87R4872 SCL-F

By:  Howard H.B. No. 2333

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of the home nursing visitation for newborn caregivers competitive grant program.

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

SECTION 1.  Chapter 32, Health and Safety Code, is amended by adding Subchapter G to read as follows:

SUBCHAPTER G. HOME NURSING VISITATION FOR NEWBORN CAREGIVERS GRANT PROGRAM

Sec. 32.201.  DEFINITIONS. In this subchapter:

(1)  "Program" means the home nursing visitation for newborn caregivers grant program established under this subchapter.

(2)  "Service provider" means an entity that offers free of charge home nursing visits for newborn caregivers.

Sec. 32.202.  ESTABLISHMENT OF PROGRAM; RULES. (a) The commission shall establish and administer a competitive grant program under which the commission awards grants to eligible service providers to provide or expand home nursing visitation services for newborn caregivers.

(b)  The commission shall award grants under the program to eligible service providers in a manner that ensures the grant recipients:

(1)  operate in multiple communities that are geographically distributed throughout this state;

(2)  have the capacity to offer home nursing visitation services to all newborn caregivers within a defined service area, including a birthing hospital service area, a municipality, or a county; and

(3)  commit to continuing ongoing work to ultimately serve the communities' entire newborn population to have the maximum possible health impact on that population.

(c)  The executive commissioner shall adopt rules as necessary to implement this subchapter.

Sec. 32.203.  SERVICE REQUIREMENTS. Home nursing visitation services funded by a grant awarded under this subchapter must:

(1)  be offered free of charge to all newborn caregivers, including foster and adoptive families, within the grant recipient's defined service area;

(2)  be voluntary and not impose negative consequences on a newborn caregiver that chooses not to participate;

(3)  be provided by registered nurses in the newborn caregiver's home whenever possible, using telehealth services when necessary and feasible;

(4)  include an evidence-based assessment of the physical, social, and emotional factors affecting the health and safety of the newborn caregiver's family;

(5)  include at least one registered nurse visit to the newborn caregiver not later than six weeks postpartum or six weeks after the newborn is discharged from a newborn intensive care unit, whichever is later, with the opportunity for up to three total registered nurse visits as determined by the nurse's professional judgment;

(6)  provide information and referrals to a newborn caregiver that are tailored to the caregiver's needs, as identified by a home nursing visit, and support the caregiver in navigating needed services;

(7)  include a follow-up call to the newborn caregiver not later than three months after the last home nursing visit to assess success in referrals and family satisfaction and to close the case;

(8)  strictly adhere to an evidence-based service delivery model, according to criteria set by the United States Department of Health and Human Services for an early childhood home visiting service delivery model, that is selected by the commission, including any clinical, programmatic, and data collection requirements of the model;

(9)  aim to improve outcomes in one or more of the following categories:

(A)  reduction of child abuse and neglect;

(B)  child health;

(C)  maternal health;

(D)  reduction of family violence;

(E)  child development;

(F)  family economic self-sufficiency;

(G)  completion of maternal follow-up and well-child visits with health care providers;

(H)  appropriate use of a health care facility's emergency department; and

(I)  increase in positive parenting practices;

(10)  require that home nursing visits:

(A)  are offered in partnership with the newborn caregiver's attending obstetrician or gynecologist, maternal health provider, or birthing hospital, if applicable; and

(B)  begin not later than the later of six weeks postpartum or six weeks after a newborn is discharged from a newborn intensive care unit; and

(11)  be provided for a period of at least two years.

Sec. 32.204.  APPLICATION REQUIREMENTS. (a) A public or private entity, including a county, municipality, or other political subdivision of this state, may apply for a grant under this subchapter.

(b)  To apply for a grant, an applicant must submit a written application to the commission on a form prescribed by executive commissioner rule in accordance with this section.

(c)  The application form must:

(1)  require the applicant to provide:

(A)  data on the number of births by hospital located in the defined service area in which the applicant proposes to operate; and

(B)  a description of existing services available to newborn caregivers in the community;

(2)  describe the processes the commission uses to monitor and evaluate grant recipients on an ongoing basis under Section 32.208, including the grant recipient's obligations to:

(A)  collect and provide information requested by the commission; and

(B)  adhere to the evidence-based model selected by the commission;

(3)  require the applicant to outline the applicant's plan to collaborate and strengthen relationships with health care and social service providers to ensure the applicant's ability to effectively connect newborn caregivers and the caregivers' families to other community services when needed; and

(4)  describe the applicant's plan for enrolling newborn caregivers, including how the applicant will partner with birthing hospitals and local maternal health care and pediatric health care providers.

