

**Senate Finance Committee  
Riders - Article II**

**Adopted**

**March 28, 2019**

**Legislative Budget Board**

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Licensed Surgical Assistant Utilization**

Prepared by LBB Staff, 03/15/2019

**Overview**

Add a rider directing HHSC to collect information on the utilization of licensed surgical assistants and evaluate the cost of providing separate reimbursement to them.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Licensed Surgical Assistant Utilization.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall collect information on the utilization of Licensed Surgical Assistants and evaluate options for providing separate Medicaid reimbursement to them, including an assessment of the cost of each option that considers any effect on utilization. HHSC shall provide a report of findings no later than December 1, 2020 to the Legislative Budget Board, House Appropriations Committee, Senate Finance Committee, and Governor.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Clear Process for Including Prescription Drugs on the Texas Drug Code Index**

Prepared by LBB Staff, 03/21/2019

**Overview**

Reinstate a rider from the 2018-19 General Appropriations Act related to process for including prescription drugs in the Medicaid and the Children's Health Insurance Programs.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

- XX . **Clear Process for Including Prescription Drugs on the Texas Drug Code Index.**  
The Health and Human Services Commission (HHSC) shall make clear their process for the inclusion of prescription drugs in the Medicaid and Children's Health Insurance Programs. In maintaining the prescription drug inclusion process, HHSC shall ensure that the timeline for review, including initiation of drug review, clinical evaluation, rate setting, Legislative Budget Board notification, and making the product available, does not extend past the 90th day of receipt of the completed application for coverage on the Texas Drug Code Index. After the applicable Drug Utilization Review Board meeting and approval by the HHSC Executive Commissioner, HHSC will complete the public posting of medical policies associated with the product.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**State Supported Living Centers Planning**

Prepared by LBB Staff, 03/21/2019

**Overview**

Add a rider to require the Health and Human Services to develop a plan to maximize state supported living centers and submit a report detailing the findings.

**Required Action**

On page II-XX of the Health and Human Services bill pattern, add the following rider:

**XX. State Supported Living Centers Planning.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall develop a plan to maximize resources at state supported living centers (SSLC).

The plan shall include the following:

- (a) an examination of existing resources, services, supports, and infrastructure needs to serve individuals residing in SSLCs as well as other individuals with an intellectual or developmental disability (IDD) or behavioral health needs in this state;
- (b) consideration of the feasibility of repurposing vacant or unused SSLC buildings and/or property and other resources to support SSLC residents; and
- (c) consideration of service delivery to individuals who are not residents of the SSLC, including those with IDD or behavioral health needs.

In development of the plan, HHSC shall consider SSLC residents' needs and preferences, and/or their legally authorized representatives' preferences; SSLC system operational needs and capacity; and changing demographics of persons served by SSLCs and in the community. HHSC shall coordinate with relevant stakeholders in the development of the plan, including SSLC family associations and local mental health authorities.

HHSC shall submit the plan no later than December 1, 2020, to the Governor, the Legislative Budget Board, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Medicaid and CHIP Physician Payment Increase**

Prepared by LBB Staff, 03/21/2019

**Overview**

Add a new rider requiring HHSC to evaluate and submit a report on cost-effective methods to increase physician payments in Medicaid and CHIP to reward innovative, value-based delivery models and maximize the state's efforts to improve patient health outcomes and lower costs.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

- XX.** **Medicaid and CHIP Physician Payments.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC), in coordination with relevant stakeholders, shall evaluate methods to reimburse physicians in Medicaid and the Children's Health Insurance Program to reward innovative, value-based delivery models; maximize the state's efforts to improve patient health outcomes and lower costs; and address Texas' critical health care challenges, including improving maternal and child health, increasing the availability of mental health and substance use disorder treatment, and strengthening rural, border, and underserved physician networks. HHSC shall submit a report with the results of the evaluation, including recommendations, to the Legislative Budget Board and the Governor no later than June 1, 2020.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Study of Cost Drivers in STAR Kids**

Prepared by LBB Staff, 3/14/2019

**Overview**

Add a rider directing the Health and Human Services Commission to study the cost impact of STAR Kids members with high utilization and cost drivers.

