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ARTICLE II - Amendment Floor Report for HB 1 – Wednesday, March 27, 2019


Author	Analysis	Recommendation
Swanson P. 71 860320	This amendment increases appropriations to Community-Based Care (CBC) by \$41 million per biennium and reduces appropriations to the Texas Workforce Commission Child Care-DFPS Families program. The increase in appropriations to CBC will be used to transition Regions 2 and 8A into Stage 2 of CBC. The TWC appropriations for child-care - DFPS families provides accessible and quality child-care to families within the foster care system who might not have child-care without it. This amendment pits two DFPS programs against each other and are, therefore, bad policy.	Unfavorable
Button P. 72 860156	The home visiting programs within the Department of Family and Protective Services (DFPS) assists families in everyday life by providing in home visits to families with young children. The home visits are done by a volunteer with experience and they can assist with a variety of topics including learning parenting skills, understanding children’s learning, and even assist with getting children ready for school. The amendment would reallocate \$2 million dollars from the Texas Lottery Commission and place it in the DFPS Home Visiting Program. The goal of the amendment is to have a better continuity of care within families. The money is given to DFPS for them to spend on the program with their current formulas.	Favorable
Phelan P. 73 860300	This amendment appropriates any unexpended funds in fiscal year ending August 2020 for Prevention Programs through DFPS to be re-appropriated for the same purpose for the fiscal year beginning September 2020. DFPS will notify the Governor and the LBB how the funds were used, why they weren’t fully used, and how they will be used. This is in response to last session when the Nurse Family Partnership program was unable to use all appropriated funds in fiscal year ending in August 2018 and lost those funds for fiscal year beginning in September 2018.	Favorable
Frank P. 74 860294	During the budget process, the agency requests for Community-Based Care (CBC) were only partially funded. This amendment adds a rider to ensure that CBC roll-outs continue by taking funds from direct-delivery staff and foster care payments with no cap on the funds other than what is appropriated. This rider does not add any additional funds to fill this gap of funding taken from delivery staff and foster care payments. The expansion of CBC is another attempt to continue on the path of privatization of case management. There are concerns that outsourcing CPS tasks over to private contractors has not improved outcomes in other states, such as Florida, Kansas, and Nebraska. We should keep a public caseworker making decisions based on the child’s best interest regarding their future and their family.	Unfavorable
Neave P. 75 860237	Recently, thousands of sexual abuse allegations of children within immigrant family detention centers has come to light. DFPS current practice doesn’t involve investigation of these detention centers unless the allegations are brought directly to their intake system. This amendment adds a rider requiring CPS to investigate allegations of abuse/neglect of immigrant children placed in residential child-care facilities licensed by HHSC.	Favorable

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<p>Sherman P. 76 860102</p>	<p>Adds a rider creating a kinship navigator program to serve grandparents and other family members who are caring for children in informal foster care. This rider moves \$2 million in GR for the biennium from CPS Program Support (internal staff functions) to the creation of the navigator program. This appropriation for a Kinship Navigator Program model which is intended to meet federal requirements will pull down federal funds through the Family First Prevention Services Act. in preparation to pull down federal funds through the Family First Prevention Services Act. Federal funds will cover up to 50% of the expenditure for this program.</p>	<p>Favorable</p>
<p>Hinojosa P. 77 860287</p>	<p>Currently, Section 2056.002 of government code requires every state agency to provide strategic plans on even numbered years extrapolating out for 5 years. This amendment requires DFPS to identify, within their strategic plan, all actions needed to implement the Family First Prevention Services Act (FFPSA) in its entirety. Implementing the Family First Prevention Act has been delayed by DFPS until October of 2021 to provide time to review programs and prepare for implementation. As Texas continues to transition to a Community Based Care model for foster care services, it is crucial for Texas to receive as many federal matching dollars as possible. Including FFPSA strategies in a strategic plan will increase public involvement and transparency during this transition.</p>	<p>Favorable</p>
<p>Frank P. 78 860295</p>	<p>Contingent rider on the passage of HB1096 (or similar legislation) to modernize state agency technology systems. Adds a rider to use \$750,000 of appropriated funds for DFPS agency-wide automated systems to contract with a third-party. This third-party contractor will develop a strategy to modernize the tracking and management systems of DFPS. The contractor will ensure the technology system will operate in congruence with Community-Based Care (CBC) systems. The strategy must include a cost-benefit analysis of continued modernization of DFPS' system, the methods to pair the department's system with CBC contractors' systems, ways to reduce FTE's specifically for the technology systems, and ways to provide oversight for the third-party contractor. Modernizing DFPS's system is important to increase efficiency and ensure appropriate cataloging of case information.</p>	<p>Favorable</p>
<p>Calanni P. 80 860161</p>	<p>This amendment adds a rider within the DFPS bill pattern which will use currently appropriated DFPS funds to collaborate with the LBB and conduct a study of caseworkers working within every department that handles foster care. Together, DFPS and LBB will decide on recommendations for reasonable caseload goals. These results will be used to determine the funding level for the agency to appropriately and effectively reduce caseloads. Though an estimated cost of this initiative is unavailable, its benefits will far outweigh the costs. With the recent upheavals and updates to the department, another such study would allow for a more accurate picture of how effective those were. Furthermore, it can highlight issues that have not yet been properly addressed and offer recommendations on how to best resolve them.</p>	<p>Favorable</p>
