

By: Kolkhorst, Lucio

S.B. No. 750

A BILL TO BE ENTITLED

AN ACT

relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs.

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

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0738 to read as follows:

Sec. 531.0738. APPLICATION FOR FUNDING TO IMPLEMENT MODEL OF CARE FOR CERTAIN MEDICAID RECIPIENTS. (a) The commission shall apply to the Centers for Medicare and Medicaid Services to receive any federal money available to implement a model of care that improves the quality and accessibility of care for:

(1) pregnant women with opioid use disorder enrolled in Medicaid during the prenatal and postpartum periods; and

(2) their children after birth.

(b) This section expires September 1, 2021.

SECTION 2. Chapter 31, Health and Safety Code, is amended by adding Section 31.018 to read as follows:

Sec. 31.018. REFERRAL FROM HEALTHY TEXAS WOMEN PROGRAM TO PRIMARY HEALTH CARE SERVICES PROGRAM. (a) In this section, "Healthy Texas Women program" means a program operated by the commission that is substantially similar to the demonstration project operated under former Section 32.0248, Human Resources Code, and that is intended to expand access to preventive health and

1 family planning services for women in this state.

2 (b) The executive commissioner by rule shall ensure that  
3 women receiving services under the Healthy Texas Women program are  
4 referred to and provided with information on the primary health  
5 care services program.

6 SECTION 3. Chapter 32, Health and Safety Code, is amended by  
7 adding Subchapters E and F to read as follows:

8 SUBCHAPTER E. ENHANCED PRENATAL AND POSTPARTUM CARE SERVICES

9 Sec. 32.101. ENHANCED PRENATAL SERVICES FOR CERTAIN WOMEN.

10 The commission, in collaboration with managed care organizations  
11 that contract with the commission to provide health care services  
12 to medical assistance recipients under Chapter 533, Government  
13 Code, shall develop and implement cost-effective, evidence-based,  
14 and enhanced prenatal services for high-risk pregnant women covered  
15 under the medical assistance program.

16 Sec. 32.102. EVALUATION AND ENHANCEMENT OF POSTPARTUM CARE  
17 SERVICES FOR CERTAIN WOMEN. (a) In this section, "Healthy Texas  
18 Women program" means a program operated by the commission that is  
19 substantially similar to the demonstration project operated under  
20 former Section 32.0248, Human Resources Code, and that is intended  
21 to expand access to preventive health and family planning services  
22 for women in this state.

23 (b) The commission shall evaluate postpartum care services  
24 provided to women enrolled in the Healthy Texas Women program after  
25 the first 60 days of the postpartum period.

26 (c) Based on the commission's evaluation under Subsection  
27 (b), the commission shall develop an enhanced, cost-effective, and

1 limited postpartum care services package for women enrolled in the  
2 Healthy Texas Women program to be provided:

3 (1) after the first 60 days of the postpartum period;  
4 and

5 (2) for a period of not more than 12 months after the  
6 date of enrollment in the Healthy Texas Women program.

7 SUBCHAPTER F. DELIVERY AND IMPROVEMENT OF MATERNAL HEALTH CARE

8 SERVICES INVOLVING MANAGED CARE ORGANIZATIONS

9 Sec. 32.151. DEFINITIONS. In this subchapter:

10 (1) "Healthy Texas Women program" means a program  
11 operated by the commission that is substantially similar to the  
12 demonstration project operated under former Section 32.0248, Human  
13 Resources Code, and that is intended to expand access to preventive  
14 health and family planning services for women in this state.

15 (2) "Medicaid managed care organization" means a  
16 managed care organization as defined by Section 533.001, Government  
17 Code, that contracts with the commission under Chapter 533,  
18 Government Code, to provide health care services to medical  
19 assistance program recipients.

