



86th Texas Legislature

Legislative Outcomes and Analyses



"Serving Humanity to Honor God"

Table of Contents

Introduction..... 1

Access to Care2

Behavioral Health.....5

Healthcare Workforce8

Women’s Health.....10

Children’s Health..... 11

Missed Opportunities.....12





86th Legislative Session Outcomes & Analyses

INTRODUCTION

On Monday, May 27, 2019, the 86th Legislative Session was officially gavelled to a close. Over the previous 140 days, House and Senate lawmakers filed 7,851 bills and joint resolutions, held over 300 public hearings and succeeded in sending 1,558 bills to the Governor's desk to be signed into law. On Sunday, June 16, 2019, the 20-day deadline for the Governor to sign, veto or allow bills to become law without his signature, Governor Abbott completed his review by signing 1,323 bills, vetoing 58 and allowing 144 to become law without his signature. In the case of House Bill 1, the state's two-year budget totaling \$250.7 billion, Governor Abbott has the authority to line-item veto any specific program funding or service he opposes – no provisions were vetoed.

This past session, the state's top three leaders, Governor Gregg Abbott, Lt. Governor Dan Patrick and newly elected Speaker of the House Dennis Bonnen, focused on two top initiatives: increasing state funding for public schools and teachers and providing tax relief for homeowners by lowering local property taxes. Both initiatives appeared doable given the cautiously optimistic revenue estimate certified by the state comptroller in early 2019. Texas schools received \$6.5 billion in new state funding and \$5.1 billion to buy down Texans' local property taxes.

For the 2020-2021 biennium, Texas Comptroller Glenn Hegar told lawmakers they had roughly \$250 billion in All Funds available for public programs, a 16 percent increase from the previous biennium. Even more promising was the projected balance in the state's rainy day fund, which looked to reach a record high of \$15 billion. As part of SB 500, the supplemental appropriation bill, \$6.1 billion in rainy day funds were used to pay for budget shortfall items, including an underfunded Medicaid program, Hurricane Harvey disaster recovery expenses and one-time expenses, such as construction funding for state mental health hospitals.

All this to say – while the focus of the 86th Legislative Session was not healthcare, the favorable state revenue estimate and healthy rainy day fund came as a relief to hospitals, providers and healthcare stakeholders hoping cuts to state programs and services might be avoided and there could even be possible gains made if key lawmakers could lead the charge.

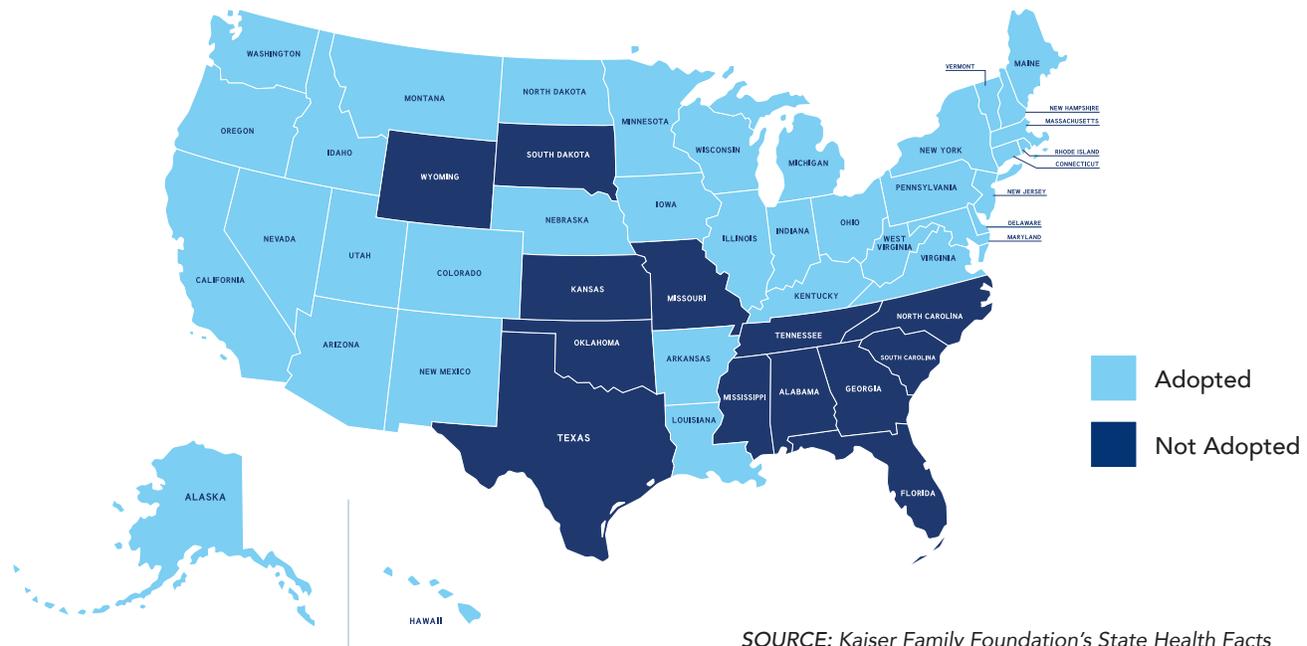
Under the guidance provided by the Methodist Healthcare Ministries' board of directors and its approved 86th Legislative Agenda, the following summary focuses on healthcare legislation set to become law and impacting access to care, mental health, healthcare workforce shortage and women and children's health. Methodist Healthcare Ministries tracked approximately 1406 bills, weighing in with testimony and positions on 238 pieces of legislation, successfully sending 97 of those bills for Governor Abbott's signature.

ACCESS TO CARE



With more than 4.8 million (nearly 20 percent), uninsured residents, Texas leads the country with the highest percentage and number of people without medical coverage under the age of 65. In a 2018 report released by the Urban Institute and sponsored by Episcopal Health, research data showed that most of these individuals are working full time jobs and still unable to afford health coverage. Despite these numbers, Texas remains one of the last 14 states in the U.S. that have not expanded Medicaid under the Affordable Care Act. Three of these states, Idaho, Utah and Nebraska, have adopted but not yet implemented expansion. Texas' Republican-controlled legislature, however, showed no willingness this legislative session to change course. In the absence of a statewide comprehensive coverage initiative, healthcare advocates worked to tweak and strengthen current programs, citing a positive rate of return for the state's budget and improved health outcomes for Texas residents.

