



2023

# Legislative Report



**every body**  
TEXAS

# Executive Summary

Every Body Texas worked to achieve four policy goals in the 88th Texas Legislature.

- Fully Fund the Family Planning Program
- Continue to Expand Access to Contraception
- Make Healthy Texas Women Accessible
- Increase Access to Healthcare

This report details successes, disappointments, and missed opportunities in these priorities as well as state funding through the FY 24-25 budget.

## **Priority 1: Fully Fund the Family Planning Program (FPP) – page 5**

The Texas FY 24-25 Budget included a **65% increase in funding for FPP**.

## **Priority 2: Continue to Expand Access to Contraception – page 6**

**HB 916 (Ordaz/Paxton)** passed, permitting prescribers to prescribe 12 months of an established contraceptive method in one visit, improving access for people in rural areas. The legislature failed to act on legislation improving access to confidential contraceptive care for adolescents.

## **Priority 3: Make Healthy Texas Women (HTW) Accessible – page 7**

Five Million dollars are set aside in the budget to support enrollment assistance efforts at HTW and FPP contracted clinics. Funding increases for HTW will also support people's access to the program.

## **Priority 4: Increase Access to Healthcare – pages 8-10**

**HB 12 (Rose)** passed to expand postpartum Medicaid coverage for new moms from the current 2 months to a full year. Beyond HB 12, the Legislature did not approve any funding or legislation that would meaningfully expand healthcare coverage for low-income uninsured people in Texas but did ultimately take some small but important steps to improve care across the state.

A major disappointment was the passage of **SB 14 (Campbell)**, which restricts access to life-saving gender-affirming healthcare for minors.

## **The Budget – pages 11-14**

The FY 24-25 budget saw several increases for women's health programs under Article II strategy, D.1.1. This includes an **\$80M increase across all women's health programs**. Funding to address provider shortages, increased investments in the HIV Medication Program, STI prevention, and colorectal cancer treatment were also included in the budget.

The Legislature failed to take action to provide accountability and oversight to the Alternatives to Abortion program (now called Texas Pregnancy and Parenting Support Network).

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# Message From Our Policy Director

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On May 29th, the Texas Legislature adjourned sine die, marking the end of the 88th Regular Legislative Session.

This document summarizes the legislative session through the lens of our policy priorities and notes positive steps forward, missed opportunities, and disappointments.

In a session that will be remembered for a historic budget surplus, meaningful accountability for lawmakers, and gridlock, we saw the Legislature take some steps forward in supporting the preventive healthcare safety net in the state of Texas.

Thank you all for your tireless advocacy during this legislative session and every day for your clients.



**Katherine Strandberg**  
**Policy Director**

*"In the 88th Texas legislative session, we saw the biggest increases in family planning funding in more than a decade."*

# Background

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When the 88th Legislative Session began in January 2023, the Comptroller's office announced a historic \$33 billion budget surplus. COVID relief dollars and higher than anticipated sales taxes revenue resulted in a 26% increase in the general revenue budget overall. ([Martínez-Beltrán, 2023](#))

Top proposals for what to do with this windfall included raises for teachers (who have not gotten one in nearly a decade), Medicaid Expansion, cuts to property taxes, expanded school voucher programs, and public works projects, including needed investments in the electrical grid. While there was some movement on these items, the legislature fell short of resolving major problems caused by the long-term lack of investment in our state.

We focused on addressing funding for the public healthcare safety net and essential access to high-quality sexual and reproductive healthcare for Texans.

## **Policy Priorities**

As a policy team, we ratified our policy priorities in the fall of 2022. These priorities reflect important challenges facing our network with feasible, measurable, actionable budgetary or legislative solutions. Our priorities for the 88th Legislative Session were:

- Fully Fund the Family Planning Program
- Continue to Expand Access to Contraception
- Make Healthy Texas Women Accessible
- Expand Access to Healthcare

There was significant movement across all legislative priorities, from a near doubling of the Family Planning Program and funding to extended Medicaid coverage for new moms.

