

Amend **SB 748** (house committee report) by adding the following appropriately numbered SECTIONS to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION _____. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02163 to read as follows:

Sec. 531.02163. STUDY ON PROVIDING CERTAIN MATERNAL CARE MEDICAID SERVICES THROUGH TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES. (a) Not later than September 1, 2020, the commission shall conduct a study on the benefits and costs of permitting reimbursement under Medicaid for prenatal and postpartum care delivered through telemedicine medical services and telehealth services.

(b) This section expires September 1, 2021.

SECTION _____. 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 a pilot program to establish pregnancy medical homes that provide coordinated evidence-based maternity care management to women who reside in a pilot program area and are recipients of Medicaid through a Medicaid managed care model or arrangement under Chapter 533. The commission shall implement the pilot program in:

(1) at least two counties with populations of more than two million;

(2) at least one county with a population of more than 100,000 and less than 500,000; and

(3) at least one rural county with high rates of maternal mortality and morbidity as determined by the commission in consultation with the Maternal Mortality and Morbidity Task Force established under Chapter 34, Health and Safety Code.

(b) In implementing the pilot program, the commission shall ensure each pregnancy medical home 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, who provide health care services at the same

location;

(2) conducts a risk assessment of each pilot program participant on her entry into the program to determine the risk classification for her pregnancy;

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

(4) follows each participant throughout her pregnancy to reduce poor birth outcomes.

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

(d) The commission may waive a requirement of this section for a pregnancy medical home located in a rural county.

(e) Notwithstanding Section 531.02176, the commission may:

(1) provide home telemonitoring services and necessary durable medical equipment to pilot program participants who are at risk of experiencing pregnancy-related complications, as determined by a physician, to the extent the commission anticipates the services and equipment will reduce unnecessary emergency room visits or hospitalizations; and

(2) reimburse providers under Medicaid for the provision of home telemonitoring services and durable medical equipment under the pilot program.

(f) Not later than January 1, 2021, the commission shall submit to the legislature a report on the pilot program. The report must include:

(1) an evaluation of the pilot program's success in reducing poor birth outcomes; and

(2) a recommendation on whether the pilot program should continue, be expanded, or be terminated.

(g) The executive commissioner may adopt rules to implement this section.

(h) This section expires September 1, 2023.

SECTION _____. Chapter 34, Health and Safety Code, is amended by adding Sections 34.0158 and 34.0159 to read as follows:

Sec. 34.0158. REPORT ON ACTIONS TO ADDRESS MATERNAL

MORTALITY RATES. Not later than December 1 of each even-numbered year, the commission shall submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and the appropriate standing committees of the legislature a written report summarizing the actions taken to address maternal morbidity and reduce maternal mortality rates. The report must include information from programs and initiatives created to address maternal morbidity and reduce maternal mortality rates in this state, including:

- (1) Medicaid;
- (2) the children's health insurance program, including the perinatal program;
- (3) the Healthy Texas Women program;
- (4) the Family Planning Program;
- (5) this state's program under the Maternal and Child Health Services Block Grant Act (42 U.S.C. Section 701 et seq.);
- (6) the Perinatal Advisory Council;
- (7) state health plans; and
- (8) the Healthy Texas Babies program.

Sec. 34.0159. PROGRAM EVALUATIONS. The commission, in collaboration with the task force and other interested parties, shall:

- (1) explore options for expanding the pilot program for pregnancy medical homes established under Section 531.0996, Government Code;
- (2) explore methods for increasing the benefits provided under Medicaid, including specialty care and prescriptions, for women at greater risk of a high-risk pregnancy or premature delivery;
- (3) evaluate the impact of supplemental payments made to obstetrics providers for pregnancy risk assessments on increasing access to maternal health services;
- (4) evaluate a waiver to fund managed care organization payments for case management and care coordination services for women at high risk of severe maternal morbidity on conclusion of their eligibility for Medicaid;
- (5) evaluate the average time required for pregnant

women to complete the Medicaid enrollment process;

(6) evaluate the use of Medicare codes for Medicaid care coordination;

(7) study the impact of programs funded from the Teen Pregnancy Prevention Program federal grant and evaluate whether the state should continue funding the programs; and

(8) evaluate the use of telemedicine medical services for women during pregnancy and the postpartum period.

SECTION _____. Chapter 34, Health and Safety Code, is amended by adding Sections 34.019, 34.020, and 34.021 to read as follows:

Sec. 34.019. DATA COLLECTION. The task force, under the direction of the department, shall annually collect information relating to maternity care and postpartum depression in this state. The information must be based on statistics for the preceding year and include the:

(1) number of births by Medicaid recipients;

(2) number of births by women with health benefit plan coverage;

(3) number of Medicaid recipients screened for postpartum depression;

(4) number of women screened for postpartum depression under health benefit plan coverage;

(5) number of women treated for postpartum depression under health benefit plan coverage;

(6) number of women screened for postpartum depression under the Healthy Texas Women program;

(7) number of women treated for postpartum depression under the Healthy Texas Women program;

(8) number of claims for postpartum depression treatment paid by the Healthy Texas Women program;

(9) number of claims for postpartum depression treatment rejected by the Healthy Texas Women program;

(10) postpartum depression screening and treatment billing codes and the number of claims for each billing code under the Healthy Texas Women program;

(11) average number of days from the date of a

postpartum depression screening to the date the patient begins treatment under Medicaid;

(12) average number of days from the date of a postpartum depression screening to the date the patient begins treatment under the Healthy Texas Women program;

(13) number of women who screened positive for postpartum depression under Medicaid and the average number of days following childbirth for the screening to occur;

(14) number of women who screened positive for postpartum depression under health benefit plan coverage and the average number of days following childbirth for the screening to occur; and

(15) number of women who screened positive for postpartum depression under the Healthy Texas Women program and the average number of days following childbirth for the screening to occur.