**Required Action**

- 1) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX.** **Study Relating to Cost Drivers in STAR Kids.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall study the cost impact of STAR Kids members with high utilization and cost drivers, including private duty nursing, and other services as appropriate, in each participating managed care organization (MCO) to determine if adjustments to the current rate-setting methodology would more appropriately align capitation rates with relative acuity without reducing the incentive for MCOs to manage utilization, while providing the most cost-effective care in the most appropriate setting. If adjustments are deemed appropriate, HHSC may make such adjustments to the STAR Kids capitation rate-setting methodology if the adjustments will not result in increased expenditures.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Rural Labor and Delivery Medicaid Add-on Payment**

Prepared by LBB Staff, 03/22/2019

**Overview**

Add a rider that establishes a Labor and Delivery add-on payment in Medicaid for rural hospitals that provides a \$500 increase in payment per delivery.

**Required Action**

1) On page II-42 of the Health and Human Services Commission bill pattern, increase funding in Strategy A.1.3, Pregnant Women, by \$3,146,400 in General Revenue and \$4,853,600 in Federal Funds in fiscal year 2020 and by \$3,050,400 in General Revenue and \$4,949,600 in Federal Funds in fiscal year 2021.

2) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Rural Labor and Delivery Medicaid Add-on Payment.** Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.3, Pregnant Women, is \$3,146,400 in General Revenue and \$4,853,600 in Federal Funds in fiscal year 2020 and \$3,050,400 in General Revenue and \$4,949,600 in Federal Funds in fiscal year 2021 for HHSC to provide a \$500 Medicaid add-on payment for labor and delivery services provided by rural hospitals. For purposes of this rider, rural hospitals are defined as (1) hospitals located in a county with 60,000 or fewer persons according to the 2010 U.S. Census; or (2) a hospital designated by Medicare as a Critical Access Hospital (CAH), a Sole Community Hospital (SCH), or a Rural Referral Center (RRC) that is not located in a Metropolitan Statistical Area (MSA); or (3) a hospital that has 100 or fewer beds, is designated by Medicare as a CAH, a SCH, or a RRC, and is located in an MSA.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Medicaid Fraud Enforcement**

Prepared by LBB Staff, 3/14/2019

**Overview**

Add a rider directing the Health and Human Services Commission to allocate \$400,000 in General Revenue for the biennium to create an automated database for the Texas Drug Code Index Certification of Information.

**Required Action**

- 1) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX.** **Medicaid Fraud Enforcement.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall allocate an amount not to exceed \$330,000 in General Revenue in fiscal year 2020 and \$70,000 in General Revenue in fiscal year 2021 to create an automated database for the Texas Drug Code Index Certification of Information.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Change in Ownership Processing Timeliness**

Prepared by LBB Staff, 03/14/2019

**Overview**

Add a rider directing the Health and Human Services Commission to study the agency's process for completing nursing facility change of ownership.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

- XX.** **Change in Ownership Processing Timeliness.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall review the agency's process for completing nursing facility change of ownership, including timeframes for application processing, survey, contracting, licensure, and payments following the completed change of ownership. HHSC shall submit a report detailing the agency's current processes and timeframes and recommendations for improving the change of ownership process to reduce the duration a nursing facility provides services without Medicaid reimbursement to the Governor, Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by March 1, 2020.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Managed Care Organization Services for Adults with Serious Mental Illness**

Prepared by LBB Staff, 03/22/2019

**Overview**

Add a rider to require the Health and Human Services Commission to evaluate the delivery of Medicaid services to individuals with a serious mental illness in STAR+PLUS.

