

## Introduction

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The Texas Association of Community Health Centers (TACHC) supports the work of FQHCs by advocating for public policies that support the health center mission. During the interim, we heard our members' concerns related to funding, the end of Medicaid continuous coverage, increased demand for women's health and behavioral health services, as well as workforce challenges.

In the 88<sup>th</sup> legislative session, lawmakers had an unprecedented opportunity to fund new programs and expand initiatives thanks to a \$32 billion surplus. Under the guidance of the TACHC Policy and Issues Committee and TACHC Board, TACHC developed an ambitious health center agenda for the 88<sup>th</sup> Legislative Session that included priorities to expand coverage options for uninsured Texans, increase health center funding, and increase the primary care workforce.

## Advocacy

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TACHC successfully promoted these priorities and other bills with the support of health center advocates. Advocacy comes in many forms, and health centers were ready to respond and share their stories in support of multiple priority bills.

-  **800+ bills tracked.** TACHC staff tracked more than 800 healthcare related bills.
-  **100+ meetings with legislative offices.** Health center staff met with legislative offices during TACHC's Policy and Issues Forum and throughout session to provide insight on health center priorities.
-  **6 health centers provided oral testimony.** Health centers testified in support of six bills and TACHC also provided testimony during three committee hearings.
-  **20+ bills supported.** TACHC registered support of various priority bills and bills supported by coalition partners.
-  **36 targeted advocacy calls to action.** Health center leaders and other staff responded to calls to action on important legislative priorities.
-  **150 + social media posts** on legislative priorities and other bills from TACHC's accounts.

## Summary

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Legislators filed more than 8,000 bills, and passed 15% (1,246), including several health center priority bills. Below is a summary of all bills and budget items passed during the 88th Session that may impact health centers, which includes:

-  Summary of the legislation;
-  Key implementation dates;
-  Impact to health centers;
-  Background information on program or previously passed bills; and
-  TACHC action.

If you have questions or would like more information on any of these bills, please reach out to Shelby Tracy, TACHC's Director of Policy and External Communications at [stacy@tachc.org](mailto:stacy@tachc.org).

### Table of Contents

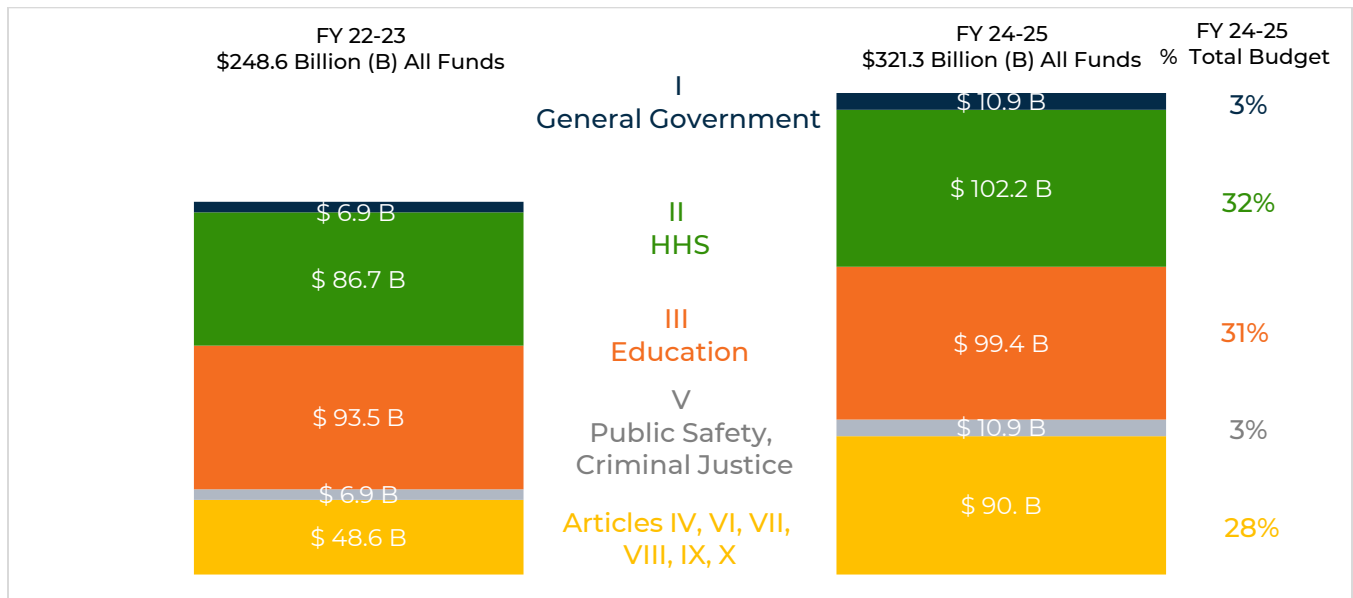
|   | Bill               | Description  | Author         | Page |
|---|--------------------|--|----------------|------|
| <b>Budget</b>                           | HB 1               | General Appropriations Act   | Rep. Bonnen    | 3    |
|   | SB 30              | Supplemental Appropriations  | Sen. Huffman   | 3    |
| <b>TACHC Priorities</b>                 | SB 2193            | Primary Care Access Pilot  | Sen. LaMantia  | 9    |
|   | HB 12              | Medicaid Postpartum Coverage Extension to 12 Months                          | Rep. Rose      | 9    |
|   | HB 2727            | Medicaid Remote Patient Monitoring   | Rep. Price     | 9    |
| <b>Women's Health</b>                   | HB 1575            | Case Management for Non-Medical Needs for Pregnant Women                     | Rep. Hull      | 10   |
|   | SB 24              | Thriving Texas Families  | Sen. Kolkhorst | 11   |
|   | HB 916             | 12-month Supply of Contraceptives  | Rep. Ordaz     | 11   |
| <b>Behavioral Health</b>                | SB 26              | Mental Health Innovation Grant   | Sen. Kolkhorst | 11   |
|   | SB 1319            | Reporting Overdose Information and Mapping                                   | Sen. Perry     | 12   |
|   | HB 1337            | Step Therapy Protocols for Serious Mental Illness Prescriptions              | Rep. Hull      | 12   |
|   | HB 1357            | Prior Authorization for Medication Assisted Opioid or Substance Use Disorder | Rep. Holland   | 12   |
| <b>Dental</b>                           | HB 1527            | Dental Fairness and Transparency Act   | Rep. Oliverson | 13   |
|   | HB 3824            | Delegated Authority for Dental Hygienists                                    | Rep. Klick     | 13   |
| <b>Pharmacy</b>                         | HB 25              | Wholesale Prescription Drug Importation Act                                  | Rep. Talarico  | 13   |
|   | HB 755             | Prior-Authorization for Autoimmune and Blood Disorders                       | Rep. Johnson   | 13   |
|   | HB 999             | Cost-Sharing Requirements for Health Plans                                   | Rep. Price     | 14   |
|   | HB 1647            | Health Benefit Coverage of Clinician-Administered Drugs                      | Rep. Harris    | 14   |
|   | HB 1283            | Extension of Medicaid Formulary Sunset                                       | Rep. Oliverson | 15   |
|   | HB 3286            | Medicaid Vendor Drug Inclusion   | Rep. Klick     | 15   |
|   | HB 4990            | Tx Pharmaceutical Initiative   | Rep. Bonnen    | 15   |
| <b>Workforce</b>                        | HB 400             | Psychiatric Innovation Grant   | Rep. Klick     | 16   |
|   | SB 25              | Nurse Loan Repayment and Grants  | Sen. Kolkhorst | 16   |
|   | SB 532             | Mental Health Loan Repayment Time Period                                     | Sen. West      | 17   |
| <b>Operations</b>                       | HB 711             | Employer Contract Provisions for Patient Steering                            | Rep. Frank     | 17   |
|   | HB 1973            | Healthcare Itemized Billing  | Rep. Harris    | 17   |
|   | SB 29              | Prohibition of Certain COVID-19 Measures                                     | Sen. Birdwell  | 18   |
|   | HB 1 DSHS Rider 40 | COVID-19 Vaccinations  |                | 18   |
| <b>Medicaid</b>                         | HB 44              | Medicaid Discrimination Based on Immunization Status                         | Rep. Swanson   | 18   |
|   | HB 113             | Medicaid MCO Quality Improvement Costs Related to Community Health Workers   | Rep. Ortega    | 19   |
| <b>Outreach and Enrollment</b>          | HB 2802            | Medicaid Application Form and Communication with Medicaid Recipients         | Rep. Rose      | 19   |
|   | HB 1287            | SNAP Vehicle Asset Test  | Rep. Guillen   | 19   |
| <b>Patient and Provider Protections</b> | HB 1998            | Texas Medical Board Physician Reviews  | Rep. Johnson   | 20   |
|   | HB 2002            | Out-of-Pocket Expense Health Plan Credits                                    | Rep. Oliverson | 20   |
|   | HB 3058            | Provider Protections for Treating Pregnancy Complications                    | Rep. Johnson   | 20   |

