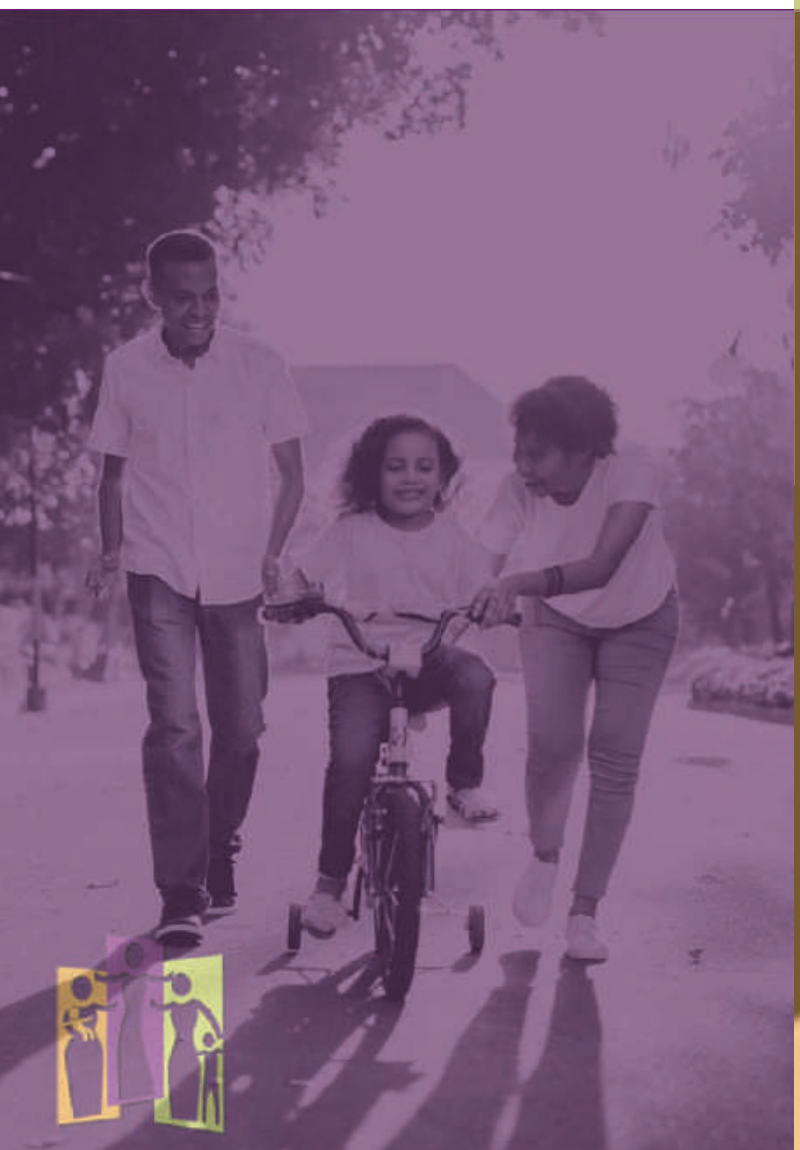
Texas Women's Healthcare Coalition

The 86th Legislative Session Overview:

What happened, where we are, and what's next



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is a project of

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Contents

If you have any questions about this content please contact us at Info@TexasWHC.org.

Thank you for your interest in the Texas Women's Healthcare Coalition and our work during the 86th Texas Legislative Session.

Starting well before the beginning of the Session, TWHC staff worked with healthcare providers, advocacy organizations, the Texas Health and Human Services Commission, and other stakeholders to develop our policy priorities.

We traveled across the state to hear directly from local providers, community health workers, and clinical administrators about their experiences with the state women's health programs. We listened, learned about the challenges specific to each region, and crafted our policy priorities with those things in mind.

1 Ensure funding for women's preventive healthcare, including contraception, can fully meet the growing need among low-income, uninsured women.

2 Identify areas with a shortage of qualified family planning providers and develop strategies to increase provider participation in the state's women's health programs.

3 Ensure women have access to the full range of FDA-approved contraceptives of their choice, including the most effective forms of contraception – implants and intrauterine devices (IUDs), as well as counseling and medically accurate information on the full range of FDA-approved contraceptives.

4 Increase continuity of care for women by eliminating barriers to preventive healthcare access.

5 Maximize the ability of the women's healthcare safety net to reach more women and save Texas taxpayer dollars.

What follows is an overview of how well bills specific to our priorities fared during the Session. Each section features the priority, a highlight of relevant legislation, what we see as a missed opportunity, and how we plan to move forward.

We are encouraged about the funding increase for women's health programs in the budget, as well as extra funding allocated towards initiatives to combat maternal mortality.

Investing in women is an investment in Texas. The continued commitment to women's health is critical to stabilizing programs and reaching those in need of services.

This work would not be possible without our dedicated members, our tremendous Steering Committee, and the foundations that support our work: Methodist Healthcare Ministries, St. David's Foundation, Episcopal Health Foundation, Houston Endowment, Rockwell Fund, and the Simmons Foundation. Thank you for your hard work and dedication.

