



Texas Women's Healthcare Coalition

89th Legislative Session Report





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welcome

On behalf of the Texas Women's Healthcare Coalition (TWHC), we are pleased to highlight the outcomes of the 89th legislative session through the lens of preventive women's health services in Texas. The TWHC is a partnership of healthcare, faith, and community-based organizations, dedicated to promoting access to preventive healthcare for women all across our state.

Since our founding in 2011, the Coalition has come together each legislative session to raise our voices on behalf of Texas women in need of healthcare. We strive to ensure the health and well-being of Texas women, their babies, and their families, as we believe that giving women access to contraceptive services, prenatal care, breast cancer screenings, and more will keep Texas families healthy and intact. Going into the 89th session, the TWHC steering committee and our general members set clear priorities. These priorities were to fully fund women's health care safety net programs, support healthy mothers and babies by promoting policies that prevent maternal mortality and morbidity, and support policies that increase access to birth control for Texas women.

We wish to express our deepest appreciation to our TWHC members, women's health providers, and steering committee who worked tirelessly to address the needs of Texas patients and the providers that serve them. Their combined expertise and persistent advocacy during the legislative interim and throughout the 89th session protected and strengthened preventive healthcare for all Texas women.

We are also grateful for the committed work Texas legislators and their staff put in prior to and during the legislative session to learn about these programs and policies. Without their support, we would not be where we are today. TWHC values this dedication to Texans, and we look forward to continuing our advocacy work during the interim.



Finally, we wish to express our gratitude to the foundations that advance our efforts for improved access to preventive healthcare for all Texas women. Thank you for your generous funding of the Texas Women's Healthcare Coalition.

Sincerely,

Kristen Lenau, MPH

Chair & Policy Director

Texas Women's Healthcare Coalition





legislative background & landscape

The Texas Women's Healthcare Coalition (TWHC) was founded in 2011 in direct response to policy and funding changes that resulted in the closure of 82 family planning clinics across the state. Since that time, we have been the primary community-based group monitoring and advocating for our state's preventive reproductive health programs. Our membership includes 77 health, advocacy, community and faith organizations, and we are led by a steering committee of 10 key organizations. Healthy Futures of Texas staffs and manages TWHC.

While TWHC has accomplished a great deal in advocating for women's healthcare since our founding, Texas is still facing a perfect storm in terms of maternal health.

Our state holds a significantly high maternal mortality rate of 28.2 deaths of birthing mothers per 100,000 births. Texas also has a high rate of cesarean section procedures for first-time mothers (comprising 27.8% of all first-time births in the state) and a high rate of preterm births (with 11.1% of Texas live births being preterm). Additionally, a 2024 report conducted by Texas' Maternal Mortality and Morbidity Review Committee (MMMRC) found that the majority of pregnancy-related deaths in Texas are preventable, and 25% of the pregnancy-related deaths in 2020 occurred between 43 days and one year postpartum.

At the same time, Texas does not currently have enough resources to support the women who are most at risk for these adverse birth and pregnancy outcomes. Maternity care deserts, or areas without access to birthing facilities or maternity care providers, are growing in the state. According to March of Dimes' 2023 Maternity Care Deserts Report for Texas, 46.5% of our counties are defined as maternity care deserts, compared to the national average of 32.6%. 4.1% of all Texas babies are born in maternity care deserts, and 20.4% of patients in Texas received no or inadequate prenatal care. And finally, 5.8 million Texans live in some type of contraceptive desert, which are defined as counties where the number of healthcare centers offering the full range of methods is not enough to meet the needs of the county's number of women eligible for contraception.

One of the core solutions to these maternal health issues in Texas is safety net programs. Roughly 1 in every 4 Texas women is uninsured and relies on safety net programs to access basic healthcare services like birth control. Three of these publicly funded programs fall under State Budget Strategy D.1.1, the Women's Health Programs, and they include Healthy Texas Women (HTW), Breast & Cervical Cancer Screening Program (BCCS), and Family Planning Program (FPP). These programs offer vital preventative healthcare services, including cancer screenings, STI testing and treatment, birth control, limited postpartum depression care, and limited chronic disease care aimed at supporting the health of Texas' uninsured women and reducing future maternal mortality. Collectively, there are approximately half a million Texans enrolled in these programs every year.

The political climate entering the 89th Texas Regular Session was unpredictable and competitive. We began the Session with a rigorous race for Texas House Speaker, and with a significant number of freshmen legislators entering the political sphere. Additionally, the Legislature introduced a number of new committees and subcommittees to the policymaking process. A staggering 8,719 House bills and Senate bills were filed in total. However, only 1,213 officially passed. Thankfully, the TWHC team was able to achieve significant policy wins, despite these challenges.