### State Budget Highlights

Unlike the budget cuts and limitations from the last session, the 88<sup>th</sup> Texas Legislature had the opportunity to dedicate a \$32.7 billion surplus. In the healthcare space, legislators heavily invested in women’s health, mental health, and workforce. This document provides a summary of the Texas budget and highlights funding changes with potential impacts to FQHCs .

### House Bill 1 (HB 1) General Appropriations Act

During the 88<sup>th</sup> Legislative Session, legislators approved a \$321.3 billion in all funds (AF) for the next biennium (state FY 2024-2025). Funding includes \$144 billion in general revenue (GR) for FY 2024-2025, and \$102.2 billion in federal funds (FF). This is a 10% increase in general revenue and 30% in all funds compared to the FY 2022-2023 biennium. More than 30% of the state budget is allocated to Article II to support Health and Human Services, including Medicaid.



### Senate Bill 30 (SB 30) Supplemental Budget

SB 30 is the supplemental budget to the FY 22-23 biennium and makes one-time investments for select projects. SB 30 allocates over \$13.2 billion, including \$7.3 billion in general revenue. SB 30 also includes \$1.4 billion in federal funding from the American Rescue Plan Act. The bill funds over 30 strategies and initiatives across various agencies, including two items of importance to health centers.

#### FQHC Incubator Program

⬆️ **\$40 Million.** Article II, DSHS.

Allocates funding to the Department of State Health Services for the program. Funds can be used for the two-year period beginning on June 9, 2023. TACHC is working with DSHS on implementation and will have more information to centers when its available.

#### Medicaid Shortfall

⬆️ **\$2.5 Billion in General Revenue, \$4.7 Billion in Federal Funds.** Article II, HHS.

Addresses budget shortfall to cover additional costs related to Medicaid.

**Article II Health and Human Services (HHS)**

Article II of the state budget includes funding for health and human services, including HHSC and DSHS. The legislature increased funding for Article II by more than 30% in the upcoming budget cycle. Additional funding supports investments in women’s health and behavioral health, as well as other initiatives intended to improve access to services.

