



84th Texas Legislative Session: TWHC Report Card



Strong Progress



Moderate Progress



No Progress

Goal: Increase funding for women's preventive healthcare, including contraception, to fully meet the growing need among low-income and uninsured Texas women.

Progress Report: The final budget included almost \$50 million for the biennium in new funding for the Texas Women's Health Program, the Expanded Primary Health Care program, and the Family Planning program.



Goal: Increase provider capacity for women's preventive care, including contraception.

Progress Report: The budget included Special Provision Sec. 53, which requires the state to increase training in and access to long-acting reversible contraceptives (implants and IUDs).

Goal: Improve access to healthcare through coordinating women's health programs in a way that minimizes service disruption and incorporates robust stakeholder involvement.

Progress Report: The Sunset Committee recommendation to consolidate the three women's health programs into one was revised to recommend consolidating them into two. The Sunset bill included an amendment requiring the implementation of a committee of providers and other stakeholders to advise the state in the transition.



Goal: Maximize the ability of the women's healthcare safety net to save Texas taxpayer dollars.

Progress Report: Texas did not elect to expand Medicaid per the ACA, nor did it reverse the TWHP "Affiliate Ban Rule," which stripped the state of the opportunity for a 9:1 federal match in TWHP.



Women's Health Programs: Texas State Budget

HHSC Strategy D.2.3	Family Planning	Expanded Primary Health Care	Texas Women's Health Program	"Women's Health Services"	TOTAL
2016-17 (\$Millions/Biennium)	41.6	100	69.3	50	260.9
2014-15 (\$Millions/Biennium)	43.1	100	71.3	N/A	214.4

Major Changes in 2016-2017 Budget:

- **Program Funding.** Family Planning (FP), Expanded Primary Health Care (EPHC), and Texas Women's Health Program (TWHP) have been consolidated into one budget strategy (D.2.3 – Women's Health Services) at the Health and Human Services Commission (HHSC)
 - FP has been funded slightly lower, at \$41.5 million/biennium
 - TWHP has been funded slightly lower, at \$69.3 million/biennium
 - EPHC has been level funded at \$100 million/biennium
 - There is a new \$50 million/biennium for "Women's Health Programs" generally, which must be approved by the Legislative Budget Board before use
- **Access to LARCs.** HHSC and DSHS must expeditiously implement program policies to increase access to long acting contraceptives, 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 (Special Provision Sec. 53)
- **Breast and Cervical Cancer Screening.** Breast and Cervical Cancer Screening (BCCS) funds may be granted only to providers eligible for TWHP or ineligible because they do not provide TWHP services – unless there are insufficient eligible providers in a given region (DSHS Rider 72 and Special Provision Sec. 55)

Relevant Riders and Special Provisions to 2016-2017 Budget:

DSHS Riders

14. Reporting of Child Abuse. DSHS funding recipients must show good faith efforts to comply with child abuse reporting guidelines in Chapter 261 of Texas Family Code.

22. Medical Treatment. Services may be provided to a minor only if consent is obtained pursuant to Chapter 32 of Texas Family Code. If this would result in loss of federal funds, department may suspend rider provided that 45 day notification is provided to Governor and LBB.

63. Primary Health Care Program. PHC may only fund providers eligible for TWHP.

72. BCCS Providers. Funds must go to TWHP-eligible providers (or those ineligible because they do not provide services covered by TWHP) – unless there are insufficient eligible providers in a given region.

HHSC Riders

8. Reporting of Child Abuse. HHSC funding recipients must show good faith efforts to comply with child abuse reporting guidelines in Chapter 261 of Texas Family Code.

31. Medicaid Family Planning. Prescription drugs may not be dispensed to minors without parental consent (exception: emancipated 16- and 17-year-old parents). Funds may not be used for sexuality education or materials provided by or prepared by abortion affiliates.

34. Medical Treatment. Services may be provided to a minor only if consent is obtained pursuant to Chapter 32 of Texas Family Code. If this would result in loss of federal funds, department may suspend rider provided that 45 day notification is provided to Governor and LBB.

41. TWHP Reporting. HHSC must submit bi-annual report to LBB and Governor including enrollment levels and service utilization, pursuant savings or expenditures, description of outreach activities, unduplicated provider list excluding ancillary providers, average clients per provider.

58. TWHP Health Centers Payments. FQHCs are to be reimbursed using prospective payment system at a per visit rate, not to exceed 3 payments during calendar year.

74. Primary Health Care Program. EPHC may only fund providers eligible for TWHP.

75. EPHC: Unexpended Balance. From Strategy D.2.3 (Women’s Health Services), \$50 million/year is for primary health care services for women. Unexpended balance on 9/1/16 will roll over.

76. Women’s Health Programs. From Strategy D.2.3, \$50 million/biennium is to “increase access to women’s health and family planning,” to be approved by LBB. Unexpended balance on 9/1/16 will roll over subject to same approval requirements.

85. Family Planning Prohibition on Abortion. No FP funds are to be used to pay abortion providers or affiliates. HHSC shall submit an audit to ensure compliance.

86. Family Planning. No FP funds may be used on prescription drugs to minors without parental consent.

87. Family Planning Affiliate Requirements. To receive FP funds, an entity must not be affiliated with an entity that performs abortions. Defines “affiliated.” HHSC shall submit an audit to ensure compliance.

88. Family Planning Tiers. FP program funding must be tiered in this order of receipt: public entities; comprehensive non-public entities; non-public entities not providing comprehensive care.

Special Provisions

Sec. 50. Women’s Health Services Information. Lists appropriation for each program.

Sec. 53. Access to LARC. HHSC and DSHS are to increase access to LARC (including vasectomy but excluding abortifacients), including through provider training and education.

Sec. 55. BCCS Funds. The state must transfer funds from elsewhere in the budget, if necessary, prior to suspending BCCS services due to loss of federal funding.