Status of State Action on Medicaid Expansion Decision, May 2019

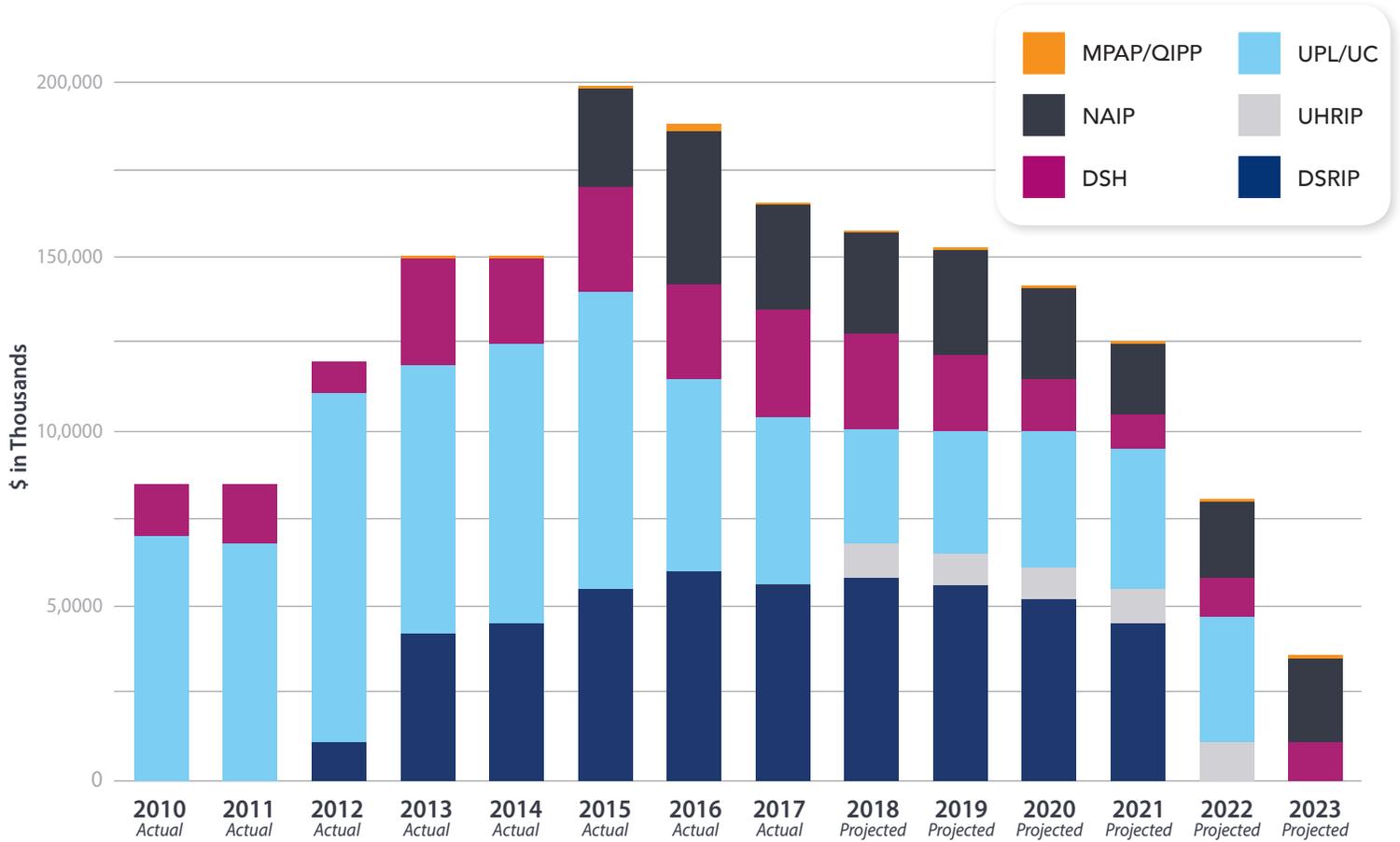


SOURCE: Kaiser Family Foundation's State Health Facts

Efforts to develop a strategy to renew the 1115 Medicaid Transformation Waiver were a priority for Methodist Healthcare Ministries. The "amend and extend" proposal, supported by hospitals, state healthcare associations and consumer advocates looked to establish buy-in with key leadership on a plan designed to expand health coverage for an estimated 700,000 uninsured Texans. The coalition worked to educate key lawmakers and secure their support for the addition of a rider in the state budget that would allow the Texas Health and Human Services Commission to start negotiations with CMS in advance of the first round of federal funding cuts, estimated at \$3 billion between 2020 and 2021.

Senate Bill 2480 by Senator Lois Kolkhorst which looked to establish a Medicaid Waiver Legislative Oversight Committee, was able to pass the Senate, but ultimately died in the House without receiving a hearing. Throughout negotiations with leadership, Governor Abbott stood firm in his opposition to legislative oversight, noting that under his guidance, HHSC agency officials already had the authority to negotiate the 1115 Waiver with the federal government.

Bexar County Hospital District - Finance without the ACA Delivery System Reform Incentive Payments (DSRIP) end in 2021



The long-troubled Texas Driver Responsibility Program was successfully repealed after many failed attempts in previous sessions. **House Bill 2048** by Representative John Zerwas repeals and replaces the primary source of revenue for the state’s trauma fund program, accounting for \$327 million for trauma and safety net hospitals. Funding for the state’s 280 designated trauma hospitals will now come from increased state traffic and DWI/DUI fines and increased monthly premiums for insured motorists.

In the fight against cancer, legislation that continued the Cancer Prevention and Research Institute of Texas was a top priority for Methodist Healthcare Ministries. **HB 39, HB 2750** and **HJR 12** by Rep. John Zerwas continue the CPRIT program and place the issue on the November ballot for voter approval of up to \$6 billion in general obligation bonds. Another win for public health included the passage of **Senate Bill 21**, which raises the age to 21 from 18 for buying cigarettes, e-cigarettes or tobacco products, except for military personnel.