20 Sec. 32.152. ASSESSING PROVISION OF HEALTHY TEXAS WOMEN  
21 PROGRAM SERVICES THROUGH MANAGED CARE. (a) The commission shall  
22 assess:

23 (1) the feasibility and cost-effectiveness of  
24 contracting with Medicaid managed care organizations to provide  
25 Healthy Texas Women program services through managed care in one or  
26 more health care service regions in this state if the Healthy Texas  
27 Women Section 1115 Demonstration Waiver is approved; and

1           (2) the potential impact of that delivery model on  
2 women receiving services under the program.

3           (b) This section expires September 1, 2021.

4           Sec. 32.153. CONTINUITY OF CARE FOR CERTAIN WOMEN ENROLLING  
5 IN HEALTHY TEXAS WOMEN PROGRAM. The commission shall develop and  
6 implement strategies to ensure the continuity of care for women who  
7 transition from the medical assistance program and enroll in the  
8 Healthy Texas Women program. In developing and implementing  
9 strategies under this section, the commission may collaborate with  
10 health care providers participating in the Healthy Texas Women  
11 program and Medicaid managed care organizations that provide health  
12 care services to pregnant women.

13           Sec. 32.154. POSTPARTUM DEPRESSION TREATMENT NETWORK.  
14 Using money from an available source designated by the commission,  
15 the commission, in collaboration with Medicaid managed care  
16 organizations and health care providers participating in the  
17 Healthy Texas Women program, shall develop and implement a  
18 postpartum depression treatment network for women enrolled in the  
19 medical assistance or Healthy Texas Women program.

20           Sec. 32.155. STATEWIDE INITIATIVES TO IMPROVE QUALITY OF  
21 MATERNAL HEALTH CARE. (a) In this section, "social determinants  
22 of health" means the environmental conditions in which an  
23 individual lives that affect the individual's health and quality of  
24 life.

25           (b) The commission shall develop or enhance statewide  
26 initiatives to improve the quality of maternal health care services  
27 and outcomes for women in this state. The commission shall specify

1 the initiatives that each managed care organization that contracts  
2 with the commission to provide health care services in this state  
3 must incorporate in the organization's managed care plans. The  
4 initiatives may address:

5 (1) prenatal and postpartum care rates;

6 (2) maternal health disparities that exist for  
7 minority women and other high-risk populations of women in this  
8 state;

9 (3) social determinants of health; or

10 (4) other priorities specified by the commission.

11 (c) A managed care organization required to incorporate the  
12 initiatives in the organization's managed care plans under  
13 Subsection (b) may incorporate any additional initiatives to  
14 improve the quality of maternal health care services for women  
15 receiving health care services through the organization.

16 (d) The commission shall prepare and submit to the  
17 legislature and make available to the public an annual report that  
18 summarizes:

19 (1) the commission's progress in developing or  
20 enhancing initiatives under this section; and

21 (2) each managed care organization's progress in  
22 incorporating the required initiatives in the organization's  
23 managed care plans.

24 (e) The commission may submit the report required under  
25 Subsection (d) with the report required under Section 536.008,  
26 Government Code.

27 SECTION 4. The heading to Chapter 34, Health and Safety

1 Code, is amended to read as follows:

2 CHAPTER 34. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW

3 COMMITTEE [~~TASK FORCE~~]

4 SECTION 5. Section 34.001, Health and Safety Code, is  
5 amended by adding Subdivision (12-a) to read as follows:

6 (12-a) "Review committee" means the Texas Maternal  
7 Mortality and Morbidity Review Committee.

8 SECTION 6. Sections 34.002, 34.003, 34.004, and 34.005,  
9 Health and Safety Code, are amended to read as follows:

10 Sec. 34.002. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW  
11 COMMITTEE [~~TASK FORCE~~]. (a) The Texas Maternal Mortality and  
12 Morbidity Review Committee [~~Task Force~~] is administered by the  
13 department.

