

BILL ANALYSIS

Senate Research Center
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H.B. 25
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The American College of Obstetricians and Gynecologists (ACOG) recommends that all women have a postpartum visit within the first six weeks after the birth of a child. Earlier or more frequent postpartum visits may be needed to address birth complications or for women with gestational diabetes or high blood pressure. This is a vital time to discuss recovery from labor, infant feeding, and to screen for medical or behavioral conditions like postpartum depression.

Medicaid for Pregnant Women (STAR) is available to low-income pregnant women during pregnancy and up to 60 days postpartum. For many women in both rural and urban areas, transportation to medical appointments is a significant barrier and may lead to missed appointments or delaying or forgoing health care during a critical time. The Medical Transportation Program (MTP), under the direction of the Health and Human Services Commission, is responsible for ensuring consistent, appropriate, reasonably prompt, and cost-effective nonemergency medical transportation (NEMT) services to eligible Medicaid clients who need transportation to covered healthcare services.

The MTP "demand response" service typically involves a van that is arranged to pick up several Medicaid clients throughout the day and drop them off at their appointments. State and federal funding do not currently support transport of persons who are not the Medicaid beneficiary going to his or her medical appointment. This presents practical challenges because the mother receiving Medicaid is not permitted to travel with her children to her prenatal or postpartum appointments.

H.B. 25 would create a pilot program to allow pregnant and postpartum women using MTP to travel with their children to pregnancy-related appointments. This pilot program would increase access to vital health care, reduce pregnancy complications, improve maternal and infant health, and prevent unnecessary trips to the emergency room or urgent care.

H.B. 25 amends current law relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 531.024141, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 531, Government Code, by adding Section 531.024141, as follows:

Sec. 531.024141. PILOT PROGRAM FOR PROVIDING MEDICAL TRANSPORTATION PROGRAM SERVICES TO PREGNANT WOMEN AND NEW MOTHERS. (a) Defines "demand response transportation services," "managed transportation organization," "Medicaid managed care organization," and "medical transportation program."

(b) Requires the Health and Human Services Commission (HHSC), in collaboration with the Maternal Mortality and Morbidity Task Force established under Chapter 34 (Maternal Mortality and Morbidity Task Force,) Health and Safety Code, to develop and, not later than September 1, 2020, implement a pilot program in at least one health care service region, as defined by Section 533.001 (Definitions), that allows for a managed transportation organization that participates in the pilot program to arrange for and provide medical transportation program services to:

(1) a woman who is enrolled in the STAR Medicaid managed care program during the woman's pregnancy and after she delivers; and

(2) the child of a woman described by Subdivision (1) who accompanies the woman.

(c) Requires a managed transportation organization that participates in the pilot program to:

(1) arrange for and provide the medical transportation program services described by Subsection (b) in a manner that does not result in additional costs to Medicaid or HHSC;

(2) arrange for and provide demand response transportation services, including, to the extent allowed by law, through a transportation network company as defined by Section 2402.001 (Definitions), Occupations Code, to a woman described by Subsection (b) if:

(A) the request for transportation services is made during the two working days before the date the woman requires transportation in order to receive a covered health care service; or

(B) the woman receiving medical transportation program services needs to travel directly to and from a location to receive a covered health care service and cannot be a participant in a shared trip; and

(3) ensure that the managed transportation organization and the managed care organization through which a woman described by Subsection (b) receives health care services effectively share information and coordinate services for the woman.

(d) Requires HHSC, in developing the pilot program, to ensure that a managed transportation organization participating in the pilot program provides medical transportation services in a safe and efficient manner.

(e) Requires HHSC, not later than December 1, 2020, to report to the legislature on the implementation of the pilot program.

(f) Requires HHSC to evaluate the results of the pilot program and determine whether the program:

(1) is cost-effective;

(2) improves the efficiency and quality of services provided under the medical transportation program; and

(3) is effective in:

(A) increasing access to prenatal and postpartum health care services;

(B) reducing pregnancy-related complications; and

(C) decreasing the rate of missed appointments for covered health care services by women enrolled in the STAR Medicaid managed care program.

(g) Requires HHSC, not later than December 1, 2022, to submit a report to the legislature on the results of the pilot program. Requires HHSC to include in the report a recommendation regarding whether the pilot program should continue, be expanded, or terminate.

(h) Authorizes the executive commissioner of HHSC to adopt rules to implement this section.

(i) Provides that this section expires September 1, 2023.

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

SECTION 3. Effective date: September 1, 2019.