

## **BILL ANALYSIS**

Senate Research Center  
81R4794 ALB-D

S.B. 594  
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Health & Human Services  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Currently, more than 45 percent of Texas births result from unintended pregnancies, and the percentage is even higher (50 percent) if a woman has no health insurance at the time she becomes pregnant. In 2006, unintended pregnancies cost the state over \$1.1 billion in Medicaid alone. This cost does not account for the many additional unintended pregnancies that end in miscarriage or abortion. When a pregnancy is unintended, there is a higher risk of late prenatal care; poor child physical and mental health; and lower quality of the mother-child relationship. In addition, risks may be higher for the baby being born with a low birth weight and prematurity. Importantly, unintended pregnancy is the chief underlying cause for abortion.

Reducing unintended pregnancy is an important goal that requires education and access to preventive care. Texas acknowledged the state's need to increase access to preventive health and family planning services for low-income women when the Women's Health Program (WHP) was created by the 79th Legislature, Regular Session, 2005. WHP provides services to uninsured women ages 18 to 44 who are at or below 185 percent of the federal poverty level. WHP has a favorable funding formula of 90 percent federal dollars and 10 percent state dollars.

Initial Texas Health and Human Services Commission (HHSC) estimates of women who are potentially eligible for WHP exceed two million. However, only about 83,500 of the women qualified to participate in WHP are enrolled. In order for WHP to achieve the goals for which it was originally created—to improve the overall health of low-income women, prevent unwanted pregnancies, and help make pregnancies healthier for low income women—the state must ensure that it is doing all that is necessary to maximize women's use of the program.

This bill requires HHSC to provide focused and targeted outreach to women delivering on the Medicaid program for pregnant women to enable postpartum women to enroll in WHP. This provision will improve the likelihood that women will transition from Medicaid to WHP with no gap in preventive care and family planning services. In addition, because qualified women can only receive limited services under the WHP, this bill limits the legal liability of health care providers who provide WHP services and advise WHP clients to seek medical care for conditions that are not covered under the program. This bill also requires HHSC to establish a WHP outreach pilot in Bexar County targeting women after a Medicaid delivery.

As proposed, S.B. 594 amends current law relating to the Women's Health Program.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 32.0248, Human Resources Code, by adding Subsections (a-1), (b-1), (b-2), and (f-1), as follows:

- (a-1) Requires the Health and Human Services Commission (HHSC) to provide adequate resources to increase marketing and outreach in order to maximize enrollment of and continuous utilization by potentially eligible women in the demonstration project. Requires that programs and services designed to reduce the number of unintended

pregnancies and lower the rates of sexually transmitted diseases be maintained at a level at least equal to the level at which these services were provided on September 1, 2009.

(b-1) Requires HHSC to identify women potentially eligible for participation in the demonstration project following pregnancies for which the women received benefits through the medical assistance program and assist those women in establishing eligibility for the demonstration project after eligibility for the medical assistance program terminates. Requires that participation in the demonstration project begin as soon as possible after eligibility for the medical assistance program terminates.

(b-2) Requires HHSC to modify any applicable administrative procedures to ensure that a woman described by Subsection (b-1) maintains continuous eligibility for any services provided by both the medical assistance program and the demonstration project during the transition from participation in the medical assistance program to participation in the demonstration project.

(f-1) Provides that there is a rebuttable presumption that a physician who contracts with the demonstration project to provide care or services to participants in the demonstration project is not liable if a participant does not seek medical care after the physician, in the physician's reasonable medical opinion, advises the participant to do so. Provides that this rebuttable presumption exists only in relation to the condition or circumstances for which the participant was advised to seek care.

SECTION 2. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.02481, as follows:

Sec. 32.02481. WOMEN'S HEALTH PROGRAM OUTREACH PILOT PROGRAM.

(a) Defines "women's health program" (program).

(b) Requires HHSC, in conjunction with a health plan and hospital in Bexar County, to develop an outreach pilot program to assist women described by Section 32.0248(b-1) in establishing eligibility for the program. Requires HHSC, as part of the outreach pilot program, to perform an initial screening to determine eligibility for the program and ensure that a women described by Section 32.0248(b-1) receives information regarding benefits available through the program, notification of potential eligibility, an application form for the women's health program, information on where and how to receive application assistance, and a list, updated on a quarterly basis, of women's health program providers in the county.

(c) Authorizes a hospital or health plan participating in the outreach pilot program that contracts with an entity that provides information and services to participants in the medical assistance program to modify the information and services provided by that entity to ensure that potentially eligible women are provided the information and services required under this section.

(d) Requires that the outreach pilot program include monitoring, evaluation, and reporting. Requires HHSC to use information provided by the hospital or health plan participating in the outreach pilot program to report to the legislature regarding the costs and benefits of establishing a statewide outreach program; and problems encountered during the implementation of the outreach pilot program and recommendations for solutions.

(e) Provides that this section expires September 1, 2011.

SECTION 3. Requires HHSC, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such waivers or authorizations are granted.

SECTION 4. Provides that this section expires September 1, 2009.