# Policy Priorities

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## **Fully fund the Family Planning Program.**

The Family Planning Program (FPP) is a state-based program that provides critical sexual and reproductive healthcare services to hundreds of thousands of Texans. This popular program is one of the best ways for people to get same day health services. The only problem is that FPP often runs out of money halfway through the year due to high demand, and this has been going on for a long time.

**The Legislature can increase funding for FPP to meet the current and growing need for family planning services in Texas.**



## **Continue to expand contraception access.**

Texas has made substantial investments in improving access to high quality contraceptive care, including Long Acting Reversible Contraception (LARC). Contraceptive access has never been more important to the health, safety, and wellbeing of the people of Texas.

**The Legislature must continue its commitment to contraception access and ensure that all Texans have access to high quality sexual and reproductive healthcare, including to the contraceptive method of their choice.**



### **Make Healthy Texas Women accessible.**

The Healthy Texas Women (HTW) and Healthy Texas Women Plus (HTW+) programs provide critical life-saving care including women's preventive health services, family planning care, and services aimed at reducing maternal mortality and morbidity.

**The Legislature should ensure that all Texans eligible for HTW and HTW+ can access these programs without having to face confusing and costly administrative barriers.**



### **Increase access to healthcare.**

Texas continues to have the highest rate of uninsured people in the country. That means many Texans can't get regular check-ups or preventive care, often waiting until they're very sick before seeing a doctor.

**The Legislature should adopt strategies to increase access to healthcare for all Texans, including extending Medicaid for Pregnant Women coverage to twelve months postpartum, covering contraceptive care in the Children's Health Insurance Program, and additional resources for rural health initiatives.**



# Fully fund the Family Planning Program.

The Family Planning Program (FPP) serves 110,00-120,000 Texans every year. Despite a relatively small budget, this popular program is one of the best ways for people to get same-day preventive reproductive health services. Unfortunately, FPP contractors typically run out of money part way through each grant year due to high demand. This is not a new problem. FPP has been perennially underfunded. As a result, clients face long waiting lists for highly effective Long-Acting Reversible Contraceptive methods like IUDs and hormonal implants. Moreover, contracted providers in this program continue to serve clients even after their funding is exhausted. They often float hundreds of thousands of dollars of unpaid claims for months, waiting for reimbursement from HHSC and jeopardizing the financial stability of their clinics to serve Texans.

Our most important legislative priority in this session was to advocate for a funding increase in the family planning program that would meet the sexual and reproductive healthcare needs of Texans eligible for FPP. We are thrilled that the state budget includes a **65% funding increase for this program.**

In addition to the significant increase in this program, an important budget rider will give providers the flexibility they need moving forward. **Rider 70, Family Planning Program Funds Gone Notification**, streamlines the process HHSC uses to notify legislative budget authorities if contracted providers are within 30 days of running out of allocated funds. This notification will include information about if additional funding is available in Women's Health Funding (found in budget section D.1.1: 'Women's Health Funding) that could be reallocated to avoid clinics floating unpaid claims and risking their financial stability. Moreover, an additional \$10M in caseload growth across all women's health programs decreases the long-term likelihood of this problem reoccurring.

## What is a Budget Rider?

The state budget allocates dollars to certain areas the state oversees. Riders act like instructions to the agencies on how to spend that money.





# Continue to expand access to contraception.

While contraceptive access is not a substitute for abortion access, every Texan deserves access to the contraceptive method of their choice, regardless of income, hometown, or insurance status.

## **SUCSESSES**

Only one bill related to contraception was passed this session. **HB 916 (Ordaz/Paxton)** allows Texans to obtain 12 months of a contraceptive method at one visit if they have a method they like already. This is especially important for rural women who often drive hours to their appointments every few months. We know that running out of a method is one of the most common reasons for discontinuation of contraception and we are thrilled that this priority legislation will empower Texans to continue with the method of their choice. While lawmakers authored several bills that would have restricted access to emergency contraception, none of these bills made any movement this session.

