

BILL ANALYSIS

Senate Research Center

H.B. 1575
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

According to a Milliman report, women with nonmedical health needs such as food, housing, transportation, and other economic concerns are twice as likely as most women to have high-risk pregnancies and more likely to have higher rates of maternal morbidity. The same report shows when women have access to nonmedical support, they have shown improved health outcomes.

At the same time, a joint Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services report found that most pregnancy-related deaths are preventable.

Today, there are nonmedical health-related needs services available to low-income pregnant women and families, such as food banks, pregnancy support, housing assistance, and transportation. However, these services are provided by multiple organizations that may be fragmented and uncoordinated. This can lead to a duplication of efforts and often results in women and families served by the Medicaid program not even knowing the support services that may be available to improve pregnancy outcomes.

H.B. 1575 seeks to address these issues by enhancing the screening process for pregnant women eligible for public benefits programs offered by Texas' health and human services agencies. The enhanced screening process will help to better identify nonmedical health-related needs that could impact birth and maternal health outcomes by providing reported data to policymakers on the needs of these women.

H.B. 1575 also seeks to increase access to existing support services by allowing community health workers and doulas to be reimbursed for providing services shown to improve maternal and infant health outcomes and increase self-sufficiency.

H.B. 1575 amends current law relating to improving health outcomes for pregnant women under Medicaid and certain other public benefits programs.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Provides that it is the intent of the legislature to improve health outcomes for pregnant women and their children through the case management for children and pregnant women program. Provides that in recognizing that nonmedical factors impact health outcomes, this legislation, in part, authorizes Medicaid to provide case management services for nonmedical needs that will improve health outcomes for pregnant women and their children.

SECTION 2. Amends Subchapter B, Chapter 531, Government Code, by adding Section 531.024183, as follows:

Sec. 531.024183. STANDARDIZED SCREENING QUESTIONS FOR ASSESSING NONMEDICAL HEALTH-RELATED NEEDS OF CERTAIN PREGNANT WOMEN; INFORMED CONSENT. (a) Defines "alternatives to abortion program."

(b) Requires the Health and Human Services Commission (HHSC) to adopt standardized screening questions designed to screen for, identify, and aggregate data regarding the nonmedical health-related needs of pregnant women eligible for benefits under a public benefits program administered by HHSC or another health and human services agency, including:

(1) Medicaid; and

(2) the alternatives to abortion program.

(c) Requires the standardized screening questions to be used by Medicaid managed care organizations and providers participating in the alternatives to abortion program, subject to Subsection (d).

(d) Prohibits a managed care organization or provider participating in a public benefits program described by Subsection (b), including the alternatives to abortion program, from performing a screening of a pregnant woman using the standardized screening questions required by this section unless the organization or provider:

(1) informs the woman:

(A) about the type of data that will be collected during the screening and the purposes for which the data will be used; and

(B) that the collected data will become part of the woman's medical record or service plan; and

(2) obtains the woman's informed consent to perform the screening.

(e) Requires a managed care organization or provider participating in a public benefits program described by Subsection (b), including the alternatives to abortion program, to provide to HHSC, in the form and manner prescribed by HHSC, data the organization or provider collects using the standardized screening questions required by this section.

(f) Requires HHSC, not later than December 1 of each even-numbered year, to prepare and submit to the legislature a report that, using de-identified information, summarizes the data collected and provided to HHSC under Subsection (e) during the previous biennium. Authorizes HHSC to consolidate the report required under this subsection with any other report to the legislature required under this chapter or another law that relates to the same subject matter in accordance with Section 531.014 (Consolidation of Reports).

SECTION 3. Amends Chapter 531, Government Code, by adding Subchapter Q, as follows:

SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

Sec. 531.651. DEFINITIONS. Defines "case management for children and pregnant women program," "nonmedical health-related needs screening," and "program services."

Sec. 531.652. MEDICAID MANAGED CARE ORGANIZATION SERVICE COORDINATION BENEFITS NOT AFFECTED. Provides that the provision of program services to a recipient does not preempt or otherwise affect a Medicaid managed care organization's obligation to provide service coordination benefits to the recipient.

