

2026-2027 General Appropriations Bills		
	HB 1 (as filed)	SB 1 (as filed)
Medicaid		
Total Medicaid Funding	<p>All funds: \$39.9 billion in 2026 and \$40.7 billion in 2025. \$4.2 billion / year increase from previous biennium.</p> <p>General revenue: \$15.8 billion in 2026 and \$16.1 billion in 2027</p>	<p>All funds: \$40.0 billion in 2026 and \$40.8 billion in 2027. \$4.4 billion / year increase from previous biennium.</p> <p>General revenue: \$15.8 billion in 2026 and \$16.2 billion in 2027</p>
Medicaid Hospital Payments (Safety-net, trauma, and rural hospital add-ons)	<p>HHSC Rider 8 provides level funding to last biennium. Rural labor and delivery add-on payments are now rolled into HHSC Rider 8.</p> <ul style="list-style-type: none"> • \$180 million AF (5111/FF) annually for trauma add-on (level) • \$150 million AF (GR/5111/FF) annually for safety-net add-on (level) • \$66 million AF (GR/FF) annually for rural outpatient (level) • \$103.8 million AF (GR/FF) in 2024 and \$110.0 million AF (GR/FF) in 2025 for rural inpatient inflation trend, rural inpatient rate maintenance, and additional rural services (level) • \$31 million AF annually to maintain \$1,500 Medicaid add on payment for rural labor and delivery <p>Total: \$1.1 billion AF in 2026-2027 biennium</p>	<p>HHSC Rider 8 provides level funding to last biennium. Rural labor and delivery add-on payments are now rolled into HHSC Rider 8.</p> <ul style="list-style-type: none"> • \$180 million AF (5111/FF) annually for trauma add-on (level) • \$150 million AF (GR/5111/FF) annually for safety-net add-on (level) • \$66 million AF (GR/FF) annually for rural outpatient (level) • \$103.8 million AF (GR/FF) in 2024 and \$110.0 million AF (GR/FF) in 2025 for rural inpatient inflation trend, rural inpatient rate maintenance, and additional rural services (level) • \$31 million AF annually to maintain \$1,500 Medicaid add on payment for rural labor and delivery <p>Total: \$1.1 billion AF in 2026-2027 biennium</p>

Supplemental Payment Reporting	<p>HHSC Rider 14 directs reporting on supplemental payments, including DSH, UC and directed and supplemental payments funded nonfederally with IGT:</p> <ul style="list-style-type: none"> - Maintains required reporting on LPPF receipts and their uses, IGTs, CPEs, and local funds monitoring program reporting. <i>[section (b)]</i> - Grants HHSC authority to expend IGT for matching funds to offset their administrative costs for supplemental payment programs <i>[section (d)]</i> - Includes 42.0 FTE to administer 1115 waiver directed and supplemental payment programs <i>[section (g)]</i> - Leverages existing reports (CMS-37 and -64) for reporting payments/expenditures by recipient. Clarifies directions to HHSC on supplemental payment financial reporting to Comptroller and leadership offices <i>[sections (a), (e), (f)]</i> 	<p>HHSC Rider 14 directs reporting on supplemental payments, including DSH, UC and directed and supplemental payments funded nonfederally with IGT:</p> <ul style="list-style-type: none"> - Maintains required reporting on LPPF receipts and their uses, IGTs, CPEs, and local funds monitoring program reporting. <i>[section (b)]</i> - Grants HHSC authority to expend IGT for matching funds to offset their administrative costs for supplemental payment programs <i>[section (d)]</i> - Includes 42.0 FTE to administer 1115 waiver directed and supplemental payment programs <i>[section (g)]</i> - Leverages existing reports (CMS-37 and -64) for reporting payments/expenditures by recipient. Clarifies directions to HHSC on supplemental payment financial reporting to Comptroller and leadership offices <i>[sections (a), (e), (f)]</i>
Hospital Reimbursement	<p>Maintains HHSC Rider 18 stating no funds appropriated for payment of inpatient hospital fees and charges in Medicaid may be expended, except under prospective payment claims system and within efficiency, reasonableness, and quality parameters.</p>	<p>Maintains HHSC Rider 18 stating no funds appropriated for payment of inpatient hospital fees and charges in Medicaid may be expended, except under prospective payment claims system and within efficiency, reasonableness, and quality parameters.</p>
Maternal Fetal Medicine Radiological Services Rate Increase	<p>HHSC Rider 24 directs \$6.8 million AF in 2026 and \$6.7 million AF in 2027 to increase the Medicaid reimbursement rate for maternal fetal medicine radiological services by 10 percent.</p>	<p>HHSC Rider 24 directs \$6.9 million AF in 2026 and \$6.8 million AF in 2027 to increase the Medicaid reimbursement rate for maternal fetal medicine radiological services by 10 percent.</p>

