

- SUBJECT:** Creating a Medicaid pilot project for women’s healthcare services
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 7 ayes — Laubenberg, Coleman, Dawson, Jackson, McReynolds, Truitt, Solis
- 0 nays
- 2 absent — Delisi, Zedler
- SENATE VOTE:** On final passage, April 7 — 24-2 (Ellis, Shapleigh)
- WITNESSES:** For — Robert Crumb, Texas Association of Obstetricians and Gynecologists; Anne Dunkelberg, Center for Public Policy Priorities; Diane Gillit, South Plains Community Action Association; Hannah Riddering, Texas National Organization for Women; Arlene Wohlgemuth, Texas Hospital Association
- Against — None
- BACKGROUND:** Medicaid, the state-federal health insurance program for children, low-income families, the elderly, and disabled individuals, is administered in Texas by the Health and Human Services Commission (HHSC).
- DIGEST:** SB 747 would establish a five-year Medicaid demonstration project to offer women’s health services to women over age 18 with a family income at or below 185 percent of the federal poverty level (\$34,900 for a family of four).
- The services offered in the demonstration project could include:
- physical examinations;
  - health screenings, such as for diabetes, cervical cancer, breast cancer, sexually transmitted diseases, hypertension, cholesterol, and tuberculosis; and

- contraceptive counseling and contraceptives, except for emergency contraception.

A recipient also would receive information about sources of funding for treatment and referral to appropriate providers that do not perform or promote elective abortions.

To participate, a woman or a member of her family would have to be eligible for Medicaid, cash assistance through Temporary Assistance for Needy Families (TANF), food stamps, the Women, Infants and Children (WIC) program, or another program with comparable income limitations. HHSC would establish point-of-service eligibility determination as long as the cost did not exceed 10 percent of the cost of the actual service.

HHSC would have to report to the Legislature on the progress of the demonstration project by December 1 of each even-numbered year. The project would begin by September 1, 2006, and expire September 1, 2011. If a waiver or other federal authorization were required, HHSC would be directed to obtain it.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2005.

**SUPPORTERS  
SAY:**

SB 747 would establish a demonstration project to help deliver critical health services to women in a way that was appropriate for the state. It would provide health screening and well-woman services as well as family planning. These services would improve the overall health of low-income women, prevent unwanted pregnancies, and help make pregnancies healthier for low income women. It also would prevent the spread of sexually transmitted diseases and severity of certain diseases, such as breast and cervical cancers.

The project would give Texas more services for the same amount of funding. The federal government would provide a nine-to-one match for this program, a far better match rate than Texas could receive through Medicaid or straight general revenue. Other states have similar waiver programs in place, including California, Florida, and New York. Texas should take advantage of the better match rate the federal government would provide.

The women who would be eligible for these services likely have

Medicaid-eligible children. Through Medicaid, Texas currently pays for half of the pregnancies in the state. Prenatal care is a key factor in the health of an infant. If the state does not provide prenatal care, it will be forced to pay for more services to treat more serious health problems after the child is born.

The bill explicitly would prohibit the promotion or provision of emergency contraceptives. Also, it would require referrals to appropriate providers that do not perform or promote elective abortions.

**OPPONENTS  
SAY:**

This project is vitally important to the health and well-being of low-income women and their children. However, restricting counseling about emergency contraception could push some women toward a surgical abortion because they could not get necessary information or resources when they needed them. Also, restricting where patients may be referred could create a situation where women in rural or underserved areas had nowhere to go.