<p>Wu P. 82 860131</p>	<p>Requires DFPS to study the viability of creating an intake call system which allows the caller to select a call-back option if they are not currently in an emergency; resulting in a call-back from the intake employee. 11% of calls to DFPS intake result in a hang-up due to the wait time. Determining if a call-back option would alleviate this issue can help ensure all intake calls get investigated thoroughly. Funds for this rider will come from DFPS appropriated funds.</p>	<p>Favorable</p>
<p>Y. Davis P. 83 860095</p>	<p>Adds a rider which compels the Department of Family and Protective Services to use appropriated funds to provide captions to their live video broadcasts of open meetings to the extent they are able. Providing caption translation includes individuals with a disability in participation of the meetings. The author submitted this as a rider during the budget process in subcommittee, but the cost is expected to high according the committee and LBB. No cost amount has been provided.</p>	<p>Favorable</p>
<p>Hernandez P. 84 860038</p>	<p>This amendment prohibits the Department of Family Protective Services (DFPS) from using any funds to license immigrant family detention centers in Texas. There are detention centers in Texas currently licensed through DFPS which are using state funds to detain children and families. These immigrant family detention centers do not follow all licensing standards required by DFPS and, therefore, should NOT be licensed through DFPS. Children and adults detained in immigrant detention centers experience compounding trauma and significant negative health outcomes; physical, psychological, and emotional.</p>	<p>Favorable</p>




<p>Frank P. 85 860293</p>	<p>Contingency rider on passage of HB 3950. This rider would allocate \$1.5 million in GR from CPS Direct Delivery Staff and CPS Program Support to the creation of the Child Welfare Task Force through HB 3950. The task force will consist of 9 legislators appointed by the Governor, Lt. Governor, and Speaker of the House. With HB 3950, the task force shall create a plan for continued implementation of CBC in addition to prevention services for the child welfare system and preserving the family unit. The task force will also review the Family First Prevention Services Act to plan for its future enactment in October 2021. With little direction and guidance from the federal program at this point, the task force can provide recommendations for next steps. A point of concern; the task force should include child welfare experts and advocates to provide input from a variety of backgrounds to ensure the strategic planning is successful and efficient.</p>	<p>Favorable, with Concerns</p>
<p>Hinojosa P. 86 860289</p>	<p>This amendment adds a rider to the DSHS bill pattern requiring a portion of funds allocated to the Maternal Mortality and Morbidity Task Force be used for hiring FTE's to improve current processes of redacting patient records. The task force provides important record and data reviews to determine contributing factors to Texas' high rates of poor maternal health outcomes.</p>	<p>Favorable</p>
<p>Hinojosa P. 87 860290</p>	<p>This amendment adds an additional rider to the DSHS bill pattern to require funding to streamline the Maternal Mortality and Morbidity Task Force's current methods of redacting patient records in accordance with the law. Texas has the highest maternal mortality rate in the nation and ensuring patient records are reviewed in the most thorough and efficient process can help the task force determine contributing factors to maternal mortality in Texas.</p>	<p>Favorable</p>
<p>Beckley P. 88 860191</p>	<p>Adds a rider to allocate a necessary amount to a study on vaccination compliance and requirements for children within a child-care facility or registered family home. This does not add any additional requirements of vaccinations for these child-care centers/homes, only reviews those requirements. Young children are at a greater risk for outbreaks as they are not able to receive certain vaccinations until the appropriate age. This collection of data can be used to evaluate immunization compliance in Texas to prevent further outbreaks. The study can identify best-practices to sustain immunization coverage and compliance for the state of Texas.</p>	<p>Favorable</p>
<p>Raymond P. 89 860110</p>	<p>The City of Laredo has a Biosafety Level 3 (BSL 3) laboratory which was created in 2012 with federal, state, and local funding. A BSL 3 lab, according to the CDC, indicates risk grade of microbes that the lab is equipped to deal with and the levels range from BSL 1 (minor risk microbes) to BSL 4 (major risk microbes). However, despite the higher level of grading of a BSL 3 lab, without a Laboratory Response Network Certification (LRNC), a lab cannot operate independently. That is to say, the lab has to send out samples for testing to another certified lab. When the BSL3 lab was first created in Laredo, all three levels of government intended for the lab to become Laboratory Response Network Certified. However, when CDC lowered funding for state labs that are Laboratory Response Network Certification, Texas refused to fund the shortfall. Laredo is the number one inland port of entry for the United States and sees high levels of international traffic each day. As a city on the border of US and Mexico, it is imperative that the city has the capacity for disease detection, prevention, early intervention, and disease control. Though various attempts have been made through the Legislature to fund this certification, this is the first time it's been attempted through an amendment of the budget. The \$200,000 per year that is required to obtain and maintain a Laboratory Response Network may be a small price to pay in comparison to the importance of monitoring diseases on an international border.</p>	<p>Favorable</p>