**Women’s Health**





The legislature increased funding for women’s health programs by more than 25% and added funding for new initiatives to improve geographic access and navigation of services. Health centers are core providers in these programs. The table below compares funding in the upcoming budget with current funding levels.

|  | <b>Budget Strategy/<br/>Rider</b> | <b>FY 24-25<br/>All Funds</b> | <b>FY 22-23<br/>All Funds</b> | <b>%<br/>Change</b> |
|--|-----------------------------------|-------------------------------|-------------------------------|---------------------|
| <b>Women’s Health Programs</b>   | D.1.1.                            | <b>\$ 447.2 M</b>             | <b>\$ 352.6 M</b>             | <b>↑ 27%</b>        |
| <b>Healthy Texas Women (HTW)</b>   | D.1.1. Rider 66 (a)               | <b>\$ 268.6 M</b>             | <b>\$ 229.9 M</b>             | <b>↑ 17%</b>        |
| <b>Family Planning Program (FPP)</b>   | D.1.1. Rider 66(b)                | <b>\$ 144.9 M</b>             | <b>\$ 87.8 M</b>              | <b>↑ 65%</b>        |
| <b>FPP Funds Gone Notification</b>   | D.1.1. Rider 70                   | <b>Informational</b>          | <b>\$ -</b>                   | <b>New</b>          |
|  Requires HHS to provide notice to the Legislative Budget Board if HHS enters a “funds gone” status for contract claims. For example, if funds run out in the FPP, the rider allows for the transfer of funds into FPP if sufficient funds are available in a different program like HTW. |                                   |                               |                               |                     |
|  The rider should reduce FPP funds running out mid-year and support FQHCs to continue to provide services to FPP patients with program funds for the full contract period.  |                                   |                               |                               |                     |
| <b>Breast and Cervical Cancer Services (BCCS)</b>  | D.1.1. Rider 66(c)                | <b>\$ 24.6 M</b>              | <b>\$ 21.8 M</b>              | <b>↑ 13%</b>        |
| <b>Women’s Health Programs Caseload Growth</b>   | D.1.1. Rider 66(d)                | <b>\$ 10 M, GR</b>            | <b>\$ -</b>                   | <b>New</b>          |
|  Additional funding to support increase in caseloads for women’s health programs. Prevents providers from entering into “funds gone.”   |                                   |                               |                               |                     |
| <b>Women’s Preventive Health Mobile Units</b>  | D.1.1. Rider 67                   | <b>\$ 10 M, GR</b>            | <b>\$ -</b>                   | <b>New</b>          |
|  Funds mobile health units to increase access to women’s health programs. HHS currently funds one women’s health mobile unit in the Rio Grande Valley, and this rider will support the expansion of more units.   |                                   |                               |                               |                     |
|  FQHCs may be eligible to apply for funding to expand mobile services.  |                                   |                               |                               |                     |
| <b>HTW Enrollment Support</b>  | D.1.14. Rider 69                  | <b>\$ 10 M, GR</b>            | <b>\$ -</b>                   | <b>New</b>          |
|  Funds patient navigators at contracted HTW or FPP clinics to facilitate and expedite access to HTW.  |                                   |                               |                               |                     |
|  FQHCs may be eligible for funding to support additional outreach and enrollment staff or resources.  |                                   |                               |                               |                     |

### HHS Eligibility and Enrollment











FQHC outreach and enrollment staff help patients understand insurance coverage options and enroll into public and private health plans, including Medicaid, Marketplace plans, and other limited-coverage options like Healthy Texas Women.

|  | Budget Strategy/<br>Rider | FY 24-25<br>All Funds | FY 22-23<br>All Funds | %<br>Change   |
|--|---------------------------|-----------------------|-----------------------|---|
| <b>Integrated Eligibility and Enrollment</b>   | I.1.1.                    | \$ 1.4 B, AF          | \$ 1.1 B, AF          | ↑ 24%   |
| <b>End of Medicaid Continuous Coverage Support</b>   | I.1.1 Rider 27            | \$ 160.4 M, AF        | \$ -                  |  New |
|  Funds additional HHS staff for increased workload for Medicaid eligibility support services due to the Medicaid unwinding. |                           |                       |                       |   |

### Additional HHS Funding









The legislature invested in several strategies to promote primary and preventive health through HHS and DSHS.

|  | Budget Strategy/<br>Rider | FY 24-25<br>All Funds | FY 22-23<br>All Funds | %<br>Change   |
|--|---------------------------|-----------------------|-----------------------|---|
| <b>Texas Colorectal Cancer Initiative</b>  | D.1.10. Rider 86          | \$10 M, GR            | \$ -                  |  New |
|  Funds a pilot program to treat colorectal cancer for uninsured and underinsured Texas residents with income at or below 200% of the federal poverty level.                         |                           |                       |                       |   |
|  The concept behind this rider came from a DSRIP project and is envisioned to loosely mirror the BCCS program.  |                           |                       |                       |   |
|  FQHCs may be eligible for funding to support preventive screenings.  |                           |                       |                       |   |
| <b>HIV/STD Prevention</b>  | DSHS. A.2.2               | \$507.2 M             | \$477 M               | ↑ 12%   |
| <b>HIV Medication Cabenuva</b>   | A.2.2. Rider 36.          | Informational         | \$ -                  |  New |
|  The legislature directed DSHS to purchase Cabenuva or any other similar HIV long-acting treatment for the Texas HIV Medication Program participants.                               |                           |                       |                       |   |
| <b>SNAP Nutrition Incentives</b>   | I.1.1. Rider 89           | \$ 6 M, GR            | \$ -                  |  New |
|  Establishes grants for organizations to implement nutrition incentive programs such as the Double Up Food Bucks program to support the purchase of healthy food with SNAP dollars. |                           |                       |                       |   |



## Behavioral Health (Article II and III)





Legislators appropriated more than \$9 billion AF in HB 1 and \$2 billion AF in SB 30 to increase access to behavioral health services through additional funding for programs and workforce. Funding for behavioral health strategies is included in both Article II and Article III.

