

# Texas Children and the 2023 Legislative Session

Review of Policy Progress During  
the 2023 Texas Legislative Session:

## Maternal & Child Health

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## Review of Policy Progress During the 2023 Texas Legislative Session:

# Maternal & Child Health

After Texas advocates and lawmakers spent three legislative sessions pushing to extend mothers' Medicaid coverage to 12 months after pregnancy, we are thrilled that the Legislature passed this critical bill during the 2023 session. Lawmakers made progress in other areas of maternal health, too, particularly regarding access to contraception. To support children's healthy development, legislators successfully boosted Early Childhood Intervention (ECI) funding for infants and toddlers with disabilities and developmental delays. Both 12-month postpartum health coverage and improved ECI funding were key recommendations from the Texas School Readiness Dashboard. Unfortunately, this session lawmakers failed to pass legislation to reduce the state's uninsured rate for children, which is the highest in the nation. The Legislature also refused to even hold a hearing on Medicaid expansion, the state policy option that would go the furthest in connecting uninsured, low-income moms, dads, and other adults to health coverage and saving the state money.

**One of the top accomplishments of the Legislature this session was passing 12-month postpartum health coverage.** About half of pregnant women in Texas receive their health coverage through Medicaid. The state currently cuts off their health coverage two months after pregnancy, leaving many moms uninsured at a time that is critical to their health and the health of their babies. This session, the Legislature finally passed HB 12 to allow moms to keep their health coverage — and keep seeing their medical providers, taking their medications, and managing health challenges — for 12 months after their pregnancy. The bill reflects the top recommendation of the state's Maternal Mortality and Morbidity Review Committee for preventing maternal deaths, supporting healthy pregnancies, and addressing the higher rate of maternal mortality among Black women. The final version of the bill that passed the Legislature offers the extension to everyone enrolled in Medicaid for Pregnant Women with no limitations based on the outcome of the pregnancy. Texas will be able to apply to the federal government for fast-track approval of the 12-month extension (through a Medicaid "State Plan Amendment" or "SPA") and quickly implement the

bill instead of pursuing a slow and uncertain Medicaid Waiver. Texas is the 40th state (including Washington, DC) to pass 12-month postpartum coverage.

**The Legislature made progress on other maternal health issues as well.** They passed HB 916, requiring Medicaid and private insurance to cover a full year supply of prescription contraception. The Texas Women's Healthcare Coalition, other advocates, and legislators also worked successfully to nearly double funding for the state's Family Planning Program. Additionally, the Legislature appropriated \$10 million for mobile units to offer Long Acting Reversible Contraception (LARC), which will significantly increase access to contraception in rural areas and other maternal health deserts. Legislators also passed HB 1575 to develop a standardized screening tool in Medicaid that helps determine the non-medical health needs of pregnant Texans and their babies and to use the state's Case Management for Children and Pregnant Women program to reimburse community health workers and doulas for addressing these needs.

**This was also a positive legislative session for ECI services for toddlers with disabilities after previous state cuts reduced per-child funding for the program.**

The Legislature included a \$57 million increase in the initial draft of the state budget and then added an extra \$6 million on top of that through a budget amendment in April. As a result, the state will provide \$448 per enrolled child next year and \$445 the following year, compared to \$434 this year. The additional funding is an important first step towards improving outreach to eligible children and ensuring that kids enrolled in ECI get the support they need for autism, Down syndrome, speech delays, and other delays and disabilities.

**The Legislature was poised to make long overdue progress on reducing the uninsured rate for Texas kids — but ultimately failed to do so.**

After robust discussions prior to the session in the House Select Committee on Health Care Reform, there was strong legislative interest in helping eligible but uninsured children enroll in health coverage through Medicaid and CHIP. In fact, relatively early in the legislative session, the House passed HB 1599, which would have created an “express lane” option to address this challenge. Unfortunately, the Senate did not hold a hearing on the bill. Nonetheless, the bill’s strong bipartisan support in the House provides a solid foundation for the next legislative session.