<p>Fierro P. 90 860109</p>	<p>The national average for such a patient to go from the door of the emergency room to seeing a medical professional is 60 minutes. A Mobile Stroke Unit reduces this time drastically and increases the likelihood that a stroke victim will have a successful recovery. This amendment allows for the University Medical Center of El Paso to establish a Mobile Stroke Unit. To achieve this, a total of \$1.1 million from the nearly \$252 million that is allotted to the EMS and Trauma Care Systems strategy under the Department of State Health Services.</p>	<p>Favorable</p>



<p>Wilson P. 91 860256</p>	<p>This rider dedicates \$1.75 million for each year of the biennium out of the already appropriated funds for Food (Meat) and Drug Safety to fund a study by Texas Tech University, into the food safety implications, logistical benefits, and consequences of lab grown meat as a source of nutrition.</p>	<p>Favorable</p>
<p>Y. Davis P. 92 860085</p>	<p>Adds a rider which compels the Department of State Health Services to use appropriated funds to provide captions to their live video broadcasts of their open meetings to the extent they are able. Providing caption translation includes individuals with a disability in participation of the meetings.</p>	<p>Favorable</p>
<p>Guillen P. 93 860348</p>	<p>HB 1738 proposes to cover telehealth and telemonitoring services for certain individuals under Medicaid. It also proposes a study to investigate fraud, waste, or abuse of Medicaid telehealth or telemonitoring services by providers. Contingent on the passage of HB 1738 or similar legislation, this rider requires HHSC to use already appropriated funds to implement the changes required by the legislation. Doing so would allow for valuable health access for patients, particularly those in rural areas.</p>	<p>Favorable</p>
<p>Guerra P. 94 860098</p>	<p>This amendment is contingent on the passage of HB1424 which requires DSHS to enter into a local agreement with UTRGV to increase laboratory services in border counties as recommended by the interim Border Health Task Force. It directs \$200,000 each fiscal year of the biennium in appropriations from the General Land Office for Alamo preservation and maintenance to DSHS for laboratory services. Communities along the border are unique in dealing with varying health problems due to a different climate and number of mosquitos than the rest of Texas. This makes a specific Border Health Task Force necessary.</p>	<p>Favorable</p>
<p>Thierry P. 96 860202</p>	<p>This amendment is contingent on the passage of HB 2703. The rider allocates \$2.5 million in GR from DSHS to the Maternal Mortality and Morbidity Task Force for the purpose of creating a maternal mortality and morbidity data registry. Texas has the highest maternal mortality rate in the nation. Having accurate and reliable measures as required in HB 2703 for placement in a centralized data registry will provide additional data to better inform best-practices and quality of care for Texas mothers.</p>	<p>Favorable</p>
<p>Thierry P. 97 860203</p>	<p>Contingent on passage of HB628 which would create a registry of acute psychiatric beds available in a county of \$4 million or more (currently only Harris County). This rider appropriates \$2 million through HHSC for each fiscal year of the biennium to establish and maintain this bed registry. A psychiatric bed registry increases efficiency for providers serving individuals with mental health issues.</p>	<p>Favorable</p>
<p>Meyer P. 98 860218</p>	<p>This amendment increases appropriations for the Women's Health Programs under HHSC by \$10 million, an increase of 3%. To do so, it reduces the appropriations for the strategy Mass Media Advertising Contracts under the general revenue dedicated Lottery Account by \$10 million, a decrease of 20%. The Women's Health Programs include the following programs: Healthy Texas Women, Abstinence Sexual Education, Breast and Cervical Cancer Services, and the Family Planning Program, among others. The lottery helps fund several budget line items including education and veteran's programs. A drop in advertising dollars is may impact the revenue source for those programs.</p>	<p>Favorable, with Concerns</p>
<p>Patterson P. 99 860235</p>	<p>This amendment increases the appropriations to the HHSC strategy Alternatives to Abortion by \$52 million, an increase of 135%. To fund this, it pulls \$52 million from the Commission on Environmental Quality strategy for Air Quality Assessment and Planning, a decrease of 16%. It also reduces the appropriations to the Low-Income Vehicle Repair Assistance, Retrofit, and Accelerated Vehicle Retirement Program (LIRAP) by \$26 million a decrease of 46%. The Alternatives to Abortion (A2A) program under HHSC aims to promote childbirth and provide support services to pregnant women and parents with the</p>	<p>Unfavorable</p>




	<p>hopes of increasing independence and lowering families' dependence on state dollars. Often, however, the services offered by A2A are redundant and take away from other family planning and health care service programs in the budget. Overall, the Alternatives to Abortion program has not been shown to be an effective way of preventing teen pregnancies, transfer of STDs, or transmission of HIV/AIDS.</p> <p>On the other hand, the Commission on Environmental Quality is extremely important and is often underfunded. This department ensures that Texans are exposed to fewer harmful pollutants through their environment.</p>	
<p>Krause P. 100 860112</p>	<p>This amendment increases the appropriations to the HHSC strategy Alternatives to Abortion by \$52 million, an increase of 135%. To fund this, it pulls \$52 million from the strategy IT Oversight and Program Support under the HHSC bill pattern, a decrease of 10%.</p> <p>The Alternatives to Abortion (A2A) program under HHSC aims to promote childbirth and provide support services to pregnant women and parents with the hopes of increasing independence and lowering families' dependence on state dollars. Often, however, the services offered by A2A are redundant and take away from other family planning and health care service programs in the budget. Overall, the Alternatives to Abortion program has not been shown to be an effective way of preventing teen pregnancies, transfer of STDs, or transmission of HIV/AIDS.</p> <p>The IT programs within HHSC are crucial to ensuring that the information of Texans remains confidential. Over the past several years, data breaches have plagued national news. Texas has not become victim to one of these breaches. Having a robust IT team keeps Texas' and Texans' information where it's safe and protected.</p>	<p>Unfavorable</p>