|   | Budget Strategy/<br>Rider | FY 24-25<br>All Funds | FY 22-23<br>All Funds | %<br>Change   |
|---|---------------------------|-----------------------|-----------------------|---|
| <b>Substance Abuse Services</b>   | II. D.2.4                 | \$ 554 M              | \$ 478 M              | ↑ 12%   |
|  Provides substance abuse prevention, treatment, and recovery services, including prevention programming in schools and community sites, public awareness campaigns, intervention programs, and a continuum of treatment programs.   |                           |                       |                       |   |
| <b>Community Mental Health Grant Programs</b>   | II. D.2.6. Rider 48(a)(4) | \$ 55 M, GR           | \$ 40 M, GR           | ↑ 38%   |
|  HHS established the matching grant program to foster community collaboration, reduce duplication of mental health services and promote continuity of care. Projects under the grant program may address: (1) access to care; (2) co-occurring disorders/substance use disorder services; (3) crisis and forensic services; (4) peer support services; and (5) school-based early intervention services. |                           |                       |                       |   |
|  FQHCs may apply to receive grants to support mental health initiatives through this program.  |                           |                       |                       |   |
| <b>Mental Health Innovation Grants</b>  | II. D.2.6. Rider 48(a)(6) | \$ 15 M, GR           | \$-                   |  New |
|  New grant program created through SB 26. This funding is designed to expand mental health capacity through grants to support community-based initiatives to promote identification of mental health issues and improve access to early intervention and treatment.  |                           |                       |                       |   |
|  FQHCs may be able to apply for the grants created by SB 26. See more under SB 26.   |                           |                       |                       |   |

Legislators more than doubled funding for the Child Mental Health Consortium (CMHCCC). The Consortium includes five programs that offer specialty psychiatric consultations for children as well as increased mental health workforce initiatives.

|  |                      |            |           |        |
|--|----------------------|------------|-----------|--------|
| <b>Child Mental Health Care Consortium (CMHCC)</b>   | III. D.1.7           | \$ 280.6 M | \$118.5 M | ↑ 137% |
|  FQHCs can consider utilizing CPAN and other programs created by the CMHCC.   |                      |            |           |        |
| <b>Texas Child Access Through Telemedicine (TCHAT)</b>   | III. D.1.7. Rider 46 | \$ 142.1 M | \$50.5 M  | ↑ 181% |
|  TCHAT provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents and provide access to mental health services. Additional funding will help expand TCHAT services to all school districts. |                      |            |           |        |

|   |                      |           |          |        |
|---|----------------------|-----------|----------|--------|
| <b>Child Psychiatric Access Network (CPAN)</b>  | III. D.1.7. Rider 46 | \$ 47.2 M | \$31.6 M | ↑ 50%  |
|  CPAN provides real-time access to a multidisciplinary network of mental health experts in each region of Texas—including child psychiatrists—for peer-to-peer consults by phone.                      |                      |           |          |        |
| <b>Workforce Expansion</b>  | III. D.1.7. Rider 46 | \$ 43.1 M | \$13.9 M | ↑ 209% |
|  Workforce expansion funds full-time academic psychiatrists as academic medical directors and new psychiatric resident rotation positions at facilities operated by community mental health providers. |                      |           |          |        |

## Article III Higher Education

The Higher Education Coordinating Board administers several medical training and loan repayment programs funded by state general revenue (GR).

### Provider Loan Repayment Programs



|  | Budget Strategy/<br>Rider | FY 24-25<br>All Funds | FY 22-23<br>All Funds | %<br>Change  |
|--|---------------------------|-----------------------|-----------------------|--|
| <b>Educational Loan Repayment Programs</b>   | C.1.3                     | \$79.8 M              | \$438 M               | ↑ 82%  |
|  FQHCs use these programs to help recruit providers to work in underserved areas where they are located. TACHC will notify centers when application periods open.   |                           |                       |                       |  |
| <b>Mental Health Loan Repayment Program</b>  | C.1.3 Rider 50            | \$28 M                | \$2.1 M               | ↑ 1251%  |
|  The Mental Health Loan Repayment Program was created to encourage qualified mental health professionals to practice in a Mental Health Professional Shortage Area (MHPSA). Eligible mental health professionals include psychologists, LMSWs, LPCs, and LMFTs.                       |                           |                       |                       |  |
| <b>Physician Education Loan Repayment Program</b>  | C.1.3 Rider 50            | \$35.5 M              | \$28.9 M              | ↑ 23%  |
|  The Physician Education Loan Repayment Program was created to encourage qualified physicians to practice medicine in a Health Professional Shortage Area (HPSA). The program is similar to the federal National Health Service Corps, but is operated and funded at the state level. |                           |                       |                       |  |
| <b>Nursing Faculty Loan Repayment Program</b>  | C.1.3 Rider 50            | \$7 M                 | \$2.9 M               | ↑ 139%   |
|  The Nursing Faculty Loan Repayment Program was created to improve access to nursing education programs by encouraging qualified nurses to serve as faculty at eligible institutions of higher education.   |                           |                       |                       |  |
| <b>Nursing Scholarships</b>  | D.1.9                     | \$25 M                | -                     |  <b>NEW</b> |
|  SB 25 by Lois Kolkhorst allows for part-time nurses to be eligible for loan repayment assistance under the Nurse Faculty Loan Repayment Program and establishes a number of new grant programs to help with nurse training in clinics.   |                           |                       |                       |  |
|  Health centers may be eligible for this new program once it is implemented. See more under SB 25.  |                           |                       |                       |  |