Sec. 34.020. PROGRAM TO DELIVER PRENATAL AND POSTPARTUM CARE THROUGH TELEHEALTH OR TELEMEDICINE MEDICAL SERVICES IN CERTAIN COUNTIES. (a) In this section:

(1) "Postpartum care" and "prenatal care" have the meanings assigned by Section 32.002.

(2) "Telehealth service" and "telemedicine medical service" have the meanings assigned by Section 111.001, Occupations Code.

(b) The commission, in consultation with the task force, shall develop a program to deliver prenatal and postpartum care through telehealth services or telemedicine medical services to pregnant women with a low risk of experiencing pregnancy-related complications, as determined by a physician. The commission shall implement the program in:

(1) at least two counties with populations of more than two million;

(2) at least one county with a population of more than 100,000 and less than 500,000; and

(3) at least one rural county with high rates of maternal mortality and morbidity as determined by the commission in consultation with the task force.

(c) The commission shall develop criteria for selecting participants for the program by analyzing information in the reports prepared by the task force under this chapter and the outcomes of the study conducted under Section 531.02163, Government Code.

(d) In developing and administering the program, the commission shall endeavor to use innovative, durable medical equipment to monitor fetal and maternal health.

(e) Notwithstanding Section 531.02176, Government Code, and if the commission determines it is feasible and cost-effective, the commission may:

(1) provide home telemonitoring services and necessary durable medical equipment to women participating in the program to the extent the commission anticipates the services and equipment will reduce unnecessary emergency room visits or hospitalizations; and

(2) reimburse providers under Medicaid for the provision of home telemonitoring services and durable medical equipment under the program.

(f) Not later than January 1, 2021, the commission shall submit to the legislature a report on the program that evaluates the program's success in delivering prenatal and postpartum care through telehealth services or telemedicine medical services under Subsection (b).

Sec. 34.021. APPLICATION FOR FEDERAL GRANTS. (a) The executive commissioner shall apply to the United States Department of Health and Human Services for grants under the federal Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

(b) This section expires September 1, 2027.

SECTION _____. Section 81.090(c), Health and Safety Code, is amended to read as follows:

(c) A physician or other person in attendance at a delivery shall:

(1) take or cause to be taken a sample of blood or other appropriate specimen from the mother on admission for delivery; and

(2) submit the sample to an appropriately certified

laboratory for diagnostic testing approved by the United States Food and Drug Administration for hepatitis B infection and syphilis.

SECTION _____. Chapter 1001, Health and Safety Code, is amended by adding Subchapter K to read as follows:

SUBCHAPTER K. HIGH-RISK MATERNAL CARE COORDINATION SERVICES PILOT PROGRAM

Sec. 1001.261. DEFINITIONS. In this subchapter:

(1) "Pilot program" means the high-risk maternal care coordination services pilot program established under this subchapter.

(2) "Promotora" or "community health worker" has the meaning assigned by Section 48.001.

Sec. 1001.262. ESTABLISHMENT OF PILOT PROGRAM; RULES. (a) The department shall develop and implement a high-risk maternal care coordination services pilot program in one or more geographic areas in this state.

(b) In implementing the pilot program, the department shall:

(1) conduct a statewide assessment of training courses provided by promotoras or community health workers that target women of childbearing age;

(2) study existing models of high-risk maternal care coordination services;

(3) identify, adapt, or create a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes; and

(4) create educational materials for promotoras and community health workers that include information on the:

(A) assessment tool described by Subdivision (3); and

(B) best practices for high-risk maternal care.

(c) The executive commissioner shall adopt rules as necessary to implement this subchapter and prescribe the types of information to be collected during the course of the pilot program and included in the report described by Section 1001.264.

Sec. 1001.263. DUTIES OF DEPARTMENT. (a) The department

shall provide to each geographic area selected for the pilot program the support, resources, technical assistance, training, and guidance necessary to:

(1) screen all or a sample of pregnant patients with the assessment tool described by Section 1001.262(b)(3); and

(2) integrate community health worker services for women with high-risk pregnancies in:

(A) providing patient education on health-enhancing behaviors and chronic disease management and prevention;

(B) facilitating care coordination and navigation activities; and

(C) identifying and reducing barriers to the women's access to health care.

(b) The department shall develop training courses to prepare promotoras and community health workers in educating and supporting women at high risk for serious complications during the pregnancy and postpartum periods.

Sec. 1001.264. PILOT PROGRAM REPORT. (a) Not later than December 1 of each even-numbered year, the department shall prepare and submit a report on the pilot program to the executive commissioner and the chairs of the standing committees of the senate and the house of representatives with primary jurisdiction over public health and human services. The report may be submitted with the report required under Section 34.0156.

(b) The report submitted under this section must include an evaluation from the commissioner of the pilot program's effectiveness.

(c) The report submitted under this section must include a recommendation from the department on whether the pilot program should continue, be expanded, or be terminated.

Sec. 1001.265. EXPIRATION. This subchapter expires September 1, 2023.

SECTION _____. Notwithstanding Subchapter K, Chapter 1001, Health and Safety Code, as added by this Act, the Department of State Health Services and the executive commissioner of the Health and Human Services Commission are not required to comply with that

subchapter unless a specific appropriation for the implementation of the subchapter is provided in a general appropriations act of the 86th Legislature.

SECTION _____. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall apply to the United States Department of Health and Human Services for grants as required by Section 34.021, Health and Safety Code, as added by this Act.

SECTION _____. 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.