<p>Howard P. 101 860285</p>	<p>This amendment seeks to reduce appropriations to the Alternatives to Abortion and Abstinence Education programs to give more appropriations to the Home and Community-Based Services. This money will be taken from General and Federal Funds allotments for these programs from both the 2020 and 2021 years of the next biennium. A total of \$57,649,434 will be transferred from Alternatives to Abortion and a total of \$25,205,748 will be transferred from Abstinence Education for a sum of \$82,855,182 going to Home and Community-Based Services.</p>	<p>Favorable</p>
<p>Calanni P. 102 860159</p>	<p>The Alternatives to Abortion (A2A) program under HHSC aims to promote childbirth and provide support services to pregnant women and parents with the hopes of increasing independence and lowering families' dependence on state dollars. Often, however, the services offered by A2A are redundant and take away from other family planning and health care service programs in the budget. Furthermore, while crisis pregnancy centers are thriving under the A2A program (whose funds are nontransferable within the agency, goal, or even the strategy), family planning clinics are the ones who feel the strain when the Legislature cuts into their dollars.</p> <p>Amendment 159 seeks to reverse this trend by removing \$8 million from the appropriations for Alternatives to Abortion and places those funds under Family Planning Services for the biennium.</p> <p>The rider specifically mentions that the \$8 million will go to Family Planning Services under DSHS. However, though there is budget line under HHSC for Family Planning Services, there isn't one under DSHS.</p>	<p>Favorable</p>
<p>C. Turner P. 103 860279</p>	<p>This amendment removes the Abstinence Education program from the budget as well as Rider 44 under HHSC which offers stipulations for how the Funding for Abstinence Sexual Education should be used. A total of \$16,803,832 would go back to the HHSC undedicated funds.</p> <p>Abstinence Education in Texas offers particularly low outcomes because access to reproductive healthcare in Texas is difficult. In addition, access to contraception has been shown to be crucial to reducing the teen pregnancy rate. Abstinence education doesn't teach the importance of contraception, the Texas healthcare system reduces access to contraception, and, furthermore, crisis pregnancy centers don't offer contraception.</p> <p>Currently, teen pregnancies cost the state \$1.1 billion per year. While cutting abstinence education programs alone may not reduce this price tag, it is a first step towards addressing the root causes of teen pregnancy.</p>	<p>Favorable</p>
<p>Coleman P. 104 860043</p>	<p>This amendment decreases GR funds to TDCJ's substance abuse felony allotment in Article V by \$500,000 per fiscal year of the biennium. Appropriations to HHSC will be increased to \$1 million of GR for the biennium to assist counties in creating family drug courts. Substance abuse is the leading reason why children enter into Texas' child welfare system. Establishing family drug courts to prevent a child from entering into the system through appropriate treatment and intervention services for their parent is more beneficial than funding a punitive program which doesn't stop the cycle of foster care or</p>	<p>Favorable</p>




	addiction.	
Schaefer P. 105 860252	<p>Inserts sections into the already existing rider adding additional items to include in the cost comparison report for the Home and Community Services (HCS) waiver program and ICF-IID (Intermediate Care Facilities for Individuals with Intellectual Disability or related conditions) facilities that serve individuals with IDD. The report shall now include:</p> <ul style="list-style-type: none"> • Total number of individuals ranked by Level of Need (LON) who transitioned from the HCS waiver program to a state-operated ICF-IID facility during the previous biennium • Average monthly cost of providing services to those individuals in the HCS waiver program vs. the state-operated ICF-IID • Total number of individuals (by LON) who transitioned from the HCS waiver program to a privately operated ICF-IID facility during the previous biennium • Average monthly cost of providing services to those individuals in the HCS waiver program vs. the privately operated ICF-IID • Number of HCS waiver program facilities, state-operated ICF-IID facilities, and privately operated ICF-IID facilities with an interest list, the number of individuals on the interest list, and the average length of time spent on the interest list • Analysis of budgeted costs for residential and nonresidential services not utilized due to suspended contracts • Amount of funds that can be redistributed to providers of residential and nonresidential services with open contracts <p>Although it is important to know the cost difference between available programs, many individuals with IDD whom are able to live in the most home-like setting experience a higher quality of life than if they had been in a facility.</p>	Will of the House
Neave P. 107 860239	Currently, when HHSC certifies or decertifies Medicaid beds within nursing homes, the commission only takes into account the facility’s occupancy rate as a way to control the number of Medicaid beds in the facility. This amendment adds to the current rider 7 to include nurse-to-patient ratio when planning Medicaid bed capacity in nursing homes.	Will of the House
Julie Johnson P. 108 860188	This amends HHSC rider 24 to clarify the intent of the legislature to achieve savings within HHSC. The amendment clarifies that savings will be done without cutting benefits, eligibility, duration – amount - scope of services, or any other measure which might negatively impact access to care for Texans. It clearly states that the HHSC will consider stakeholder input prior to making any changes.	Favorable