14 (b) The review committee [~~task force~~] is a  
15 multidisciplinary advisory committee within the department and is  
16 composed of the following 17 members:

17 (1) 15 members appointed by the commissioner as  
18 follows:

19 (A) four physicians specializing in obstetrics,  
20 at least one of whom is a maternal fetal medicine specialist;

21 (B) one certified nurse-midwife;

22 (C) one registered nurse;

23 (D) one nurse specializing in labor and delivery;

24 (E) one physician specializing in family  
25 practice;

26 (F) one physician specializing in psychiatry;

27 (G) one physician specializing in pathology;

1 (H) one epidemiologist, biostatistician, or  
2 researcher of pregnancy-related deaths;

3 (I) one social worker or social service provider;

4 (J) one community advocate in a relevant field;

5 (K) one medical examiner or coroner responsible  
6 for recording deaths; and

7 (L) one physician specializing in critical care;

8 (2) a representative of the department's family and  
9 community health programs; and

10 (3) the state epidemiologist for the department or the  
11 epidemiologist's designee.

12 (c) In appointing members to the review committee [~~task~~  
13 ~~force~~], the commissioner shall:

14 (1) include members:

15 (A) working in and representing communities that  
16 are diverse with regard to race, ethnicity, immigration status, and  
17 English proficiency; and

18 (B) from differing geographic regions in the  
19 state, including both rural and urban areas;

20 (2) endeavor to include members who are working in and  
21 representing communities that are affected by pregnancy-related  
22 deaths and severe maternal morbidity and by a lack of access to  
23 relevant perinatal and intrapartum care services; and

24 (3) ensure that the composition of the review  
25 committee [~~task force~~] reflects the racial, ethnic, and linguistic  
26 diversity of this state.

27 (d) The commissioner shall appoint from among the review

1 committee [~~task force~~] members a presiding officer.

2 (e) A member of the review committee [~~task force~~] appointed  
3 under Subsection (b)(1) is not entitled to compensation for service  
4 on the review committee [~~task force~~] or reimbursement for travel or  
5 other expenses incurred by the member while conducting the business  
6 of the review committee [~~task force~~].

7 (f) In carrying out its duties, the review committee [~~task~~  
8 ~~force~~] may use technology, including teleconferencing or  
9 videoconferencing, to eliminate travel expenses.

10 Sec. 34.003. TERMS; VACANCY. (a) Review committee [~~Task~~  
11 ~~force~~] members appointed by the commissioner serve staggered  
12 six-year terms, with the terms of four or five members, as  
13 appropriate, expiring February 1 of each odd-numbered year.

14 (b) A review committee [~~task force~~] member may serve more  
15 than one term.

16 (c) A vacancy on the review committee [~~task force~~] shall be  
17 filled for the unexpired term in the same manner as the original  
18 appointment.

19 Sec. 34.004. MEETINGS. (a) The review committee [~~task~~  
20 ~~force~~] shall meet at least quarterly. The review committee [~~task~~  
21 ~~force~~] may meet at other times at the call of the commissioner.

22 (b) Meetings of the review committee [~~task force~~] are  
23 subject to Chapter 551, Government Code, except that the review  
24 committee [~~task force~~] shall conduct a closed meeting to review  
25 cases under Section 34.007.

26 (c) The review committee [~~task force~~] shall:

27 (1) allow for public comment during at least one



1 public meeting each year;

2 (2) present in open session recommendations made under  
3 Section 34.005 to help reduce the incidence of pregnancy-related  
4 deaths and severe maternal morbidity in this state; and

5 (3) post public notice for meetings conducted for the  
6 sole purpose of reviewing cases for selection under Section 34.007.