Sincerely,

Evelyn Delgado
Chair, Texas Women's Healthcare Coalition
Executive Director, Healthy Futures of Texas

Helpful Acronyms

Governments love acronyms. So here is a list of the ones used throughout this document.

Breast and Cervical Cancer Services	BCCS
Centers for Medicare and Medicaid Services	CMS
Children's Health Insurance Program	CHIP
Children's Medicaid	CMA
Family Planning Program	FPP
General Revenue	GR
Health and Human Services Commission	HHSC
Healthy Texas Women	HTW
Long-Acting Reversible Contraception	LARC
Sexually Transmitted Disease	STD
Texas Women's Healthcare Coalition	TWHC
Women's Health Programs	WHP

THE LEGISLATIVE PROCESS

For those of us not overly familiar with what happens between a bill being filed and the governor signing it into law, the following explains the various stages a bill must go through and where they can stall.

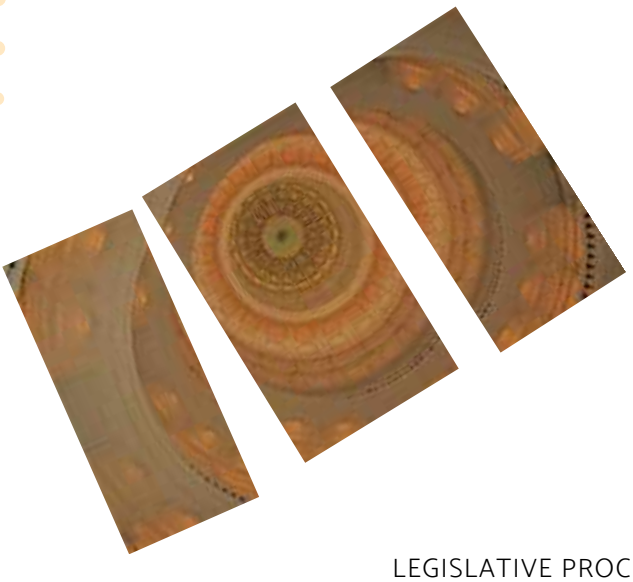
- A legislator files a bill and it's assigned a bill number.
- The bill is then referred to a committee within the original chamber.
- The committee discusses the bill during a hearing. This hearing is an opportunity for the public to submit comments or deliver testimony.
- In the House, committee members vote on the bill, and if it receives a positive vote, it's sent to the Calendars Committee. The Calendars Committee decides when the bill is heard by the full chamber.
- In the Senate, committee members vote on the bill, and if it receives a positive vote, it's put on the order of business list to await a second reading in the full chamber.
- When a bill is brought to the full chamber, all the members of the House or Senate have a chance to vote on the bill.
- If voted favorably out of its original chamber, the bill follows a similar process in the opposite chamber.
- If both chambers vote favorably on the bill, it's sent to the governor for their signature.
- The governor can then sign the bill into effect, veto it, or allow it to become law without a signature.

Legislator
An elected official in the House of Representatives or Senate. Representatives serve two-year terms, while Senators serve four-year terms.

Committee
A smaller group of legislators with a focused topic. Bills relating to a certain topic will be referred to that committee. (Ex. House Public Health Committee, Senate Education Committee)

Chamber
A legislative body as a whole, either the House of Representatives or the Senate

Veto
The governor's ability to dismiss a bill that has been voted favorably through both chambers.



1. ENSURE FUNDING FOR WOMEN'S PREVENTIVE HEALTHCARE AMONG LOW-INCOME, UNINSURED WOMEN.

Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies, and reducing the risk of maternal and infant complications.

PROGRESS REPORT

BUDGET

	2020-2021 Biennium			2018-2019 Biennium
	GR	Federal	Total	
HTW	$111,027,669	$109,984,805	$161,339,636	
FPP	$84,038,544	$3,761,456	$80,800,000	The program-level budgets for HTW, FPP, BCCS, and WHP Admin were combined.
BCCS	$3,880,390	$17,088,162	$20,128,134	
WHP Admin	$10,309,389	$6,871,440	$16,536,246	
D.1.1. Totals	$346,961,855			$284,644,434

- $62.3 million all funds increase from last biennium's allocated funding amount.
- The Legislative Budget Board summary documents cite a $67.9 million all funds increase, however they are comparing Fiscal Year (FY) 2020-2021 allocations to the spending levels from FY 2018-2019 this biennium's allocation to the spending levels from last biennium, which is why their number is slightly higher.
- The HTW 1115 waiver, which is still pending, would draw down the assumed federal funds allocated to HTW.

RIDERS

Budget riders are additional provisions added to the General Appropriations Act that dictate how certain allocated funds are spent and generally provide direction to state agencies. Below is a summary of added riders, language consolidations, and deletions. To see the complete language of any rider mentioned below, visit the General Appropriations Act for 2020-2021.