## **MISSED OPPORTUNITIES**

While the legislature did expand access to contraception for adults, access to contraception for minors still remains an enormous issue in the state. Texas had the second-highest repeat teen births in 2021 ([HFI, 2023](#)). Until recently, Title X clinics were the only place where teens could access contraceptive care without parental consent. Unfortunately, the federal court decision just prior to the start of the legislative session barred Texas teens from access even within Title X.

Teens are now unable to access contraception without parental consent; even teens who are parenting and making medical decisions for their own children are not able to consent to their own contraceptive healthcare. Lawmakers authored several pieces of legislation that would have increased access to contraception for young people, with and without parental consent, but none of these bills were even granted a hearing.

# 3

## Make Healthy Texas Women accessible.

Beyond budget increases across all safety net programs that intersect with Title X (see The Budget, [page 10](#)), another key priority is the stability and accessibility of the Healthy Texas Women Program.

**HTW is the largest reproductive healthcare safety net in Texas**, but providers report that the newer, long-form application required by federal regulations is making it challenging for eligible clients to enroll.

It is our long-term priority to make the application itself more accessible to eligible Texans, but an important funding rider passed this session offers a useful stopgap. **Rider 69 allocates \$5M to support enrollment efforts at HTW and FPP contracted clinics.**

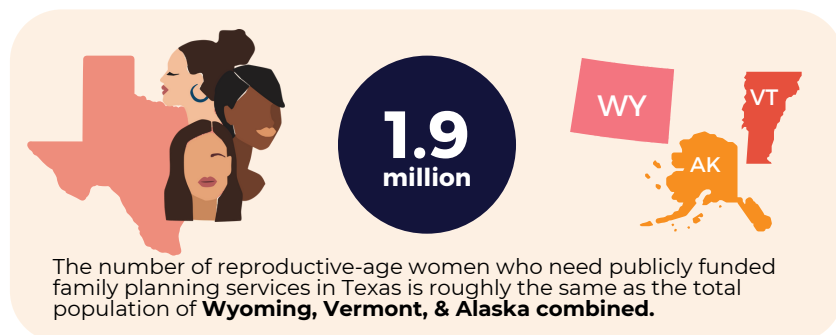
While larger health systems have full-time employees who are well versed in the ins and outs of the complex enrollment processes of safety net programs like Medicaid, clinical and administrative personnel at smaller clinics have been using their valuable time and resources to walk eligible Texans through the lengthy application process. This funding will be used to hire full-time enrollment and eligibility employees in these clinics, who will have access to the HHSC enrollment systems.

# 4

## Increase access to healthcare.

There were several legislative victories helping to increase access to healthcare. Expanded Medicaid for new moms, funds for FQHCs, and funds for mobile clinics ([page 13](#)).

Texas has the highest uninsured rate in the country. National data estimates that roughly 1.9 million Texas women of reproductive age need publicly funded reproductive healthcare—roughly the whole population of Wyoming, Alaska, and Vermont combined ([Guttmacher, 2023](#)).



### 12 months of Medicaid for New Moms

Just under a quarter of Texas women of reproductive age are uninsured ([Kaiser Family Foundation, 2021](#)). Pregnant Texans who are enrolled in Medicaid lose coverage just 60 days after giving birth. Extending this coverage to a full year was the number one recommendation of the Maternal Mortality and Mobility Committee to prevent maternal deaths.

We are thrilled that **HB 12 by Rep. Toni Rose** has now been signed by the governor. HHSC will now apply to the federal government for a state plan amendment and make changes to internal systems to ensure that this extension of coverage is in place as soon as possible for Texans whose coverage is about to expire. We anticipate that the extension will be fully in place within the next 8-10 months.

## **OTHER SUCCESSES**

**Federally Qualified Health Center (FQHC) Incubator Grant:** In the third special session of the 87th Legislative Session, lawmakers funded a special initiative to support the expansion of FQHC clinics and services. The supplemental budget (SB 30) for the 88th Legislative Session doubled that investment to \$40 M. **These funds can be used by FQHCs to create new clinics, develop innovative methods of service delivery, offer mobile services, and more.**

**HB 113 (Ortega)** expands support for community health workers by making a change to how their funding is categorized by managed care organizations. Moving them from an administrative expense to a quality improvement expense removes the spending cap and encourages healthcare organizations to hire more of these important community supports.