Efforts to integrate telemedicine and telehealth into patient care were also successful. **House Bill 871** by Rep. Four Price allows rural hospitals to use telemedicine medical services to satisfy the requirements necessary to be designated as a level IV trauma facility. Rep. Price also passed **House Bill 3345**, which requires a health benefit plan to provide coverage for telemedicine or telehealth services on the same basis that the plan provides coverage for an in-person service or procedure. Methodist Healthcare Ministries signed up in support of both bills, which aim to increase the use and reimbursement of telemedicine technology, critical to increasing access to care for providers and patients, especially in rural communities.

ACCESS TO CARE *Continued*



The impact of Hurricane Harvey on Texas residents in 2017 led the state to focus on disaster relief funding and emergency preparedness programs, including \$1.6 billion for flood control projects and repairs across the state. To bring greater awareness to health care service programs available during a disaster or emergency, **Senate Bill 982** by Senator Lois Kolkhorst requires the Texas Division of Emergency Management and Department of State Health Services to increase awareness of and encourage local government emergency response teams to utilize services provided by local volunteer networks, including the Medical Reserve Corps, that are available in the area to respond during a disaster or emergency. Food assistance for low-income Texans during natural disasters was also addressed. **House Bill 2335** by Rep. Armando Walle would require HHSC to work with local authorities to develop an inventory of appropriate Disaster-SNAP in-person application sites and secure a federal waiver to ease application restrictions. Rep. Walle also passed **House Bill 3668** which provides grants from the Office of the Governor to nonprofit food banks for disaster response. Finally, and key for Methodist Healthcare Ministries, lawmakers recognized the important role faith-based organizations play during the response and recovery process of natural disasters and passed **House Bill 3616** by Rep. Todd Hunter, which creates a faith-based organization task force to assist the Texas Division of Emergency Management identify best practices to coordinate state resources, including the collection of data of existing services and strengthening communications between the local and state networks.

Adequate reimbursement payments for rural and safety net hospitals ensures access to care for our most vulnerable families and therefore a priority for Methodist Healthcare Ministries and its Policy and Advocacy team, who worked with both the Texas Hospital Association (THA) and the Texas Organization of Rural and Community Hospitals (TORCH) to advocate for higher provider reimbursement rates. **Senate Bill 170** by Senator Charles Perry requires HHSC to develop a prospective cost-based reimbursement methodology for rural hospitals participating in the Medicaid program. Drawing down supplemental Medicaid payments is also critical for community hospitals and requires a local match to leverage the federal payment. **Senate Bill 1545** by Senator Jose Menendez and **Senate Bill 2315** by Senator Juan Hinojosa enable the Bexar County Hospital District and the Nueces County Hospital District respectively, to create local provider participation funds (LPPFs), which generates the local share of Medicaid payments by assessing a fee on a hospital's total net patient revenue. Supplemental Medicaid payments have come to comprise more than 60 percent of all hospital Medicaid payments, making LPPFs a vital reimbursement tool.

With more than 1.4 million Texas households identified as being food insecure, lawmakers addressed access to healthy foods with the passage of **Senate Bill 1834** by Senator Carol Alvarado. The bill authorizes HHSC to create a pilot program to incentivize the purchase of Texas grown fruits and vegetables for low income families who qualify for the federal/state supplemental nutrition assistance program (SNAP). SB 1834 also establishes a work group to assist with a study on existing programs and provide input on the development of the pilot program. Methodist Healthcare Ministries is currently working with a national organization and regional funders to establish a similar incentive pilot program in Nueces County in the coming months. Methodist Healthcare Ministries has been asked to join Texas stakeholders with the implementation of SB 1834.

BEHAVIORAL HEALTH



Advocates were successful in bringing attention to the need for state funding for mental health services in the two previous legislative sessions. In 2017, funding for mental health across 23 state agencies reached a high of \$7.2 billion, including more inpatient hospital beds, local matching grants for urban and rural counties, substance use prevention for adults and expanded services for military veterans. For the 2020-2021 biennium, lawmakers allocated funding for behavioral health totaled \$7.8 billion, an increase of \$600 million from the previous budget.

In 2017, Methodist Healthcare Ministries worked to secure funding for new construction to replace the San Antonio State Hospital (SASH). Bexar County mental health providers and stakeholders were successful in securing \$14.5 million to start the planning process and develop a final report complete with delivery system recommendations and architecture planning documents.

This legislative session, Methodist Healthcare Ministries again led efforts to appropriate an estimated \$323 million for a new SASH facility. While House budget leaders were open to funding state hospital projects close to construction estimates, Senate budget writers remained firm at \$300 million. Final negotiations on **Senate Bill 500** by Senator Jane Nelson, settled on \$445.3 million to partially fund three state hospital construction projects, including \$190,300,000 for the San Antonio State Hospital. Senate Bill 500 was signed by Governor Abbott and funding for the 300-bed facility is anticipated to be available to start construction in October 2019. Advocates will return to state legislators in 2021 to secure the remaining \$120-\$130 million needed to complete the SASH project.

Prevalence of Mental Health Condition

Texas vs. San Antonio State Hospital (54 County) Catchment Area, 2018

Adult Prevalence

Mental Health Condition (Adults)	SASH (% of total population)	Texas (% of total population)	Difference (in percentage points)
Population in Poverty	38.5%	32.1%	+6.4
Deaths by Suicide (Ages 18+)	SASH (per 100,000)	Texas (per 100,000)	Difference (per 100,000)
Number of Death by Suicide – Ages 18+	15.2	16.3	-1.1

Youth Prevalence (12 - 17)

Mental Health Condition (Youth)	SASH (% of total population)	Texas (% of total population)	Difference (in percentage points)
Population in Poverty	52.1%	44.5%	+7.7
Deaths by Suicide (Ages 17 and Under)	SASH (per 100,000)	Texas (per 100,000)	Difference (per 100,000)
Number of Death by Suicide – Ages 17 and Under	5.9	6.1	+0.2

SOURCE: The Meadows Mental Health Policy Institute

BEHAVIORAL HEALTH *Continued*

In addition to SASH, Methodist Healthcare Ministries weighed in on more than 71 bills impacting behavioral and mental health, with more than 21 successfully becoming law, including the following:

In response to the May 2018 gun violence at the Santa Fe High School in Galveston County, **Senate Bill 10** by Senator Jane Nelson establishes the Texas Mental Health Care Consortium to foster collaboration among our state medical schools, promote and coordinate mental health research, and address workforce issues. For children's mental health, the Consortium will establish the Child Psychiatry Access Network (CPAN) to assist pediatricians and primary care providers in meeting the behavioral health needs of children and youth, and the Texas Child Access Through Telemedicine (TCATT) program, which leverages telemedicine and telehealth to connect at-risk students in schools with providers who can assess and intervene, as necessary. Late in the session, Senate Bill 10 was successfully amended into **Senate Bill 11** and was signed by the Governor June 6, 2019.