New Riders - Health and Human Services Commission (HHSC)

64. Substance Abuse Treatment Services

Included in amounts appropriated in Strategy D.2.4, is $23,634,844 in GR for the Substance Abuse Prevention and Treatment Block Grant. This will be used to reduce the substance abuse treatment waitlist for pregnant women, and women with dependent children, waiting to receive services provided under Strategy D.2.4, Substance Abuse Services in fiscal year 2020.

76. Healthy Texas Women Cost Reimbursement Program

Out of funds appropriated in Strategy D.1.1, HHSC may operate the Healthy Texas Women (HTW) Cost Reimbursement program if HHSC is able to do so without exceeding All Funds appropriations. No more than five percent of funds expended on the HTW Cost Reimbursement program will be expended on administrative functions.

77. Long-acting Reversible Contraceptive Devices (LARCs)

HHSC will coordinate with the State Board of Pharmacy to determine the feasibility of implementing a process in which unused LARC devices prescribed to Medicaid or HTW clients can be transferred to another client utilizing the same programs. If feasible and cost effective, HHSC may implement the process. HHSC will work with the Centers for Medicare and Medicaid Services (CMS) to determine if LARC bulk purchasing can be added to the HTW 1115 waiver and receive federal matching funds.

78. Breast and Cervical Cancer Services Program (BCCS) Funding

$2,364,439 in General Revenue (GR) and $9,144,526 in federal funds in each fiscal year for the BCCS program are included in the amounts appropriated above in Strategy D.1.1, Women's Health Programs. If federal funds are available at lower amounts, HHSC will seek approval to transfer funds from other sources prior to making any reductions to service levels.

176. Contingency for Senate Bill 750

Contingent on the enactment of Senate Bill 750, or similar legislation relating to maternal and newborn health care, HHSC has appropriated $1,029,200 for fiscal year 2020 and $13,643,638 for fiscal year 2021 from General Revenue in Strategy D.1.1 to implement a limited postpartum care package in HTW.

RIDERS

New Rider - Department of State Health Services (DSHS)

28. Maternal Mortality and Morbidity
The Texas Legislature approved $7 million for three maternal mortality and morbidity initiatives:
• Six full-time staff to implement statewide maternal safety initiatives;
• Two full-time staff to develop and establish a high-risk maternal care coordination services pilot for women of childbearing age; and
• An increase in public awareness and prevention activities related to maternal mortality and morbidity.

Maintained Riders (HHSC)

Note: Underlined language notates a change and additional context is notated by an asterisk.

74. Women's Health Programs: Savings and Performance Reporting
HHSC will submit an annual report on HTW, the Family Planning Program (FPP), and BCCS, due May 1 of each year, to the Legislative Budget Board and the Governor's Office. The following two data elements were added:
(h) Total expenditures, by method of finance and program; and
(i) Number of unduplicated women auto-enrolled into HTW from Medicaid for Pregnant women.

79. Primary Care and Specialty Care Provisions
(a) Consent for Services
No state funds appropriated to Women's Health Programs (WHP) may be used 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.

(b) Service Providers: Limitations
No funds appropriated above may be expended by HHSC on the following:
(1) To compensate providers for BCCS that would be ineligible to participate. If HHSC is unable to locate enough eligible providers 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
(2) To contract with providers for the Primary Health Care Program that would be ineligible to participate.

(c) Allocation of Funds for Family Planning Services
HHSC will allocate funds for FPP, using a methodology that prioritizes distribution and reallocation to first award public entities that provide family planning services, including state, county, local community health clinics, Federally Qualified Health Centers, and clinics under the Baylor College of Medicine;

RIDERS

(c) Allocation of Funds for Family Planning Services cont.
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. In compliance with federal law, HHSC will ensure the distribution and allocation methodology for funds in Strategy D.1.1, Women's Health Programs, for FPP, does not severely limit or eliminate access to services to any region.

Out of funds appropriated above in Strategy D.1.1, Women's Health Programs, for FPP, up to $1,000,000 each fiscal year of the 2020-21 biennium may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine.

*Rider 79 combines the following riders from 2018-2019 General Appropriations Act (GAA):

- 94. Breast and Cervical Cancer Services Program: Providers
- 100. Consent for Family Planning: Women's Health Services
- 101. Family Planning Services: Allocation of Funds
- 103. Medical Treatments
- 96. Funding for Medicaid Family Planning and Family Planning Instruction

70. Payments to Health Centers for the Healthy Texas Women Program
HHSC shall, to the extent allowable by federal law, reimburse Federally Qualified Health Centers for family planning services under Strategy D.1.1, using a prospective payment system at a per visit rate, not to exceed three payments during a calendar year.

72. Prohibition on Abortions
No funds shall be used to pay the direct or indirect costs (including marketing, overhead, rent, phones, and utilities) of abortion procedures provided by HHSC contractors.

*Combines Riders 95 and 99 from 2018-2019 GAA.