**HB 2727 (Price)** allows remote health data monitoring to be reimbursable as a Medicaid expense. This is especially important for low-income rural women with high-risk pregnancies.

## **MISSED OPPORTUNITIES**

During the 88th Legislative Session, lawmakers invested new dollars in existing programs but **did not expand aspects of safety net healthcare access that would have been transformative.** HB 12's extension of Medicaid for Pregnant Women to 12 months is a great step in the right direction, but lawmakers missed some opportunities to heavily invest in healthcare.

Texas continues to have the highest uninsured rate in the country, but lawmakers again chose not to hear any of the bills filed that would have expanded Medicaid in Texas. Other bills that would have invested in access to mental healthcare or doulas did not make it across the finish line.

Several pieces of legislation were filed that would have repealed Texas's total abortion ban or created exceptions around fetal anomaly, rape, and incest. None of that legislation was granted a hearing.

## **DISAPPOINTMENT**

One major disappointment stands out in this session. **SB 14 (Campbell) bars trans and non-gender conforming minors from accessing necessary, lifesaving healthcare.** The legislation bans all medical forms of gender-affirming care, including puberty blockers and hormone therapy. The passage of this legislation is part of a national trend to rob trans communities of their dignity, health, and safety.

Advocacy groups from across the state showed up repeatedly over the last few months to attempt to stop the bill from passing. While they were able to stall final passage on more than one occasion, the bill ultimately made it across the finish line.

While transgender minors are currently unable to access care in Texas, a federal judge struck down a similar law as unconstitutional in Arkansas earlier this summer.

# The Budget

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A state's budget is a moral document. It declares, in dollars, the values and priorities of the state government.

In this legislative session, the Texas Legislature increased funding for some family planning and women's health programs and services. In this section, we discuss details of the Texas budget for fiscal years (FY) 2024-2025 for Article II priority D.1.1: Women's Health Funding.

The **Family Planning Program, Healthy Texas Women (HTW), and the Breast and Cervical Cancer Screening (BCCS) program** make up the core of the sexual and reproductive healthcare safety net for uninsured Texans. It is worth noting that these programs are not full health insurance coverage but offer access to a specific limited package of sexual and reproductive healthcare services.

These lifesaving programs received a much-needed investment across the board.

Across the sexual and reproductive healthcare safety net, programs received a **22% increase**. Over the next two fiscal years, we see significant increases in the family planning budget, as well as an overall **\$80 million dollar increase across sexual and reproductive healthcare safety net programs**.

We are thankful to budget authors for these important and necessary investments in critical, lifesaving care. The chart on the following page lists current and future funding allocations across the Women's Health Funding Programs.

The programs listed together in this specific section of the budget is often called **D.1.1: 'Women's Health Funding'**. We use the term Women's Health Funding because it is the term used by the state's budget authors to describe these programs. We recognize that trans, nonbinary, and gender non conforming people also utilize services provided by these programs.

## Priority D.1.1: Women's Health Funding

Program	FY22-23 Budget*	FY24-25 Budget**	Funding Change
Family Planning Program	\$87.8M	\$145M	\$57.2M 65% increase
Healthy Texas Women	\$229.9M	\$268.6M	\$38.7M 17% increase
Healthy Texas Women Plus	\$27.3M	\$9.6M	-\$17.7M 65% decrease
Breast & Cervical Cancer Screening	\$21.8M	\$23.6M	\$1.8M 8% increase
<b>TOTAL</b>	<b>\$366.8M</b>	<b>\$446.8M</b>	<b>\$80M</b> <b>22% increase</b>

\*Includes both state general revenue and federal funds, from [2022-2023 budget, pg. II-72](#)

\*\*Includes both state general revenue and federal funds; [HB 1, pg. II-70](#)

The above chart describes funding increases across all programs other than the Healthy Texas Women Plus program. During the 86th Legislative Session, lawmakers set aside funding to offer a limited package of benefits to Texans previously enrolled in Medicaid for Pregnant Women in the months between the expiration of their Medicaid coverage and their baby's first birthday.