Sec. 531.653. CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Authorizes program services to be provided only by a provider who completes the standardized case management training required by HHSC under Section 531.654 and who is:

- (1) an advanced practice nurse who holds a license, other than a provisional or temporary license, under Chapter 301 (Nurses), Occupations Code;
- (2) a registered nurse who holds a license, other than a provisional or temporary license, under Chapter 301, Occupations Code, and:
 - (A) completed a baccalaureate degree program in nursing; or
 - (B) completed an associate degree program in nursing and has:
 - (i) at least two years of cumulative paid full-time work experience; or
 - (ii) at least two years of cumulative, supervised full-time educational internship or practicum experience obtained in the last 10 years that included assessing the psychosocial and health needs of and making community referrals of:
 - (a) children who are 21 years of age or younger; or
 - (b) pregnant women;
- (3) a social worker who holds a license, other than a provisional or temporary license, under Chapter 505 (Social Workers), Occupations Code, appropriate for the individual's practice, including the practice of independent social work;
- (4) a community health worker as defined by Section 48.001 (Definitions), Health and Safety Code, who is certified by the Department of State Health Services; or
- (5) a doula who is certified by a recognized national certification program, as determined by HHSC, unless the doula qualifies as a certified community health worker under Subdivision (4).

Sec. 531.654. CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER TRAINING. Requires HHSC to require that each provider of program services complete training prescribed by HHSC. Requires the training to be trauma-informed and include instruction on:

- (1) social services provided by this state and local governments in this state;
- (2) community assistance programs, including programs providing:
 - (A) nutrition and housing assistance;
 - (B) counseling and parenting services;
 - (C) substance use disorder treatment; and
 - (D) domestic violence assistance and shelter;
- (3) domestic violence and coercive control dynamics;

(4) methods for explaining and eliciting an eligible recipient's informed consent to receive:

(A) program services screening; and

(B) any services that are authorized to be offered as a result of the screening; and

(5) procedures for:

(A) an eligible recipient to:

(i) decline program services screening; or

(ii) withdraw consent for offered services; and

(B) ensuring that the recipient is not subject to any retaliatory action for declining or discontinuing any screenings or services.

Sec. 531.655. INITIAL MEDICAL AND NONMEDICAL HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS. (a) Requires a Medicaid managed care organization that provides health care services to a pregnant woman under the STAR Medicaid managed care program to conduct an initial health needs screening and nonmedical health-related needs screening of each pregnant recipient to determine, regardless of whether the recipient is considered to have a high-risk pregnancy, if the recipient:

(1) is eligible for service coordination benefits to be provided by the managed care organization; or

(2) should be referred for program services.

(b) Requires service coordination benefits described by Subsection (a) to include identifying and coordinating the provision of non-covered services, community supports, and other resources the Medicaid managed care organization determines will improve the recipient's health outcomes.

(c) Requires a Medicaid managed care organization to use the results of the screenings conducted under Subsection (a) to determine if a recipient requires a more comprehensive assessment for purposes of determining whether the recipient is eligible for service coordination benefits or program services.

Sec. 531.656. SCREENING AND PROGRAM SERVICES OPTIONAL. Requires a Medicaid managed care organization providing screenings under Section 531.655 to inform each pregnant woman who is referred for program services or for whom screening is conducted under that section that:

(1) the woman has a right to decline the screening or services or choose to discontinue the screening or services at any time; and

(2) declining or discontinuing the screening or services will not result in retaliatory action against the woman in the provision of other services.

SECTION 4. Amends Section 32.024, Human Resources Code, by adding Subsections (pp) and (qq), as follows:

(pp) Requires HHSC, for purposes of enrollment as a provider and reimbursement under the medical assistance program, to establish a separate provider type for a community health worker who provides case management services under the case management for children and pregnant women program under Section 531.653(4), Government Code.

(qq) Requires HHSC, for purposes of enrollment as a provider and reimbursement under the medical assistance program, to establish a separate provider type for a doula who is certified by a recognized national doula certification program approved by HHSC.

SECTION 5. (a) Defines "case management for children and pregnant women program" and "commission."

(b) Requires HHSC, not later than December 1, 2024, to prepare and submit to the legislature a status report on the implementation of case management services provided to pregnant women under the case management for children and pregnant women program during the preceding fiscal year. Requires that the report include de-identified information about:

- (1) the nonmedical health-related needs of the women receiving case management services;
- (2) the number and types of referrals made of women to nonmedical community assistance programs and providers; and
- (3) the birth outcomes for the women.

SECTION 6. Requires HHSC, as soon as practicable after the effective date of this Act, to:

- (1) develop the standardized screening questions as required by Section 531.024183, Government Code, as added by this Act; and
- (2) revise HHSC's standardized case management training for children and pregnant women program providers to comply with Section 531.654, Government Code, as added by this Act.

SECTION 7. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 8. Effective date: September 1, 2023.