7 Sec. 34.005. DUTIES OF REVIEW COMMITTEE [~~TASK FORCE~~]. The  
8 review committee [~~task force~~] shall:

9 (1) study and review:

10 (A) cases of pregnancy-related deaths;

11 (B) trends, rates, or disparities in  
12 pregnancy-related deaths and severe maternal morbidity;

13 (C) health conditions and factors that  
14 disproportionately affect the most at-risk population as  
15 determined in the joint biennial report required under Section  
16 34.015; and

17 (D) best practices and programs operating in  
18 other states that have reduced rates of pregnancy-related deaths;

19 (2) compare rates of pregnancy-related deaths based on  
20 the socioeconomic status of the mother;

21 (3) determine the feasibility of the review committee  
22 [~~task force~~] studying cases of severe maternal morbidity; and

23 (4) in consultation with the Perinatal Advisory  
24 Council, make recommendations to help reduce the incidence of  
25 pregnancy-related deaths and severe maternal morbidity in this  
26 state.

27 SECTION 7. Section 34.0055(a), Health and Safety Code, is

1 amended to read as follows:

2 (a) Using existing resources, the commission, in  
3 consultation with the review committee [~~task force~~], shall:

4 (1) make available to physicians and other persons  
5 licensed or certified to conduct a substance use screening and  
6 domestic violence screening of pregnant women information that  
7 includes:

8 (A) guidance regarding best practices for  
9 verbally screening a pregnant woman for substance use and verbally  
10 screening a pregnant woman for domestic violence using a validated  
11 screening tool; and

12 (B) a list of substance use treatment resources  
13 and domestic violence prevention and intervention resources in each  
14 geographic region of this state; and

15 (2) review and promote the use of educational  
16 materials on the consequences of opioid drug use and on domestic  
17 violence prevention and intervention during pregnancy.

18 SECTION 8. Section 34.006, Health and Safety Code, is  
19 amended to read as follows:

20 Sec. 34.006. CONSULTATIONS AND AGREEMENTS WITH OUTSIDE  
21 PARTIES. (a) The department and review committee [~~task force~~] may  
22 consult with any relevant experts and stakeholders, including:

- 23 (1) anesthesiologists;  
24 (2) intensivists or critical care physicians;  
25 (3) nutritionists;  
26 (4) substance abuse treatment specialists;  
27 (5) hospital staff or employees;

- 1 (6) representatives of the state Medicaid program;
- 2 (7) paramedics or other emergency medical response
- 3 personnel;
- 4 (8) hospital-based risk management specialists;
- 5 (9) representatives of local health departments and
- 6 public health districts in this state;
- 7 (10) public health experts;
- 8 (11) government representatives or officials; and
- 9 (12) law enforcement officials.

10 (b) In gathering information, the department and review  
11 committee [~~task force~~] may consult with representatives of any  
12 relevant state professional associations and organizations,  
13 including:

- 14 (1) District XI of the American Congress of
- 15 Obstetricians and Gynecologists;
- 16 (2) the Texas Association of Obstetricians and
- 17 Gynecologists;
- 18 (3) the Texas Nurses Association;
- 19 (4) the Texas Section of the Association of Women's
- 20 Health, Obstetric and Neonatal Nurses;
- 21 (5) the Texas Academy of Family Physicians;
- 22 (6) the Texas Pediatric Society;
- 23 (7) the Consortium of Texas Certified Nurse-Midwives;
- 24 (8) the Association of Texas Midwives;
- 25 (9) the Texas Hospital Association;
- 26 (10) the Texas Medical Association; and
- 27 (11) the Texas Public Health Association.

1 (c) In consulting with individuals or organizations under  
2 Subsection (a) or (b), a member of the review committee [~~task force~~]  
3 or employee of the department may not disclose any identifying  
4 information of a patient or health care provider.

5 (d) The department on behalf of the review committee [~~task~~  
6 ~~force~~] may enter into agreements with institutions of higher  
7 education or other organizations consistent with the duties of the  
8 department or review committee [~~task force~~] under this chapter.

9 SECTION 9. Sections 34.007(a) and (c), Health and Safety  
10 Code, are amended to read as follows:

11 (a) The department shall determine a statistically  
12 significant number of cases of pregnancy-related deaths for review.  
13 The department shall either randomly select cases or select all  
14 cases for the review committee [~~task force~~] to review under this  
15 subsection to reflect a cross-section of pregnancy-related deaths  
16 in this state.