The program aimed to tackle Texas's high maternal mortality and morbidity rates by offering certain services associated with common postpartum health complications, including diabetes, cardiovascular disease, substance use disorders, and postpartum depression.

Because the COVID-19 Public Health Emergency allowed all Texans to stay on the type of coverage they had when the pandemic began and has only recently begun to disenroll clients, Healthy Texas Women Plus enrolled very few clients since 'going live' in 2019. Between low enrollment numbers and the passage of HB 12, which gives Medicaid for Pregnant Women clients a full 12 months of coverage, **HHSC forecast a relatively limited need for this program, which resulted in a decrease in funding.**

Nearly all of the funding for safety net sexual and reproductive healthcare is housed together in the above section of the budget, but the legislature made additional investments in preventive reproductive healthcare and maternal health in other sections of the budget and budget riders. Some highlights of those funding increases are discussed below. Funding initiatives that closely align with our policy priorities are described throughout this report.

We are pleased to see **important measures to address growing provider shortages, particularly in mental health** included in this budget, namely increases to loan repayment programs for medical and mental health providers. Also worth mentioning are **increased investments in the HIV Medication Program, STI prevention efforts, and colorectal cancer treatment** for uninsured Texans, all of which increase access to high-quality healthcare for underserved Texans.

**Rider 31: Improving Access to Pediatric Services and Women's Health Related Surgeries:** For the first time in 20 years, the legislature increased Medicaid reimbursement rates for pediatric care and selected reproductive health services, including births and surgeries.

**Rider 16: Rural Labor and Delivery Medicaid Add-on Payment:** As access to rural maternal healthcare becomes increasingly limited, Rider 16 increases Medicaid payments to rural hospitals for labor and delivery costs.

**Rider 67: Women's Preventive Health Mobile Units:** Mobile Units are proven to be an effective way to alleviate some of the challenges caused by health deserts. Texas's size, large rural and underserved parts of the state, and provider shortages make those issues especially pernicious here. Rider 67 in the budget sets aside \$10 M for mobile units. Every Body Texas will be working closely with HHSC and current mobile unit providers to ensure that these units are built, staffed, and serving underserved areas as quickly as possible.



**Primary Health and Specialty Care Administration (D.1.14):** New investments in this program will include some enhancements of family planning resources. As of this writing, we do not have a clear picture of what those will be or opportunities for the Title X network to apply for these funds. A communication will be sent to the network when that is made clear.

### **MISSED OPPORTUNITY**

A key missed opportunity for lawmakers in this budget cycle is the continued over-investment in the **Alternatives to Abortion program (now the Texas Pregnancy and Parenting Support Network)**. In the 2005 session, the legislature allocated a small amount of money to deter Texans from seeking abortion care. By the 87th legislative session, the Alternatives to Abortion program had grown 1,900%, reaching 100 million dollars ([Astudillo & Najmabadi, 2021](#)).

This program has had very little oversight or accountability. Despite repeated requests from advocates, hearings, and news stories about fraud in the Alternatives to Abortion program, lawmakers failed to implement any monitoring or accountability systems and invested an additional \$40 million in the program.

New legislation (discussed in the following section) renamed this program the Texas Pregnancy and Parenting Support Network and made it permanent.

# Other Legislation of Note

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## **MATERNAL AND FAMILY HEALTH**

**HB 852 (Thierry)** requires the Texas Maternal Mortality and Morbidity Review Committee to add additional members. Unfortunately, the version of this legislation that passed removed one of the key seats on the committee—a maternal health advocate—and replaced them with someone who specializes in healthcare data. This is a missed opportunity to center the lived experiences of Black Texas mothers, a necessary voice when understanding the drivers of Black maternal mortality and morbidity in Texas.