Sec. 32.205.  GRANT AWARD REQUIREMENTS. In determining whether to award a grant to an applicant under this subchapter, the commission shall consider the applicant's demonstrated capacity to provide home nursing visitation services to newborn caregivers in the defined service area in which the applicant proposes to provide services, which may be determined by considering:

(1)  the applicant's ability to:

(A)  participate in ongoing monitoring and performance evaluations under Section 32.208, including the applicant's ability to collect and provide information requested by the commission;

(B)  comply with program standards; and

(C)  develop broad-based community support and leverage philanthropic support to implement or expand home nursing visitation services for newborn caregivers; and

(2)  the applicant's history of developing and sustaining innovative, high-quality home nursing visitation services for newborn caregivers that meet the needs of families and communities.

Sec. 32.206.  WRITTEN AGREEMENT WITH GRANT RECIPIENT REQUIRED. Before awarding a grant under this subchapter, the commission shall enter into a written agreement with each applicant to be awarded a grant that requires the grant recipient to repay this state, in accordance with terms specified in the agreement, if:

(1)  the commission determines the grant recipient has not complied with the minimum standards and reporting requirements prescribed by this subchapter or rules adopted under this subchapter or with any other applicable rules or standards prescribed by the executive commissioner or the commission; or

(2)  the grant recipient fails to use the grant money for the purposes for which the grant was awarded, in accordance with Section 32.207.

Sec. 32.207.  USE OF GRANT MONEY. Grant money awarded under this subchapter may be used only to cover costs related to the grant recipient administering, implementing, or expanding home nursing visitation services for newborn caregivers, including costs related to:

(1)  administering the home nursing visitation services;

(2)  training and managing registered nurses and other staff who participate in providing the home nursing visitation services;

(3)  paying the salaries and expenses of registered nurses and other required staff members who are essential to delivering the home nursing visitation services;

(4)  paying for facilities and equipment for providing the home nursing visitation services; and

(5)  paying for technical assistance to ensure a grant recipient adheres to the evidence-based model selected by the commission.

Sec. 32.208.  GRANT RECIPIENT MONITORING AND EVALUATION; ANNUAL REPORT. (a) The commission shall:

(1)  adopt performance indicators designed to measure a grant recipient's performance with respect to the program standards adopted by executive commissioner rule that align with the evidence-based model selected by the commission; and

(2)  use the performance indicators to continuously monitor and formally evaluate on an annual basis the performance of each grant recipient.

(b)  Not later than December 1 of each year, the commission shall prepare and submit a written report to the standing committees of the legislature with primary jurisdiction over the commission regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing program services and improving outcomes for newborns and their families.

Sec. 32.209.  COMPETITIVE GRANT PROGRAM FUNDING. (a) The commission shall seek and apply for any available federal and state money, including money available for Medicaid or the Children's Health Insurance Program (CHIP), to assist in financing the program.

(b)  The commission shall consult, collaborate, and coordinate with health benefit plan issuers in this state, including Medicaid managed care organizations, to identify existing incentives and reimbursement strategies that could expand the program.

(c)  The commission may solicit and accept gifts, grants, and donations to operate the program.

SECTION 2.  (a) As soon as practicable after the effective date of this Act, the Health and Human Services Commission shall apply for any available federal money to finance the grant program established by Subchapter G, Chapter 32, Health and Safety Code, as added by this Act.

(b)  Not later than September 1, 2022, the Health and Human Services Commission shall establish and implement the grant program established by Subchapter G, Chapter 32, Health and Safety Code, as added by this Act.

(c)  Not later than September 1, 2022, the executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement Subchapter G, Chapter 32, Health and Safety Code, as added by this Act.

(d)  Not later than December 1, 2022, the Health and Human Services Commission shall submit a written report to the standing committees of the legislature with primary jurisdiction over the commission regarding the implementation and status of the grant program described by Subchapter G, Chapter 32, Health and Safety Code, as added by this Act.

(e)  Not later than December 1, 2023, the Health and Human Services Commission shall submit the initial report required by Section 32.208, Health and Safety Code, as added by this Act.

SECTION 3.  This Act takes effect September 1, 2021.