**Required Action**

On page II-XX of the bill pattern for the Health and Human Services Commission, add the following rider:

- XX. Managed Care Organization Services for Adults with Serious Mental Illness.** Out of funds appropriated above in Strategy B.1.1, Medicaid Client Services, the Health and Human Services Commission (HHSC) shall identify claims and expenditures, by managed care organization (MCO), for Medicaid recipients in STAR+PLUS with a serious mental illness (SMI) to evaluate any inappropriate variation in delivery of service to individuals with SMI by MCO. For the purposes of the evaluation, individuals with SMI are individuals who have: (1) a qualifying diagnosis; and (2) functional impairment if a local mental health authority has performed an assessment on the recipient. HHSC shall identify performance measures to better hold MCOs accountable for outcomes and Medicaid spending for individuals with SMI, evaluate the delivery of services to individuals with SMI by MCOs against standards of care, and develop recommendations to improve quality of care. HHSC shall submit a report, including findings and recommendations, to the Governor, Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor not later than August 31, 2020.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Coordination with Diabetes Council**

Prepared by LBB Staff, 03/20/2019

**Overview**

Add a rider directing the Health and Human Services Commission to coordinate with the Texas Diabetes Council to develop strategies to reduce or contain diabetes-related costs in the Medicaid program.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

- XX.** **Coordination with Diabetes Council.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission shall coordinate with the Texas Diabetes Council to develop strategies to reduce or contain diabetes-related costs in the Medicaid program using best practices to improve quality of care. HHSC shall submit a report including findings and recommendations to the Legislative Budget Board, the Governor, and the permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by August 31, 2020.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Evaluation of Opioid Drug Prescription Practices Under Medicaid**

Prepared by LBB Staff, 03/20/2019

**Overview**

Add a rider requiring the Health and Human Services Commission to establish a unit to proactively investigate illegal child care operations.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

- XX.** **Evaluation of Opioid Drug Prescribing Practices Under Medicaid.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall evaluate the prescribing practices for opioid drugs in the state under Medicaid and assess to what extent those practices align with the guidelines for prescribing opioid drugs adopted by the Centers for Disease Control and Prevention. No later than September 1, 2020, HHSC shall submit a report to the Legislature, Legislative Budget Board, and the Governor, that includes findings of the evaluation and recommendations for next steps to take to better align the prescribing practices for opioid drugs in this state under Medicaid with the guidelines for prescribing opioid drugs adopted by the Centers for Disease Control and Prevention.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Cost Savings for Medicaid Prescription Drugs**

Prepared by LBB Staff, 3/15/2019

**Overview**

Add a rider that requires the Health and Human Services Commission to develop and report on strategies to achieve cost savings for Medicaid prescription drugs.

**Required Action**

1. On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Study on Cost Savings for Medicaid Prescription Drugs.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission (HHSC) shall evaluate strategies to achieve cost savings for Medicaid prescription drugs, including the direct dispensing of prescription drugs by physicians. HHSC shall submit a report with findings and recommendations for achieving cost savings to the Senate Finance Committee, the House Committee on Appropriations, the Legislative Budget Board, the Governor, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services by September 1, 2020.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Pharmacy Services at State Supported Living Centers**

Prepared by LBB Staff, 03/22/2019

**Overview**

Add a rider requiring the Health and Human Services Commission to conduct a study on the cost effectiveness of having pharmacy services at the state supported living centers be delivered by an off-site long-term care pharmacy. Also, require the Health and Human Services Commission to provide a report with findings and recommendations.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Pharmacy Services at State Supported Living Centers.** Out of funds appropriated above in Strategy L.1.1, HHS System Supports, the Health and Human Services Commission (HHSC) shall evaluate the feasibility and cost-effectiveness of alternative models for providing pharmacy services for state supported living centers. The evaluation should include consideration of entering into a contract with an organization to provide off-site pharmacy services, partnering with an institution of higher education to obtain more favorable pricing, and any other option identified by HHSC. The evaluation must consider any potential issues with compliance with the Department of Justice Settlement Agreement. HHSC shall report its findings and recommendations to the Governor, the Legislative Budget Board, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services or finance by December 1, 2020.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Women's Health Programs: Savings and Performance Reporting**

Prepared by LBB Staff, 03/22/2019

**Overview**

Amend Rider 44, Women's Health Programs: Savings and Performance Reporting, to direct the Health and Human Services Commission to include information about the Breast and Cervical Cancer Services program in the agency's annual report on women's health programs and to include total expenditures by method of finance and program in the report.