**HB 1575 (Hull)** requires HHSC to create screening tools to collect data on social determinants of health for women enrolled in Medicaid or who visit an Alternatives to Abortion provider. While we believe it is important to develop these data and connect women to needed services, we have concerns about the ability of alternatives to abortion providers—crisis pregnancy centers—to rise to the appropriate level of confidentiality necessary to collect these data. We will be closely monitoring the implementation of this legislation to ensure that the screening questions are appropriate, helpful, and do not jeopardize the health and safety of Texas families. The bills also adds doula services into the case management for children and pregnant women program, which we support.

**HB 1649 (Button)** requires certain health plans to cover fertility preservation services for enrollees who require cancer treatments that would limit or prevent having biological children.

**SB 24 (Kolkhorst)** shifts certain family support services from DFPS to HHSC. The “Thriving Texas Families Act” codifies and makes permanent the Alternatives to Abortion program and changes the name of the program to the “Texas Pregnancy and Parenting Support Network”.

**SB 222 (Nichols)** makes state employees eligible for 60 days (about 2 months) of paid leave for the birth or adoption of a child.

**SB 412 and SB 259 (Paxton):** These two bills give pregnant and parenting college students some much-needed common sense supports, including early registration for classes.

## **MENSTRUAL EQUITY**

**HB 242 (Howard)** increases access to period supplies for those in need.

**SB 379 (Huffman)/HB 300 (Howard)** exempts menstrual supplies and certain wound care products from sales taxes. This bill has been championed by Representative Howard for many sessions and we are thrilled that it finally gained traction with leadership and was made law.

## **GENDERED VIOLENCE**

**SB 240 (Campbell)** requires healthcare facilities to maintain workplace violence prevention plans.

**SB 1401 (Zaffirini)** mandates access to sexual assault forensic exams for survivors within 120 hours and clarifies that costs associated with both the exam and medical care be billed to the crime victim's compensation fund, not the survivor.

**SB 1402 (Zaffirini)** makes the Sexual Assault Survivors' Task Force permanent and establishes new training requirements in trauma-informed techniques for licensed peace officers.

**SB 1841 (Hinojosa)** requires family violence centers to shelter victims of dating violence.

## **HEALTHCARE ACCESS**

**HB 2802 (Rose)** allows managed care organizations to communicate with enrolled Texans via any electronic means. This makes communication, enrollment, and access to care for Medicaid clients easier.

**HB 3058 (Johnson, A)** clarifies and narrowly expands affirmative defense protections for physicians who provide standard care to treat ectopic pregnancy and membrane rupture.

**HB 617 (Darby)** allows emergency medical services to communicate with physicians while transporting patients, which shortens the amount of time it takes for a patient to get necessary critical care.

## **PHARMACY BENEFITS**

**HB 1283 (Oliverson)** requires Medicaid MCOs' outpatient pharmacy benefit plans to use both the preferred drug list and the Vendor Drug Program formulary.

**HB 1647 (Harris, Cody)** limits health plan practices that place unnecessary burdens on patients to get the medications they need.

# Citations

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# Acknowledgments

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No advocacy successes are ever achieved by any single individual or organization. We are grateful to work in coalition with scores of amazing organizations and individuals across Texas and across the country.

## Special thanks to:

- The Texas Women's Healthcare Coalition
- Healthy Futures of Texas
- Texas Association of Community Health Centers
- Texans Care for Children
- Collaborative for Gender and Reproductive Equity
- Texas Medical Association
- Texas Women's Foundation
- Legacy Community Health
- The Every Body Texas Policy Committee
- Hannah Brace, Every Body Texas Policy Coordinator

And all of you, for your phone calls, emails, visits, letters, and testimony!



*Evelyn Delgado, Health Futures of Texas (L) and Martha Zuniga, South Texas Family Planning (R) meet with staff in Rep. Abel Herrero's office.*



*Evelyn Delgado, Health Futures of Texas (L) speaks at the women's health coverage rally announcing HB 12. Joined by (L-R) Rep. Toni Rose, Rep. Claudia Ordaz, women's health advocate Brigitte Pittman, and Rep. Donna Howard.*



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