TWHC legislative agenda

In order to develop our policy priorities for the 89th Legislative Session, TWHC staff, the steering committee, and coalition members worked together from fall of 2023 to summer 2024 to create, solidify, and select ideas. Our development process involved conducting a stakeholder survey, hosting stakeholder focus groups, conducting research on current statutes and the current political climate, and meeting with the steering committee to discuss and make final selections.

1 **Women's Health Program Funding: Healthy Texas Women (HTW), Breast & Cervical Cancer Screening Program (BCCS), Family Planning Program (FPP)**

Roughly 1 in every 4 Texas women is uninsured and relies on safety net programs to access basic healthcare services like birth control. Texans access care through a patchwork of publicly funded programs throughout their lives, including HTW, BCCS, and FPP.

These programs offer vital preventative healthcare services, including cancer screenings, STI testing and treatment, birth control, limited postpartum depression care, and limited chronic disease care aimed at supporting the health of Texas's uninsured women and reducing future maternal mortality. These providers are also often the only providers that uninsured Texas women see and offer essential screening and referral to other healthcare programs for more complex health concerns. Collectively, there are approximately half a million Texans enrolled in these programs every year.

Our goal entering into the 89th Session was to secure level funding for the programs, and ensure funding for the expansion of mobile units and patient navigators.



2 Strengthening & Expanding TexasAIM (Alliance for Innovation in Maternal Health)

TexasAIM is a program run by the Department of State Health Services that provides training and support to Texas birthing hospitals. It offers patient safety protocols and staff training on specific maternal mortality causes to health providers and teams at hospitals around the state, free of charge. This program currently supports over 200 hospitals statewide in training, maintenance and evaluation of these practices, at a minimal cost to the state.

TWHC requested additional funding for this program so that it can tackle sepsis and cardiac conditions best practices in the coming two years.



TWHC legislative agenda (cont.)

3 Supporting Our Stakeholders' Efforts

Access to birth control for all Texas women

- HB 220/SB 1899 by Rep. Ordaz and Sen. Huffman
- HB 2076/SB 2313 by Rep. Ordaz and Sen. Paxton

Improving maternal health

- HB 2573/HB 5583/HB 1201 by Reps Walle, Shofner & Manuel
- HB 2159 by Rep. Gámez
- HB 44/SB 31 by Rep. Geren and Sen. Hughes

Supporting the provider workforce

- HB 3151/SB 2093 by Rep. Hull and Sen. Cook
- HB 1716 by Rep. Darby
- SB 1266 by Sen. Alvarado





TWHC is working toward the vision of a state where every woman has access to the preventive and preconception care that will help her stay healthy and prepare for healthy, planned pregnancies.

women's health programs budget

Within Texas' state budget, the Women's Health Programs funding lives under Strategy D.1.1 of Article II (Health and Human Services Commission). TWHC staff spent the interim working with women's health providers, our members and the Health and Human Services Commission to ensure that the spending increase from the 88th session was successfully implemented, and providers were able to meet the needs of their communities. HHSC requested funding levels similar to the 88th session for the women's health programs, with an additional ask for expanded mobile units.

In addition to supporting the agency's request, TWHC made appropriations requests on rider language to address remaining "funds gone" issues and the implementation of a short application form for Healthy Texas Women. We are thrilled to share that approximately \$465 million for the women's health programs was appropriated in the 2026-27 state budget, bringing the total amount in D.1.1. to \$460 million, with additional administrative and patient navigator funding located in D.1.14.

Total Funding by Strategy for FY 26-27 Biennium

Strategy	24-25 Appropriation	26-27 Appropriation	increase/(decrease)
D.1.1. Women's Health Programs	\$447,202,450	\$460,598,088	+ \$13,395,638
D.1.14. Primary Health and Specialty Care Administration	\$53,478,115	\$56,844,152	+ \$3,366,037 This funding category has both dedicated women's health items as well as other administrative purpose areas.



Total Funding by Program: FY26-27 (Rider 75 SB189R)

Program	FY26-27 Appropriation
Healthy Texas Women*	\$268,618,909
Family Planning Program**	\$152,365,341
Breast & Cervical Cancer Screening Program	\$24,377,656
Caseload Growth	\$10,000,000
HTW Patient Navigators	\$5,228,200
Total	\$460,590,106

**Inclusive of HTW Plus funds*

***Inclusive of MHU funds*

Budget Riders

75. Women's Preventive Health Mobile Units. (f) In amounts appropriated above in Strategy D.11, Women's Health Programs is \$20,000,000 from the General Revenue Fund for the purposes of maintaining existing MHUs and expanding the number of MHUs prioritizing rural areas including unserved and underserved regions of the state.

76. Healthy Texas Women Short Form Application. It is the intent of the Legislature that the Health and Human Services Commission shall, to the extent allowable by federal law, implement a short form application for the Healthy Texas Women program, limiting the required elements conforming to the application for Family Planning Only populations in accordance with 42 CFR 435.907(c)(2).



