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H.B. No. 1111

A BILL TO BE ENTITLED

AN ACT

relating to maternal and newborn health care.

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

SECTION 1. 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 2. 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

1 100,000 and less than 500,000; and

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

6 (b) In implementing the pilot program, the commission shall
7 ensure each pregnancy medical home provides a maternity management
8 team that:

9 (1) consists of health care providers, including
10 obstetricians, gynecologists, family physicians, physician
11 assistants, certified nurse midwives, nurse practitioners, and
12 social workers, who provide health care services at the same
13 location in:

14 (A) a zip code with a high rate of maternal
15 mortality and morbidity; or

16 (B) an area with limited access to health care
17 providers who provide obstetrical care;

18 (2) conducts a risk assessment of each pilot program
19 participant on her entry into the program to determine the risk
20 classification for her pregnancy based on recognized maternal
21 mortality and morbidity risk assessment tools that indicate the
22 participant's:

23 (A) maternal age;

24 (B) maternal race;

25 (C) prior pregnancies that resulted in a live
26 birth, stillbirth, or miscarriage; and

27 (D) family history of disease;

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

4 (4) follows each participant throughout her pregnancy
5 and for a reasonable amount of time postpartum to reduce poor birth
6 outcomes and pregnancy-related maternal deaths occurring
7 postpartum.

8 (c) The commission may incorporate as a component of the
9 pilot program financial incentives for health care providers who
10 participate in a maternity management team. The commission may
11 consider as a criteria for the financial incentives whether the
12 health care provider in a maternity management team will implement
13 strategies and best practices recommended by the Maternal Mortality
14 and Morbidity Task Force established under Chapter 34, Health and
15 Safety Code, for reducing maternal mortality rates and maternal
16 health disparities for African American women in this state.

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

19 (e) Notwithstanding Section 531.02176, the commission may:

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

26 (2) reimburse providers under Medicaid for the
27 provision of home telemonitoring services and durable medical

1 equipment under the pilot program.

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

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

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

9 (f-1) The report required under Subsection (f) may include
10 statistical information and findings based on confidential
11 information collected under Section 34.019, Health and Safety Code,
12 provided the information and findings:

13 (1) are aggregated; and

14 (2) do not include any personally identifying
15 information of a woman, her family, or a health care provider.

16 (g) The executive commissioner shall:

17 (1) adopt rules to implement this section; and

18 (2) adopt and implement policies and procedures to
19 ensure that confidential information obtained under this section is
20 not disclosed in violation of state or federal law.

21 (h) This section expires September 1, 2023.

22 SECTION 3. Section 33.004(f), Health and Safety Code, is
23 amended to read as follows:

24 (f) The executive commissioner by rule shall ~~may~~
25 establish the amounts charged for newborn screening fees, including
26 fees assessed for follow-up services, tracking confirmatory
27 testing, and diagnosis. In adopting rules under this subsection,

the executive commissioner shall ensure that amounts charged for newborn screening fees are sufficient to cover the costs of performing the screening.

SECTION 4. Chapter 33, Health and Safety Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. NEWBORN SCREENING PRESERVATION ACCOUNT

Sec. 33.051. DEFINITION. In this subchapter, "account" means the newborn screening preservation account established under Section 33.052.

Sec. 33.052. CREATION OF ACCOUNT. (a) The newborn screening preservation account is a dedicated account in the general revenue fund. The account is created solely for the perpetual care and preservation of newborn screening in this state.

(b) Money in the account may be appropriated only to the department and only for the purpose of carrying out the newborn screening program established under this chapter.

(c) On November 1 of each year, the department shall transfer to the account any unexpended and unencumbered money from Medicaid reimbursements collected by the department for newborn screening services during the preceding state fiscal year.

(d) The account is composed of:

(1) money transferred to the account under Subsection (c);

(2) gifts, grants, donations, and legislative appropriations; and

(3) interest earned on the investment of money in the account.

1 (e) Section 403.0956, Government Code, does not apply to the
2 account.

3 (f) The department administers the account. The department
4 may solicit and receive gifts, grants, and donations from any
5 source for the benefit of the account.

6 Sec. 33.053. DEDICATED USE. (a) The department may use any
7 money remaining in the account after paying the costs of operating
8 the newborn screening program established under this chapter only
9 to:

10 (1) pay for capital assets, improvements, equipment,
11 and renovations for the laboratory established by the department to
12 ensure the continuous operation of the newborn screening program;
13 and

14 (2) pay for necessary renovations, construction,
15 capital assets, equipment, supplies, staff, and training
16 associated with providing additional newborn screening tests not
17 offered under this chapter before September 1, 2019, including the
18 operational costs incurred during the first year of implementing
19 the additional tests.

20 (b) The department may not use money from the account for
21 the department's general operating expenses.

22 Sec. 33.054. REPORT. If the department requires an
23 additional newborn screening test under Subchapter B the costs of
24 which are funded with money appropriated from the newborn screening
25 preservation account, the department shall, not later than December
26 31 of the first even-numbered year following the addition of the
27 test, prepare and submit a written report regarding the actions

1 taken by the department to fund and implement the test during the
2 preceding two years to:

- 3 (1) the governor;
- 4 (2) the lieutenant governor;
- 5 (3) the speaker of the house of representatives; and
- 6 (4) each standing committee of the legislature having
7 primary jurisdiction over the department.