Coleman P. 109 860169	This amendment adds \$1.6 million per fiscal year (\$2.5 million total) of the biennium to fund mental health programs, specifically recovery-focused Clubhouses. Clubhouses use evidence-based programs to treat individuals with serious mental health issues through community support and participation. Clubhouse programs reduce trips to ER’s or crisis centers and decrease risk of incarceration while improving overall health for participants. This amendment allocates \$1,628,652 in each fiscal year of the biennium to fund additional clubhouse services.	Favorable

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<p>Minjarez P. 110 860318</p>	<p>Amends Rider 44 of HHSC bill pattern to include an option for Abstinence Education funds to also be utilized for federal grants through the Teen Pregnancy Prevention Program (TPPP). TPPP uses evidence-based prevention strategies to decrease teen pregnancy and STI rates in the U.S. As abstinence only education has proven ineffective, this amendment allows for Texas to use federal funds to provide additional prevention strategies.</p>	<p>Favorable</p>
<p>Minjarez P. 111 860319</p>	<p>This amends Rider 47 dealing with annual reports on women’s health programs by HHSC to include an unduplicated number of women who are auto-enrolled in the Healthy Texas Women program after their Medicaid for pregnant women ends. This amendment adds additional measurement to the Healthy Texas Women program and will help inform if women are getting dropped between Medicaid and Healthy Texas Women.</p>	<p>Favorable</p>
<p>Howard P. 112 860228</p>	<p>This amendment changes Rider 47 to include Breast Cancer and Cervical Cancer Services (BCCS) and Alternatives to Abortion (A2A) in the list of annual reports required of HHSC. The amendment also changes what is included within the annual report:</p> <ul style="list-style-type: none"> • ensuring the count of aggregate program clients • ensuring that the clients counted are per certified or contracted provider • the service utilization of Healthy Texas Women (HTW), Family Planning Program (FPP), BCCS by procedure code • the count of women referred to Medicaid, Medicare, and CHIP • the count of women who were referred to other assistance programs by Alternatives to Abortion AND successfully enrolled in services <p>The aim of this amendment is to determine the utilization rates of the services. It aims to highlight those services that showed a reduction of greater than 10% in enrollment or service utilization, in comparison to the prior two fiscal years. For those programs that fit the above stipulations, the agency is required to use existing resources to expand provider capacity, client outreach, and enrollment efforts.</p>	<p>Favorable</p>
<p>Howard P. 114 860227</p>	<p>Currently, subsection (e) of Rider 144 requires HHSC to research the possibility of federal funds to supplement current state allotments for LARCs in the Family Planning Program (FPP) and Healthy Texas Women (HTW) programs. Amendment 227 amends this to specifically request federal authority to utilize Medicaid funds through HHSC for the bulk purchasing of LARCs if Texas’ pending request is approved in the future, to convert the existing HTW program- currently includes no federal Medicaid dollars- into an 1115 demonstration waiver program that will qualify for Medicaid matching funds through CMS. This is seeking to authorize the use of Medicaid dollars for LARC purchasing through a limited scope contract and determine if the state can receive federal matching funds.</p>	<p>Favorable</p>
<p>Cain P. 115 860257</p>	<p>The amendment would allocate \$1 million out of the Health and Human Services Commission for the biennium in order to fund an outpatient and residential treatment facility in order to respond to the opioid crisis in Baytown, TX. Located within a mile from Lee College campus this would provide extra resources for the epidemic.</p>	<p>Favorable</p>
<p>Raymond P. 116 860061</p>	<p>This amendment puts forth a 7% increase in Medicaid reimbursement rates for community care programs. While this rate increase goes to both fee-for-service and managed care providers, this rate increase is specifically for operational costs, that is administrative costs, not the services portion. To this end, the amendment draws from the Medicaid Client Services Goal of the HHSC bill pattern -- \$219,562,105 from the General Funds and \$345,854,173 in Federal Funds for a total of \$565,416,278 in All Funds.</p>	<p>Favorable</p>



<p>Rose P. 117 860217</p>	<p>This amendment adds a new rider regarding Labor and Delivery Hospital Costs to the HHSC bill pattern. Taking \$19,650,000 out of the General Revenue and 30,350,000 out of the Federal Funds from the Pregnant Women strategy under HHSC, Amendment 217 allots \$50 million to fund labor and delivery programs in urban and rural hospitals that have a majority of births to parents that are Medicaid-eligible. This expenditure would represent 2% of the appropriations for the Pregnant Women strategy. This initiative would provide valuable services to low-income Texans, particularly those in rural areas. Furthermore, programs such as these could help ameliorate the abysmal rates of Texas maternal morbidity and mortality that indicates a systemic problem.</p>	<p>Favorable</p>
<p>Raymond P. 118 860055</p>	<p>This amendment adds a rider to the HHSC bill pattern. The rider stipulates that HHSC must conduct an analysis to determine if it is cost effective to continue to provide private duty nursing services to disabled children in Medicaid past the age of 21 when they age out of services. The agency will also consider the impact of implementing a functional needs-based eligibility requirement on applicants. This study is expected to have very little impact on the HHSC budget, regardless, HHSC is expected to use their existing resources for this initiative.</p>	<p>Favorable</p>
<p>Meza P. 119 860305</p>	<p>This amendment adds a rider to specifically appropriate \$4,343,500 for each fiscal year of the biennium towards purchasing private psychiatric beds through the North Texas Behavioral Health Authority (NTBHA). NTBHA is the behavioral health contractor for Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwell Counties. When beds for psychiatric care are able to be purchased within local treatment centers, state hospitals are able to keep their beds for higher need individuals.</p>	<p>Favorable</p>