Medicaid Personal Attendant Wage Increase	HHSC Rider 23 directs \$1.06 billion AF in 2026 and \$1.11 billion AF in 2027 to increase the base wage for personal attendant services to \$12.00 per hour	HHSC Rider 23 directs \$897 million AF in 2026 and \$939 million AF in 2027 to increase the base wage for personal attendant services to \$12.00 per hour
Access to Federal Data Services Hub	<p>HHSC Rider 19 appropriates funding to previously unfunded rider. Might add to the data HHSC can access to improve ex-parte renewals/admin renewals</p> <p>Appropriates \$18.8 million AF in FY 2026 and \$22.2 million in FY 2027 for the Centers for Medicare and Medicaid Services (CMS) Federal Data Services Hub.</p> <p>To the extent allowable under state and federal law and regulations, the Health and Human Services Commission (HHSC) shall request a consumer report containing employment and income information through the Centers for Medicare and Medicaid Services CMS Federal Data Services Hub for Medicaid eligibility determinations and redeterminations in order to achieve cost savings, improve timeliness, and minimize fraud.</p>	<p>HHSC Rider 19 appropriates funding to previously unfunded rider. Might add to the data HHSC can access to improve ex-parte renewals/admin renewals</p> <p>Appropriates \$18.8 million AF in FY 2026 and \$22.2 million in FY 2027 for the Centers for Medicare and Medicaid Services (CMS) Federal Data Services Hub.</p> <p>To the extent allowable under state and federal law and regulations, the Health and Human Services Commission (HHSC) shall request a consumer report containing employment and income information through the Centers for Medicare and Medicaid Services CMS Federal Data Services Hub for Medicaid eligibility determinations and redeterminations in order to achieve cost savings, improve timeliness, and minimize fraud.</p>
Temporary FTE Authority for the Unwinding of Continuous Medicaid Coverage	HHSC Rider 22 authorizes funding for 642.0 temporary FTEs in each fiscal year of the biennium to support the increased workload due to the unwinding of continuous Medicaid coverage. It is the intent of the Legislature that FTE positions added pursuant to this rider be phased out by the end of the biennium.	HHSC Rider 22 authorizes funding for 642.0 temporary FTEs in each fiscal year of the biennium to support the increased workload due to the unwinding of continuous Medicaid coverage. It is the intent of the Legislature that FTE positions added pursuant to this rider be phased out by the end of the biennium.
Hospital Finance – Non-Medicaid		

Rural Hospital Stabilization Grant Program	HHSC Rider 66 continues program, maintains level funding: \$50 million GR biennially for grants for financial stabilization of rural hospitals, maternal care operations in rural hospitals, and rural APMs, plus \$1 million for program administration at HHSC.	HHSC Rider 67 continues program, maintains level funding: \$50 million GR biennially for grants for financial stabilization of rural hospitals, maternal care operations in rural hospitals, and rural APMs, plus \$1 million for program administration at HHSC.
Analysis of High-cost Hospital Claims in TRS	TRS Rider 20 requiring analysis of high-cost hospital claims over \$100,000 deleted	TRS Rider 20 requiring analysis of high-cost hospital claims over \$100,000 deleted
Texas Pharmaceutical Initiative	HHSC Rider 92 continues Strategy N funding and FTEs for the Texas Pharmaceutical Initiative, contingent upon continuation of TPI by the 89 th Legislature.	HHSC Rider 92 continues Strategy N funding and FTEs for the Texas Pharmaceutical Initiative, contingent upon continuation of TPI by the 89 th Legislature.
All Payor Claims Database and Adjacent Activities	No funding is appropriated for the all-payor claims database Article IX 10.06 reappropriates \$2.5 million to the University of Texas Health Science Center at Houston to analyze health care experience data across state agencies (HHSC, DSHS, TRS, ERS, TDCJ) identify efficiencies, and coordinate on value-based payments.	No funding is appropriated for the all-payor claims database Article IX 10.06 reappropriates \$2.5 million to the University of Texas Health Science Center at Houston to analyze health care experience data across state agencies (HHSC, DSHS, TRS, ERS, TDCJ) identify efficiencies, and coordinate on value-based payments.
Behavioral Health		
Community mental health grant programs	HHSC Rider 36 <ul style="list-style-type: none"> \$10 million GR per year for veteran/families mental health programs (level) \$45 million in GR per year for grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness (level) \$27,500,000 in GR per year for community mental health grant program (level) 	HHSC Rider 36 <ul style="list-style-type: none"> \$10 million GR per year for veteran/families mental health programs (level) \$45 million in GR per year for grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness (level) \$27,500,000 in GR per year for community mental health grant program (level)