**Required Action**

On page II-77 of the Health and Human Services Commission bill pattern, amend the following rider:

44. **Women's Health Programs: Savings and Performance Reporting.** The Health and Human Services Commission shall submit an annual report on the Healthy Texas Women (HTW) program, Family Planning Program (FPP), and Breast and Cervical Cancer Services Program, due May 1 of each year, to the Legislative Budget Board and the Governor's Office that includes the following information:
- a. Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years;
  - b. Savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);
  - c. Descriptions of all outreach activities undertaken for the reporting period;
  - d. The total number of providers, by geographic region, enrolled in the ~~Healthy Texas Women Program~~ HTW and ~~Family Planning Program~~ FPP networks, and providers from legacy Women's Health Programs (including Texas Women's Health Program) not to include duplications of providers or ancillary providers;
  - e. The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider;
  - f. The count of women in the ~~Healthy Texas Women Program~~ HTW and the ~~Family Planning Program~~ FPP receiving a long-acting reversible contraceptive; ~~and~~
  - g. The service utilization by procedure code for HTW and FPP. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity; and
  - h. Total expenditures, by method of finance and program.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than 10 percent relative to the prior two fiscal years, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Identify Funding for the Breast and Cervical Cancer Services Program**

Prepared by LBB Staff, 03/21/2019

**Overview**

Identify funding in Strategy D.1.1, Women's Health Programs, for the Breast and Cervical Cancer Services Program.

**Required Action**

On page II-XX of the Health and Human Services bill pattern, add the following rider:

- XX. Breast and Cervical Cancer Services Program Funding.** Included in amounts appropriated above in Strategy D.1.1, Women's Health Programs, is \$4,859,018 in General Revenue and \$9,144,526 in Federal Funds in each fiscal year for the Breast and Cervical Cancer Services (BCCS) Program. In the event federal funds are available in a lesser amount, the Health and Human Services Commission shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Report on Coverage in STAR Health**

Prepared by LBB Staff, 03/21/2019

**Overview**

Add a rider requiring the Health and Human Services Commission to report on the number of former foster youth who do not re-enroll in STAR Health.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Report on Medicaid Coverage for Former Foster Children.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts & Administration, the Health and Human Services Commission shall evaluate the number of former foster children who do not renew Medicaid coverage to maintain continuous health coverage until their 26th birthday. HHSC shall develop recommendations to improve the rate of youth formerly in foster care who maintain continuous health coverage and shall submit a report including findings and recommendations to the Governor, Legislative Budget Board, Speaker of the House, Lieutenant Governor, and members of the Senate Finance Committee and House Appropriations Committee no later than November 1 of each fiscal year.

By: \_\_\_\_\_

**Health and Human Services Commission, Article II  
Proposed Rider  
Quality-based Enrollment Incentive Program**

Prepared by LBB Staff, 3/22/2019

**Overview**

Add a rider requiring the Health and Human Services Commission to create a quality-based enrollment incentive program and making fiscal year 2021 Medicaid Contracts and Administration funding contingent on its implementation.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

- XX. Quality-based Enrollment Incentive Program.** Pursuant to Government Code §533.00511, the Health and Human Services Commission (HHSC) shall create an incentive program that automatically enrolls a greater percentage of Medicaid recipients who have not selected a managed care plan into a plan based on quality of care, efficiency and effectiveness of service provision, and performance. Appropriations in Strategy B.1.1, Medicaid Contracts & Administration, for fiscal year 2021 are contingent on HHSC implementing the required program by September 1, 2020.