<p>Thierry P. 120 860204</p>	<p>Adds a rider allocating \$1 million each fiscal year of the biennium for Community Mental Health Crisis Services. Allows the state to provide grants for suicide prevention groups and implement a statewide suicide prevention plan. These funds will come from various state agencies (DFPS, DSHS, DCJ, TEA, JJD, VA, and Trusteed Programs within Office of the Governor) at \$125,000 each fiscal year of the biennium.</p>	<p>Favorable</p>
<p>Frank P. 122 860296</p>	<p>Adds a rider which allocates \$31,104,450 from Community Mental Health Services for adults and \$11,800,000 from Community Mental Health Services for children to eliminate waiting list to services, avoid future waiting lists, address population growth in service areas, and increase equity in funding allocations to local health authorities. Although the intent of this amendment is favorable, the process to accomplish these goals is vague and the guidance on how to implement this legislation is minimal. In addition, the feasibility of accomplishing these measures within 2 fiscal years is unlikely.</p>	<p>Will of the House</p>
<p>Gervin-Hawkins P. 123 860278</p>	<p>This amendment adds a rider which appropriates \$750,000 in GR (from non-Medicaid services and Additional Advocacy Programs) for each fiscal year to provide grants for non-profit organizations in Bexar county that have elderly daycare services combined with pre-K services in the same facility. These facilities should provide services specifically for elderly/children living in zip codes with below the median household income.</p>	<p>Favorable</p>
<p>Neave P. 124 860240</p>	<p>This amendment specifically appropriates \$15,500,00 in ESF funds from capitol repairs and renovations for a new state hospital in the Dallas area. In addition, it allows for any extra funds (unobligated or unexpended) marked for state hospital construction to potentially be used for this new hospital. The Dallas-Fort Worth area is the only metropolitan city in Texas that does not have a state psychiatric hospital. 31 million for both Dallas hospital and Panhandle hospital</p>	<p>Favorable</p>
<p>Gutierrez P. 125 860044</p>	<p>This amendment allocates \$323,264,360 in Economic Stabilization Funds specifically for construction of a new campus for the San Antonio State Hospital. The hospital construction is funded at \$270 million and this amendment would allocate the full original agency request. This mental health hospital has been in significant disrepair contributing to poor outcomes for its patients including increased incidences of escape.</p>	<p>Favorable</p>



<p>Schaefer P. 126 860251</p>	<p>Adds a rider; HHSC <u>may</u> use funds already appropriated to review the bed capacity of ICF-IID facilities. Based on the review, the commission will develop procedure for those beds to be reallocated. This rider suggests that the procedure may include reallocating beds to various service areas as well as allowing providers to apply to receive those reallocated beds.</p>	<p>Favorable</p>
<p>Schaefer P. 127 860250</p>	<p>Adds a rider to use already appropriated HHSC funds to review the bed capacity of ICF-IID facilities. Based on the review, the commission <u>shall suggest</u> a procedure for beds to be reallocated. This rider suggests the procedure may include reallocating beds to various service areas as well as allowing providers to apply to receive those reallocated beds.</p>	<p>Favorable</p>
<p>Schaefer P. 128 860262</p>	<p>Adds a rider to use already appropriated HHSC funds to review the bed capacity of ICF-IID facilities. Based on the review, the commission <u>shall</u> suggest a procedure for beds to be reallocated <u>via a report</u>. This rider suggests that the procedure may include reallocating beds to various service areas as well as allowing providers to apply to receive those reallocated beds as well as a report.</p>	<p>Favorable</p>
<p>Capriglione P. 129 860175</p>	<p>Amendment 175 creates a rider which uses funds appropriated in the strategy Integrated Eligibility and Enrollment under the HHSC bill pattern to improve the Texas Information and Referral Network's 2-1-1 help line system. HHSC is allowed to utilize no more than \$150,000 to allot to this initiative for the fiscal year of 2019-2020 and no more than \$25,000 for the fiscal year of 2020-2021. Improving the 2-1-1 services would allow for better disaster response capabilities, system integration, as well as data transparency. To do so, HHSC must include:</p> <ul style="list-style-type: none"> • capabilities for Internet-based chat • capabilities for texting • publicly accessible data transparency solutions • measures to connect specialized populations with state and local services <p>The fiscal impact of implementing this rider within the Integrated Eligibility and Enrollment strategy is negligible.</p>	<p>Favorable</p>
<p>Guillen P. 130 860333</p>	<p>This amendment requires HHSC to spend already appropriated money on Medicaid Eligibility Loss for Persons with Intellectual and Developmental Disabilities. This includes those who are enrolled in waiver programs for Home Community-based Services (HSC), Texas Home Living (TxHML), as well as those who receive services in intermediate care facilities (ICF). According to HHS, there are over 485,000 children and adults in Texas diagnosed with an Intellectual or Developmental Disability (IDD), 233,710 of whom are potentially eligible for HSC, TxHML, and CLASS. Of these, 40,114 individuals are currently enrolled in the afore mentioned waiver programs. Because an individual diagnosed with IDD often will have it for life, falling out of eligibility means that they will have interruptions in their services which will affect their independence and quality of life. The proposed study aims to find several statistics about those enrolled in the above waiver programs: the lengths of time before renewal of eligibility after loss, the number of individuals who lose eligibility without renewing it. Furthermore, the study looks into the estimated annual costs of the lapse in eligibility to providers, the individuals, and to the state. The results of the study will inform HHSC recommendations for fiscal implications and the maintenance of eligibility.</p>	<p>Favorable</p>