## Graduate Medical Education

|  | Budget Strategy/<br>Rider | FY 24-25<br>All Funds | FY 22-23<br>All Funds | %<br>Change  |
|--|---------------------------|-----------------------|-----------------------|--|
| <b>Graduate Medical Education Expansion</b>  | D.1.3.                    | \$233.1 M             | \$199.1 M             | ↑ 17%  |
| Increase first year resident positions at new or existing GME programs   | D.1.13. Rider 34.b        | \$199.9 M             | \$165.8 M             | ↑ 21%  |
| <p> The GME Expansion program was created to support efforts to increase the number of first-year residency positions available in the state. Additional funding will help maintain a 1.1 to 1.0 ratio for residency slots.</p> <p> FQHC who are interested in creating or partnering with an institution to create a residency program may be able to access these funds.</p>   |                           |                       |                       |  |
| <b>Family Practice Residency Program</b>   | D.1.1                     | \$16 M                | \$9 M                 | ↑ 74%  |
| <p> The Family Medicine Residency Program aims to increase the number of physicians selecting family medicine as their medical specialty and to encourage those physicians to establish their practices in rural and underserved communities in Texas. Grants are available to Texas's 35 nationally accredited family medicine residency programs.</p> <p> FQHCs may partner with an accredited family medicine residency program to access funds.</p> |                           |                       |                       |  |
| <b>Rural Residency Physician Grant Program</b>   | D.1.10. Rider 63          | \$3 M                 | \$ -                  |  <b>NEW</b> |
| <p> Creates new GME positions in rural and non-metropolitan areas. TACHC will track implementation of these dollars and provide more information as it's available.</p>   |                           |                       |                       |  |
| <b>Preceptorship Program</b>   | D.1.2                     | \$4.85 M              | \$3 M                 | ↑ 70%  |
| <p> This program provides direct funding to Texas medical students to encourage them to choose primary care careers by offering an on-site experience in one of three primary care specialties</p> <p> FQHCs can encourage physician residents to access these funds as they explore primary care experience.</p>  |                           |                       |                       |  |
| <b>Nursing Shortage Reduction Program</b>  | D.1.6                     | \$46.8 M              | \$18.9 M              | ↑ 60%  |
| <p> This program provides funding to nursing education programs at Texas public and independent institutions of higher education that show an increase in the total number of nursing graduates at the associate, baccalaureate, master's, and doctoral degree levels.</p>  |                           |                       |                       |  |
| <b>Nursing Innovation Grant Program</b>  | D.1. 11. Rider 64         | \$6 M                 | -                     |  <b>NEW</b> |
| <p> SB 25 by Lois Kolkhorst establishes a number of new grant programs to help with nurse training in clinics.</p> <p> FQHCs should be eligible to apply for these grants. See more under SB 25.</p>   |                           |                       |                       |  |



### TACHC PRIORITIES

#### HB 12 Extends Medicaid Postpartum Coverage to 12 Months

Representative Toni Rose



HB 12 extends 12 months of comprehensive and continuous Medicaid coverage to women after pregnancy.



**9/1/2023** Bill effective date. HHS will need to submit a Medicaid State Plan Amendment and update administrative rules.



TACHC will monitor HHS policy changes and provide comments as necessary.



Women who are more than two months post-partum will not be eligible for Medicaid coverage until the state plan amendment is approved. Until then, post-partum women will need to apply to Healthy Texas Women in order to receive the enhanced benefits under HTW Plus.

#### SB 2193 FQHC Primary Care Access Pilot

Senator Morgan LaMantia



SB 2193 establishes a pilot project to provide uninsured working adults employed at small businesses with access to primary care through a value-based care arrangement with FQHCs. The program will be administered by the Texas Department of Insurance (TDI).



Funding amounts are yet to be determined.



**9/1/2023** Bill effective date. TDI can start administering the program on this date.

**12/1/2024** TDI will submit a report to the legislature evaluating the pilot program.



TACHC will discuss next steps with TDI and provide technical support as needed for implementation.



FQHCs should be on the lookout for more information from TACHC on implementation.

#### HB 2727 Medicaid Remote Patient Monitoring Services

Representative Four Price



**Remote Patient Monitoring for FQHCs and RHCs:** Adds FQHCs and rural health clinics as Medicaid reimbursable providers for home telemonitoring services, also known as remote patient monitoring (RPM).

**Patient Eligibility:** HHS will adopt rules to identify and provide RPM to persons diagnosed with conditions for which RPM would be cost-effective and clinically effective.

**Plan of Care:** Requires providers to establish a plan of care that includes outcome measures for patients receiving RPM and share the plan with the patient's physician.

**High Risk Pregnancy:** Requires HHS to determine if providing RPM for high-risk pregnancy patients is cost-effective and clinically effective. HHS must develop rules with criteria for high-risk pregnancy patients that may benefit from RPM. RPM for this population can include uterine remote monitoring services equipment and pregnancy-induced hypertension remote monitoring services equipment.



**9/1/2023** Bill effective date. HHS may need to submit a federal waiver, update administrative rules, and modify the Medicaid State Plan to provide FQHC reimbursement.



TACHC will monitor HHS policy changes, provide comments, and keep health centers updated on implementation.

## Other Relevant Bills - Women's Health

### HB 1575 Case Management for Non-Medical Needs for Pregnant Women

Representative Lacey Hull



**Non-Medical Factors of Health** - HB 1575 recognizes that nonmedical factors impact health outcomes.

**Standardized Assessment** - HHS must adopt standardized screening questions to screen, identify, and aggregate data on non-medical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program. The assessment must be used by Medicaid managed care organizations (MCO) and other HHS programs.

**Managed Care Screening Requirements** - Each MCO must conduct an initial health screening and NMDoH screening of each pregnant recipient to determine eligibility for service coordination benefits and/or referral to other program services.

**Case Management for Children and Pregnant Women (CPW)** – Defines which providers can provide CPW program services, including: advanced practice nurse, registered nurse, social worker, community health worker, or doula. It also adds community health workers and doulas as Medicaid reimbursable provider types under the Case Management for Children and Pregnant Women program. Adds trauma-informed training requirements for providers and information on social services and community assistance programs for patients.



**9/1/2023** Effective date. Implementation may be delayed if HHS needs a federal waiver or authorization.

**12/1/2024** HHS must submit a status report to the legislature.



TACHC will monitor HHS policy changes and provide comments as necessary.



FQHCs should consider participating in CPW to obtain Medicaid reimbursement for case management services rendered by community health workers and other staff.

### SB 24 Thriving Texas Families Act

Senator Lois Kolkhorst



**Family Support Services:** Transfers prevention and family support services, child abuse and neglect primary prevention programs, at-risk youth services, preventative services for veterans and military families, and the nurse-family partnership competitive grant program from the Department of Family and Protective Services (DFPS) to HHSC.

**Thriving Texas Families Program:** Codifies a continuation of the Alternatives to Abortion Program as the Thriving Texas Families Program. The program services include prenatal, perinatal, and postnatal care coordination, counseling, mentoring, education, and referrals to government and social service programs, among others.



