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H.B. No. 1575

Substitute the following for H.B. No. 1575:

By: Harless

C.S.H.B. No. 1575

A BILL TO BE ENTITLED

AN ACT

1
2 relating to improving health outcomes for pregnant women under
3 Medicaid and certain other public benefits programs.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. It is the intent of the legislature to improve
6 health outcomes for pregnant women and their children through the
7 case management for children and pregnant women program. In
8 recognizing that nonmedical factors impact health outcomes, this
9 legislation, in part, authorizes Medicaid to provide case
10 management services for nonmedical needs that will improve health
11 outcomes for pregnant women and their children.

12 SECTION 2. Subchapter B, Chapter 531, Government Code, is
13 amended by adding Section 531.024183 to read as follows:

14 Sec. 531.024183. STANDARDIZED SCREENING QUESTIONS FOR
15 ASSESSING NONMEDICAL HEALTH-RELATED NEEDS OF CERTAIN PREGNANT
16 WOMEN; INFORMED CONSENT. (a) In this section, "alternatives to
17 abortion program" means the program established by the commission
18 to enhance and increase resources that promote childbirth for women
19 facing unplanned pregnancy, or a successor program.

20 (b) The commission shall adopt standardized screening
21 questions designed to screen for, identify, and aggregate data
22 regarding the nonmedical health-related needs of pregnant women
23 eligible for benefits under a public benefits program administered
24 by the commission or another health and human services agency,

1 including:

2 (1) Medicaid; and

3 (2) the alternatives to abortion program.

4 (c) Subject to Subsection (d), the standardized screening
5 questions must be used by Medicaid managed care organizations and
6 providers participating in the alternatives to abortion program.

7 (d) A managed care organization or provider participating
8 in a public benefits program described by Subsection (b), including
9 the alternatives to abortion program, may not perform a screening
10 of a pregnant woman using the standardized screening questions
11 required by this section unless the organization or provider:

12 (1) informs the woman:

13 (A) about the type of data that will be collected
14 during the screening and the purposes for which the data will be
15 used; and

16 (B) that the collected data will become part of
17 the woman's medical record or service plan; and

18 (2) obtains the woman's informed consent to perform
19 the screening.

20 (e) A managed care organization or provider participating
21 in a public benefits program described by Subsection (b), including
22 the alternatives to abortion program, must provide to the
23 commission, in the form and manner prescribed by the commission,
24 data the organization or provider collects using the standardized
25 screening questions required by this section.

26 (f) Not later than December 1 of each even-numbered year,
27 the commission shall prepare and submit to the legislature a report

1 that, using de-identified information, summarizes the data
2 collected and provided to the commission under Subsection (e)
3 during the previous biennium. In accordance with Section 531.014,
4 the commission may consolidate the report required under this
5 subsection with any other report to the legislature required under
6 this chapter or another law that relates to the same subject matter.

7 SECTION 3. Chapter 531, Government Code, is amended by
8 adding Subchapter Q to read as follows:

9 SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

10 Sec. 531.651. DEFINITIONS. In this subchapter:

11 (1) "Case management for children and pregnant women
12 program" means the "children and pregnant women program," as
13 defined by Section 533.002555.

14 (2) "Nonmedical health-related needs screening" means
15 a screening performed using the standardized screening questions
16 required under Section 531.024183.

17 (3) "Program services" means case management services
18 provided under the case management for children and pregnant women
19 program, including assistance provided to a Medicaid managed care
20 organization in coordinating the provision of benefits to a
21 recipient enrolled in the organization's managed care plan in a
22 manner that is consistent with the recipient's plan of care.

23 Sec. 531.652. MEDICAID MANAGED CARE ORGANIZATION SERVICE
24 COORDINATION BENEFITS NOT AFFECTED. The provision of program
25 services to a recipient does not preempt or otherwise affect a
26 Medicaid managed care organization's obligation to provide service
27 coordination benefits to the recipient.

1 Sec. 531.653. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
2 WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Program services may be
3 provided only by a provider who completes the standardized case
4 management training required by the commission under Section
5 531.654 and who is:

6 (1) an advanced practice nurse who holds a license,
7 other than a provisional or temporary license, under Chapter 301,
8 Occupations Code;

9 (2) a registered nurse who holds a license, other than
10 a provisional or temporary license, under Chapter 301, Occupations
11 Code, and:

12 (A) completed a baccalaureate degree program in
13 nursing; or

14 (B) completed an associate degree program in
15 nursing and has:

16 (i) at least two years of cumulative paid
17 full-time work experience; or

18 (ii) at least two years of cumulative,
19 supervised full-time educational internship or practicum
20 experience obtained in the last 10 years that included assessing
21 the psychosocial and health needs of and making community referrals
22 of:

23 (a) children who are 21 years of age
24 or younger; or

25 (b) pregnant women;

26 (3) a social worker who holds a license, other than a
27 provisional or temporary license, under Chapter 505, Occupations

1 Code, appropriate for the individual's practice, including the
2 practice of independent social work;

3 (4) a community health worker as defined by Section
4 48.001, Health and Safety Code, who is certified by the Department
5 of State Health Services; or

6 (5) a doula who is certified by a recognized national
7 certification program, as determined by the commission, unless the
8 doula qualifies as a certified community health worker under
9 Subdivision (4).