<p>Y. Davis P. 132 860087</p>	<p>This amendment adds a rider to create a disability services coordinator office using a portion of appropriated funds to HHSC. This office will coordinate with the various programs and services for individuals with a disability. In addition, the coordinator's office will review programs available, determine if there are any services needed that are not available, and provide contact information to individuals with a disability. The coordination office will find appropriate services and refer to said services as needed by the individual. Creating a coordination office removes barriers to services and benefits for individuals with a disability.</p>	<p>Favorable</p>



<p>Y. Davis P. 134 860086</p>	<p>Adds a rider which requires a portion of funds appropriated to HHSC be used to determine single points of access for individuals with a disability through service providers. The commission will meet quarterly with agencies that provide services to establish single points of access for individuals with a disability to receive referrals, benefits, participate in necessary programming, etc.</p>	<p>Favorable</p>
<p>Bucy P. 135 860171</p>	<p>This amendment requires HHSC, under the Medicaid Contracts and Administration strategy to use already appropriated funds to prepare to expand the state Medicaid plan to include all individuals for whom federal matching funds are available. HHSC must also petition an 1115 waiver or any other applicable laws to set this into motion.</p> <p>Because this act will pull down the maximum federal funds accessible under Medicaid, this should not be significantly burdensome to the state. Rather, it should offer some relief to the budget as well as to the estimated 1.2 to 1.3 million Medicaid-expansion-eligible Texans who are currently lacking necessary healthcare.</p>	<p>Favorable</p>
<p>C. Turner P. 136 860140</p>	<p>The DSRIP, or Delivery System Reform Incentive Payment, portion of the Texas 1115 waiver was originally intended as a federal financial incentive for states to prepare their healthcare systems for Medicaid Expansion. However, the federal government directed Texas to build successful DSRIP projects into basic Medicaid Managed Care coverage, and Texas is being phased out by CMS by 2021. It is imperative that Texas develops a plan to sustain its access to care from DSRIP programs before that funding ends. – The DSRIP funding pool will drop from \$3.1 billion in 2018 and 2019, to \$2.91 billion in 2020, \$2.49 billion in 2021, and \$0 in 2022.</p> <p>This amendment adds a rider to Article II to create a phasing out plan from DSRIP for adults with serious mental illness. Working with CMS HHSC is required to establish a delivery plan to succeed the Texas Health Care Transformation and Quality Improvement Program 1115 Waiver. In order to prepare for an effective and successful transition, the amendment requires that HHSC maximizes the state's capability for federal matching to at least sustain services for those in this population who have incomes at or below the federal poverty level. HHSC must also provide incentives for providers whose quality metrics show positive treatment outcomes for the target population of adults with serious mental illness. These metrics include provision of integrated care, use of appropriate data systems, provision of criminal justice interface, and assistance securing stable housing.</p>	<p>Favorable</p>
<p>Capriglione P. 138 860181</p>	<p>This amendment creates a rider which requires HHSC to use already appropriated funds to create a 10-year system wide plan of updating and upgrading their information technology and data-related services and capabilities. The goal of this plan is to ensure that HHSCs technology systems are more modern, secure, and efficient. The requirements of this plan include:</p> <ul style="list-style-type: none"> • transitioning towards server consolidation through the Department of Information Resources data center services • a description of cloud computing options • analysis of existing systems and potential improve systems to provide enhanced data analytics and reporting • a description of progress and goals toward implementing an automated, interoperable system which transforms data into meaningful information to inform decision making <p>Not only will an enhanced and upgraded IT system offer more security of Texans' information, the data analysis that a well-curated, comprehensive system provides can ensure a clear picture of the patterns within HHSC systems and ensure that healthcare dollars are being used in the most effective and efficient way possible.</p>	<p>Favorable</p>
<p>Y. Davis P. 140 860083</p>	<p>Adds a rider which compels Health and Human Services Commission to use appropriated funds to provide captions to their live video broadcasts of open meetings to the extent they are able. Providing caption translation includes individuals with a disability in participation of the meetings. The author submitted this as a rider during the budget process in subcommittee, but the cost is expected to high according the committee and LBB. No cost amount has been provided.</p>	<p>Favorable</p>

<p>Martinez Fischer P. 141 860152</p>	<p>Currently, counties, hospital districts, and county public are constitutionally required to provide indigent care. The definition of indigent care in relation to the federal poverty level (FPL) varies between hospitals. When a patient does not qualify for indigent care at their local facility, they may go to one at a neighboring county for care. When this happens, it causes a burden on the county and its residents as the limited property funding goes towards patients that are from out of the county -- those who don't pay the county's property tax.</p> <p>To relieve this burden without lowering the level of care, the amendment offers a solution that allows for these healthcare facilities to be categorized as providing unique services that support the state health goals. Doing so will allow for the afore-mentioned over-burdened healthcare facilities to receive state matching, which will bring down federal funding. These additional funds can help alleviate the financial strain that is currently placed on them by out-of-county patients, particularly urban hospital districts.</p> <p>The rider specifically requires HHSC to take the first steps of creating the program rules and seeking approval from CMS.</p>	<p>Favorable</p>
