

**House Bill 1605**  
Senate Amendments  
Section-by-Section Analysis

HOUSE VERSION

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0996 to read as follows:

Sec. 531.0996. PREGNANCY MEDICAL HOME PILOT PROGRAM. (a) The commission shall develop and implement a pilot program in Harris County to create pregnancy medical homes that provide coordinated evidence-based maternity care management to women who reside in the pilot program area and are recipients of medical assistance through a Medicaid managed care model or arrangement under Chapter 533.

(b) In developing the pilot program, the commission shall ensure that each pregnancy medical home created for the program provides a maternity management team that:

(1) consists of health care providers, including obstetricians, gynecologists, family physicians, physician assistants, certified nurse midwives, nurse practitioners, and social workers, in a single location;

(2) conducts a risk-classification assessment for each pilot program participant on entry into the program to determine whether her pregnancy is considered high- or low-risk;

(3) based on the assessment under Subdivision (2), establishes an individual pregnancy care plan for each participant; and

(4) follows the participant throughout her pregnancy in order to reduce poor birth outcomes.

(c) The commission may incorporate financial incentives to health care providers who participate in a maternity management team as a component of the pilot program.

(d) Not later than January 1, 2015, the commission shall report to the legislature on the progress of the pilot program. The report must include:

SENATE VERSION (CS)

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(1) consists of health care providers, including obstetricians, gynecologists, family physicians or primary care providers, physician assistants, certified nurse midwives, advanced practice registered nurses, and social workers, in a single location;

(2) conducts a risk-classification assessment for each pilot program participant on entry into the program to determine whether her pregnancy is considered high- or low-risk;

(3) based on the assessment under Subdivision (2), establishes an individual pregnancy care plan for each participant; and

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CONFERENCE

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- (1) an evaluation of the pilot program's success in reducing poor birth outcomes; and
- (2) a recommendation as to whether the pilot program should be continued, expanded, or terminated.
- (e) The executive commissioner may adopt rules to implement this section.
- (f) This section expires September 1, 2017.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2013.

SENATE VERSION (CS)

- (1) an evaluation of the pilot program's success in reducing poor birth outcomes; and
- (2) a recommendation as to whether the pilot program should be continued, expanded, or terminated.
- (e) The executive commissioner may adopt rules to implement this section.
- (f) This section expires September 1, 2017.

SECTION 2. Same as House version.

SECTION 3. Same as House version.

CONFERENCE