RIDERS

75. Funding for Healthy Texas Women Program
Funds appropriated for WHPs, include $50,577,980 in GR and $57,695,214 in federal funds in fiscal year 2020; $53,692,557 in GR and $57,960,141 in federal funds in fiscal year 2021 for HTW. These amounts assume approval of the HTW 1115 waiver application. In the event federal matching funds do not become available or are available in a lesser amount, HHSC shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

Sec. 6.25. Limitation on Abortion Funding
To the extent allowed by federal and state law, money may not be distributed to any individual or entity that: (1) Performs an abortion procedure that is not reimbursable under the state's Medicaid program; (2) Is commonly owned, managed, or controlled by an entity that performs an abortion procedure that is not reimbursable under the states' Medicaid program; or (3) Is a franchise or affiliate of an entity that performs an abortion procedure that is not reimbursable under the state's Medicaid program. This provision does not apply to licensed hospitals or certain exempt offices.

Deleted Riders

85. Reporting of Postpartum Depression Data
By February 1, 2019, HHSC shall submit a report on the screening and treatment of postpartum depression, including the Medicaid program, Local Mental Health Authorities, and women's health programs.

Agency Action: HHSC requested deletion as the funding is included in the 2020-2021 Legislative Appropriations Report base request.

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

Agency Action: HHSC requested deletion due to completion.

88. Prioritization of Behavioral Health Treatment for Pregnant Women
HHSC will 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.

Agency Action: HHSC requested deletion to promote efficiency and reduce duplication because content is consistent with federal guidance, which is already in place and being followed.

RIDERS

Deleted Riders cont.

102. Access to Highly Effective Methods of Contraception

HHSC shall 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.

Agency Action: HHSC did not request deletion.

105. Access to Long-Acting Reversible Contraception Strategic Plan

By November 1, 2018, HHSC will develop a five-year strategic plan to reduce barriers for Medicaid recipients and those with and without health benefit plan coverage who may be eligible for HTW, FPP, or CHIP Perinatal to access LARCs. HHSC will collaborate with the Texas Collaborative for Healthy Mothers and Babies to develop the five-year strategic plan.

Agency Action: Strategic Plan was completed and published.

106. Auto-Enrollment in the Healthy Texas Women Program

By July 1, 2018, HHSC will prepare and submit a report on the cost-effectiveness and projected savings of automatically enrolling women who become ineligible for the Children's Health Insurance Program (CHIP) or Children's Medicaid (CMA) due to their age into HTW. 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.

Agency Action: Report was completed and published.

MISSED OPPORTUNITIES

The following riders were adopted by the House, but were not included in the final budget:

Bulk Purchasing Long-Acting Reversible Contraception |
LARCs are expensive, which makes it difficult for some providers to maintain an on-site supply to facilitate same-day placement. This rider would have helped providers in rural and underserved areas purchase LARCs, making them more accessible to women. In Rider 77, the agency was directed to work with CMS to determine if bulk purchasing LARCs could be added to the HTW waiver and receive federal matching funds. The waiver has been in a pending status since 2017, making the chance for negotiations uncertain.

Evaluation of Client Transition into Women's Health Programs |
Auto-enrollment from Pregnant Women's Medicaid into HTW is a great policy that improves continuity of care. We heard from members and other stakeholders that more information and outreach is needed for program providers and beneficiaries. Many women do not know they are enrolled in HTW or about the services available to them. This rider would have helped identify notification improvements.

Healthy Texas Women Program Provider List Improvement Strategic Plan |
Stakeholders raised concerns over the accuracy and functionality of the provider database component on the HTW website. The rider would have helped identify methods to keep information up to date.

LOOKING AHEAD

The budget assumes approval of the state's HTW 1115 waiver application. This assumption impacts $109,984,805 in federal funds slated for HTW in the 2020-2021 GAA, but uncertainty remains about whether CMS will approve the waiver request. If the assumed federal funds are not available, Rider 75 directs HHSC to seek approval to transfer funds from other sources prior to making any reductions to current service levels. We will monitor the situation and advocate for funds to be transferred into HTW to avoid the disruption of the program.

Rider 76 says HHSC may operate the Cost Reimbursement Contract program for HTW if able to do so without exceeding allocated funds. Contractor clinics serve more HTW clients because they can use the cost-reimbursement portion of their contracts to supplement certain infrastructure costs, like rent and utilities.

Without this piece of the HTW program, some clinics would be unable to sustain their service levels, leading to a decrease in the number of women served. It could also result in reduced staffing, enrollment and outreach activities, and LARC accessibility. We will monitor the Cost Reimbursement Contract program and report any changes.

The women's health budget will continue to be the top priority for TWHC. We recognize that investing in these programs is not only smart for the health of Texas women and families, but for the state's fiscal health, as preventive services can help reduce future risks. We are encouraged by the increased investment in the Women's Health Programs for the 2020-2021 Biennium. We are hopeful that this increase in funding will translate into greater access to preventive services throughout the state.