	<ul style="list-style-type: none"> • \$16,500,000 in GR per year for Healthy Community Collaboratives (level) • \$14.7 million in GR per year for an innovation grant program to support a variety of community-based initiatives that improve access to care for children and families (\$7.2 million increase) • \$1.5 million GR for grants to expand or establish BH centers or jail diversion centers (level and 88th R - SB 1677 implementation) 	<ul style="list-style-type: none"> • \$16,500,000 in GR per year for Healthy Community Collaboratives (level) • \$14.7 million in GR per year for an innovation grant program to support a variety of community-based initiatives that improve access to care for children and families (\$7.2 million increase) • \$1.5 million GR for grants to expand or establish BH centers or jail diversion centers (level and 88th R - SB 1677 implementation)
Database of Community Inpatient Beds	DSHS Rider 34 Emergency Preparedness/Patient Comm & Logistics Platform deletes section on pilot program at two RACs to track private, community, state-operated, and state-contracted inpatient mental health bed capacity	DSHS Rider 34 Emergency Preparedness/Patient Comm & Logistics Platform deletes section on pilot program at two RACs to track private, community, state-operated, and state-contracted inpatient mental health bed capacity
State Hospital Cost Study – State Contracted Inpatient Beds	<p>HHSC Rider 107 deleted</p> <p>Required UT Health Science Center at Houston to study operating cost for all state-contracted inpatient mental health hospital beds funded through Goal D, Additional Health Related Services, and Goal G, Facilities. H</p>	<p>HHSC Rider 107 deleted</p> <p>Required UT Health Science Center at Houston to study operating cost for all state-contracted inpatient mental health hospital beds funded through Goal D, Additional Health Related Services, and Goal G, Facilities. H</p>
Mental Health Community Hospitals: Inpatient community psychiatric beds	<p>HHSC Strategy G.2.2 is funded at: \$701.5 million in biennium (increase of \$78 million)</p> <p>HHSC Rider 38 directs \$85.8 million over biennium to the John S. Dunn Center for 168 beds and \$87 million over biennium to the Harris County Psychiatric Center for 149 beds</p>	<p>HHSC Strategy G.2.2 is funded at: \$701.5 million in biennium (increase of \$78 million)</p> <p>HHSC Rider 39 directs \$85.8 million over biennium to the John S. Dunn Center for 168 beds and \$87 million over biennium to the Harris County Psychiatric Center for 149 beds</p>

Prescription monitoring program	Board of Pharmacy Rider 4 directs board to spend \$7.4 million to implement Narxcare and statewide PMP integration (level funding)	Rider not in SB 1
Rural Hospital Telepsychiatry Consultations	HHSC Rider 37 directs level funding: \$7.4 million over biennium for telepsychiatry consultations for rural hospitals. Directs HHSC to contract with a statewide organization to implement.	HHSC Rider 38 directs level funding: \$7.4 million over biennium for telepsychiatry consultations for rural hospitals. Directs HHSC to contract with a statewide organization to implement.
Youth Mobile Crisis Outreach Teams	HHSC Rider 40 directs \$72.7 million in GR over biennium for youth mobile crisis outreach teams (\$58.7 million increase)	HHSC Rider 41 directs \$54 million in GR over biennium for youth mobile crisis outreach teams including funding to establish 8 new teams (\$40 million increase)
DFPS Behavioral Health	DFPS Rider 37. Behavioral Health Funding Out of funds appropriated above in Strategy B.1.9, DFPS shall allocate \$21,061,742 from the General Revenue Fund (\$21,133,570 in All Funds) in the 2026-27 biennium to provide behavioral health services such as Intensive Psychiatric Stabilization or similar services	DFPS Rider 37. Behavioral Health Funding Out of funds appropriated above in Strategy B.1.9, DFPS shall allocate \$21,061,742 from the General Revenue Fund (\$21,133,570 in All Funds) in the 2026-27 biennium to provide behavioral health services such as Intensive Psychiatric Stabilization or similar services
Women's Health		
Healthy Texas Women and Healthy Texas Women Plus	HHSC Rider 46: HTW Plus: \$216,131 over biennium HHSC Rider 50: HTW: \$142.9 million over biennium	HHSC Rider 47: HTW Plus: \$216,131 over biennium HHSC Rider 50: HTW: \$142.9 million over biennium
Family Planning Program	HHSC Rider 50: \$131.3 million over biennium	HHSC Rider 51: 131.3 million over biennium
Breast & Cervical Cancer Services	HHSC Rider 50: \$24.6 million over biennium	HHSC Rider 51: \$24.6 million over biennium