**9/1/2023** Bill effective date.

**9/1/2024** Transfers select DFPS power, functions, programs, duties, etc., to HHS.

**9/1/2025** HHS must have developed and implemented a 5-year strategic plan by this date.



TACHC will monitor Thriving Texas Families grant development and application to determine any impacts on health centers.

### HB 916 Twelve-Month Supply of Contraceptives

Representative Claudia Ordaz



Requires commercial health plans, including Medicaid managed care and CHIP, to provide a three-month supply of covered contraception at one time when the patient obtains the drug the first time, and a 12-month supply of a covered contraceptive drug subsequently. Patients may only obtain one 12-month supply in a 12-month period.



**9/1/2023** Bill effective date.

**1/1/2024** Effective date for health plans

## Behavioral Health

### SB 26 Mental Health Innovation Grants

Senator Lois Kolkhorst



**Matching Grant for Mental Health Early Intervention and Treatment:** Requires HHS to establish a matching grant program for community-based initiatives promoting the identification of mental health issues and improving access to intervention and treatment for children and families. Grants are prioritized for organizations working with children and family members at high risk of experiencing a crisis or developing a mental health condition. HHS must establish rules for the grant program application and eligibility requirements.

**Eligible Entities:** Eligible entities include: hospital, mental hospital, and non-profit organization. Grant recipients must focus efforts on select strategies that provide: resiliency, coping and social skills; healthy social and familial relationships; and parenting skills and behaviors.



\$15 million in the biennium.



**9/1/2023** Bill effective date.



TACHC will monitor the development of the grant program and keep health centers informed of important future opportunities and timelines.

### SB 1319 Reporting of Overdose Information and Mapping

Senator Joan Huffman

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Requires local health authorities and law enforcement entities to establish a central repository with overdose incidents on a technology platform used for reporting as reported by EMS personnel and law enforcement.



**9/1/2023** Bill effective date.



While the reporting requirements do not apply to health centers, the information collected may be useful in determining a health center's community needs assessment and what types of SUD services should be offered.

### HB 1337 Step Therapy Protocols for Serious Mental Illness Prescriptions

Representative Lacey Hull

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Prohibits private health insurance plans that provide coverage for prescription drugs for serious mental illness from requiring the use of step therapy protocols before allowing for the prescribed drug to be covered. This would mean that the enrollee would not have to try and fail the use of alternative drugs before being allowed access to the prescribed drug. The insurer may require a trial of a generic prescription prior to covering the brand name version.



**9/1/2023** Bill effective date.

### HB 1357 Prior Authorization for Medication Assisted Opioid or Substance Use Disorder

Senator Carol Alvarado

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Makes Medicaid reimbursement for medication-assisted treatment (MAT) for opioid or certain substance use disorders permanent in state law. Medicaid recipients/providers will not be required to obtain prior-authorization or precertification for treatment.



**9/1/2023** Bill effective date. HHS may need to submit a federal waiver and update administrative rules.



FQHCs will not need to change procedures for MAT for Medicaid patients.

## Dental

### HB 1527 Dental Fairness and Transparency in Dental Insurance

Representative Tom Oliverson



Promotes fairness and transparency in dental insurance contracting. Limits circumstances for overpayment recovery, prohibits disallowable clauses in contracts, and establishes clear requirements for third party access.



**9/1/2023** Bill effective date.

### HB 3824 Delegated Authority for Dental Hygienists to Administer Local Anesthesia

Representative Stephanie Klick



Allows dentists to delegate to a dental hygienist the authority to administer a local anesthetic agent to a patient under certain circumstances. Additional requirements include: the dental hygienist must obtain certification relating to the administration of local anesthetic agent, the delegating dentist must be physically present in the facility, and the patient must be at least 18 years of age.



Texas and Delaware are the only two states that do not allow dental hygienists to administer local anesthesia. HB 3824 is the result of proposed language by the Texas Dental Association and Texas Dental Hygienist Association.



**9/1/2023** Bill effective date. The Texas State Board of Dental Examiners must establish rules regarding the delegation.



Allowing trained dental hygienists to administer anesthesia may improve efficiencies at FQHCs for adult dental patients.

## Pharmacy

### HB 25 Wholesale Prescription Drug Importation Act

Representative James Talarico



Requires HHS to contract with prescription wholesalers and Canadian suppliers to import prescription drugs. Health plans, healthcare providers, and pharmacies can register to obtain and dispense imported prescriptions. Prescriptions must meet select criteria, including meeting FDA standards, generating cost savings, not being a controlled substance or biological product.



**9/1/2023.** Bill effective date. The program requires an FDA waiver.

**12/1/2023.** Annual report to the legislature.



If these FDA approves the waiver, these drugs may be available to patients with coverage through HHS programs including Healthy Texas Women, Medicaid, and CHIP. Several states passed similar bills and have FDA waivers pending approval, but none have been approved to date.

### HB 755 Prior Authorizations for Autoimmune and Blood Disorders

Representative Julie Johnson



Prohibits health plans from requiring more than one prior authorization per year for a prescription drug benefit treating an autoimmune disease, hemophilia, or Von Willebrand disease. This is not applicable to opioids, benzodiazepines, barbiturates, carisoprodol, drugs with treatment periods of less than one year, drugs that have boxed warnings or require specific provider assessments, and off label use prescriptions. Excludes CHIP and Medicaid managed care organizations.



**9/1/2023** Bill effective date.

**1/1/2024** Changes made by this Act are effective to plans delivered, issued, or renewed after this date.



This provision should reduce administrative burden for select patients and prescriptions.

### HB 999 Cost-Sharing Requirements for Health Plans

Representative Four Price



Requires health plans to apply select out-of-pocket payments for covered prescription drugs to an enrollee's out of pocket expenses on cost sharing. Payments include third-party payments, financial assistance, or other discounts, vouchers, or reductions in out-of-pocket expenses. The health plan must apply this to an enrollee's deductible, copayment, cost-sharing responsibility, or out-of-pocket maximum applicable to health benefits.



