore the need and benefits to Texans if FPP is to be funded at the level required to meet established needs.



Appendix of Budget Riders

Here you'll find summaries of additional women's health budget riders that are not discussed previously. Many of these riders have been carried over from the previous biennium. Some are new or have been modified and updated.

60. Payments to Health Centers for the Healthy Texas Women Program. Federally Qualified Health Centers (FQHCs) that also provide HTW can be reimbursed by a prospective payment system at a per visit rate, not to exceed three payments during a calendar year for the family planning services they provide.¹⁸

61. Funding for Abstinence Sexual Education. Funds appropriated in Strategy D.1.12, Abstinence Education, shall be used to implement abstinence sexual education programs to reduce the need for future family planning services for unwed minors. These educational programs should present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and emphasize that abstinence from sexual activity is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).

62. Prohibition on Abortions. No funds shall be used to pay the direct or indirect costs of abortion procedures provided by contractors of HHSC. No funds appropriated for Medicaid Family Planning, HTW, or FPP 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.

63. Funding for Family Planning Instruction. No funds shall be used to implement human sexuality instruction or family planning instruction, or to provide instructional materials for use in human sexuality instruction or family planning instruction, if the instruction or instructional materials are provided or prepared by an individual or entity that performs elective abortions or an affiliate of an individual or entity that performs elective abortions.

66. Healthy Texas Women Cost Reimbursement Program. HHSC is able to operate HTW's Cost Reimbursement program with the funds appropriated in the D.1.1. strategy. No more than five percent of funds expended on the HTW Cost Reimbursement program shall be expended on providers' administrative functions.¹⁹

67. Primary Care and Specialty Care Provisions. No state funds appropriated for Medicaid Family Planning or for the Family Planning Program can be spent by HHSC to dispense prescription drugs to minors without parental consent. An exemption shall be allowed for non-parents and minors pursuant to Family Code Chapter 32.

HHSC may distribute funds for medical, dental, psychological, or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to Family Code Chapter 32.

No funds appropriated may be expended by HHSC on the following:

- **To compensate Breast and Cervical Cancer Services (BCCS) Program providers that would be ineligible to participate pursuant to 15 Texas Administrative Code § 392.607. If HHSC is unable to locate a sufficient number of providers who meet that criteria, offering services in a permanent setting in a certain region, the agency may compensate other local providers for the provision of breast and cervical cancer screening services; and**
- **To contract with providers for the Primary Health Care Program in Strategy D.1.11, Community Primary Care Services, that would be ineligible to participate pursuant to Health and Safety Code § 31.006.**

(continued)



(Rider 67 continued)

HHSC shall allocate funds appropriated for the Family Planning Program, using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning services; Federally Qualified Health Centers, and clinics under the Baylor College of Medicine; 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 in compliance with federal law ensure the distribution and allocation methodology for funds for the Family Planning Program, does not severely limit or eliminate access to services to any region.

68. Alternatives to Abortion Program. Included in the appropriated amounts for Strategy D.1.2, Alternatives to Abortion (A2A), is \$49,938,029 in General Revenue Funds and \$73,337 in Other Funds in each fiscal year for the A2A program.

Any unobligated and unexpended balances remaining as of August 31, 2022, for Alternatives to Abortion, are appropriated back to HHSC for the same purpose for the state fiscal year beginning September 1, 2022. HHSC shall submit the following information regarding A2A no later than December 1 of each year:

- **total number of A2A providers, including subcontractors, by geographical region, and the total number of unduplicated clients served by each provider, by gender and age;**
- **description of A2A outreach efforts by providers and HHSC;**
- **total expenditures, by method of finance;**
- **total contract amounts by provider, including subcontractors; and**
- **any outcome measures included in contracts with providers.**

Rider 68 is an updated version of Rider 80 from the 2020-2021 budget. It removed the transfer authority language from the previous version, which allowed HHSC to transfer up to \$20 million to the Alternatives to Abortion program. This version also specifies the \$50 million per fiscal year for A2A, as described in the D.1.2 strategy.