2. IDENTIFY AREAS WITH A SHORTAGE OF QUALIFIED FAMILY PLANNING PROVIDERS AND DEVELOP STRATEGIES TO INCREASE PROVIDER PARTICIPATION IN THE STATE'S WOMEN'S HEALTH PROGRAMS.

Texas needs more providers to deliver preventive care to women. The women's healthcare safety-net is still recovering from cuts to family planning programs in 2011 and the exclusion of some of the state's largest providers.

PROGRESS REPORT

RELEVANT BILLS

Bill	Description	Final Status
HB 992 (Calanni)	Re-establish the Women's Health Advisory Committee	HB 992 was voted favorably out of its originating committee, but did not progress to the House floor.
HB 2742 (Neave)	HTW provider review	HB 2742 was voted favorably out of the House, but was not heard in a Senate committee.

Rider 74, the Women's Health Programs: Savings and Performance Reporting, was maintained in the General Appropriations Act for the next biennium with two additional reporting elements added: expenditures by method and program, and the number of individuals on pregnant women's Medicaid auto-enrolled into HTW. Continuing to require the agency to provide this data in a public facing report will help advocates and external stakeholders identify any challenges and successes in optimizing the provider network for HTW and FPP.

MISSED OPPORTUNITIES

Cost reimbursement contracts have been an element of the HTW program since its start in 2016. These optional contracts allow providers to apply for funds that will support additional services including:

- Assisting individuals with enrollment into the HTW program.
- Individual and community-based educational activities related to HTW.
- Direct clinical care for individuals deemed presumptively eligible for the HTW program.

HHSC Rider 76 was modified in the final budget to give flexibility to the agency, instead of firm direction regarding the continuation of HTW cost reimbursement contracts. Therefore, it is still unclear if the agency will decide to continue them. Clinical TWHC members have expressed how their practices and service delivery have benefited from these contracts. Since the future of this program element is still in question, TWHC staff will work with members and other providers to capture the impact any changes have on the program and its participants.

LOOKING AHEAD

The current iteration of HTW and FPP have been in place since the summer of 2016. Since then, the state has released two annual reports detailing various program metrics (Fiscal Year 2017 Report and Fiscal Year 2018 Report). These reports are legislatively required by the budget rider, Women's Health Programs: Savings and Performance Reporting. Using both reports, TWHC will make comparisons to identify shortcomings and growth in the programs. We hope to work with HHSC on improving the HTW website's provider search tool and the ease of access for WHP clients. We will also continue to work with HHSC and providers as future reports are released and analyzed.

3. ENSURE WOMEN HAVE ACCESS TO THE FULL RANGE OF FDA-APPROVED CONTRACEPTIVES.

All FDA-approved birth control methods should be accessible, including the implant and IUDs, which are twenty times more effective than other methods and considered a first-line choice for women by medical organizations. Women should be counseled on the effectiveness of all FDA-approved available contraceptives.

PROGRESS REPORT

RELEVANT BILLS

Bill	Description	Final Status
HB 30 (Hinojosa)	Unused LARC transfer.	HB 30 was not heard in its originating committee.
HB 513 (Howard)	LARC pilot program in public school districts.	HB 513 was not heard in its originating committee.
SB 149 (Rodriguez)	Parenting minors' ability to consent to contraception.	SB 149 was not heard in its originating committee.
SB 148 (Rodriguez)	Contraceptive coverage in CHIP.	SB 148 was not heard in its originating committee.
SB 795 (Alvarado)	12-month contraceptive supply.	SB 795 was not heard in its originating committee.
HB 938 (S. Davis)	Parenting minors' ability to consent to contraception.	HB 938 was voted favorably out of its originating committee but did not progress to the House floor.
HB 937 (S. Davis)	12-month contraceptive supply.	HB 937 was voted favorably out of its originating committee but did not progress to the House floor.
HB 800 (Howard)	Contraceptive coverage in CHIP.	HB 800 was voted favorably out of the House but was not heard in a Senate committee.

MISSED OPPORTUNITIES

Health plans tend to limit the supply of prescription contraception to one or three months. HB 937 would have guaranteed a woman could obtain a three-month supply of birth control upon her first time using a covered birth control pill. When she returned to refill the same covered birth control, her supply would increase, allowing her to obtain a 12-month supply. This is a common-sense solution for increasing birth control continuation and reducing unintended pregnancies. HB 937 would have had no significant fiscal impact to the state, and though it was voted favorably out of the House Insurance Committee, it was never heard on the House floor.

HB937

MISSED OPPORTUNITIES

HB 800 would have included coverage for contraception in CHIP with parental consent for those under the age of 18. HTW currently covers contraception for clients ages 15-17, with parental consent. However, a woman may not be enrolled in HTW and CHIP at the same time. Because of that, women would have to choose between the comprehensive healthcare offered through CHIP, which does not cover contraception, or the limited coverage of HTW, which does offer contraception.