**There were other maternal and child health disappointments this session as well.**

The Legislature only partially funded the request from the state’s Health and Human Services Commission (HHSC) for managing the flood of Medicaid renewals that it must process during the “unwinding” of the pandemic-era Medicaid rules. Legislators provided \$111 million of the \$143 million the agency requested. Without adequate outreach, staffing, technology, and support for Medicaid renewals, Texas kids who are still eligible for Medicaid may end up losing coverage, and Texans who should transition to a new program — such as CHIP, Healthy Texas Women, or a subsidized HealthCare.Gov plan — may fall through the cracks. In another blow to children’s health care efforts, the Legislature did not pass any of the bills aimed at expanding the ability of schools to bill Medicaid for providing health services to students enrolled in Medicaid. Additionally, we’re disappointed that only one of multiple bills filed to strengthen the state’s Maternal Mortality and Morbidity Review Committee passed. The bill that passed, HB 852, updates the composition of the state’s Review Committee by adding a second community member, now requiring both community



members to have experience in a relevant health care field, and adding a number of additional committee members. In light of the change, it will be important for the Committee to develop meaningful ways to engage with a broader set of community members. Finally, as noted earlier, the Legislature did not even hold a hearing on bills that would draw down federal Medicaid expansion funding to provide an affordable health coverage option to Texas adults below the poverty line. Texas is one of only 10 states that continue to turn down the federal funding.

**The months ahead will be busy on the Texas maternal and child health front.**

Two urgent tasks include moving forward with HB 12 implementation and monitoring the challenges that eligible Texans are facing as they attempt to renew their Medicaid coverage now that pandemic Medicaid rules have ended. To support healthy moms, healthy pregnancies, and healthy babies beyond HB 12 implementation, Texas policymakers must also address barriers to health coverage during the critical time before pregnancy, any delays in processing applications for Medicaid for Pregnant Women, and the loss of health coverage that moms will experience 12 months after their pregnancy. Additionally, we must build on the momentum started this session on children’s health coverage so lawmakers are prepared next session to help eligible Texas kids get the health coverage they need.

# OUTCOMES FOR KEY MATERNAL & CHILD HEALTH LEGISLATION

*\* Indicates a bill aligns with a recommendation of the Texas School Readiness Dashboard.*

## PASSED

### Support Children

<b>HB 12 by Rep. Rose *</b> Similar to SB 73 by Sen. Johnson and other bills	Allows moms to continue using their Medicaid health insurance for a full year after pregnancy.
<b>HB 113 by Rep. Ortega</b> Similar to SB 74 by Sen. Johnson	Promotes the use of community health workers in more hospitals and health care settings by allowing Medicaid health plans to contract with community health workers and report expenses as a quality improvement cost.
<b>HB 916 by Rep. Ordaz</b> Similar to SB 807 by Sen. Paxton	Requires Medicaid and private insurance to cover a full year supply of prescription contraception.
<b>HB 1287 by Rep. Guillen</b> Similar to HB 1099 by Rep. Hernandez and SB 273 by Sen. Blanco	Modernizes the SNAP Vehicle Asset Test to keep families from having to choose between reliable transportation and food.
<b>HB 1575 by Rep. Hull</b>	Requires HHSC to adopt standardized assessment questions to screen for, identify, and aggregate data regarding the nonmedical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program.
<b>HB 2727 by Rep. Price</b>	Allows Medicaid reimbursement for home telemonitoring services for certain high-risk pregnancies, which can help a doctor and patient monitor blood pressure and other health measures while at home.
<b>HB 2802 by Rose</b> Similar to SB 1127 by Sen. Blanco	Allows Medicaid health plans to text enrollees with updates and important information regarding renewal of benefits and eligibility changes.
<b>SB 379 by Sen. Huffman</b> Similar to HB 300 by Rep. Howard and HB 1265 by Rep. Button	Exempts diapers, maternity clothes, baby wipes, and menstrual products from sales tax.