**Department of Family and Protective Services, Article II**  
**Proposed Rider**  
**Improved Outcomes Pilot**

Prepared by LBB Staff, 03/22/2019

**Overview**

Add a rider to implement a pilot program and reporting requirement to improve outcomes for children at higher risk of entering child protective services.

**Required Action**

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

\_\_\_\_\_. **Improved Outcomes Pilot.** Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services (DFPS) shall allocate \$250,000 in General Revenue in each fiscal year to implement a pilot program aimed at improving outcomes for children at highest risk of re-entering the child protective services system. The pilot shall:

- a. be evidence-based or incorporate promising practices;
- b. be implemented in a county with a population over 800,000;
- c. aim to reduce the child's interaction with the juvenile justice system, reduce teen pregnancy and increase graduation rates over the span of the child's youth.

Not later than December 1, 2020, DFPS shall report to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Speaker of the House, Lieutenant Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services on the success of the pilot program in improving outcomes.

**Department of Family and Protective Services, Article II**  
**Proposed Rider**  
**Caseworker and Management Ratio Study**

Prepared by LBB Staff, 03/15/2019

**Overview**

Add rider to require the Department of Family and Protective Services to create a study for Child and Adult Protective Services regarding caseworker and management ratios and submit the study by September 1, 2020.

**Required Action**

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

XX . **Caseworker and Management Ratio Study.** Out of funds appropriated above, in Strategy E.1.1, Central Administration, the Department of Family and Protective Services (DFPS) shall evaluate management to caseworker ratios for Child and Adult Protective Services to determine the effects of alternative ratios on expenditures and agency operations.

DFPS shall report the findings of the study to the Legislative Budget Board, the Governor, and permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services and appropriations by September 1, 2020.

**Department of Family and Protective Services, Article II**  
**Proposed Rider**  
**At-Risk Prevention Programs and Services**

Prepared by LBB Staff, 03/22/2019

**Overview**

Add rider to identify amounts used for competitively procured established statewide networks of community-based prevention programs and develop a strategic plan under section 265.005 of the Family Code.

**Required Action**

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

- \_\_\_\_\_. **At-Risk Prevention Programs and Services.** Out of funds appropriated above in Strategy C.1.4, Other At-Risk Prevention Programs, the Department of Family and Protective Services (DFPS) shall allocate for the state fiscal biennium beginning September 1, 2019, \$3,050,000 in All Funds for one or more competitively procured established statewide networks of community-based prevention programs that provide evidence-based programs delivered by trained full-time staff, and address conditions resulting in negative outcomes for children and youth. Any vendor selected to deliver these services must provide dollar-for-dollar matching funds. All other funding appropriated in Strategy C.1.4, Other At-Risk Prevention Programs, shall be used for child abuse and neglect prevention programs in accordance with the strategic plan developed by DFPS under section 265.005 of the Family Code.

**Department of Family and Protective Services, Article II**  
**Proposed Rider**  
**Reporting on Disproportionality and Disparities**

Prepared by LBB Staff, 03/22/2019

**Overview**

Add a rider to require the Department of Family and Protective Services (DFPS) to work with institutions of higher education to address disproportionality and disparities in the child welfare system and in services provided by DFPS.

**Required Action**

1. On page II-10 of the Department of Family and Protective Services bill pattern delete Rider 11, Reporting Requirement on Child Removals by Race and Ethnic Group.
2. On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

\_\_\_\_\_. **Reporting on Disproportionality and Disparities.** Out of funds appropriated above to the Department of Family and Protective Services (DFPS) in Strategy E.1.1, Central Administration, DFPS may collaborate with an institution of higher education to research, evaluate, and recommend practices, programs, and policies for addressing disproportionality and disparities and ensuring equitable provision of services to and outcomes for children and families served by DFPS. For the purposes of this rider, the term “disproportionality” refers to the ratio between the percentage of persons in a particular racial or ethnic group at a particular decision point or experiencing an event (such as maltreatment, incarceration, school dropouts) compared to the percentage of the same racial or ethnic group in the overall population; and the term “disparity” refers to unequal treatment or outcomes for different groups in the same circumstances or at the same decision point.