17 (c) If feasible, the department may select cases of severe  
18 maternal morbidity for review. In selecting cases under this  
19 subsection, the department shall randomly select cases for the  
20 review committee [~~task force~~] to review to reflect trends  
21 identified under Subsection (b).

22 SECTION 10. Sections 34.008(a) and (b), Health and Safety  
23 Code, are amended to read as follows:

24 (a) On selecting a case of pregnancy-related death or severe  
25 maternal morbidity for review, the department shall, in accordance  
26 with this section, obtain information relevant to the case to  
27 enable the review committee [~~task force~~] to review the case. The

1 department shall provide the information to the review committee  
2 [~~task force~~].

3 (b) The information provided to the review committee [~~task~~  
4 ~~force~~] may not include identifying information of a patient or  
5 health care provider, including:

6 (1) the name, address, or date of birth of the patient  
7 or a member of the patient's family; or

8 (2) the name or specific location of a health care  
9 provider that treated the patient.

10 SECTION 11. Section 34.009, Health and Safety Code, is  
11 amended by amending Subsections (b), (c), (d), (e), and (h) and  
12 adding Subsection (b-1) to read as follows:

13 (b) Except as provided by Subsection (b-1), confidential  
14 [~~Confidential~~] information that is acquired by the department and  
15 that includes identifying information of an individual or health  
16 care provider is privileged and may not be disclosed to any person.  
17 Information that may not be disclosed under this subsection  
18 includes:

19 (1) the name and address of a patient or a member of  
20 the patient's family;

21 (2) any service received by the patient or a member of  
22 the patient's family;

23 (3) the social and economic condition of the patient  
24 or a member of the patient's family;

25 (4) medical, dental, and mental health care  
26 information related to the patient or a member of the patient's  
27 family, including diagnoses, conditions, diseases, or disability;

1 and

2 (5) the identity of a health care provider that  
3 provided any services to the patient or a member of the patient's  
4 family.

5 (b-1) Confidential information that is acquired by the  
6 department under this section that includes identifying  
7 information of an individual or health care provider may be  
8 securely disclosed to an appropriate federal agency for the limited  
9 purpose of complying with applicable requirements under the federal  
10 Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

11 (c) Review committee [~~Task force~~] work product or  
12 information obtained by the department under this chapter,  
13 including information contained in an electronic database  
14 established and maintained under Section 34.012, or any other  
15 document or record, is confidential. This subsection does not  
16 prevent the review committee [~~task force~~] or department from  
17 releasing information described by Subsection (d) or (e) or from  
18 submitting the report required by Section 34.015.

19 (d) Information is not confidential under this section if  
20 the information is general information that cannot be connected  
21 with any specific individual, case, or health care provider, such  
22 as:

- 23 (1) total expenditures made for specified purposes;
- 24 (2) the number of families served by particular health  
25 care providers or agencies;
- 26 (3) aggregated data on social and economic conditions;
- 27 (4) medical data and information related to health

1 care services that do not include any identifying information  
2 relating to a patient or the patient's family;

3 (5) information, including the source, value, and  
4 purpose, related to gifts, grants, or donations to or for use by the  
5 review committee [~~task force~~]; and

6 (6) other statistical information.

7 (e) The review committee [~~task force~~] may publish  
8 statistical studies and research reports based on information that  
9 is confidential under this section, provided that the information:

10 (1) is published in the aggregate;

11 (2) does not identify a patient or the patient's  
12 family;

13 (3) does not include any information that could be  
14 used to identify a patient or the patient's family; and

15 (4) does not identify a health care provider.

16 (h) The review committee [~~task force~~] and the department  
17 shall comply with all state and federal laws and rules relating to  
18 the transmission of health information, including the Health  
19 Insurance Portability and Accountability Act of 1996 (Pub. L.  
20 No. 104-191) and rules adopted under that Act.