Though contraception can be available to teens through Title-X clinics and FPP, funding is limited and finding a conveniently located provider may not be possible in some areas of the state. Most importantly, navigating multiple programs acts as a barrier to access and burdens young women and their families with finding and maintaining consistent care. Allowing young women to decide when to enter parenthood by supporting contraceptive access in CHIP, will give them the time and space needed to explore other opportunities available to them.

AB800

LOOKING AHEAD

Although contraception coverage in CHIP and allowing a 12-month supply of birth control did not pass, both bills made it further through the process this time around compared to the previous session. TWHC plans to build on the momentum and continue educating legislators about the importance of both measures in the elimination of barriers to contraception access. In the interim, we plan to work with members on the best strategies for increasing LARC access and identify other possible state-level changes.

4. INCREASE CONTINUITY OF CARE FOR WOMEN BY ELIMINATING BARRIERS TO PREVENTIVE HEALTHCARE ACCESS.

Gaps in healthcare coverage increase women's risk for negative health outcomes and unintended pregnancy. Continuous healthcare coverage improves health outcomes and reduces costs to the state.

PROGRESS REPORT

RELEVANT BILLS

Bill	Description	Final Status
SB 189 (Miles)	Auto-enrolls aging out Children's Medicaid/CHIP clients into HTW.	SB 189 was not heard in its originating committee.
HB 1641 (Button)	Including HTW services and local provider information on auto-enrollment notices.	HB 1641 was voted favorably out of its originating committee but did not progress to the House floor.
HB 60 (Ortega)	HTW and FPP information shared through colleges and universities.	HB 60 was voted favorably out of its originating committee but did not progress to the House floor.
HB 2028 (J. Johnson)	Including HTW services and local provider information on auto-enrollment notices.	HB 2028 was voted favorably out of its originating committee but did not progress to the House floor.
HB 1879 (S. Davis)	Auto-enrolls CMA/CHIP clients into HTW after aging out and HTW clients who become pregnant into Medicaid or CHIP P.	HB 1879 was voted favorably out of its originating committee but did not progress to the House floor.
HB 3337 (J. Johnson)	A survey for HTW clients.	HB 3337 was voted favorably out of its originating committee but did not progress to the House floor.
HB 1589 (Ortega)	HTW auto-enrollment notification before the third trimester.	HB 1589 was voted favorably out of the House but was not heard in a Senate committee.
HB 2091 (Ortega)	Allows promotora and CHW services to be categorized as quality improvement in STAR Medicaid.	HB 2091 was voted favorably out of the House but was not heard in a Senate committee.
SB 750 (Kolkhorst)	Maternal and infant health along with limited postpartum services in HTW.	SB 750 was voted favorably out of the House and Senate. It was signed by the Governor.
SB 2132 (Powell)	HTW services and local provider information included on auto-enrollment notice, HHSC & MMMTF to determine notice's timing and method	SB 2132 was voted favorably out of the House and Senate. It was signed by the Governor.

MISSED OPPORTUNITIES

Unfortunately, the Legislature did not call for auto-enrollment implementation from CMA and CHIP into HTW.

Currently, Texas offers Medicaid coverage for eligible low-income pregnant women. They are covered through pregnancy, delivery, and for an additional 60-days postpartum. After that, eligible women are auto-enrolled into HTW for women's health and family planning services. HTW, which is not a full-coverage insurance program, only covers a limited number of services, but is an important link to keeping women connected to a healthcare provider.

TWHC advocated for a similar auto-enrollment process for eligible women aging out of CMA and CHIP. Clients utilizing CHIP and CMA are covered through the month of their 19th birthday, and after that point, they may no longer have access to covered health benefits. Auto-enrollment could reduce barriers to preventive healthcare access by removing the burden of re-applying for a new program. Connecting young women with HTW at a crucial point in their lives could be hugely beneficial. They would have access to important health services such as pelvic exams, contraception, and screenings for STDs and chronic conditions like diabetes, high blood pressure, and cholesterol.

LOOKING AHEAD

Though auto-enrollment for CMA and CHIP clients was not realized during this Legislative Session, several related bills were filed, including HB 1879, HB 606, and SB 189. Eliminating access barriers to preventive care will always be a priority for TWHC. We are committed to strengthening our relationships with member organizations, state agencies, and legislators to develop meaningful strategies that will enable eligible women to access and maintain continuous healthcare coverage, improve health outcomes, and reduces costs to the state.

SB 750 directs HHSC to evaluate the postpartum services available to women through state programs. Based on that evaluation, they will develop a limited postpartum care services package for women enrolled in HTW. SB 2132 directs HHSC to enhance the notification women receive when they are auto-enrolled into HTW. HHSC will also work with the Texas Maternal Mortality and Morbidity Task Force to determine the best timing and method by which to send the notification. TWHC will continue to meet with agency staff and discuss any opportunities for stakeholders to provide input on the development of these initiatives.

