



January 2018, Number 85-5

*Public Education*

## Legislature directs some pre-K spending on quality standards

*January 8* — The 85th Texas Legislature last year eliminated funding for a grant program designed to improve the quality of prekindergarten (pre-K) programs but adopted a budget rider requiring all districts and charter schools offering pre-K to use a portion of their regular formula funding to meet the program’s established high-quality standards. These standards, contained in Education Code, [secs. 29.167 – 29.171](#), include requirements for curriculum, student progress monitoring, teacher qualifications, and family engagement.

Rider 78 in Article 3 of the 2018-19 general appropriations act directs the commissioner of education to ensure that school districts and charter schools use not less than 15 percent of their pre-K formula funding on programs consistent with the grant program’s statutory requirements. The rider estimates the 15 percent set aside will total \$236 million of the \$1.6 billion budgeted for pre-K for fiscal 2018-19. The Texas Education Agency (TEA) has provided on its website [answers](#) to common questions about Rider 78, including guidance on expenditures that may be included in the 15 percent requirement. For instance, TEA advises that pre-K teachers’ salaries may not be counted unless the hiring of a new teacher reduces the overall student-to-teacher ratio for the program.

Texas funds half-day pre-K for eligible 4-year-old children. Under Education Code, [sec. 29.153](#), an eligible child is defined as one who does not speak or understand English, qualifies for

the federal free or reduced-price lunch program, is homeless or in foster care, or is the child of an active-duty member of the military or a member of the military who was injured or killed on active duty. Districts receive funding based on pre-K average daily attendance of 4-year-old children.

The high-quality pre-K grant program was created in 2015 by the 84th Texas Legislature to supplement regular program funding. [HB 4](#) by Huberty authorized the commissioner to award grants to districts and charter schools if they meet all high-quality pre-K standards. Lawmakers in 2015 appropriated \$118 million in general revenue funds for the program. According to TEA, in the 2016-17 school year, it provided \$734 per eligible pre-K student to about 159,000 children.

During budget deliberations last year, the governor proposed appropriating \$236 million in general revenue for high-quality grants. The House Appropriations Committee proposed \$147 million in enhanced pre-K capacity funding to be distributed to districts and charter schools on the basis on average daily attendance. The Senate proposed spending \$65 million for a new public-private pre-K partnership program. The Legislature did not include these proposals for new spending in the final budget agreement and instead directed schools to pursue the quality standards using existing resources.

— Janet Elliott

## General Government

**Texas Legislature's 2017 regular and special sessions in review**

[January 24](#) — The 85th Texas Legislature considered a variety of issues in 2017. Members filed 6,800 bills and joint resolutions during the regular session, which ended May 29, and 560 bills and joint resolutions during the first called session, which ended August 15. In the regular session, 1,211 bills were approved by both chambers and sent to the governor for approval, followed by 12 more during the first called session.

Gov. Greg Abbott signed a total of 1,019 bills into law and allowed 153 to become law without his signature. The governor also vetoed 50 bills and some individual line-items in the general appropriations act.

Among the major bills enacted were those that addressed voter ID, sanctuary cities, community-based foster care, municipal pension systems, school finance, texting while driving, and abortion reporting requirements. Summaries of some of the regular session's major issues — including both bills that were enacted and those that failed to become law — are available in the House Research Organization's (HRO's) latest focus report,

[Major Issues of the 85th Legislature, Regular Session and First Called Session](#). The report includes a digest of each bill, as well as supporting and opposing arguments offered during consideration of the legislation.

The Legislature also approved [seven resolutions](#) proposing amendments to the Texas Constitution, all of which were approved by voters in the Nov. 7, 2017, election. More information is available in the HRO report [Constitutional Amendments Proposed for November 2017 Ballot](#).

Bills vetoed by the governor included measures addressing guardianships, voting by mail, water regulation, and public school accountability, among others. Information about vetoed bills is available in the HRO report [Vetoed of Legislation: 85th Legislature](#), which includes a brief summary of each vetoed bill, the governor's stated reason for the veto, and a response to the veto by the author or the sponsor of the bill.

— Janet Elliott

## Public Health, Regulation and Licensing, Insurance

**New law requires freestanding emergency centers to post health insurance information**

[January 30](#) — A law enacted in 2017 by the 85th Texas Legislature, [HB 3276](#) by Oliverson, requires a freestanding emergency medical care facility to list all health insurance plans for which the facility is a participating provider. These [facilities](#), which have become more common across Texas in recent years, are not physically attached to a hospital, although they may have a hospital affiliation.

Under the new law, which took effect September 1, 2017, facilities must post at the facility or online a notice of the health benefit plans for which they are in-network or post at the facility a notice that states that they are not in-network for any health benefit plan. If a facility makes information available only online, it also must give the patient written confirmation of whether it is a participating provider in the patient's health benefit plan.

The new requirement under HB 3276 builds on a 2015 law, [SB 425](#) by Schwertner, which directed a freestanding emergency medical care facility to post signs and to state online that it

charges rates comparable to a hospital emergency room, that the facility may not be in-network for the patient's health benefit plan, and that a physician at the facility may bill separately from the facility for the medical care provided to a patient.

**Supporters** of HB 3276 said it would help prevent surprise medical bills for patients who did not have adequate time to check whether the facility was in-network before using it in an emergency. They said that by requiring freestanding emergency medical care facilities to provide clear notice about which health plans are in-network, HB 3276 would help consumers make more informed medical decisions. Some freestanding emergency centers use wording such as “we accept all health plans,” although they are out-of-network for many plans, which can be confusing for patients during an emergency. Supporters said the bill also would reduce the burden on freestanding emergency medical care facilities by allowing them to post health plan network information online, where it can easily be updated.

(continued on page 3)

**Critics** of HB 3276 said freestanding emergency centers may have contracts with many different health plans under one insurance company name, and even when acting in good faith, centers may have trouble keeping this information current due to the number and variety of plans with which they contract.

**Other proposals.** In addition to HB 3276, the 85th Legislature considered but did not enact several other bills related to freestanding emergency medical care centers. [SB 1592](#) by Schwertner would have changed the administrative

penalties that could be assessed against these facilities. [SB 1352](#) by Watson would have required notice of health care fees to be posted in both English and Spanish. [HB 3122](#) by Farrar would have notified patients whether the facility accepted Medicare, Medicaid or Tricare, and [HB 3099](#) by Paul would have required patients to be notified that a freestanding emergency medical care center was not an urgent care center, which generally charges lower rates.

— *Lauren Ames*