10 Sec. 531.654. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
11 WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require
12 that each provider of program services complete training prescribed
13 by the commission. The training must be trauma-informed and include
14 instruction on:

15 (1) social services provided by this state and local
16 governments in this state;

17 (2) community assistance programs, including programs
18 providing:

19 (A) nutrition and housing assistance;

20 (B) counseling and parenting services;

21 (C) substance use disorder treatment; and

22 (D) domestic violence assistance and shelter;

23 (3) domestic violence and coercive control dynamics;

24 (4) methods for explaining and eliciting an eligible
25 recipient's informed consent to receive:

26 (A) program services screening; and

27 (B) any services that may be offered as a result

1 of the screening; and

2 (5) procedures for:

3 (A) an eligible recipient to:

4 (i) decline program services screening; or

5 (ii) withdraw consent for offered services;

6 and

7 (B) ensuring that the recipient is not subject to

8 any retaliatory action for declining or discontinuing any

9 screenings or services.

10 Sec. 531.655. INITIAL MEDICAL AND NONMEDICAL

11 HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS. (a) A Medicaid

12 managed care organization that provides health care services to a

13 pregnant woman under the STAR Medicaid managed care program shall

14 conduct an initial health needs screening and nonmedical

15 health-related needs screening of each pregnant recipient to

16 determine, regardless of whether the recipient is considered to

17 have a high-risk pregnancy, if the recipient:

18 (1) is eligible for service coordination benefits to

19 be provided by the managed care organization; or

20 (2) should be referred for program services.

21 (b) Service coordination benefits described by Subsection

22 (a) must include identifying and coordinating the provision of

23 non-covered services, community supports, and other resources the

24 Medicaid managed care organization determines will improve the

25 recipient's health outcomes.

26 (c) A Medicaid managed care organization must use the

27 results of the screenings conducted under Subsection (a) to

1 determine if a recipient requires a more comprehensive assessment
2 for purposes of determining whether the recipient is eligible for
3 service coordination benefits or program services.

4 Sec. 531.656. SCREENING AND PROGRAM SERVICES OPTIONAL. A
5 Medicaid managed care organization providing screenings under
6 Section 531.655 must inform each pregnant woman who is referred for
7 program services or for whom screening is conducted under that
8 section that:

9 (1) the woman has a right to decline the screening or
10 services or choose to discontinue the screening or services at any
11 time; and

12 (2) declining or discontinuing the screening or
13 services will not result in retaliatory action against the woman in
14 the provision of other services.

15 SECTION 4. Section 32.024, Human Resources Code, is amended
16 by adding Subsections (pp) and (qq) to read as follows:

17 (pp) For purposes of enrollment as a provider and
18 reimbursement under the medical assistance program, the commission
19 shall establish a separate provider type for a community health
20 worker, as defined by Section 48.001, Health and Safety Code, who
21 provides case management services under the children and pregnant
22 women program, as defined by Section 533.002555, Government Code.

23 (qq) For purposes of enrollment as a provider and
24 reimbursement under the medical assistance program, the commission
25 shall establish a separate provider type for a doula who is
26 certified by a recognized national doula certification program
27 approved by the commission.

1 SECTION 5. (a) In this section:

2 (1) "Case management for children and pregnant women
3 program" has the meaning assigned by Section 531.651, Government
4 Code, as added by this Act.

5 (2) "Commission" means the Health and Human Services
6 Commission.

7 (b) Not later than December 1, 2024, the commission shall
8 prepare and submit to the legislature a status report on the
9 implementation of case management services provided to pregnant
10 women under the case management for children and pregnant women
11 program during the preceding fiscal year. The report must include
12 de-identified information about:

13 (1) the nonmedical health-related needs of the women
14 receiving case management services;

15 (2) the number and types of referrals made of women to
16 nonmedical community assistance programs and providers; and

17 (3) the birth outcomes for the women.

18 SECTION 6. As soon as practicable after the effective date
19 of this Act, the Health and Human Services Commission shall:

20 (1) develop the standardized screening questions as
21 required by Section 531.024183, Government Code, as added by this
22 Act; and

23 (2) revise the commission's standardized case
24 management training for children and pregnant women program
25 providers to comply with Section 531.654, Government Code, as added
26 by this Act.

27 SECTION 7. If before implementing any provision of this Act

1 a state agency determines that a waiver or authorization from a
2 federal agency is necessary for implementation of that provision,
3 the agency affected by the provision shall request the waiver or
4 authorization and may delay implementing that provision until the
5 waiver or authorization is granted.

6 SECTION 8. This Act takes effect September 1, 2023.