

## **BILL ANALYSIS**

C.S.H.B. 892  
By: Villarreal  
Human Services  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

The Texas women's health program, a demonstration project approved by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services, is designed to increase access to family planning and preventive care for women who have limited health care resources in order to improve health outcomes for mothers and babies, and reduce social and fiscal costs associated with unintended and unhealthy pregnancies. The women's health program provides an annual gynecological exam, contraceptives, and related health screenings to uninsured women ages 18 to 44 with income at or below 185 percent of the federal poverty level. The women's health program has a favorable funding formula for states with the federal government contributing 90 percent of the program's funding and the participating state contributing the remaining 10 percent.

The women's health program is intended to decrease the rate and cost of unintended pregnancies in Texas. Currently, more than 45 percent of Texas births result from unintended pregnancies. The percentage is even higher, approaching 50 percent, for women without health insurance at the time they become pregnant. In 2006, Medicaid paid for more than 233,000 births in Texas, 56 percent of all births, at an average cost of more than \$9,000. Births from unintended pregnancies in 2006 cost the state more than \$1 billion in Medicaid costs alone.

The program also addresses the social cost of unintended pregnancies. Unplanned pregnancies are associated with higher risks of late prenatal care, poor child physical and mental health, poor educational and behavioral outcomes for the child, poor maternal mental health, low quality of the mother-child relationship, turmoil in the parents' relationship, and an increased risk of the mother experiencing physical violence during the pregnancy. A baby born from an unintended pregnancy is also at higher risk for low birth weight and prematurity. Additionally, too few eligible women are currently enrolled in the program, as approximately 83,000 of the estimated two million eligible women are enrolled in the program.

C.S.H.B. 892 requires the Health and Human Services Commission (HHSC) to implement effective education, outreach, and other measures to increase participation by potentially eligible women and achieve caseload and cost-savings estimates in the project waiver application without reducing the level of certain services delivered. The bill also requires HHSC to assist eligible women to enroll in the program so that they do not experience a gap in preventive care or family planning services.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 892 amends the Government Code to require the Health and Human Services Commission (HHSC), in order to attain the state and federal cost-savings and reduced rates of

unintended pregnancies estimated in the waiver application, or any renewal waiver application, submitted to the Centers for Medicare and Medicaid Services for implementation of the demonstration project for women's health care services authorized under provisions of the Human Resources Code, to implement effective education, outreach, and other measures designed to increase participation in the demonstration project and through the increased participation achieve the caseload and cost-saving estimates stated in the waiver application. The bill prohibits HHSC from taking any action to decrease the level of programs and services designed to reduce the number of unintended pregnancies and lower the rates of sexually transmitted diseases to a level below the level of programs and services provided on September 1, 2009.

C.S.H.B. 892 amends the Human Resources Code to require HHSC to identify women potentially eligible for participation in the demonstration project following pregnancies for which the women received Medicaid benefits and assist those women in establishing eligibility for the project after eligibility for Medicaid terminates. The bill requires benefits received through the demonstration project to begin on the first day of the month following termination of eligibility for the Medicaid program. The bill requires HHSC to modify any applicable administrative procedures to ensure that a potentially eligible woman maintains continuous eligibility for any services provided by Medicaid and the demonstration project during the transition from participation in Medicaid to participation in the demonstration project. The bill requires HHSC to require any entity that provides information and services to participants in the Medicaid program to provide to women who are potentially eligible for the demonstration project a description of benefits available through the demonstration project and information on how to apply for enrollment in the demonstration project.

C.S.H.B. 892 requires a state agency that is affected by a provision of the bill to request a federal waiver or authorization if the agency determines that a waiver or authorization is necessary for the implementation of the provision, and it authorizes the agency to delay implementation until the federal waiver or authorization is obtained.

#### **EFFECTIVE DATE**

September 1, 2009.

#### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

C.S.H.B. 892 differs from the original by requiring HHSC to implement measures to achieve caseload and cost-savings estimated in the waiver application for the demonstration project for women's health care services, whereas the original requires HHSC to provide adequate resources to increase marketing and outreach to maximize enrollment of and continuous utilization by potentially eligible women. The substitute differs from the original by requiring benefits received through the demonstration project to begin on the first day of the month following termination of eligibility for the Medicaid program, whereas the original requires participation in the program to begin as soon as possible after the termination of eligibility for the Medicaid program. The substitute omits a provision in the original establishing a rebuttable presumption against liability for a physician who contracts with the demonstration project to provide care or services to patients under certain conditions. The substitute adds a provision not in the original to require any entity that provides information and services to participants in the Medicaid program to provide specified information to women who are potentially eligible for the demonstration project. The substitute omits a provision in the original creating a women's health program outreach pilot program in Bexar County.