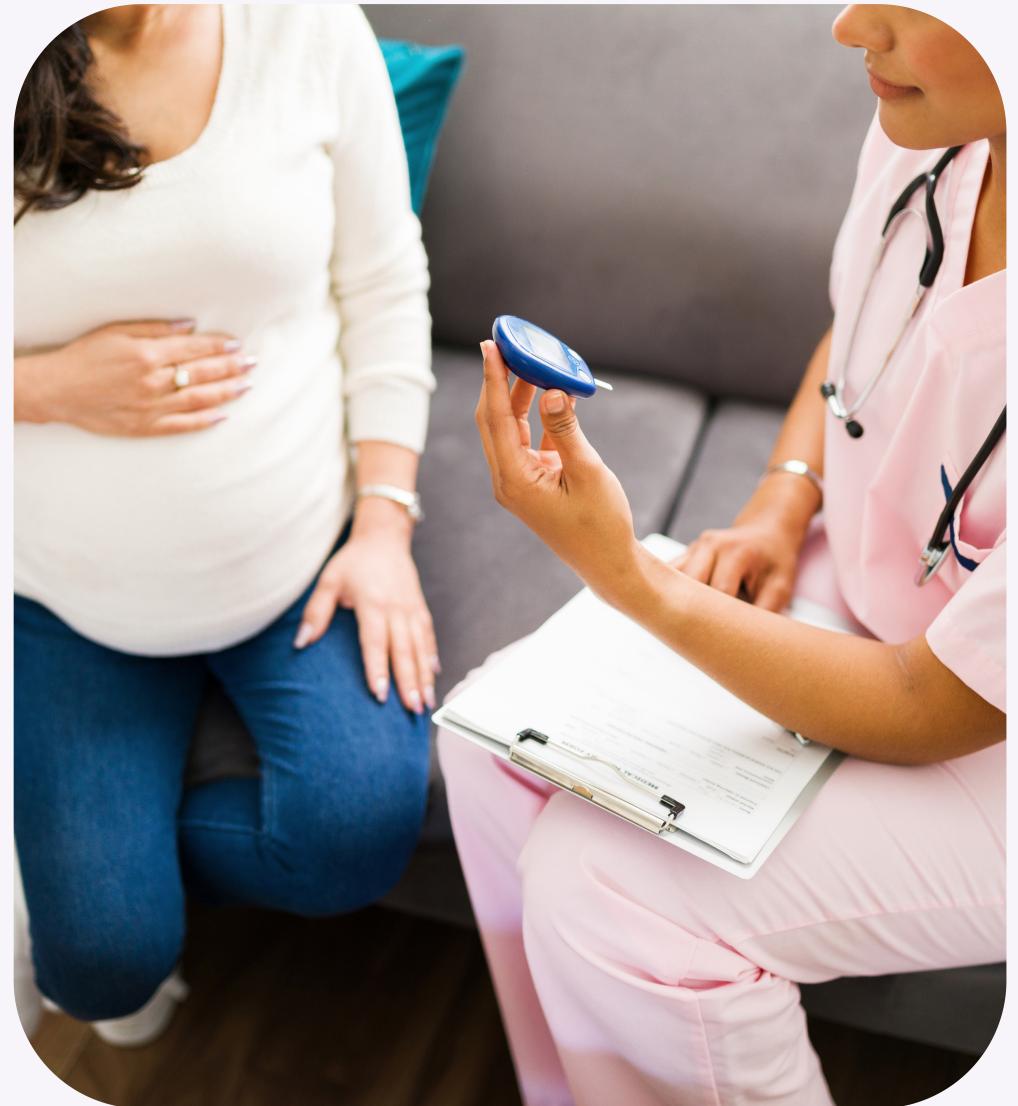
maternal health – funding priority

TexasAIM Funding

TexasAIM is a program run by the Department of State Health Services that provides training and support of Texas birthing hospitals. It offers patient safety protocols and staff training on specific maternal mortality causes to health providers and teams at hospitals around the state, free of charge. This program currently supports over 200 hospitals statewide in both training, maintenance and evaluation of these practices, at a minimal cost to the state.

TWHC requested additional funding for this program so that it can implement the Sepsis and Cardiac Conditions best practices module in the coming two years.