Women's Health Mobile Units	\$10 million increase according to LBB summaries	\$10 million increase according to LBB summaries
Maternal Mortality and Morbidity & Texas AIM	DSHS Rider 19 Maternal Mortality and Morbidity. Amounts appropriated above to DSHS in Strategy B.1.1, Maternal and Child Health, include \$3,500,000 in All Funds and 8.0 FTEs in each fiscal year (level funding)	DSHS Rider 19 Maternal Mortality and Morbidity. Amounts appropriated above to DSHS in Strategy B.1.1, Maternal and Child Health, include \$3,500,000 in All Funds and 8.0 FTEs in each fiscal year (level funding)
Public Health		
COVID-19 Reporting Requirements	Rider removed	Rider removed
EMS/Trauma	DSHS Strategy B.2.1 EMS and Trauma Care Systems receives approx. \$227 million over biennium (\$1 million increase)	DSHS Strategy B.2.1 EMS and Trauma Care Systems receives approx. \$227 million over biennium (\$1 million increase)
Uncompensated Trauma Care Report	HHSC Rider 37 deleted	HHSC Rider 37 deleted
Texas Colorectal Cancer Initiative	HHSC Rider 65 maintains level funding: \$10 million (GR) over biennium for a pilot program for Texans with incomes at or below 200% FPL	HHSC Rider 66 maintains level funding: \$10 million (GR) over biennium for a pilot program for Texans with incomes at or below 200% FPL
Stroke Treatment and Response	HHSC Rider 68 directs \$2.5 million GR annually for mobile stroke units	HHSC Rider 69 directs \$2.5 million GR annually for mobile stroke units
World Health Organization Collaboration	Maintained Article IX Sec. 7.16: State agencies or institutions of higher education appropriated state funds in the budget are required to report to HHSC on activities in collaboration with, directed by, or financed by the World Health Organization.	Maintained Article IX Sec. 7.16: State agencies or institutions of higher education appropriated state funds in the budget are required to report to HHSC on activities in collaboration with, directed by, or financed by the World Health Organization.

Prohibition on DSHS funds for COVID-19 activities	Deleted DSHS Rider 40:	Deleted DSHS Rider 40
Contingency Riders of Interest		
Hospital Charity Care and Transparency Study	Article IX Section 17.34 deleted	Article IX Section 17.34 deleted
Article IX Sec. 17.15 Supplemental Appropriations Bill – Intent Statements	Estimated \$750 million for Medicaid shortfall (2024-2025) Estimated \$328.3 million for DSHS lab expansion Estimated \$10 million for mental health facility in Brazoria County	Estimated \$750 million for Medicaid shortfall (2024-2025) Estimated \$328.3 million for DSHS lab expansion Estimated \$10 million for mental health facility in Brazoria County
IX Sec. 18.02 Contingency: Dementia Prevention Research	\$3 billion for biennium contingent on legislation for a Dementia Prevention and Research Institute of Texas	\$3 billion for biennium contingent on legislation for a Dementia Prevention and Research Institute of Texas and \$10 million to DSHS over the biennium to develop a fully operational institute.
Workforce		
Graduate Medical Education	\$304.4 million for GME, with an increase of \$71.3 million for GME slots and level funding for planning grants	\$304.4 million for GME, with an increase of \$71.3 million for GME slots and level funding for planning grants
Loan Repayment Programs	\$35.5 million for Physician Education Loan Repayment Program (level funding) \$28 million in biennium for Mental Health Loan Repayment Program (level funding) \$7 million for Nurse Faculty Loan Repayment Program (level funding)	\$35.5 million for Physician Education Loan Repayment Program (level funding) \$28 million in biennium for Mental Health Loan Repayment Program (level funding) \$7 million for Nurse Faculty Loan Repayment Program (level funding)

Professional Nursing Shortage Reduction Program	\$46.8 million (level funding)	\$46.8 million (level funding)
Texas Workforce Commission Programs	<p>\$64.9 million for the Skills Development Fund (grant funds for upskilling of businesses' workforces), an increase of \$7.9 million</p> <p>\$46.5 million for Apprenticeship programs, an increase of \$7.8 million</p> <p>\$31 million for Jobs Education for Texas program (development of career and technical education courses or programs that lead to a license, certificate, or post-secondary degree in a high-demand occupation), an increase of \$0.3 million</p>	<p>\$64.9 million for the Skills Development Fund (grant funds for upskilling of businesses' workforces), an increase of \$7.9 million</p> <p>\$46.5 million for Apprenticeship programs, an increase of \$7.8 million</p> <p>\$31 million for Jobs Education for Texas program (development of career and technical education courses or programs that lead to a license, certificate, or post-secondary degree in a high-demand occupation), an increase of \$0.3 million</p>
Nursing Workforce Studies and Workplace Violence Grant Support	DSHS Rider 26 includes \$1.49 million interagency contract with Board of Nursing for 2026-2027 biennium to administer Center for Nursing Workforce Studies and supports grant program to reduce workplace violence against nurses.	DSHS Rider 26 includes \$1.49 million interagency contract with Board of Nursing for 2026-2027 biennium to administer Center for Nursing Workforce Studies and supports grant program to reduce workplace violence against nurses.