House Bill 18 by Rep. Four Price provides for the mental health of public school students in training requirements for school employees, curriculum requirements, educational programs, and health care services for students.

SB 670 by Senator Dawn Buckingham removes the requirement that a health professional be present in person with the patient during treatment for Medicaid reimbursement of telemedicine or telehealth in schools. The bill would require HHSC by rule to ensure FQHCs could be reimbursed for the originating site facility fee or the distant site practitioner fee, or both, for telehealth and telemedicine services provided by a Medicaid provider.

Concerns raised by Clarity Child Guidance Center over the Medicaid reimbursement for mental health services led Senator Jose Menendez to file **Senate Bill 1177**, which allows Medicaid managed care organizations to offer reimbursement for certain evidence-based practices in lieu of other mental health services.

As part of the Austin State Hospital Stakeholder Committee's work on designing a new delivery system for ASH, Senator Kirk Watson passed **Senate Bill 2111**, requiring the Texas Health and Human Services Commission (HHSC) to establish a plan under which HHSC could contract with a local, public institution of higher education (i.e., The University of Texas at Austin, Dell Medical School) to transfer the operations of Austin State Hospital. The bill would require HHSC to prepare and deliver to state leadership and lawmakers a written report with recommendations by Sept. 1, 2020.

The work of the House Select Committee on Opioid and Substance Use brought forth a number of legislative recommendations, including **SB 435** by Senator Jane Nelson, directing local school health advisory councils (SHACs) to recommend appropriate opioid addiction and abuse curriculum for their districts. **House Bill 3672** by Rep. Andrew Murr directs HHSC to collect opioid admission, discharge and transfer data to maximize federal opioid funding. **HB 3285** by Rep. J.D. Sheffield is omnibus legislation that would amend the statewide behavioral health strategic plan, establish opioid antagonist programs, require Medicaid reimbursements for certain substance use disorder treatments, increase public awareness and expand treatment options.

SB 436 by Senator Jane Nelson expands the Texas Alliance for Innovation in Maternal Health (TexasAIM) program to curb maternal opioid abuse disorder. Drug overdose is a leading cause of maternal deaths in Texas, and most of these deaths are attributed to opioid abuse. The bill directs the Department of State Health Services to build on the current hospital program to improve early identification of abuse, bolster intervention efforts and restrict access to opioids for mothers.

SB 1564 by Senator Royce West aligns Medicaid policy with federal law (SUPPORT Act) to allow midlevel practitioners (physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives) to prescribe buprenorphine and receive Medicaid reimbursement.

Programs and services funded in the state budget bill, House Bill 1, include:

- \$60M for the Mental Health Grant Program for Justice-Involved Individuals, a \$12.5M increase from FY 2018-19 levels. This is a continuation of SB 292, passed in 2017, which provided matching mental health grant funding for large urban counties. Methodist Healthcare Ministries provided the local or in-kind match for qualifying funded partners who successfully secured state grants, including The Center for Health Care Services and Tropical Texas Behavioral Health Center.
- \$40M for the Community Mental Health Grant Program, a \$10M increase from FY 2018-19 levels. This is a continuation of HB 13, passed in 2017, which provided matching mental health grant funding for rural counties. Methodist Healthcare Ministries provided the local or in-kind match for its funded partners in rural counties, including Border Regional Behavioral Health Center, Gulf Bend Center in Victoria and MHMR Services For Concho Valley.
- \$100M to fund a new School Safety Allotment to provide mental health personnel and support, behavioral health services, prevention and treatment programs relating to addressing adverse childhood experiences, or programs related to suicide prevention, intervention and postintervention.
- \$20M for the TV+FA Grant Program, to improve quality of life for Texas veterans and their families via local mental health treatment and support services.
- Includes budget rider language directing HHSC to evaluate the delivery of service to adults with serious mental illness in Medicaid and identify performance measures to better hold managed care organizations accountable for outcomes and Medicaid spending for this population.
- Contains a new performance measure to track the percentage of individuals admitted for opioid use disorder (OUD) who are receiving medication-assisted treatment (MAT), a best practice for opioid use disorder.

HB 2813 by Rep. Four Price would solidify the continued existence of the Texas Statewide Behavioral Health Council by codifying it in statute, ensuring the council continued to provide a coordinated and strategic approach to mental and behavioral health services and the treatment of substance use disorders where funds have been appropriated. **House Bill 3980** by Rep. Todd Hunter would also require the Statewide Behavioral Health Coordinating Council to prepare a report on suicide rates and state efforts to prevent suicide.