**9/1/2023** Bill effective date.

**1/1/2024** Changes made by this Act are effective to plans delivered, issued, or renewed after this date.

### HB 1647 Prohibition of "White Bagging"

Representative Cody Harris



Eliminates the practice of "white-bagging" in which a patient is required to purchase a clinician administered drug (CAD) through a specialty pharmacy and be shipped directly to the physician. Health plans are not allowed to require CADs to be dispensed by certain pharmacies or only in-network pharmacies, exclude CADs based on choice of pharmacy, or require patients to pay higher fees.



**9/1/2023** Bill effective date.


**1/1/2024** Changes made by this act are effective to plans delivered, issued, or renewed after this date.



This prohibition will instead lead to specialty drugs being shipped to the physician's pharmacy of choice.

### HB 1283 Extension of Medicaid Formulary Sunset

Representative Tom Oliverson

 The Texas Vendor Drug Program administers the preferred drug list (PDL) that classifies drugs for Medicaid beneficiaries as preferred or non-preferred based on safety, efficacy, and cost-effectiveness. Medicaid MCOs must use the PDL to administer pharmacy benefits. The Vendor Drug Program was set to expire in 2023, giving control of the formulary over to Medicaid MCOs.


 HB 1283 moves the expiration of the state Medicaid vendor drug program formulary, preferred drug list, and prior authorization procedures by managed care organizations to 2033.

 **9/1/2023** Bill effective date.

 FQHCs will not need to change Medicaid pharmacy formulary processes.

### HB 3286 Medicaid Vendor Drug Inclusion


Representative Stephanie Klick

 **Drug Inclusion:** Requires HHS to include all drugs and national drug codes available under the federal Medicaid Drug Rebate Program if a certificate of information has been submitted to the Texas Vendor Drug Program and meets other requirements.

**Preferred Drug List (PDL) Exceptions:** Requires HHS to develop rules allowing for the exceptions to the PDL for prescription drugs that meet certain criteria.


**MCO Exception Process:** Allows Medicaid MCOs to provide access to prescription drugs that are not in the Medicaid Preferred Drug List formulary through an exception process.

 **9/1/2023** Bill effective date.

 Reduces barriers to accessing necessary medications for Medicaid patients. Medicaid managed care patients can request an exception to obtain prescription medications that are not included in the state's preferred drug list. Currently, these patients are subject to step therapy protocols for prescription drugs that are not on the PDL.

### HB 4990 Texas Pharmaceutical Initiative

Representative Greg Bonnen

 Establishes the Texas Pharmaceutical Initiative intended to provide cost-effective access to prescriptions and medical supplies to:

- State employees, dependents, and retirees;
- Persons those confined by the Department of Criminal Justice (DCJ) or Texas Juvenile Justice Department (TJJD);
- and HHS program recipients including Medicaid, CHIP, and HTW beneficiaries.

The initiative establishes a statewide pharmacy benefit manager and will establish manufacturing partnerships for generic and specialty drugs. The initiative will be governed by a board with representatives from the legislature, HHS, and other entities. The bill also establishes a fund for public and private resources to support the initiative.

 **6/13/2023** Bill effective date.

**10/1/2024** The board must submit a business plan for the Texas Pharmaceutical Initiative.

**9/1/2035** Date the initiative is abolished.

## Workforce

### HB 400 Psychiatric and Behavioral Health Innovation Grants

Representative Stephanie Klick



**Psychiatric Specialty Innovation Grant Program:** Establishes an incentive grant program for institutions of higher education that run innovative programs to recruit, train, and produce physicians who specialize in psychiatric care for pediatrics or adults.

**Behavioral Health Innovation Grant Program:** Also establishes an incentive grant program for medical schools that run innovative programs for behavioral health professionals (including psychiatrists, psychologists, APRNs, LPCs, and LCSWs).

The two grant programs will prioritize awards for programs who serve rural or underserved areas. The grants are administered by the Higher Education Coordinating Board. Funding levels for the grant programs are yet to be determined.



**9/1/2023** Bill effective date.



Health centers should continue to develop their relationships with nearby medical schools and consider partnerships.

### SB 25 Nursing Loan Repayment and Grants

Senator Lois Kolkhorst



**Nurse Faculty Loan Repayment Program (NFLRP) Eligibility:** Allows part-time nurses to be eligible for loan repayment assistance under the Nurse Faculty Loan Repayment Program.

**Nursing Education and Training Grant Programs:** The bill also establishes a number of new grant programs, including:

- **Clinical Site Nurse Preceptor Grant Program:** Creates a grant program for clinic sites that support the use of nurse preceptors for nursing students.
- **Clinical Site Innovation and Coordination Program:** Supports innovative pilot programs for initiatives including: increasing the number of nurses, improving work environment, or addressing workplace safety.
- **Nurse Faculty Grant Program – Part time positions:** Supports nursing schools to help with the cost of having part-time nursing faculty who are also working at clinic sites.
- **Nursing Faculty Grant Program** - Creates grant program for clinic sites who provide on-site work and training to part-time nursing school faculty.



\$6 million in the biennium



**6/18/2023** Bill effective date.

**2024-2025 Academic Year** Applicable year for changes made to scholarship and repayment programs.



TACHC will continue to track the progress of these programs in order to keep health centers informed.



Health centers who act as preceptors for nursing school students, have/or are interested in establishing programs in their clinics for nurses, or have nursing school faculty work in their clinics should consider applying for these grants when funding becomes available.



### SB 532 Mental Health Loan Repayment Time Period

Senator Royce West



**Time period:** Changes the time period and eligibility criteria for repayment assistance under the Mental Health Professional Education Loan program from five years to three years, meaning the eligible reimbursement each year will be higher.