71. Postpartum Depression Screening and Treatment Report. HHSC and the Department of State Health Services (DSHS), shall submit a report on prevalence, screening, and treatment of postpartum depression. The report shall include recommendations to increase utilization of the screening and treatment within women's health programs, to increase the treatment of postpartum depression provided by the local mental health authorities, and to increase continuity of care. The report shall also identify any factors related to health disparities or issues related to disproportionality.

HHSC shall work with women's health providers and stakeholders to identify recommendations to improve access to care and treatment.

Rider 71 is a new rider.

Sec. 18.07. Contingency for House Bill 133, House Bill 98, House Bill 146, or Senate Bill 121. Contingent on enactment of House Bill 133, House Bill 98, House Bill 146, Senate Bill 121, or similar legislation relating to Medicaid eligibility of certain women after a pregnancy, by the Eighty-seventh Legislature, Regular Session, the following adjustments are made to the appropriations to the Health and Human Services Commission in order to continue to provide Medicaid coverage to women enrolled during a pregnancy for 6 months after delivery or miscarriage.

(a) appropriations to Goal A, Medicaid Client Services, are increased by \$47,584,835 from General Revenue and \$74,271,336 from Federal Funds for fiscal year 2023;

(b) appropriations to Strategy D.1.1, Women's Health Programs, are reduced by the following:

(1) \$2,965,221 from General Revenue and \$6,902,742 from Federal Funds for fiscal year 2023 if the commission's application to amend the Healthy Texas Women (HTW) Section 1115 waiver to include HTW Plus services is approved by the Centers for Medicare and Medicaid Services (CMS); or

(2) \$2,965,221 from General Revenue and \$4,687,309 from Federal Funds for fiscal year 2023 if no action is taken by CMS on the application or the application is disapproved.

(c) appropriations to Strategy I.1.1, Integrated Eligibility and Enrollment, are increased by \$1,170,400 from General Revenue and \$1,170,400 from Federal Funds for fiscal year 2023;

(d) appropriations to Strategy I.3.1, TIERS Capital Projects, are increased by \$580,500 from General Revenue and \$1,741,500 from Federal Funds for fiscal year 2022; (e) the "Number of Full-Time-Equivalents" is increased by 43.0 for fiscal year 2023; and (f) capital budget authority is increased by \$2,322,000 for fiscal year 2022.

Sec. 18.51. Contingency for Senate Bill 1149. Contingent on enactment of Senate Bill 1149, or similar legislation relating to the transition of case management for children and pregnant women program services and Healthy Texas Women program services to a managed care program, by the Eighty-seventh Legislature, Regular Session, in order to implement the provisions of the legislation:

(a) the Health and Human Services Commission shall use funds appropriated above in Goal A, Medicaid Client Services, Goal B, Medicaid and CHIP Contracts and Administration, and Strategy I.3.2, TIERS Capital Projects, to implement the provisions of the legislation and the commission's capital budget authority is increased by \$2,820,000 for fiscal year 2022 and \$352,800 for fiscal year 2023; and

(b) appropriations to the Department of State Health Services are reduced by \$703,916 from Interagency Contracts (Other Funds) and \$703,916 from Federal Funds for fiscal year 2023 and the department's "Number of Full-Time-Equivalents" is reduced by 20.6 in fiscal year 2023.

Sec. 18.07 and Sec. 18.51 are new items in the 2022-2023 budget, as they relate to the enactment of legislation proposed in the 87th Legislature.



