

REVIEW OF EARLY OPPORTUNITIES AND THE 2015 LEGISLATIVE SESSION

Progress on women's preventive health care funding, breastfeeding protections, and modest bills for family economic security, but disappointments in ECI and postpartum care

As part of the steering committee for the Texas Women's Healthcare Coalition, Texans Care for Children supported efforts to improve infant and maternal health this session by increasing funding for and access to **women's preventive health care**. This work was a continuation of efforts in 2013 to recover from the 2011 funding cuts and a tiered funding system that substantially reduced access to care in the state. Even with additional funding from last session, our state is still only able to serve three in ten women in need of subsidized services to plan and space healthy pregnancies.

This session, the Legislature provided \$211 million for family planning, closely mirroring last session's appropriations, but they also agreed to an additional \$50 million pending approval of the Legislative Budget Board (LBB). Lawmakers also chose to house all three of the state's women's preventive health programs within



the Health and Human Services Commission (HHSC). As the agency moves towards consolidating these programs, it will be crucial for stakeholders to continue advocating for a health system that increases access to services, encourages greater provider participation, and maximizes savings for the state. One venue for providing input will be the new committee established by SB 200, the HHSC Sunset bill, to provide recommendations on the consolidation of women's health programs.

Breastfeeding moms and infants will benefit from HB 786, which requires school districts and other public sector employers to provide a reasonable amount of break time and a private space for staff who express breast milk at work.

The new law also prohibits discrimination against public employees who express breast milk. An unfortunate Senate amendment classifies single-use restrooms as reasonable accommodations, but HB 786 still provides a foundation for improving infant and maternal health.

Thousands of families will also benefit from the Legislature's investment in home visiting. The budget includes \$44 million for the Texas Home Visiting Program (THVP) and \$23 million for Nurse-Family Partnership (NFP). As part of the **HHSC Sunset bill**, home visiting and other **prevention and early intervention programs** will be transferred to the Department of Family and Protective Services (DFPS) by September 2016. The bill also transfers Department of Assistive and Rehabilitative Services (DARS) functions and Department of State Health Services (DSHS) client services to HHSC. Texans Care will closely monitor this process to ensure that the transfer does not negatively impact the quality of the services families receive.

Unfortunately, budget writers failed to address the growing proportion of high-needs children who rely on **Early Childhood Intervention** (ECI) to learn to walk, communicate with their families, and meet other developmental milestones. In recent years, the ECI system has seen a rise in the proportion of enrolled children with more complex needs, such as a medical diagnosis or a developmental delay in multiple areas. This session,

DARS requested \$14 million in additional state funding to provide a higher, more appropriate level of services for these children. The Legislature initially agreed to partially fund the request, but then reversed course as a result of lower enrollment estimates. The final budget anticipates the program will be able to provide an average of 2.75 hours of service per month per family, and ties receipt of \$3.4 million in federal funding to the program meeting this target.

Ultimately, the Legislature appropriated less for ECI for the 2016-2017 biennium than is likely to be expended in the current 2014-2015 biennium, despite an anticipated increase in the number of children served and hours of service provided. Additional funding for ECI is available through Medicaid reimbursements for pediatric therapies.

However, the Legislature's decision to cut Medicaid therapy rates will significantly impact ECI contractors' ability to collect adequate reimbursement for acute therapies, such as speech therapy and physical therapy. Underfunding ECI will make it harder for providers to keep their doors open and may jeopardize children's access to services. During the interim, we will work with families, ECI contractors, and DARS to address potential challenges, including enrollment that is higher than what was accounted for in budget estimates, cuts to pediatric therapy rates, and the impact of transferring DARS functions to HHSC.

Texans Care was also among a number of organizations and stakeholders advocating for increased access to **postpartum care**. Currently, mothers who deliver through Medicaid receive basic health coverage for only 60 days following delivery, while those who deliver through the Children's Health Insurance Program (CHIP) Perinate program only receive two postpartum visits. Yet the need for basic health services, interconception care, and screening and treatment for chronic diseases and postpartum depression extends well beyond these eligibility periods. Although the Governor called for stronger postpartum support, and several bills on the issue were filed, the Legislature did not invest in improving postpartum care. In a small step forward, the state budget requires HHSC, in coordination with DSHS, to submit a report and policy recommendations on screening and treatment for postpartum depression.



One of the keys to making sure that children get the right start to life is ensuring that families have opportunities to achieve **economic security** and access to financial support when they fall on hard times. However, the Legislature failed to make progress on legislation to raise the minimum wage or enact comprehensive payday lending reform. Fortunately, the Legislature did pass other bills to help struggling families, including one that will encourage the creation of financial institutions in underserved areas and another to help individuals with disabilities establish savings accounts without jeopardizing their Medicaid eligibility.