This funding is housed in the DSHS budget, B.1.1. It is highlighted in SB1 Rider 19, 89R. TWHC was successful in securing a **50% increase in funding for this program, raising the funding from \$6.7 million per biennium to \$10 million this biennium.**




additional budget items



Other budget changes relating to women's healthcare access and the Women's Health Programs include:

- The “Rate Increase for Certain Maternal Fetal Medicine Radiological Services” rider (Budget Rider #24 under Article II, the Health and Human Services Commission section of Texas’ State Budget) designated roughly \$6.86 million of All Funds in fiscal year 2026 and \$6.78 million in fiscal year 2027 to increase the Medicaid reimbursement rate for maternal fetal medicine radiological services by 10 percent.
- Under Strategy D.1.11 of Article III (the Education section of Texas’ State Budget), a new Family Medicine–Obstetrics Postgraduate Training Grant Program (FPRP) was established and awarded \$5 million over the 2026–2027 biennium. The FPRP was designed to increase the number of family medicine physicians providing maternity care in rural and underserved communities, and will do so by providing grants to support family medicine residency programs that include enhanced obstetrics training.
- Under Strategy D.1.2 of Article II, the Thriving Texas Families Program was awarded \$180 million in funding for the 2026–2027 biennium. The Thriving Texas Families program (formerly known as the Alternatives to Abortion Program) is a network of crisis pregnancy centers that promotes childbirth as an alternative to abortion and provides services including counseling, baby items, and informational brochures, but not medical care.
- Strategy I.3.1 of Article II carved out roughly \$117.85 million for fiscal year 2026 and \$117.74 for fiscal year 2027 to improve the Texas Integrated Eligibility Redesign System (TIERS). This will improve efficiency and accuracy in the Texas Health and Human Services Commission’s (HHSC) computer hardware and software systems, ensuring more timely processing of Medicaid applications and a greater ability to recruit and retain staff.

women's health legislation



Here we highlight key legislation enacted into law. Some of these bills went into effect immediately, while others will not go into effect until later in the year.

Healthcare Access

HB 2402 by Rep. Rose: *Clarifies how Medicaid reimbursement rates for “other medical assistance” services are determined.*

The bill requires that these rates be based on the usual and customary charges for similar services within the community, explicitly excluding rates derived from membership-based discount programs, such as subscription healthcare models. This change is intended to ensure that Medicaid payments reflect standard market rates rather than artificially low prices tied to private discount arrangements.

If a federal waiver or authorization is required to implement this provision, the bill authorizes the state agency to request approval before moving forward. Effective: September 1, 2025.

HB 138 by Rep. Dean: *Establishes the Health Impact, Cost, and Coverage Analysis Program (HICCAP) within the University of Texas Health Science Center at Houston to analyze health insurance mandate proposals using claims data.*

Aims to inform legislators on health, cost, and coverage impacts. Strict conflict of interest rules apply to all staff involved to ensure independence from insurance industry influence. The program must be fully operational by January 1, 2026. Effective: June 20, 2025.



Healthcare Access (Cont.)

HB 18 by Rep. VanDeaver: *Known as the Rural Health Stabilization and Innovation Act, establishes a statewide rural health strategy including workforce training, OB/GYN add-on payments, and new grant programs.*

Priority for grants will be given to improving health care facilities or services that support pregnant and postpartum women, individuals under the age of 20, older adults residing in a rural county, and the uninsured. This bill creates the newly established State Office of Rural Hospital Finance, which will provide technical assistance to rural hospitals and health systems, and creates the Texas Rural Hospital Officers Academy, which must launch by December 1, 2025.

To improve care access, HHSC must implement an annual Medicaid add-on payment for rural hospitals with OB/GYN departments and expand pediatric and perinatal behavioral health telehealth services in rural areas. A statewide telehealth plan must be completed by September 1, 2026, with outcomes reported biennially. Effective: June 20, 2025.

HB 107 by Rep. Simmons: *Creates a centralized sickle cell disease registry for surveillance and research.*

DSHS must report findings annually and protect patient privacy. Effective: Sept. 1, 2025.

HB 1639 by Rep. Patterson: *Directs the Department of State Health Services (DSHS), in coordination with the Texas Commission on Fire Protection, to conduct a study on the increased incidence of cancer among female firefighters, with a focus on women-specific cancers such as breast and ovarian cancer, and compare cancer rates with the general female population in Texas.*

DSHS must submit a report with findings and policy recommendations to the Legislature by September 1, 2026. Effective: September 1st, 2025 and expires on September 1st, 2027.

women's health legislation (cont.)

Healthcare Access (Cont.)

HB 1700 by Rep. Fairly: *Requires state agencies that regulate telemedicine, teledentistry, and telehealth providers to adopt uniform rules for documenting patient consent.*

These rules must standardize how consent is recorded for treatment, data collection, and data sharing, including in audio-only interactions. Effective: September 1, 2025.

HB 388 by Rep. Harris: *Requires the Texas Department of Insurance to develop a standardized coordination of benefits (COB) questionnaire for use by all health benefit plan issuers operating in the state.*

The commissioner of insurance must adopt rules to establish the uniform questionnaire by January 1, 2026, in collaboration with relevant stakeholders. All insurers offering plans with COB provisions must begin using the standardized form by February 1, 2026, and make it available to healthcare providers as needed. The bill applies to a wide range of health plans, including individual and group policies, Medicaid, CHIP, school employee plans, university system coverage, and self-funded plans offered by professional employer organizations. Effective: September 1, 2025. The changes in law apply only to the use of a coordination of benefits questionnaire on or after February 1, 2026.