8 SECTION 5. Chapter 34, Health and Safety Code, is amended by
9 adding Sections 34.0158 and 34.0159 to read as follows:

10 Sec. 34.0158. REPORT ON ACTIONS TO ADDRESS MATERNAL
11 MORTALITY RATES. Not later than December 1 of each even-numbered
12 year, the commission shall submit to the governor, the lieutenant
13 governor, the speaker of the house of representatives, the
14 Legislative Budget Board, and the appropriate standing committees
15 of the legislature a written report summarizing the actions taken
16 to address maternal morbidity and reduce maternal mortality rates.
17 The report must include information from programs and initiatives
18 created to address maternal morbidity and reduce maternal mortality
19 rates in this state, including:

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

1 (7) state health plans; and

2 (8) the Healthy Texas Babies program.

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

6 (1) explore options for expanding the pilot program
7 for pregnancy medical homes established under Section 531.0996,
8 Government Code;

9 (2) explore methods for increasing the benefits
10 provided under Medicaid, including specialty care and
11 prescriptions, for women at greater risk of a high-risk pregnancy
12 or premature delivery;

13 (3) evaluate the impact of supplemental payments made
14 to obstetrics providers for pregnancy risk assessments on
15 increasing access to maternal health services;

16 (4) evaluate a waiver to fund managed care
17 organization payments for case management and care coordination
18 services for women at high risk of severe maternal morbidity on
19 conclusion of their eligibility for Medicaid;

20 (5) evaluate the average time required for pregnant
21 women to complete the Medicaid enrollment process;

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

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

27 (8) evaluate the use of telemedicine medical services

1 for women during pregnancy and the postpartum period.

2 SECTION 6. Chapter 34, Health and Safety Code, is amended by
3 adding Sections 34.019, 34.020, and 34.021 to read as follows:

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

9 (1) total number of live births;
10 (2) number of births by Medicaid recipients;
11 (3) number of births by women with health benefit plan
12 coverage;

13 (4) number of Medicaid recipients screened for
14 postpartum depression;

15 (5) number of women screened for postpartum depression
16 under health benefit plan coverage;

17 (6) number of women treated for postpartum depression
18 under health benefit plan coverage;

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

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

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

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

27 (11) postpartum depression screening and treatment

1 billing codes and the number of claims for each billing code under
2 the Healthy Texas Women program;

3 (12) average number of days from the date of a
4 postpartum depression screening to the date the patient begins
5 treatment under Medicaid;

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

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

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

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

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

23 (1) "Postpartum care" and "prenatal care" have the
24 meanings assigned by Section [32.002](#).

25 (2) "Telehealth service" and "telemedicine medical
26 service" have the meanings assigned by Section [111.001](#), Occupations
27 Code.

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

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

9 (2) at least one county with a population of more than
10 100,000 and less than 500,000; and

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

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

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

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

25 (1) provide home telemonitoring services and
26 necessary durable medical equipment to women participating in the
27 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 7. 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 8. 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

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

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

6 Sec. 1001.263. DUTIES OF DEPARTMENT. (a) The department
7 shall provide to each geographic area selected for the pilot
8 program the support, resources, technical assistance, training,
9 and guidance necessary to:

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

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

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

17 (B) facilitating care coordination and
18 navigation activities; and

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

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

25 Sec. 1001.264. PILOT PROGRAM REPORT. (a) Not later than
26 December 1 of each even-numbered year, the department shall prepare
27 and submit a report on the pilot program to the executive

1 commissioner and the chairs of the standing committees of the
2 senate and the house of representatives with primary jurisdiction
3 over public health and human services. The report may be submitted
4 with the report required under Section 34.0156.

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

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

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

13 SECTION 9. (a) Except as provided by Subsection (b) of this
14 section, not later than December 1, 2019, the executive
15 commissioner of the Health and Human Services Commission shall
16 adopt the rules required under Section 33.004(f), Health and Safety
17 Code, as amended by this Act, and Section 1001.262(c), Health and
18 Safety Code, as added by this Act.

19 (b) Notwithstanding Subchapter K, Chapter 1001, Health and
20 Safety Code, as added by this Act, the Department of State Health
21 Services and the executive commissioner of the Health and Human
22 Services Commission are not required to comply with that subchapter
23 unless a specific appropriation for the implementation of the
24 subchapter is provided in a general appropriations act of the 86th
25 Legislature.

26 SECTION 10. As soon as practicable after the effective date
27 of this Act, the executive commissioner of the Health and Human

1 Services Commission shall apply to the United States Department of
2 Health and Human Services for grants as required by Section 34.021,
3 Health and Safety Code, as added by this Act.

4 SECTION 11. If before implementing any provision of this
5 Act a state agency determines that a waiver or authorization from a
6 federal agency is necessary for implementation of that provision,
7 the agency affected by the provision shall request the waiver or
8 authorization and may delay implementing that provision until the
9 waiver or authorization is granted.

10 SECTION 12. This Act takes effect immediately if it
11 receives a vote of two-thirds of all the members elected to each
12 house, as provided by Section 39, Article III, Texas Constitution.
13 If this Act does not receive the vote necessary for immediate
14 effect, this Act takes effect September 1, 2019.