Not later than December 1, 2020, DFPS shall submit a report to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Speaker of the House, the Lieutenant Governor and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services highlighting recommendations to address disproportionality and disparities and ensure equitable outcomes, including policy recommendations; analysis of child and parent data by race and ethnicity across all stages of service; and a summary of relevant initiatives and programs in place at DFPS during the preceding fiscal year.

**Article II**  
**Trauma Service Area Regional Advisory Councils Funding**

**Background**

SB 1 reduces funding for the state's twenty-two Trauma Service Area Regional Advisory Councils (RACs) and EMS programs at the Department of State Health Services (DSHS) in fiscal years 2020 and 2021.

For RACs, this is due to a decrease in tobacco dollars and a decrease in funding from Account 5111. RAC funding from Account 5111 is calculated as a percentage of the appropriations from Account 5111 for trauma payments. Overall appropriations from Account 5111 have decreased. In addition, the interagency contract with HHSC for the safety-net add-on payment to hospitals has increased, further reducing the trauma amount on which the percentage calculation for RACs is based. The same Account 5111 scenario explains EMS reductions as EMS also receives a percentage of appropriations from Account 5111.

RACs see a reduction in funding of \$242,815 in fiscal year 2020 and \$264,416 in 2021.

EMS sees a reduction of \$89,267 in fiscal year 2020 and \$132,467 in 2021.

**Overview**

Increase General Revenue appropriations to the Department of State Health Services in Strategy B.2.1, EMS and Trauma Care Systems by \$728,965 for the biennium.

**Required Action**

On page II-24 of the Department of State Health Services bill pattern, increase General Revenue appropriations in Strategy B.2.1, EMS and Trauma Care Systems, by \$332,082 in fiscal year 2020 and \$396,883 in fiscal year 2021.

**Health and Human Services Commission, Article II**  
**Proposed Rider**  
**Consolidated Reporting of Opioid-Related Expenditures**

Prepared by LBB Staff, 03/21/2019

**Overview**

Add new rider to require Article II agencies to provide a consolidated report of opioid-related expenditures from all funds.

**Required Action**

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

**XX. Consolidated Reporting of Opioid-Related Expenditures.** No later than October 1 of each year, the Executive Commissioner of the Health and Human Services Commission (HHSC) shall submit to the Legislature, Legislative Budget Board, and the Governor a report that provides information about actual annual expenditures from the previous fiscal year for all opioid abuse and misuse-related programs at HHSC, the Department of Family and Protective Services, and the Department of State Health Services, including but not limited to prevention, treatment, recovery, intervention, and detoxification services. The report shall include expenditure data by program at the method of finance level. The report shall include the amount distributed by Article II agencies to institutions of higher education for each program at the method of finance level.

**Health and Human Services Commission, Article II**  
**Proposed Funding and Rider**  
**Increase Access to Services for Child Victims of Sexual Assault**

Prepared by LBB Staff, 03/28/2019

**Overview**

Provide funding for the Child Advocacy Centers from General Revenue-Dedicated Sexual Assault Program Account No. 5010. Amend Rider 64, Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs accordingly.

**Required Action**

1) On page II-41 of the Health and Human Services Commission bill pattern, add \$4,000,000 in General Revenue-Dedicated Sexual Assault Program Account No. 5010 in fiscal year 2020 and \$4,000,000 in General Revenue-Dedicated Sexual Assault Program Account No. 5010 in fiscal year 2021.

2) On page II-86 of the Health and Human Services Commission bill pattern, amend subsection (a) of the following rider:

**64. Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs.**

- a. Included in amounts appropriated above in Strategy F.3.2, Child Advocacy Program, is \$16,968,163 in General Revenue, ~~and~~ \$10,229,844 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, ~~and~~ \$8,000,000 in General Revenue-Dedicated Sexual Assault Program Account No. 5010 for the biennium for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children's advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children's advocacy center programs.