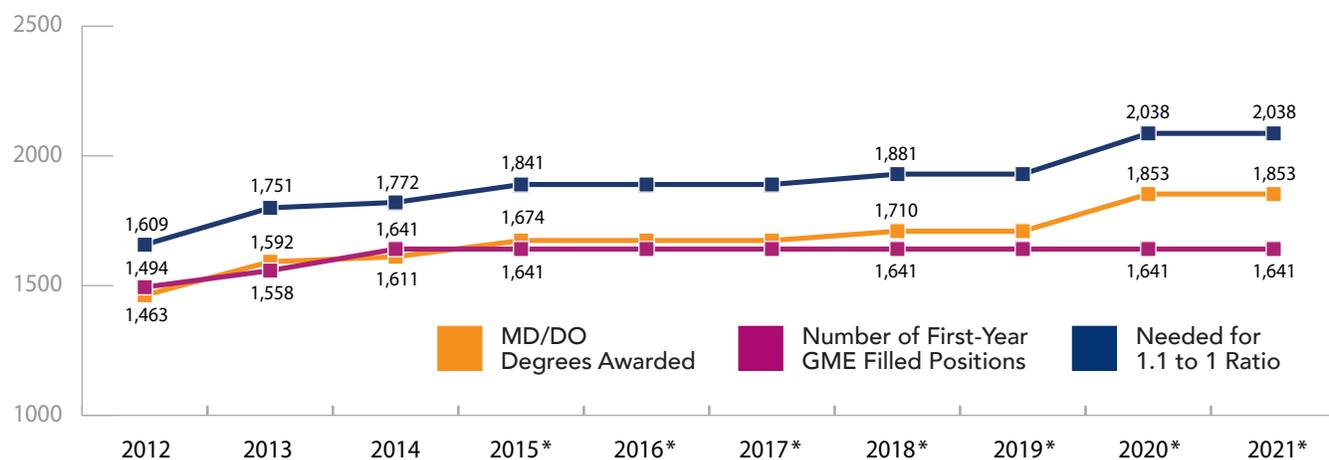


HEALTHCARE WORKFORCE



Like the rest of the country, Texas suffers from a lack of providers in all specialty areas, especially mental health. Lawmakers responded in 2017 with funding for graduate medical education loan repayment programs for providers who practiced in critical shortage areas and cared for Medicaid patients as well as with nursing school scholarships for students and faculty. These efforts continued in 2019 with the addition of two medical schools – at the University of Houston and Sam Houston State University – and an infusion of \$60.7 million to sustain medical residency slots at a 1.1 to 1 ratio.

Texas medical school graduates, first-year entering residency positions, and the target number of first year residency slots needed to achieve a 1.1 to 1 ratio.



*Projected SOURCE: Texas Higher Education Coordinating Board. "An Assessment of Opportunities for Graduates of Texas Medical Schools to Enter Graduate Medical Education in Texas." December 2014.

Helping augment the state's mental health workforce, **HB 1501** by Rep. Poncho Nevarez creates the Texas Behavioral Health Executive Council (BHEC) to streamline and expedite the licensing process for psychologists, social workers, counselors, and marriage and family therapists. House Bill 1 also includes \$2.125 million for the Loan Repayment Program for mental health professionals.

House Bill 80 by Rep. Lina Ortega would require the Texas Higher Education Coordinating Board to conduct a study on shortages in certain health professions. The study would analyze shortages in professions including medicine, dentistry, nursing, physical therapy, occupational therapy, audiology, psychology, pharmacy, public health and speech-language pathology. **Senate Bill 1636** by Senator Judith Zaffirini would expand the requirements of the annual Health Professions Council report to develop strategies to expand the health care workforce in Texas, including methods for reducing the time required to process license applications and increasing the number of mental and behavioral health care practitioners.

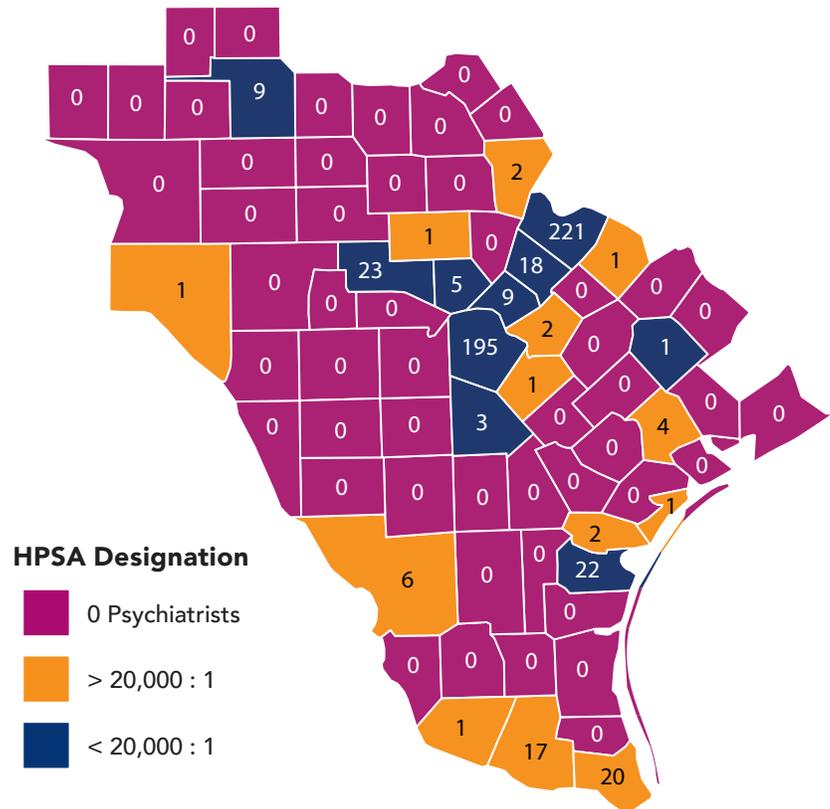
Provisions in **Senate Bill 10** by Senator Jane Nelson establish the Texas Mental Health Care Consortium and includes funding for psychiatric residency rotation positions at community mental health providers sites and child and adolescent psychiatry fellowships.

Incentives to expand residency programs in rural medical facilities were part of **House Bill 1065** by Rep. Trent Ashby and establishes a rural residency physician grant program, due to be awarded by Jan. 1, 2020.

The nursing workforce shortage was addressed in **House Bill 1401** by Rep. Donna Howard which continues the Nursing Innovation Grant Program, a valuable initiative that addresses the expected shortage of nurses and ensures access to training and resources.