21 SECTION 12. Section 34.010, Health and Safety Code, is  
22 amended to read as follows:

23 Sec. 34.010. SUBPOENA AND DISCOVERY. Review committee  
24 [~~Task force~~] work product or information that is confidential under  
25 Section 34.009 is privileged, is not subject to subpoena or  
26 discovery, and may not be introduced into evidence in any  
27 administrative, civil, or criminal proceeding against a patient, a

1 member of the family of a patient, or a health care provider.

2 SECTION 13. Section 34.011(a), Health and Safety Code, is  
3 amended to read as follows:

4 (a) A member of the review committee [~~task force~~] or a  
5 person employed by or acting in an advisory capacity to the review  
6 committee [~~task force~~] and who provides information, counsel, or  
7 services to the review committee [~~task force~~] is not liable for  
8 damages for an action taken within the scope of the functions of the  
9 review committee [~~task force~~].

10 SECTION 14. Sections 34.012(a) and (c), Health and Safety  
11 Code, are amended to read as follows:

12 (a) The department may establish and maintain an electronic  
13 database to track cases of pregnancy-related deaths and severe  
14 maternal morbidity to assist the department and review committee  
15 [~~task force~~] in performing functions under this chapter.

16 (c) The database may be accessed only by the department and  
17 the review committee [~~task force~~] for the purposes described in  
18 this chapter.

19 SECTION 15. Section 34.014, Health and Safety Code, is  
20 amended to read as follows:

21 Sec. 34.014. FUNDING. The department may accept gifts and  
22 grants from any source to fund the duties of the department and the  
23 review committee [~~task force~~] under this chapter.

24 SECTION 16. Sections 34.015(a) and (b), Health and Safety  
25 Code, are amended to read as follows:

26 (a) Not later than September 1 of each even-numbered year,  
27 the review committee [~~task force~~] and the department shall submit a



1 joint report on the findings of the review committee [~~task force~~]  
2 under this chapter to the governor, lieutenant governor, speaker of  
3 the house of representatives, and appropriate committees of the  
4 legislature.

5 (b) The report must include the review committee's [~~task~~  
6 ~~force's~~] recommendations under Section 34.005(4).

7 SECTION 17. Section 34.0155, Health and Safety Code, is  
8 amended to read as follows:

9 Sec. 34.0155. REPORT ON PREGNANCY-RELATED DEATHS, SEVERE  
10 MATERNAL MORBIDITY, AND POSTPARTUM DEPRESSION. The commission  
11 shall:

12 (1) evaluate options for reducing pregnancy-related  
13 deaths, focusing on the most prevalent causes of pregnancy-related  
14 deaths as identified in the joint biennial report required under  
15 Section 34.015, and for treating postpartum depression in  
16 economically disadvantaged women;

17 (2) in coordination with the department and the review  
18 committee [~~task force~~], identify strategies to:

19 (A) lower costs of providing medical assistance  
20 under Chapter 32, Human Resources Code, related to severe maternal  
21 morbidity and chronic illness; and

22 (B) improve quality outcomes related to the  
23 underlying causes of severe maternal morbidity and chronic illness;  
24 and

25 (3) not later than December 1 of each even-numbered  
26 year, submit to the governor, the lieutenant governor, the speaker  
27 of the house of representatives, the Legislative Budget Board, and

1 the appropriate standing committees of the legislature a written  
2 report that includes:

3 (A) a summary of the commission's and  
4 department's efforts to accomplish the tasks described by  
5 Subdivisions (1) and (2); and

6 (B) a summary of the report required by Section  
7 34.0156.

8 SECTION 18. Section 34.0156(a), Health and Safety Code, is  
9 amended to read as follows:

10 (a) Using existing resources, the department, in  
11 collaboration with the review committee [~~task force~~], shall promote  
12 and facilitate the use among health care providers in this state of  
13 maternal health and safety informational materials, including  
14 tools and procedures related to best practices in maternal health  
15 and safety.