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## Impact Children

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### HB 852 by Rep. Thierry

Updates the composition of the state's Maternal Mortality and Morbidity Review Committee by adding a second community member, requiring both community members to have experience in a relevant health care field, and adding a number of additional committee members from different health care specialties and perspectives.

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## Raise Concerns

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### HB 44 by Rep. Swanson

Removes state health funding, including Medicaid and CHIP funding, if a health provider declines to serve a potential patient because of refusal or failure to obtain certain immunizations or vaccines.

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### SB 14 by Sen. Campbell

Similar to HB 1686 by Oliverson

Prohibits gender-affirming care for minors, with exceptions for certain youth already in care.

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## DID NOT PASS

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## Support Children

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### HB 465 by Rep. Thierry

Would have established a pilot program to provide Medicaid coverage of doula services.

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### HB 663 by Rep. Thierry

Would have established a work group for the creation of an online maternal care data registry to aggregate data and to provide for the confidentiality and reporting of certain maternal mortality information.

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### HB 1288 by Rep. R. Lopez

Would have required private insurance to cover early childhood intervention Specialized Skills Training and case management.

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### HB 1571 by Rep. Lozano

Similar to HB 2773 by Rep. Bucy and SB 2544 by Sen. Blanco

Would have allowed schools to seek Medicaid reimbursement under the School Health and Related Services (SHARS) program for health-related services provided to students enrolled in Medicaid.

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<p><b>HB 1578 by Rep. Allison</b> Similar to SB 589 by Sen. Johnson</p>	<p>Would have defined health literacy, designated health literacy as a major statewide health concern, and required the statewide health coordinating council to establish an advisory committee on health literacy.</p>
<p><b>HB 1599 by Rep. Bucy *</b> Similar to SB 550 by Sen. Johnson</p>	<p>Would have implemented an “express lane option” to improve access to Medicaid and CHIP health insurance for children who are already eligible but uninsured.</p>
<p><b>HB 1847 by Rep. Howard</b></p>	<p>Would have expedited the Texas Maternal Mortality and Morbidity Review Committee’s data analysis by allowing for the limited review of unredacted materials.</p>
<p><b>HB 2057 by Rep. Ortega</b></p>	<p>Would have provided Medicaid coverage for services provided by lactation consultants.</p>
<p><b>HB 2473 by Rep. Bucy</b> Similar to SB 2115 by Sen. Flores</p>	<p>Would have made improvements to the Texas Information and Referral Network.</p>
<p><b>HB 2873 by Rep. Howard</b></p>	<p>Would have updated and consolidated reporting requirements for strategic plans that HHSC is currently tasked with developing to improve maternal health.</p>
<p><b>HB 2983 by Rep. Oliverson</b> Similar to 1675 by Sen. Johnson</p>	<p>Would have helped Texans access healthy foods by creating a pilot program to implement food as medicine programs in Medicaid.</p>
<p><b>HB 3394 by Rep. Walle</b></p>	<p>Would have provided Medicaid coverage for doula services provided to a pregnant or postpartum recipient.</p>
<p><b>HB 4253 by Rep. Campos</b> Similar to SB 1669 by Sen. Lamantia</p>	<p>Would have directed HHSC to study and make recommendations regarding the enrollment of eligible babies into children’s Medicaid.</p>
<p><b>SB 1458 by Sen. Miles</b> Similar to HB 4476 by Rep. Campos</p>	<p>Would have improved health coverage of uninsured babies by providing additional Medicaid enrollment information to new parents and reminding health providers they may use a mother’s Medicaid identification number when a newborn does not have a separate Medicaid number yet.</p>



**Texans Care for Children** is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise. [www.txchildren.org](http://www.txchildren.org)

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