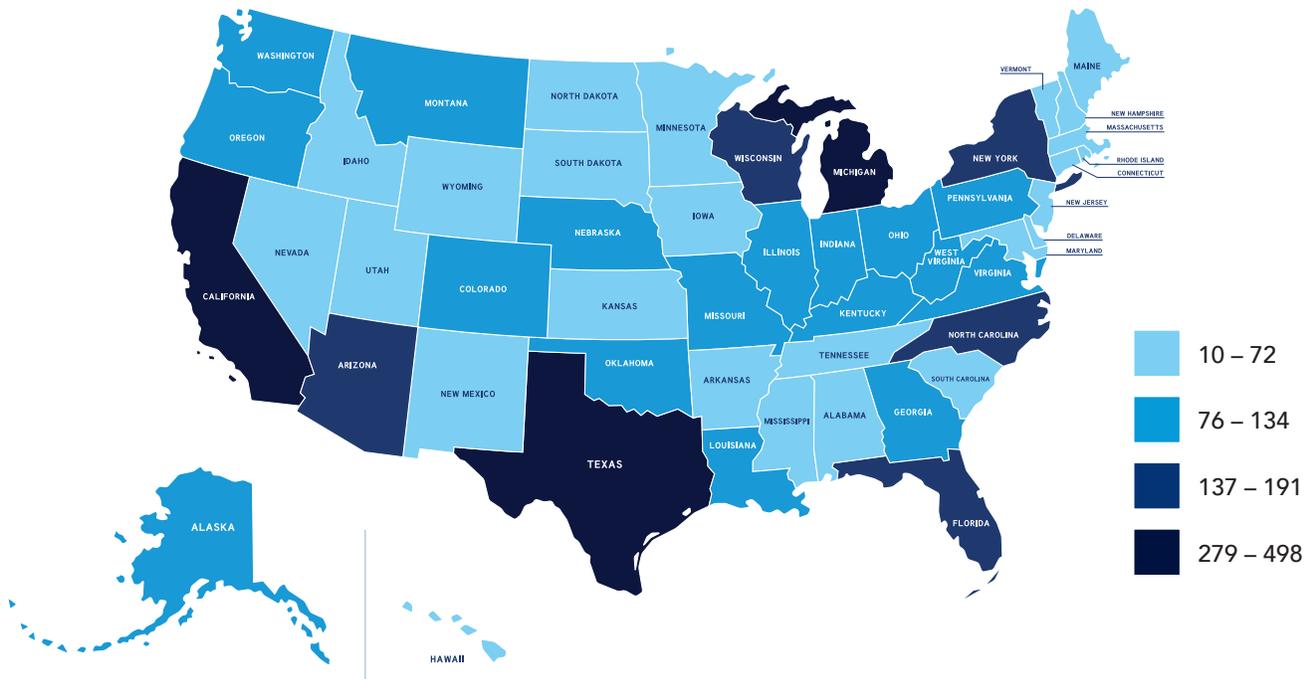
House Bill 2261 by Rep. Armando Walle increases the amount of money a physician could receive under the physician education loan repayment program by \$5,000 each year, bringing the total available amount to \$180,000.

Number of Psychiatrists in Rio Texas Conference Service Area, 2016



SOURCE: Adapted from Texas Department of State Health Services Center for Health Statistics, Texas Health Professions Resource Center

Total Number of Mental Health Care Health Professional Shortage Areas (HPSAs), May 2018



SOURCE: Kaiser Family Foundation's State Health Facts

WOMEN'S HEALTH



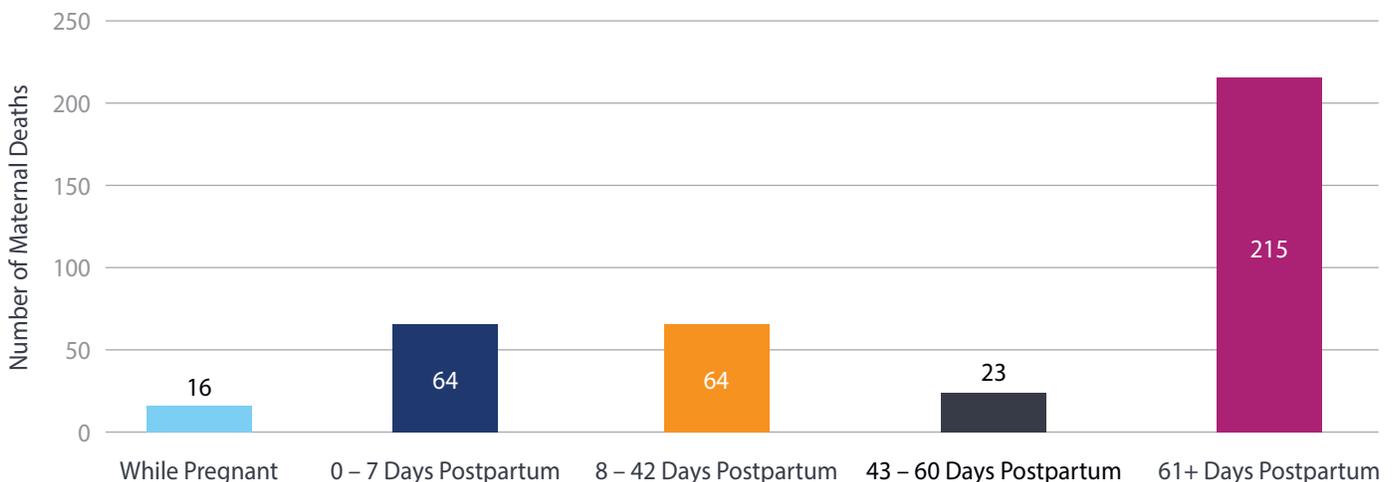
Services for Women's Health Programs saw an increase in the state budget, **House Bill 1**, from the \$284.6 million in 2018-2019 biennium to \$347 million, an increase of roughly \$68 million in all funds for the state's four programs, including the Healthy Texas Women, Family Planning Program, Breast and Cervical Cancer and Women's Health Services.

Access to transportation is vital to continuity of care for pregnant moms and children. **House Bill 25** by Rep. Poncho Nevarez received overwhelming support from health care advocates who recognize the pivotal role transportation plays in securing access to care. HB 25 requires HHSC to collaborate with the Maternal Mortality and Morbidity Task Force to develop a pilot program for providing medical transportation services to certain women and their children, including women enrolled in the STAR Medicaid managed care program during pregnancy and after delivery.