Several lawmakers sought to create policies that would make it harder for low-income families to **access basic services** such as temporary financial aid and supplemental food assistance. Texans Care and other advocates were successful in stopping many of these proposals, including one that would have jeopardized some children's access to Temporary Assistance for Needy Families (TANF) by imposing work requirements on parents who do not directly receive cash assistance.

BECAME LAW

SUPPORT INFANT & MATERNAL HEALTH

HB 786 and SB 1479 - Requiring reasonable accommodations for public employees who express breast milk at work

- Major provisions of SB 1479, which only applied to school district employees, were included in HB 786; SB 1479 passed the Senate committee but was not voted on by the full Senate

HB 1140 - Requiring county jails to provide additional data on the health care provided to pregnant prisoners and jails' policies related to pregnant prisoners

HB 2171 - Extending the period in which a person's immunization information is included in the immunization registry from 18 to 26 years of age

HB 2131 - Establishing designations for centers of excellence for fetal diagnosis and therapy

HB 3433 - Extending the timeline for establishing neonatal and maternal levels of care designations and adding two members to the Perinatal Advisory Council

SB 169 - Ensuring that military members and families maintain their position on waiting lists for any health and human services assistance program if they temporarily reside out of state

SB 791 - Requiring DSHS to establish a cytomegalovirus (CMV) outreach program and publish information on CMV for women who may become pregnant, expectant parents, and parents of infants

A \$50 million increase for women's health programs, pending approval by the Legislative Budget Board

\$44 million for the Texas Home Visiting Program and \$23 million for Nurse-Family Partnership

\$11.2 Million to expand existing services for Neonatal Abstinence Syndrome, a group of health problems a newborn may experience if exposed to certain drugs in the womb

Budget riders

- Requiring HHSC and DSHS to increase access to long-acting reversible contraceptives
- Requiring more accurate reporting on the Texas Women's Health Program provider network
- Requiring HHSC and DSHS to improve data and oversight to reduce the rate of early elective deliveries
- Requiring HHSC and DSHS to submit a report on screening and treatment for postpartum depression
- Requiring the Comptroller to include notification of a mother's right to breastfeed in an e-newsletter at least annually

IMPACT INFANT & MATERNAL HEALTH

SB 200 - HHSC Sunset bill

SB 206 - DFPS Sunset bill

Budget rider transferring DSHS Family Planning Services and the Expanded Primary Health Care Program to HHSC

MAY HARM INFANT & MATERNAL HEALTH

Budget rider requiring a \$150 million reduction in state funds through cuts to Medicaid rates for acute care therapies

SUPPORT FAMILY ECONOMIC SECURITY

HB 1626 - Designating certain areas as banking or credit union development districts to encourage creation of financial institutions in underserved areas

HB 2718 - Allowing faith- and community-based organizations to offer assistance to recipients of public assistance who opt to receive help from participating organizations

HB 3987 - Allowing school districts and open-enrollment charter schools to establish school-based savings programs in conjunction with a personal financial literacy course

SB 1664 - Creating a savings program for individuals with disabilities through the newly formed Texas Achieving a Better Life Experience (ABLE) Program and ensuring that the savings accounts do not jeopardize participation in other public benefit programs

MAY HARM FAMILY ECONOMIC SECURITY

SB 267 - Banning local ordinances that protect against housing discrimination based on a person's source of income, including Section 8 vouchers

DID NOT PASS

SUPPORT INFANT & MATERNAL HEALTH

HB 232 - Clarifying the law regarding a mother's right to breastfeed and providing legal recourse if the mother's right is violated

- *Passed the House Committee but was not voted on by the full House*

HB 3115 and SB 1698 - Extending the Medicaid and CHIP Perinate coverage period for postpartum depression to 12 months

- *HB 3115 left pending after a House committee hearing; SB 1698 did not receive a hearing*

HB 3449 - Extending the postpartum period for Medicaid coverage to 6 months

- *Did not receive a hearing*

Increased funding for Early Childhood Intervention (ECI) to serve the growing proportion of high-needs children in the program

SUPPORT FAMILY ECONOMIC SECURITY

HB 41, HB 42, HB 396, HB 2413, HB 3370 and SB 67 - Raising the state minimum wage

- *The House bills were left pending after House committee hearings; SB 67 did not receive a hearing*

HJR 26 - Asking voters to approve a constitutional amendment raising the minimum wage to \$10.10

- *Passed the House committee but was voted down by the full House*

MAY HARM FAMILY ECONOMIC SECURITY

SB 723 - Expanding TANF work requirements to parents who do not directly receive cash assistance

- *Passed by the full Senate and the House committee but was not voted on by the full House*