**Eligibility:** Expands the professionals eligible for the program to those providing mental health services to patients in a state hospital or through a community-based mental health services program from a local mental health authority. Mental health professionals working in FQHCs are already eligible if the FQHC is located in a mental health HPSA.



**9/1/2023** Bill effective date.



This bill allows for large number of mental health providers that had not previously been eligible for the program to now have access to these funds. While the budget was increased to \$28 million over the biennium, the reduction in years and increased number of eligible providers may still result in a highly competitive program. Health centers should continue to educate their current mental health providers and potential recruits to the benefits of the program.

## Operations

### HB 711 Employer Contract Provisions for Patient Steering

Representative James Frank



Restricts anti-competitive practices used by health insurance companies and hospitals and will result in the changes below:

- Anti-tiering: Employers can establish a tiered network system in their health plan. This could result in lower co-pays or cost-sharing for select providers.
- Anti-steering: Allows employers to provide incentives to enrollees for utilizing certain medical providers/sites, including FQHCs.
- Gag: Allows providers to share cost information with patients. Gag clauses are prohibited under federal law, but can still be found in select contracts.
- Most-favored nation: Allows medical providers to offer lower prices than those negotiated with market-dominant insurers.



**6/12/2023** Bill effective date.



FQHCs may see changes to select employer sponsored insurance coverage requirements.

### HB 1973 Healthcare Itemized Billing

Representative Caroline Harris



Requires health care providers requesting payment from patients to provide an itemized bill with the cost of each service and supply within 30 days of receiving final payment from a third party. Requires the itemized bill to include plain language descriptions of each service or supply, billing codes, amounts billed and paid by a third party, and the amount due from the

patient. Prohibits health care entity from pursuing debt collection unless the provider has provided an itemized bill. Licensing authorities may take disciplinary action for violation of the billing requirements. FQHCs are exempt from these requirements and penalties.



**9/1/2023** Bill effective date



No FQHC impacts. FQHCs were explicitly carved out of the bill language.

### SB 29 Prohibition of Certain COVID-19 Measures

Senator Brian Birdwell



Prohibits government entities, hospitals, or healthcare facilities owned by a governmental entity or operated with an institution of higher education, as well as schools from imposing mandates to prevent the spread of COVID-19. Prohibited mandates include requiring an individual to wear masks, requiring COVID-19 vaccinations, or the closure of a private business or school.



**9/1/2023** Effective date.



Public entity FQHCs may be impacted by this prohibition and should seek guidance from legal counsel.

### HB 1, DSHS Rider 40 COVID-19 Vaccinations



Prohibits DSHS from using general revenue to promote or advertise COVID-19 vaccinations in 2024-2025 biennium. This also applies to federal funds to the extent allowed by federal law.



**9/1/2023** Effective date.



FQHCs participating in DSHS programs will receive contract amendments to prohibit the use of state grant funding for the promotion or advertisement of COVID-19 vaccinations.

## Other Medicaid

### HB 44 Medicaid Discrimination Based on Immunization Status

Representative Valoree Swanson



Prohibits Medicaid and CHIP providers from discriminating and refusing service based solely on a patient's refusal or failure to obtain a vaccine or immunization. Providers in violation of this law will not be reimbursed by HHS and will be disenrolled from the Medicaid program.



**9/1/2023** Bill effective date.

### HB 113 Medicaid MCO Categorizing Community Health Workers as Quality Improvement Costs

Representative Lina Ortega



Allows Medicaid STAR managed care organizations to provide reimbursement for community health workers (CHWs) categorized as a quality improvement cost instead of an administrative cost.



**6/13/2023** Bill effective date. HHS may need to submit a federal waiver and update administrative rules.



FQHCs should consider reaching out to contracted STAR MCOs to discuss opportunities to maximize CHWs for members and potential reimbursement strategies including alternative payment models.

## Outreach and Enrollment

### HB 2802 Medicaid Application Form and Communication

Representative Toni Rose



Requires HHS to allow Medicaid MCOs to communicate with members through any electronic means including text, phone, and email. MCOs may message patients about important health enrollment and eligibility information. HHS is also required to update the Medicaid application to provide information on auto-enrollment to messaging and opt-out information.



**9/1/2023** Effective date.

**1/1/2024** HHS is required to adopt revised communications guidelines and update the Medicaid application.



FQHCs may need to provide clarification on messaging from MCOs to patients, and ensure opt-out information is provided during Medicaid application assistance.

### HB 1287 SNAP Vehicle Asset Test

Representative Ryan Guillen



Requires HHS to make a one-time adjustment to the vehicle asset test for the Supplemental Nutrition Assistance Program (SNAP). The new asset limit will be adjusted for inflation and increased to \$22,500 for the first vehicle and \$8,700 for each additional vehicle in determining SNAP eligibility or recertification. The current vehicle asset limits were set in 2001 and do not reflect the current economic landscape.



**9/1/2023** Effective date.



Helps patients with SNAP to maintain benefits and improves food security.

## Provider and Patient Protections

### HB 1998 Texas Medical Board Physician Reviews

Representative Julie Johnson



Requires the Texas Medical Board to prevent doctors who had licenses revoked in other states from practicing in Texas. Also requires TMB to query the National Practitioner Data Bank and update physician profiles regarding any new disciplinary actions.



**9/1/2023** Bill effective date.

### HB 2002 Out-of-Pocket Expense Health Plan Credits

Representative Tom Oliverson



Requires health plans to credit a covered individual's out-of-pocket cash payments for medically necessary services and supplies towards their deductible and maximum out of pocket expenses.



**9/1/2023** Bill effective date.

### HB 3058 Provider Protections for Treating Pregnancy Complications

Representative Ann Johnson



Creates civil and criminal legal protections for physicians or healthcare providers when treating a pregnant woman suffering from an ectopic pregnancy or previable premature ruptured membranes. Also applies to pharmacists that receive, process, or dispense a prescription drug or medication ordered by a physician or healthcare provider related to these services.



**9/1/2023** Bill effective date.