Senate Bill 2132 by Senator Beverly Powell will help increase access to care for women who are enrolled in the Healthy Texas Women program after their 60-day coverage in the Medicaid for Pregnant Women program expires. The bill directs HHSC to alert eligible women of their enrollment into Healthy Texas Women and the services provided through the program, and to provide information on local health care providers that participate in Healthy Texas Women.

Senate Bill 750 by Senator Lois Kolkhorst requires HHSC to expand prenatal and postpartum care services for certain women enrolled in the Healthy Texas Women program. The bill would require HHSC to assess the feasibility of providing Healthy Texas Women program services through Medicaid managed care. **House Bill 253** by Rep. Jessica Farrar requires HHSC, in coordination with other state mental health councils, to develop and implement a recurring five-year strategic plan to improve access to postpartum depression screening, referral, treatment and support services.

Timing of Maternal Deaths in Texas, 2012-2015



Addressing behavioral health needs for moms and newborns, **Senate Bill 436** by Senator Jane Nelson requires DSHS, in collaboration with the Maternal Mortality and Morbidity Task Force to develop and implement initiatives to improve screening procedures that better identify and care for women with opioid use disorder, including optimizing continuity of care newborns with neonatal abstinence syndrome.

CHILDREN'S HEALTH



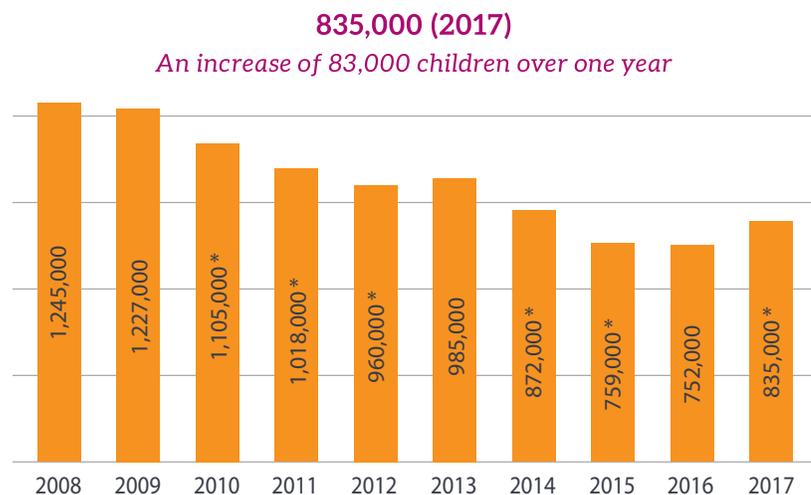
Investing in health services and education for children is a sound investment for Texas families, their communities and bodes well for a strong economic future. Yet, a 2018 report by Georgetown University Center for Children and Families found that Texas had an estimated 835,000 uninsured children in 2017, an increase of 83,000 kids from the previous year, retaining its No. 1 status in the country at 10.7 percent uninsured, nearly double the national average. The increase in the number of uninsured children points to a number of factors, including that Texas has the highest rate of uninsured adults – uninsured parents leads to uninsured children. Limited access to the state's rigid Medicaid program also plays a role in enrolling and retaining children on health plans. Despite these warnings, there was little political will this session for expanding or improving health coverage for children.

Lawmakers pushed through legislation aimed at training school boards and staff on identifying the maltreatment of children. **House Bill 111** by Rep. Mary Gonzalez requires training for school personnel to recognize and prevent sexual abuse, sex trafficking and other maltreatment of children with significant cognitive disabilities. Similar training is now also required for school boards and superintendents with the passage of **House Bill 403** by Rep. Senfronia Thompson. For law enforcement, **Senate**

Bill 586 by Senator Kirk Watson improves on the training Texas peace officers are already required to receive regarding sexual assault, child abuse, and family violence by ensuring it is up-to-date and trauma-informed. Local children's advocacy centers that serve to assess victims of child abuse and their families for necessary services are now required to adopt a multidisciplinary team working protocol in coordination with DFPS and participating service agencies as a result of **Senate Bill 821** by Senator Jane Nelson.

Children's nutrition and physical well-being in child care facilities were addressed in **Senate Bill 952** by Senator Kirk Watson which aligns the minimum standards for physical activity, screen time and nutrition in Texas daycare centers and registered family homes with nationally recognized best practices, including those identified by the American Academy of Pediatrics and the Department of Agriculture's Child and Adult Care Food Program. Child care services and programs subsidized by the Texas Workforce Commission and federal child care development funds for low-income families would become more transparent with new standards that reviewed program efficiencies, local access and best practices under **House Bill 680** by Rep. Joseph Deshotel.

House Bill 455 by Rep. Alma Allen would have required the Texas Education Agency (TEA) to develop model policies on the recess period during the school day that encouraged constructive, age-appropriate outdoor playtime, guidelines for outdoor equipment and facilities on public school campuses. School board trustees would have to adopt a recess policy based on TEA's model policies by May 1, 2020. The bill was vetoed by Governor Abbott June 15, 2019.



MISSED OPPORTUNITIES

Texas Has Not Accepted Federal Medicaid Expansion

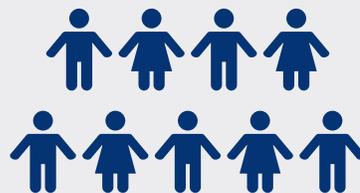
4,326,567	Number of people covered by Medicaid/CHIP as of July 2018
1,685,000	Number of additional people who would be covered if the state accepted expansion
638,000	Number of people who have NO realistic access to health insurance without Medicaid expansion
\$114.2 Billion	Money the state is leaving on the table over the next decade by not expanding Medicaid

For healthcare provider and stakeholders, the biggest missed opportunity was the state’s continued opposition to expanding Medicaid services for our neediest Texas families, roughly 1.1 million low income adults. It is not an exaggeration to note that the faintest hint of expanding services or collection of data on the state’s uninsured population set off alarms and derailed a number of key bills aimed at keeping children insured, keeping new mothers healthy and stopping efforts to develop a strategic workplan to tackle the state’s health literacy problem, a bill brought forth by Methodist Healthcare Ministries in both 2017 and 2019. **HB 2032** by Rep. John Turner passed the House but was unable to move out of a more conservative Senate committee, wary of the bill’s language that called for a review of the impact of health literacy on the uninsured.

