

## **BILL ANALYSIS**

C.S.H.B. 1575  
By: Hull  
Health Care Reform, Select  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

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. At the same time, the joint Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services report found that most pregnancy-related deaths are preventable. When individuals have access to nonmedical supports, they have shown improved health outcomes, according to the Milliman report. Today, there are nonmedical health-related needs services available to low-income pregnant women and families, such as food banks, pregnancy support, assistance with housing, transportation, and other similar supports. However, these services are provided by multiple organizations that may be fragmented and uncoordinated. This can lead to 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 and may improve pregnancy outcomes.

C.S.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 to better identify nonmedical health-related needs that could impact birth and health outcomes and providing for the reporting of this data to better inform policymakers on the needs of these women. C.S.H.B. 1575 also seeks to increase access to existing supports by allowing community health workers and doulas to be reimbursed for providing services to women with the goal of improving health outcomes for mothers and babies and self-sufficiency for these families.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1575 sets out provisions specifically intended by the legislature to improve health outcomes for pregnant women and their children through the case management for children and pregnant women program. The bill provides that, in recognizing that nonmedical factors impact health outcomes, the legislature, in part, authorizes the state's Medicaid program to provide case management services for nonmedical needs that will improve health outcomes for pregnant women and their children.

## **Standardized Screening Questions for Assessing Nonmedical Health-Related Needs of Certain Pregnant Women**

C.S.H.B. 1575 amends the Government Code to require 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 Medicaid and HHSC's alternatives to abortion (A2A) program. The bill requires Medicaid managed care organizations (MCOs) and providers participating in the A2A program to use the standardized screening questions. The bill requires any MCO or provider participating in an applicable public benefits program to do the following before performing an assessment of a pregnant woman using the questions:

- inform the woman about the type of data that will be collected during the screening and the purposes for which the data will be used;
- inform the woman that the collected data will become part of the woman's medical record or service plan; and
- obtain the woman's informed consent to perform the screening.

The bill requires an MCO or program provider to provide to HHSC the data the MCO or provider collects using the standardized screening questions in the form and manner prescribed by HHSC. The bill requires HHSC to develop the standardized assessment tool as soon as practicable after the bill's effective date. The bill 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 during the previous biennium. The bill authorizes HHSC to consolidate the required report with any other required report to the legislature that relates to the same subject matter.

## **Case Management Services for Certain Pregnant Women**

### Provider Qualifications

C.S.H.B. 1575 limits the providers eligible to provide case management services under the case management program for children and pregnant women program, including assistance provided to an MCO in coordinating the provision of benefits to a recipient enrolled in the MCO's managed care plan in a manner that is consistent with the plan of care, to the following providers who complete HHSC's standardized case management training:

- a state-licensed advanced practice nurse;
- a state-licensed registered nurse who meets the following criteria:
  - completed a baccalaureate degree program in nursing; or
  - completed an associate degree program in nursing and has at least two years of cumulative paid full-time work experience or 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 children who are 21 years of age or younger or pregnant women;
- a state-licensed social worker appropriate for the individual's practice, including the practice of independent social work;
- a community health worker who is certified by the Department of State Health Services; or
- a doula who is certified by a recognized national certification program, as determined by HHSC, and who does not qualify as a certified community health worker.

The bill establishes that the provision of program services to a recipient does not preempt or otherwise affect an MCO's obligation to provide service coordination benefits to the recipient.

## Provider Training

C.S.H.B. 1575 requires HHSC to require that each provider of program services complete training prescribed by HHSC, which must be trauma-informed and include instruction on the following:

- social services provided by the state and by local governments;
- community assistance programs, including programs providing nutrition and housing assistance, counseling and parenting services, substance use disorder treatment, and domestic violence assistance and shelter;
- domestic violence and coercive control dynamics;
- methods for explaining and eliciting an eligible recipient's informed consent to receive program services screening and any services that may be offered as a result of the screening; and
- procedures for:
  - an eligible recipient to decline program services screening or withdraw consent for offered services; and
  - ensuring that the recipient is not subject to any retaliatory action for declining or discontinuing any screenings or services.

The bill requires HHSC to revise its standardized provider training for the program to comply with these requirements as soon as practicable after the bill's effective date.

## Initial Medical and Nonmedical Health-Related Screenings

C.S.H.B. 1575 requires a Medicaid MCO 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 or enrollee is eligible for service coordination benefits to be provided by the MCO or should be referred for program services. These service coordination benefits must include identifying and coordinating the provision of non-covered services, community supports, and other resources the MCO determines will improve the recipient's health outcomes. The bill requires the MCO to use the results of the screenings 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.

## Optional Nature of Program Services

C.S.H.B. 1575 requires a Medicaid MCO that provides those screenings to inform each pregnant woman who is referred for program services or for whom screening is conducted that the woman has a right to decline the screening or services or choose to discontinue the screening or services at any time and that declining or discontinuing the screening or services will not result in retaliatory action against the woman in the provision of other services.

## **Medicaid Provider Enrollment**

C.S.H.B. 1575 amends the Human Resources Code to require HHSC, for the purpose of enrollment as a provider and reimbursement under Medicaid, to establish a separate provider type for a community health worker who provides case management services under the children and pregnant women program and to establish a separate provider type for a doula who is certified by a recognized national doula certification program approved by HHSC.

## **Status Report**

C.S.H.B. 1575 requires HHSC to prepare and submit to the legislature not later than December 1, 2024, a 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. The report must include de-identified information about the following:

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

### **Federal Waiver; Potential Delayed Implementation**

C.S.H.B. 1575 provides for the delayed implementation of any provision for which an applicable state agency determines a federal waiver or authorization is necessary for implementation until the waiver or authorization is requested and granted.

### **EFFECTIVE DATE**

September 1, 2023.

### **COMPARISON OF INTRODUCED AND SUBSTITUTE**

While C.S.H.B. 1575 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes language clarifying that the bill's prohibition against performing a screening using the standardized questions without having first informed the woman of certain information and obtained informed consent, as well as the requirement to provide data collected using the questions to HHSC, apply to all MCOs or providers participating in applicable public benefits programs, rather than only MCOs and A2A providers as was in the introduced.

The substitute includes provisions not in the introduced requiring HHSC to prepare and submit a biennial report to the legislature summarizing data from the standardized screenings and also authorizing HHSC to consolidate the required report with any other required report to the legislature.

The substitute, with respect to provisions shared with the introduced requiring HHSC to establish a provider type for a certified doula, specifies that the requirement is to establish a separate provider type.