5. INCREASE CONTINUITY OF CARE FOR WOMEN BY ELIMINATING BARRIERS TO PREVENTIVE HEALTHCARE ACCESS

Gaps in healthcare coverage increase women's risk for negative health outcomes and unintended pregnancy. Continuous healthcare coverage improves health outcomes and reduces costs to the state.

PROGRESS REPORT

RELEVANT BILLS

Bill	Description	Final Status
HB 2600 (Coleman)	12-month postpartum coverage with postpartum depression services.	HB 2600 was not voted out of its originating committee.
HB 1110 (S. Davis)	12 months of Medicaid coverage postpartum.	HB 1110 was voted favorably out of its originating committee but did not progress to the House floor.
HB 744 (Rose)	12 months of Medicaid coverage postpartum.	HB 744 was voted favorably out of the House but was not heard in a Senate committee.

MISSED OPPORTUNITIES

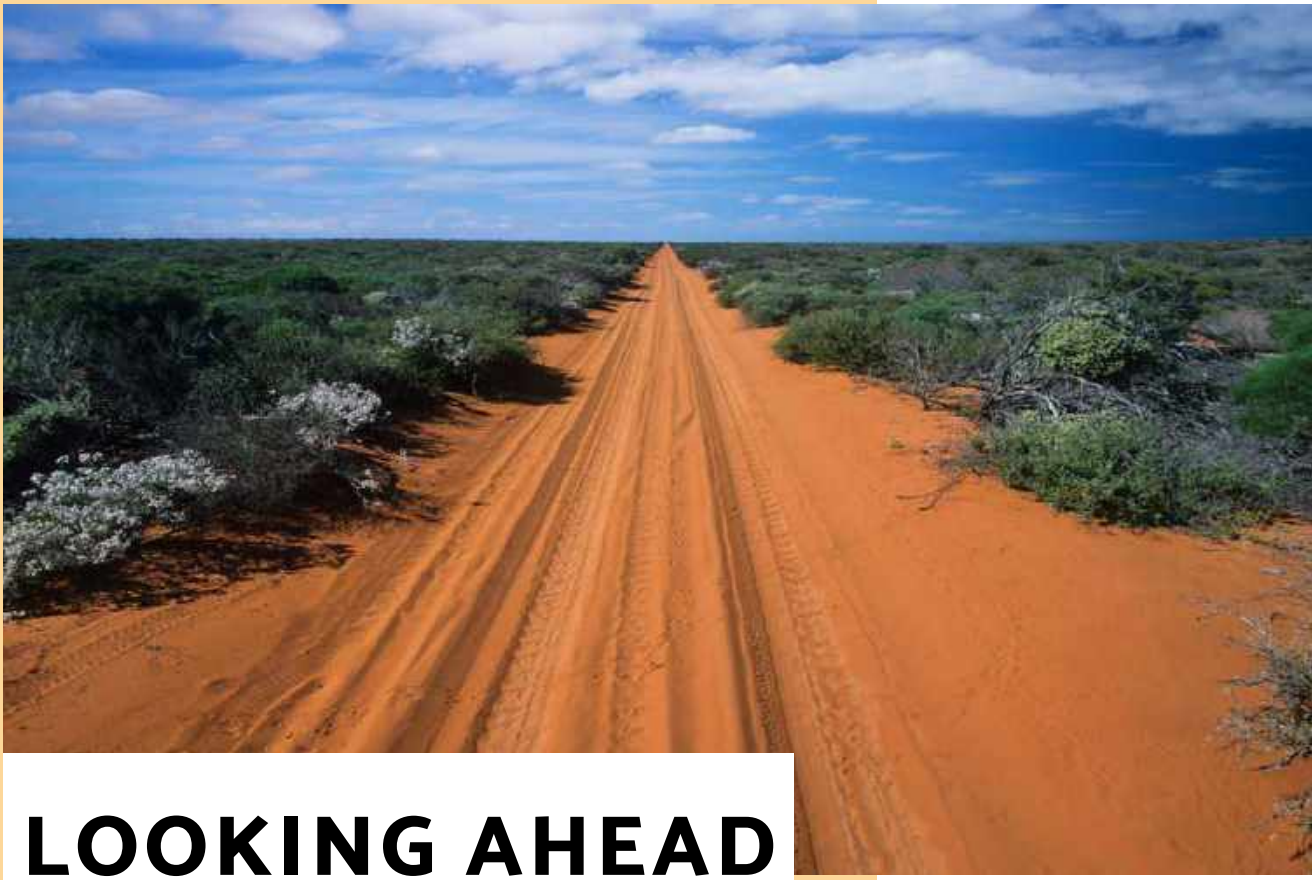
During the 86th Texas Legislative Session, we saw several bills related to certain women being eligible for Medicaid after pregnancy. Those bills included HB 744, HB 241, HB 610, HB 411, HB 1110, SB 147, and SB 308. Despite increased Legislative interest on the issue, only one bill, HB 744, made it out of the House, but it failed to obtain a hearing in the Senate.