SB 1084 by Sen. Campbell: *Requires mammography facilities to comply with federal and state dense breast reporting requirements.*

Facilities must provide patients with a standardized notice after their mammogram, with language tailored to the patient's breast density, and are encouraged to follow-up with their healthcare provider. Effective: September 1, 2025.



Economic Issues

SB 493 by Sen. Hancock: *Relating to the protection of certain disclosures and communications by pharmacists and pharmacies regarding prescription drug benefits.*

This bill ensures that pharmacists and pharmacies can openly communicate with patients about the cost of their prescription drugs and the availability of lower-cost alternatives. It protects patients' access to cost-saving information at the pharmacy counter without interference from pharmacy benefit managers or insurers. Effective: September 1, 2025.

HB 216 by Rep. Howard: *Relating to itemized billing for health care services and supplies provided by health care providers.*

This bill requires healthcare providers to furnish patients with an itemized billing statement upon request. The goal is to ensure patients receive clear and understandable information about the charges for services and supplies they incur. Effective: September 1, 2025.

SB 331 by Sen. Kolkhorst: *Relating to the disclosure of health care cost information by certain health care facilities; imposing an administrative penalty.*

This legislation strengthens price transparency by requiring certain health care facilities to publicly share cost information. The bill establishes an administrative penalty for facilities that fail to comply with disclosure requirements, helping patients make more informed health care decisions. Effective September 1, 2025.

HB 26 by Rep. Hull: *Relating to authorizing Medicaid managed care organizations to offer nutrition support services in lieu of other state Medicaid plan services.*

This bill authorizes Medicaid Managed Care Organizations to offer medically tailored meals and nutrition counseling services as substitutes for other Medicaid services. The bill aims to improve health outcomes and reduce costs, particularly for high-risk populations such as pregnant women. Effective: September 1, 2025.

women's health legislation (cont.)

Workforce & Capacity Building

HB 3151 by Rep. Hull: *Requires Medicaid MCOs to expedite credentialing for providers affiliated with a Federally Qualified Health Center (FQHC) who are in good standing and enrolled in Medicaid.*

(TWHC Member Priority)

Under this legislation, applicant providers must submit required credentialing documents within five business days, after which MCOs have five business days to acknowledge receipt or request any missing information. Once a complete application is received, MCOs must issue a credentialing decision within 10 business days. Providers are reimbursed as in-network during processing, and MCOs must update claims systems within 30 days. Effective: Sept. 1, 2025.

SB 1266 by Sen. Alvarado: *Directs the Health and Human Services Commission (HHSC) to improve the Medicaid provider enrollment and credentialing process by establishing a dedicated support team within its centralized internet portal.*

(TWHC Member Priority)

This team will assist current and prospective Medicaid providers in navigating enrollment and credentialing requirements, with a focus on reducing administrative barriers and improving participation. HHSC must evaluate the support team's performance annually, with an emphasis on timeliness and effectiveness, and publish a summary of findings on its website by September 1 each year beginning in 2026.

The bill also requires HHSC to implement an electronic complaints and feedback system that allows providers to report issues and suggest improvements directly through the portal. Additionally, before disenrolling a provider for failure to complete enrollment revalidation, HHSC must issue written notice at least 30 days in advance, both electronically and by mail, and allow time for the provider to resolve any issues. Effective date: September 1, 2025.



Workforce & Capacity Building (Cont.)

HB 2038 by Rep. Oliverson: *Expands medical licensure pathways to address provider shortages.*

Creates license options for military veterans, internationally trained physicians, and recent graduates of U.S., Canadian, or TMB-recognized international medical schools who are not enrolled in a residency program. Prioritizes practice in underserved and rural communities.

Beginning January 1, 2026, insured patients will be allowed to select physician graduates as providers for covered healthcare services, expanding access to care throughout the state.

Effective date: September 1, 2025, with Texas Medical Board implementation rules due by January 1, 2026.



women's health legislation (cont.)

Reducing Maternal Mortality

HB 44/SB 31 by Rep. Geren and Sen. Hughes

(TWHC Member Priority)

Clarifies Texas' current abortion ban medical exceptions. Establishes that a medical emergency does not need to be imminent or irreversible for a pregnant patient before a physician can intervene with treatment.

Establishes that doctors are not required to delay, alter or withhold life-saving medical treatment from a pregnant patient. Also requires the State Bar of Texas and Texas Medical Board to offer continuing education courses for lawyers and doctors to better educate them on interpreting and applying Texas laws.

TWHC submitted written and verbal testimony in support of HB 44 for its House committee hearing. TWHC staff also dropped cards in support of SB 31, and met with numerous legislative offices to support the bill.

It took effect immediately after Governor Abbott's signature on June 20th, 2025.