The Texas Women's Healthcare Coalition is grateful to legislators and their staff who worked tirelessly to support preventive healthcare for women:



House Speaker Dade Phelan (R-Beaumont), **Sen. Lois Kolkhorst** (R-Brenham), and **Representative Toni Rose** (D-Dallas) for championing the extension of postpartum healthcare coverage

Rep. Donna Howard (D-Austin) for her perseverance fighting for legislation and funding to improve services for women, adolescents, and children

Sen. Jane Nelson (R-Grapevine), Chair, **Senate Finance** and **Rep. Greg Bonnen** (R-Friendswood), as well as the members of those committees, to **Rep. Giovanni Capriglione** (R-Keller), Chair, House Appropriations Committee Subcommittee on Article II (health-related component of the budget).



**Thank you to the
TWHC members
who work tirelessly
to serve their
communities and
advocate for greater
preventive healthcare
access for all Texans.**



**Texas Women's Healthcare Coalition
Steering Committee Members**

Texas Medical Association

District XI (Texas) American College
of Obstetricians and Gynecologists

Texas Academy of Family Physicians

Texas Association of Community
Health Centers

Methodist Healthcare Ministries

Teaching Hospitals of Texas

Every Body Texas

Texans Care for Children

Every Texan

Chair - Healthy Futures of Texas



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Access Esperanza Clinics Inc.
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 Austin Advanced Practice Nurses
 Austin Physicians for Social Responsibility
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 Cactus Health
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 Center for Community Health, UNTHSC
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 Central Texas Nurse Practitioners
 Children's Hospital Association of Texas
 Circle Up United Methodist Women
 Coalition for Nurses in Advanced Practice
 Coastal Bend Advanced Practice Nurses
 Coastal Bend Wellness Foundation
 Community Healthcare Center
 Consortium of Texas Certified Nurse Midwives
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 Legacy Community Health Services
 Lone Star Family Health Center
 March of Dimes – Texas
 Mental Health America of Greater Houston
 National Association of Nurse Practitioners in Women's Health
 National Council of Jewish Women—Texas State Policy Advocacy Network
 North Harris Montgomery Advanced Practice Nurse Society
 North Texas Alliance to Reduce Teen Pregnancy
 North Texas Nurse Practitioners
 Nurse-Family Partnership
 Panhandle Nurse Practitioner Association
 Pasadena Health Center
 People's Community Clinic
 Port Arthur Housing Authority
 Pregnancy and Postpartum Health Alliance of Texas SALVERE
 San Antonio Metropolitan Health District
 San Antonio Nurses in Advanced Practice
 Schneider Communications
 South Plains Nurse Practitioner Association
 South Texas Family Planning & Health Corp.
 Southeast Texas Nurse Practitioner Associates
 Special Health Resources
 St. David's Foundation
 Susan Wolfe and Associates, LLC
 Texas Association of Community Health Plans
 Texas Association of Obstetricians and Gynecologists
 Texas Campaign to Prevent Teen Pregnancy
 Texas Council on Family Violence
 Texas Health Institute
 Texas Hospital Association
 Texas Medical Association Alliance
 Texas Nurse Practitioners
 Texas Nurses Association
 Texas Oral Health Coalition
 Texas Pediatric Society
 Texas Unitarian Universalist Justice Ministry
 Texas Women's Foundation
 The Contraceptive Initiative
 The SAFE Alliance
 The Women's Fund for Health Education and Resiliency
 University Health System
 Valley AIDS Council
 Women's & Men's Health Services of the Coastal Bend, Inc.
 Young Invincibles



Endnotes

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- 19 HTW operates with two options for providers: fee-for service and cost reimbursement. Cost reimbursement is essentially a contract program that providers apply for and if approved, are able to be awarded an amount that would support their ability to deliver HTW services. This rider explains providers who participate in the cost reimbursement program are not able to spend more than 5% of the total award amount on administrative functions. This could include expenses related to: Client enrollment assistance; Client and community based educational activities related to HTW; Staff development and training; and The purchase of equipment and supplies to support the project.



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Texas Women's Healthcare Coalition

PROMOTING ACCESS TO PREVENTIVE
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