For the past five years, several legislators have made addressing maternal death a priority. In 2013, the Legislature called for the creation of the Texas Maternal Mortality and Morbidity Task Force to address mounting concerns over rising maternal mortality and morbidity rates.

In 2018, the Texas Maternal Mortality and Morbidity Task Force reported that most maternal deaths are preventable and occurred more than 60-days postpartum. The number one recommendation from the report was to increase access to health services the year after pregnancy and throughout the interconception period.

Currently, eligible women can receive Medicaid coverage during pregnancy, delivery, and up to 60-days postpartum. On the 61-day postpartum, she'll lose Medicaid eligibility and be auto-enrolled into HTW. Though the program covers a limited scope of important services, it is not insurance. In Texas, three-out-of-ten women are low income and one-in-four (between ages 18 and 44) are uninsured. For many women, once they lose Medicaid coverage, there are no other comprehensive healthcare options.

Providing only 60-days postpartum comprehensive healthcare coverage may not be enough time for a woman to realize all her needs, access care, and ultimately make a full recovery. For optimal health outcomes, postpartum care should be an ongoing process tailored to the specific needs of every woman.



LOOKING AHEAD

TWHC is encouraged by the growing interest in the Legislature and by the support shown by the Texas House of Representatives to extend healthcare coverage for postpartum women.

Although many factors contribute to poor maternal health outcomes, we know that one of the best strategies to reverse these trends is to ensure women have access to healthcare before, during, and after pregnancy – as recommended by the Maternal Mortality and Morbidity Task Force.

During the interim, we will continue our advocacy work with legislators, healthcare providers, and community stakeholders, and analyze data from the state to assess areas of the greatest need.

BILLS OF NOTE

A variety of organizations make up TWHC and together we purse our mission to ensure access to preventive healthcare – including contraception – for all Texas women.

While the following bills related to our mission, they not did not lead our advocacy efforts. We took note of their outcomes and supported our member organizations as they championed them.

Bill	Description	Final Status
HB 1111 (S. Davis)	Maternal and Infant health initiatives.	HB 1111 was voted favorably out of both the originating and Senate committees but did not progress to the Senate floor. Elements of HB 1111 were incorporated as an amendment to SB 748.
SB 559 (Miles)	Maternal death records to be reported to the department within 30 business days.	HB 559 was voted favorably out of both the originating and House committees but did not progress to the House floor. SB 559 was incorporated as an amendment to SB 750.
HB 25 (Gonzalez)	Pilot program for providing medical transportation program services to pregnant women and new mothers.	HB 25 was voted favorably out of the House and the Senate. It was signed by the Governor.
HB 253 (Farrar)	Postpartum depression strategic plan.	HB 253 was voted favorably out of the House and the Senate. It was signed by the Governor.
SB 436 (Nelson)	Maternal and newborn health for women with opioid use disorder.	SB 436 was voted favorably out of the House and the Senate. It was signed by the Governor.

TEXAS WOMEN'S HEALTHCARE COALITION STEERING COMMITTEE MEMBERS

Texas Medical Association
District XI (Texas) American Congress of Obstetricians and Gynecologists
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Women's Health and Family Planning Association of Texas
Texans Care for Children
Center for Public Policy Priorities
Chair - Healthy Futures of Texas

TEXAS WOMEN'S HEALTHCARE COALITION GENERAL MEMBERS

Access Esperanza Clinics Inc.
Amistad Community Health Center
Austin Advanced Practice Nurses
Austin Physicians for Social Responsibility
AWHONN Texas
Brazos Valley Community Action Agency, Inc.
Brazos Valley Nurse Practitioner Association
Cactus Health
Cardea
Center for Community Health, UNTHSC
Centering Health Institute
Central Texas Nurse Practitioners
Children's Hospital Association of Texas
Coalition for Nurses in Advanced Practice
Coastal Bend Advanced Practice Nurses
Coastal Bend Wellness Foundation
Community Healthcare Center
Consortium of Texas Certified Nurse Midwives
Department of Ob/Gyn of UNTHSC and the ForHER Institute
El Buen Samaritano
El Centro de Corazón
El Paso Area Advanced Practice Nurse Association
Food Bank of the Rio Grande Valley
Fort Worth Region Nurse Practitioners
Haven Health
Hill Country Advanced Practice Nurses & Physicians Assistants Association
Houston Area Chapter of NAPNAP
Houston Area Nurse Practitioners
League of Women Voters of Texas
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
National Latina Institute for Reproductive Health
North Harris Montgomery Advanced Practice Nurse Society
North Texas Alliance to Reduce Teen Pregnancy
North Texas Nurse Practitioners Panhandle
Nurse Practitioner Association
Pasadena Health Center
People's Community Clinic
Port Arthur Housing Authority
Pregnancy and Postpartum Health Alliance of Texas
SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
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
United Methodist Women
University Health System
Valley AIDS Council
Women's & Men's Health Services of the Coastal Bend, Inc.
Young Invincibles