Given the balance of funds in the state’s Rainy Day Fund, an unprecedented balance of \$15 billion, it was perhaps a missed opportunity that full funding for the construction of a new San Antonio State Hospital, as well as the Austin State Hospital, was not secured. The state’s investment of \$190 million for startup work assures stakeholders that they will return in 2021 to complete the work.

Equally disappointing is the lack of late-session movement for **House Bill 342** by Rep. Philip Cortez, aimed at retaining eligible Medicaid children on the rolls by reducing the number of income audits and the administrative errors that came with them. Despite compromises that were made in the House, Senate leadership allowed the bill to die without giving it a hearing.

For every 10 Texas kids who lose Medicaid coverage due to monthly income checks:



9

kids lose coverage for “procedural” reasons such as errors or delays in the monthly paperwork.

They often return to Medicaid or CHIP within six months, missing out on healthcare in the meantime.



1

kid is removed from Medicaid because family income increased.

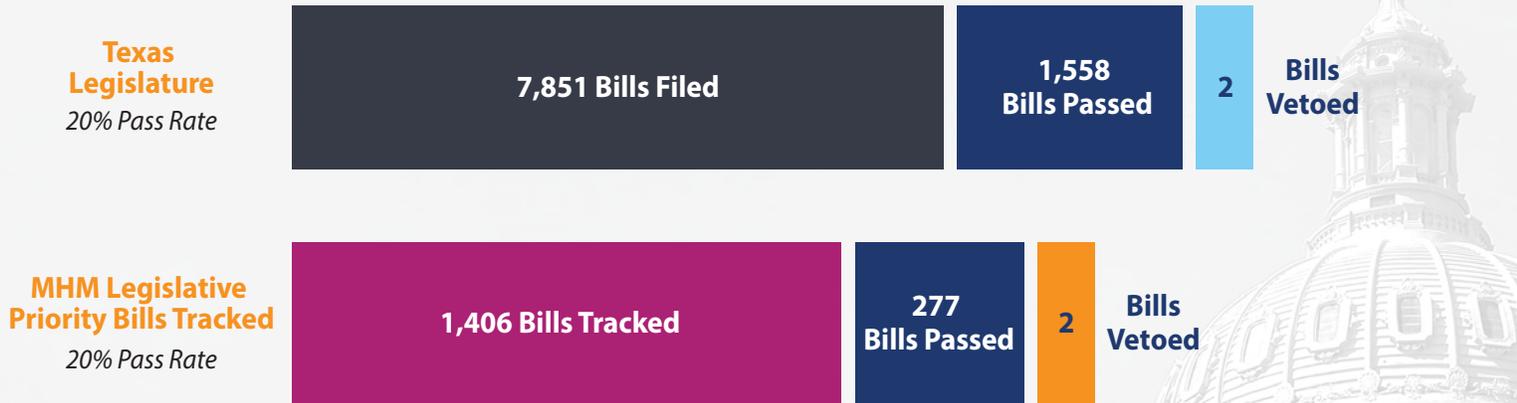
These kids likely qualify for CHIP.

The same fate awaited **House Bill 744** by Rep. Toni Rose, and its goal to extend Medicaid eligibility for new moms beyond the current two months. Brought forth as a recommendation by the Maternal Mortality and Morbidity Task Force to reduce the number of preventable maternal deaths, legislation to extend care for moms to 12 months also died in the Senate in the last month of the session.

Immunization advocates were smartly prepared to play defense this session, knowing there would be continued attempts to strengthen and expand the state’s already broad vaccine exemption law. Texas is one of 16 states that allows parents to bypass vaccine requirements for enrolling their children in school by claiming a “conscientious exemption.” Since Texans loosened the law in 2003, the number of exemption affidavits requests has grown from 7,250 to 76,665. In Texas, schools are required to report their vaccine exemption rates to the state. Efforts to bring transparency to immunization rates by identifying the data by school campus, rather than by school district were the reason for **Senate Bill 329** by Senator Kel Seliger. The bill was able to secure a hearing but failed to be brought up for a vote in committee as a result of strong opposition from advocates who see it as government overreach. This year, Texas has not confirmed a single outbreak – defined as three or more related cases. However, 15 confirmed cases of measles have been reported as of May 2019, the highest number of cases since 2013. Experts note that Texas has so far dodged the bullet, but it’s only a matter of time.

Finally, despite the state’s critical shortage of providers, expanding the scope of practice for advanced nurse practitioners, **House Bill 1792** by Rep. Stephanie Klick, was unable to get out of committee. Compelling testimony was heard in committee from APRNs who grew frustrated over the years waiting for Texas to follow 33 other states in granting more autonomy. These providers shared they reluctantly made the decision to leave their native state and establish their practices in the much more inclusive environments of Arizona and New Mexico.

86th Legislative Session Bills by the Numbers





Methodist Healthcare Ministries

OF SOUTH TEXAS, INC.

"Serving Humanity to Honor God"

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based not-for-profit organization dedicated to creating access to health care for the uninsured through direct services, community partnerships and strategic grant-making in 74 counties across South Texas.

Guided by its mission of "Serving Humanity to Honor God," Methodist Healthcare Ministries' vision is to be the leader for improving wellness of the least served.

The mission also includes Methodist Healthcare Ministries' one-half ownership of the Methodist Healthcare System, the largest healthcare system in South Texas, which creates a unique avenue to ensure that it continues to be a benefit to the community by providing quality care to all and charitable care when needed. For more information, visit www.mhm.org.

Corporate Headquarters

4507 Medical Dr.,
San Antonio, TX 78229
MHM.org

Wesley Health & Wellness Center

1406 Fitch Street,
San Antonio, TX 78211

School Based Health Center at Krueger Elementary

217 West Otto Street,
Marion, TX 78124

Dixon Health & Wellness Center

4212 E. Southcross,
San Antonio, TX 78222

School Based Health Center at Schertz Elementary

757 Curtiss Ave.,
Schertz, TX 78154