16 SECTION 19. Section 34.017(b), Health and Safety Code, is  
17 amended to read as follows:

18 (b) The department may not disclose the information  
19 described by Subsection (a) to the review committee [~~task force~~] or  
20 any other person.

21 SECTION 20. Section 34.018, Health and Safety Code, is  
22 amended to read as follows:

23 Sec. 34.018. SUNSET PROVISION. (a) The review committee  
24 [~~task force~~] is subject to Chapter 325, Government Code (Texas  
25 Sunset Act). Unless continued in existence as provided by that  
26 chapter, the review committee [~~task force~~] is abolished and this  
27 chapter expires September 1, 2027 [~~2023~~].

1        (b) The Sunset Advisory Commission shall review the review  
2 committee during the two-year period preceding the date the  
3 department is scheduled for abolition under Section 1001.003, but  
4 the review committee is continued in existence until the date  
5 provided by Subsection (a). This subsection expires September 1,  
6 2025.

7        SECTION 21. Section 1001.0712(c), Health and Safety Code,  
8 is amended to read as follows:

9        (c) The department, in consultation with the Texas Maternal  
10 Mortality and Morbidity Review Committee [~~Task Force~~], shall  
11 examine national standards regarding the collection of death  
12 information and may convene a panel of experts to advise the  
13 department and the review committee [~~task force~~] in developing  
14 recommendations for improving the collection of accurate  
15 information related to cause of death.

16        SECTION 22. Section 34.001(14), Health and Safety Code, is  
17 repealed.

18        SECTION 23. (a) In this section, "Healthy Texas Women  
19 program" means a program operated by the Health and Human Services  
20 Commission that is substantially similar to the demonstration  
21 project operated under former Section 32.0248, Human Resources  
22 Code, and that is intended to expand access to preventive health and  
23 family planning services for women in this state.

24        (b) If the Centers for Medicare and Medicaid Services  
25 approves the waiver submitted by the executive commissioner of the  
26 Health and Human Services Commission under Section 1115 of the  
27 federal Social Security Act (42 U.S.C. Section 1315) for the

1 Healthy Texas Women Section 1115 Demonstration Waiver, the  
2 executive commissioner shall, as soon as practicable after the  
3 waiver is granted, seek an amendment to the waiver to provide  
4 enhanced services under the Healthy Texas Women program.

5 SECTION 24. As soon as practicable after the effective date  
6 of this Act:

7 (1) the executive commissioner of the Health and Human  
8 Services Commission shall adopt rules as necessary to implement the  
9 changes in law made by this Act; and

10 (2) the Health and Human Services Commission shall  
11 apply for any federal money available to implement the model of care  
12 described by Section 531.0738, Government Code, as added by this  
13 Act.

14 SECTION 25. On the effective date of this Act:

15 (1) the Maternal Mortality and Morbidity Task Force is  
16 renamed the Texas Maternal Mortality and Morbidity Review  
17 Committee; and

18 (2) a reference in law to the task force means the  
19 review committee.

20 SECTION 26. If before implementing any provision of this  
21 Act a state agency determines that a waiver or authorization from a  
22 federal agency is necessary for implementation of that provision,  
23 the agency affected by the provision shall request the waiver or  
24 authorization and may delay implementing that provision until the  
25 waiver or authorization is granted.

26 SECTION 27. The Health and Human Services Commission is  
27 required to implement a provision of this Act only if the

1 legislature appropriates money specifically for that purpose. If  
2 the legislature does not appropriate money specifically for that  
3 purpose, the commission may, but is not required to, implement a  
4 provision of this Act using other appropriations available for that  
5 purpose.

6 SECTION 28. This Act takes effect immediately if it  
7 receives a vote of two-thirds of all the members elected to each  
8 house, as provided by Section 39, Article III, Texas Constitution.  
9 If this Act does not receive the vote necessary for immediate  
10 effect, this Act takes effect September 1, 2019.