<p>Klick P. 142 860210</p>	<p>This amendment is a duplicate to 860216 by Representative Oliverson.</p> <p>This amendment adds a substantive rider concerning the Alternatives to Abortion Program. The rider prohibits HHSC from spending any other funds than GR funds for Alternatives to Abortion Program. With the new rider, HHSC shall fund one FTE position to ensure contractor compliance with law. Subsequently, the rider prohibits HHSC from giving Alternatives to Abortion funds to a provider to pay costs (such as utilities or marketing). In addition, HHSC cannot provide Alternatives to Abortion funds to any provider, affiliate, entity, or franchise that refers for or performs abortion procedures which are not reimbursable through Medicaid. Currently, Medicaid will only cover abortion services in cases of rape, incest, or life-threatening situations. To ensure compliance, HHSC will review funds appropriated in its audit. HHSC may use funds for Alternatives to Abortion to reimburse services which improve pregnancy and/or parenting situations through parenting classes, job skill training/placement, distribution of infant/child supplies and pregnancy options counseling. HHSC will extend all current contracts through Alternatives to Abortion as long as they are in good standing with the commission. Funds will be allocated based on the number of clients that were physically seen by the contractor during the first 6 months of the fiscal year ending in August 31, 2019. The FTE will oversee and ensure compliance with contractors.</p> <p>Health providers have many different scopes of practice which can further women's health as a whole and contract with other health entities. These providers will be removed from receiving this funding even if abortion services or referrals are a distant aspect of their programming.</p>	<p>Unfavorable</p>
<p>Oliverson P. 145 860216</p>	<p>This amendment is a duplicate to 860210 by Representative Klick.</p> <p>This amendment adds a substantive rider concerning the Alternatives to Abortion Program. The rider prohibits HHSC from spending any other funds than GR funds for Alternatives to Abortion Program. With the new rider, HHSC shall fund one FTE position to ensure contractor compliance with law. Subsequently, the rider prohibits HHSC from giving Alternatives to Abortion funds to a provider to pay costs (such as utilities or marketing). In addition, HHSC cannot provide Alternatives to Abortion funds to any provider, affiliate, entity, or franchise that refers for or performs abortion procedures which are not reimbursable through Medicaid. Currently, Medicaid will only cover abortion services in cases of rape, incest, or life-threatening situations. To ensure compliance, HHSC will review funds appropriated in its audit. HHSC may use funds for Alternatives to Abortion to reimburse services which improve pregnancy and/or parenting situations through parenting classes, job skill training/placement, distribution of infant/child supplies and pregnancy options counseling. HHSC will extend all current contracts through Alternatives to Abortion as long as they are in good standing with the commission. Funds will be allocated based on the number of clients that were physically seen by the contractor during the first 6 months of the fiscal year ending in August 31, 2019. The FTE will oversee and ensure compliance with contractors.</p> <p>Health providers have many different scopes of practice which can further women's health as a whole and contract with other health entities. These providers will be removed from receiving this funding even if abortion services or referrals are a distant aspect of their programming.</p>	<p>Unfavorable</p>



<p>Minjarez P. 148 860303</p>	<p>This new rider requires HHSC (in conjunction with the LBB) to conduct a study on abuse and violations in nursing homes licensed by the state. A report shall be submitted no later than December 1, 2020 to the commission with results and policy recommendations to prevent repeat violators in addition to other recommendations.</p>	<p>Favorable</p>
<p>Julie Johnson P. 149 860189</p>	<p>This amendment is contingent on passage of HB 4400. HB 4400 creates a pilot program to increase housing for individuals with IDD and decrease the amount of individuals with IDD living in State Supported Living Centers. Upon passage of HB 4400, \$4 million for the biennium will be decreased from the HHSC State Supported Living Centers bill pattern while increasing HHSC’s Home and Community-Based Services respectively. When individuals with IDD are able to be served within their own home or community, they tend to experience greater quality of life. However, there are some individuals who require higher care than might be provided within their own setting.</p>	<p>Favorable</p>
<p>Dutton P. 150 860207</p>	<p>This amendment contains a contingency rider. The rider is contingent on Harris County donating land and operating costs for a settlement house in Harris County. \$1 million will be appropriated from GR for each fiscal year of the biennium to provide start-up money to build a settlement house in Houston. Appropriations for the Commission on Law Enforcement will be reduced by \$1 million for each fiscal year of the biennium.</p>	<p>Favorable</p>
<p>Dutton P. 151 860206</p>	<p>This amendment contains a contingency rider. The rider is contingent on Harris County donating land and operating costs for a settlement house in Harris County. \$1 million will be appropriated from GR for each fiscal year of the biennium to provide start-up money to build a settlement house in Houston. Appropriations for the Commission on Law Enforcement will be reduced by \$1 million for each fiscal year of the biennium.</p>	<p>Favorable</p>
<p>Klick P. 152 860232</p>	<p>Amends a portion of the Use of General Revenue Funds for Services subsection to state that if “there is no other available <u>community</u> living arrangement” in which the individual’s safety and health cannot be protected at the time as supported by clinical staff assessment and medical records, the commission can use GR funds to pay for services. This amendment emphasizes priority of community based care in special funding exceptions for Texans with disabilities.</p>	<p>Favorable</p>