Reducing Maternal Mortality (Cont.)

HB 713 by Rep. Howard: *This bill allows nurses who serve on the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) to review maternal mortality cases in the context of that body and work without extensive redactions.*

It streamlines the reporting of maternal mortality cases for healthcare providers, reducing delays in data analysis and reporting to the MMMRC. It took effect immediately after Governor Abbott's signature on June 20th, 2025.

HB 5155 by Rep. Rose: *This bill requires the Health and Human Services Commission (HHSC) to continue participating in the Maternal Opioid Misuse (MOM) model of care, to improve the quality and accessibility of care for pregnant women with opioid use disorder.*

Effective date: September 1st, 2025.

HB 5342 by Rep. Landgraf: *This bill supports 988 Suicide and Crisis Lifeline contact centers by establishing a dedicated trust fund, and supporting youth-specific mobile crisis outreach teams.*

Effective date: September 1st, 2025.

women's health legislation (cont.)

Sexual Assault and Family Violence

HB 742 by Rep. Thompson: *Relating to human trafficking training for first responders and required signage in health care facilities.*

This bill requires all first responders, including EMS and law enforcement personnel, to complete training developed by HHSC on recognizing and responding to human trafficking. It also requires health care facilities and free-standing emergency departments to post signs about the required training. Effective: September 1, 2025.

SB 1896 by Sen. Huffman: *Relating to emergency protective orders for victims of family violence and related offenses.*

This bill requires arresting officers to provide magistrates with relevant information when an arrest involves family violence, sexual assault, indecent assault, human trafficking, or stalking. The purpose is to ensure magistrates have the information needed to issue emergency protective orders that help prevent lethality. Effective: September 1, 2025.

SB 1120 by Sen. Hinojosa: *Relating to crime victims' rights for survivors of family violence.*

This bill expands the state's crime victims' rights statute to include victims of family violence. It ensures that these victims can confer with prosecutors about case dispositions, including potential plea agreements, and receive the same protections and support as other crime victims. Effective: September 1, 2025.



Sexual Assault and Family Violence (Cont.)

HB 47 by Rep. Howard: *Relating to medical billing and victim support for sexual assault survivors.*

This bill allows health care facilities that provide care to sexual assault victims to bill the state directly for up to 30 days of medical follow-up care, including STI testing, treatment, and emergency contraception—rather than billing the victim. It also requires facilities to document when a sexual assault advocate is offered to patients undergoing a forensic exam. Effective: September 1, 2025.

SB 800 by Sen. Zaffirini: *Relating to sexual misconduct prevention training at postsecondary institutions.*

This bill requires colleges and universities to include a video in new student orientation that outlines the institution's sexual harassment, sexual assault, dating violence, and stalking policies. The video must also provide the names of Title IX coordinators and deputy coordinators, the location and contact information for the Title IX office, and the services it provides. Effective: September 1, 2025.

SB 836 by Sen. Paxton: *Relating to privacy protections in sexual assault court proceedings.*

This bill restricts criminal courts in Texas from livestreaming sexual assault cases unless all parties agree. It also places all forensic medical records of a victim, including photographs, under a protective seal at the conclusion of court proceedings, making them exempt from open records requests. Effective: September 1, 2025.

SB 463 by Sen. Campbell: *Relating to workplace violence prevention policies in health care and residential care settings.*

This bill expands the definition of “facility” in the Health and Safety Code to include more health care and residential care settings. As a result, additional workplaces are required to adopt violence prevention policies, with the goal of improving safety for frontline workers. Effective: September 1, 2025.

women's health legislation (cont.)

Parenting Support

HB 136 by Rep. Hull: *Relating to Medicaid reimbursement for lactation consultants.*

This bill allows lactation consultants to be reimbursed through Medicaid programs, supporting the health of new mothers and babies in Texas. It directs HHSC to designate a separate provider type for certification and enrollment of lactation consultants billing under Medicaid. Effective: September 1, 2025.

HB 3940 by Rep. Johnson (TWHC Member Priority): *Relating to Medicaid enrollment for newborns.*

This bill requires HHSC to include information in its annual notifications to Managed Care Organizations and Medicaid providers to ensure the enrollment of newborns onto Medicaid when they are eligible. It also provides guidance on how to communicate eligibility and enrollment processes to new parents. Effective: September 1, 2025.

SB 1044 by Sen. Parker: *Relating to newborn screening tests for Duchenne muscular dystrophy.*

This bill adds Duchenne muscular dystrophy to the list of diseases and disorders for which DSHS must conduct a screening program. It directs the department to establish and maintain a laboratory to support early detection, prevention, and treatment. The condition is also added to the newborn screening tests required for providers. Effective: September 1, 2025.



Parenting Support (Cont.)

SB 896 by Sen. Blanco: *Relating to the enrollment period for newborns under certain health benefit plans.*

This bill amends the Insurance Code to extend the amount of time that a participating or covered employee under a multiple employer welfare arrangement plan, small employer health benefit plan, or large employer health benefit plan has to enroll their newborn child in the plan by changing the deadline for providing the plan issuer with notice of the child's birth and any required additional premium from the 31st day after the date of the child's birth to the 60th day after that date; and changing the date on which initial coverage of the child ends if the notice and premium are not provided from the 32nd day after the date of the child's birth to the 61st day after that date.

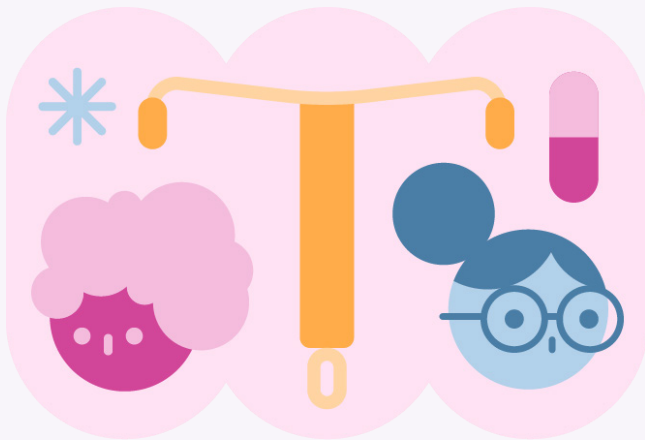
The bill only applies to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2026.



advancing the conversation

While several bills to advance access to preventative healthcare and/or birth control did not pass this legislative session, we want to acknowledge the incredible efforts by lawmakers, their staff and TWHC members to move these conversations forward.

Access to birth control



Two pieces of legislation spearheaded by Rep. Claudia Ordaz and sponsored in the Senate by Senators Huffman and Paxton addressed outstanding needs for Texas women around birth control.

HB 220 would have required all healthcare facilities caring for rape victims in the aftermath of an assault to offer emergency contraception. Healthcare facilities across Texas are inconsistent in their policies on stocking and making this critical medication available to crime victims in a timely manner. This bill was supported by TWHC and the Texas Association Against Sexual Assault.

HB 2076 would have required health plans to cover pain and anxiety medications for women who are having an IUD inserted or removed. This is a best practice, recommended by the CDC and ACOG, and would provide immense relief to Texas women in a very cost effective way. This bill was supported by Every Body Texas.



Maternal health

HB 2159 by Rep. Gámez would have allowed teen parents to make their own healthcare decisions. Currently, teen parents can make healthcare decisions for their children, but not for themselves, causing significant access issues for these young parents. This bill was led by Every Body Texas and Healthy Futures of Texas.

HB 1201 by Rep. Manuel, and other similar legislation, would have created a pilot program that allowed doulas to bill for their services through Medicaid. Currently doulas can only bill for case management services in the CPW program (case management for pregnant women). This bill was supported by Texans Care for Children.



We want to extend our deepest appreciation to the lawmakers, staff, healthcare providers and amazing advocates that worked so hard to move these bills and educate the legislature on women's health!

interim work



In June of 2025, the federal Centers for Medicare & Medicaid Services (CMS) approved a five-year extension of the Healthy Texas Women (HTW) section 1115 demonstration. There are no changes to HTW covered services, eligibility criteria, or provider enrollment processes under the extension at this time. The demonstration extension allows HHSC to prepare and implement the transition of HTW to a managed care delivery model as required in HB 133 passed during the 88th legislative session. HHSC will provide updates on the HTW transition to managed care during the course of the implementation. With the continuation of the HTW program secured, TWHC staff, steering committee, and membership will focus on supporting the implementation of Women's Health Programs funding, the HTW short-form application, and ensuring program stability during the interim.

The Coalition will also support the recruitment of new mobile units in west and north Texas. These are areas in deep need of additional healthcare resources.

Finally, the TWHC team will work to build new relationships and offer education to policymakers this legislative interim on birth control and women's health programs. There are many new members of the Texas legislature, and we will support women's health providers interested in forming relationships with their new lawmakers. While there were several bills that will positively affect women's healthcare passed through the Legislature this session, there were many more that did not successfully cross the finish line. Much more work needs to be done educating providers, hospitals, and policymakers on emergency contraception to ensure that Texas women have access to birth control when it is needed.



We'll continue to stay committed to these priorities:

- Increasing funding for women's preventive healthcare, including contraception, to fully meet the growing need among low-income uninsured women;
- Ensuring Texas has a strong provider network with the capacity to serve all women in need of preventive health services; and
- Supporting innovative new healthcare policies that benefit the health of Texas' women and families.



thank you from our team

The Texas Women's Healthcare Coalition is powered by the dedication, passion, and tireless work of so many individuals and organizations who believe in the importance of accessible, preventive healthcare for Texas women.

We want to extend our deepest gratitude to the healthcare providers, advocates, coalition members, and partner organizations who raised their voices, shared their expertise, and stood with us throughout the 89th Legislative Session. Your commitment made it possible to protect and strengthen the women's health programs and advance policies that improve the lives of women and families across our state.

We are equally grateful to the legislators, legislative staff, and agency partners who took the time to learn, listen, and lead on issues that impact the health and well-being of Texas women.

Thank you to **Chair Joan Huffman, Senator Lois Kolkhorst**, and the **Senate Finance Committee** for their leadership in securing funding for Women's Health Programs.

Thank you to **Chair Angelia Orr, Vice Chair Donna Howard**, and the **House Appropriations Subcommittee** on Article II for their work ensuring safety net programs remained fully funded.

Thank you to **Representative Claudia Ordaz** and **Senator Angela Paxton** for their efforts to push forward effective birth control legislation.

Thank you to **Representative Erin Gámez, Representative Armando Walle, Representative Christian Manuel, Representative Charlie Geren**, and **Senator Bryan Hughes** for their commitment to supporting Texas mothers'.

Thank you to **Chair Lacey Hull, Senator Molly Cook, Representative Drew Darby**, and **Senator Carol Alvarado** for their work to support Texas healthcare provider workforce.



Together, we are building a healthier future for Texas women and families.

thank you TWHC members

Steering Committee

District XI (Texas) American College of
Obstetricians and Gynecologists
Every Body Texas
Every Texan
Healthy Futures of Texas
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Community Health
Centers
Texas Medical Association

General Membership

Access Esperanza Clinics Inc.
Amistad Community Health Center
Austin Advanced Practice Nurses
Austin Physicians for Social Responsibility
AWHONN Texas
Baylor Teen Health Clinic
Brazos Valley Community Action Agency,
Inc.
Brazos Valley Nurse Practitioner
Association
Cactus Health

Cardea Center for Community Health
Centering Healthcare Institute
Central Texas Nurse Practitioners
Children's Hospital Association of Texas
Child Poverty Action Lab
Circle Up United Methodist Women
Coastal Bend Advanced Practice Nurses
Consortium of Texas Certified Nurse
Midwives
Department of Pediatrics and Women's
Health/Center for Community Health,
UNTHSC
El Buen Samaritano
El Centro de Corazón
Fort Worth Region Nurse Practitioners
Haven Health Clinics
Hill Country Advanced Practice Nurses &
Physicians Assistants Association
Houston Area Chapter of NAPNAP
Improving Maternal Health Houston
League of Women Voters of Texas
Legacy Community Health
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 Texas Nurse Practitioners
Nurse-Family Partnership
Panhandle Nurse Practitioner Association
Pasadena Health Center
People's Community Clinic
Pregnancy and Postpartum Health
Alliance of Texas
Project Vida
SALVERE
San Antonio Metropolitan Health District
South Plains Nurse Practitioner
Association
South Texas Family Planning & Health
Corp.
Southeast Texas Nurse Practitioner
Associates
Special Health Resources for Texas –
Woman & Child Health Center of
Longview
St. David's Foundation
Susan Wolfe and Associates, LLC
Texas Association of Community Health
Plans
Texas Association of Obstetricians and
Gynecologists
Texas Council on Family Violence
Texas Health Institute
Texas Hospital Association

thank you TWHC members

General Membership (Cont.)

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 SAFE Alliance
The Women's Fund for Health Education
and Resiliency
University Health System
Upstream USA
UTMB Health, Regional Women's Services
and Pediatrics
Valley AIDS Council
Women's and Men's Health Services of
the Coastal Bend
Young Invincibles Texas

Our Team

Kristen Lenau

Chair, TWHC
MPH, Women's Health Policy Director

Evelyn Delgado

Immediate Past Chair, TWHC
Immediate Past President/Chief
Executive Officer of Healthy Futures of
Texas

Desiree Ingram

Women's Health Policy Advisor, TWHC

Rachel Wolleben

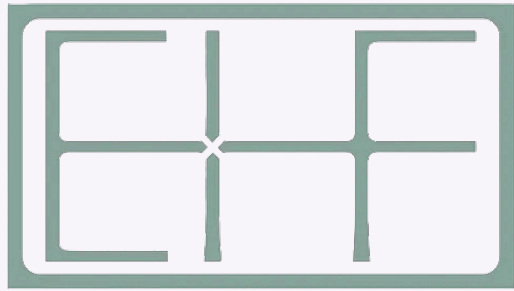
Policy and Advocacy Coordinator, TWHC

Mariana Sierra

Advocacy Communications Manager,
TWHC



our funders



EPISCOPAL HEALTH
FOUNDATION



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ROCKWELL FUND

upstream USA

St David's
FOUNDATION

**Thank you for your
continued support.
We couldn't do the
work we do without
you.**



Texas Women's Healthcare Coalition

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