BILL ANALYSIS

C.S.H.B. 2983
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Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Good nutrition is essential in order to keep current and future generations healthy across their lifespan. A healthy diet helps children grow and develop properly and reduces their risk of chronic diseases while adults who eat a healthy diet live longer and have a lower risk of chronic illness. Healthy eating can help people with chronic illnesses manage these conditions and avoid complications. Yet for many people a healthy lifestyle is out of reach. Several states have implemented programs that aim to increase access to healthy foods as a means to improve health and reduce health care spending. C.S.H.B. 2983 seeks to create a pilot program for medical nutrition programs in coordination with community based organizations and medical providers to provide services to women who are pregnant or in the postpartum period.

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 rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 2983 amends the Human Resources Code to require the executive commissioner of the Health and Human Services Commission (HHSC) to apply for and actively seek a Section 1115 waiver to the state Medicaid plan to develop and implement a five-year pilot project to demonstrate the cost effectiveness and improved health care outcomes of Medicaid recipients in Texas during pregnancy and the postpartum period who are provided medical nutrition assistance through community-based organizations, Medicaid providers, and federally qualified health centers (FQHCs) in not more than six Medicaid service delivery areas. The bill requires the pilot project to be established in service delivery areas located in a municipality with a population greater than 670,000 or a county with a population greater than 65,000 that is located on an international border and in which at least one World Birding Center site is located. The bill requires HHSC to collaborate and contract with managed care organizations, the state Medicaid Managed Care Advisory Committee, community-based organizations, Medicaid providers, and FQHCs in administering the pilot project. In implementing the pilot project, the executive commissioner of HHSC by rule must establish eligibility criteria for participation by Medicaid recipients. The criteria must require that a recipient be pregnant or recently, as determined by HHSC rule, postpartum and have a diet-related or pregnancy-related health condition or be likely to experience improved maternal and infant health outcomes as a result of increased access to healthy foods.

C.S.H.B. 2983 requires HHSC, to the extent allowed by the Section 1115 waiver, to establish a payment methodology, including payment rates, for the following:

- a Medicaid provider or FQHC who through medical personnel, including dieticians, nutritionists, social workers, and community health workers, provides the following services:
    - assessments and screening of recipients to determine eligibility for participation in the pilot project;
    - development of individual care plans and health outcome tracking for pilot project participants; and
    - care management services, including nutrition and health education and assisting participants in adhering to individual case plans; and
- community-based organizations that provide the following services:
    - referral of recipients to such a provider for assessment and screening for eligibility for participation in the pilot project;
    - ingredient sourcing and meal preparation for pilot project participants;
    - meal delivery to pilot project participants; and
    - community outreach, including education on disease management, nutrition and health, and access to community nutrition services.

C.S.H.B. 2983 requires HHSC to submit reports to the legislature on the results of the pilot project according to the following schedule:

- an initial report due not later than the first anniversary of the date the pilot project is implemented;
- a second report due not later than 30 months following the date the pilot project is implemented; and
- a final report due not later than three months after the pilot project concludes.

The bill requires the reports to include the following information:

- the number of participants in the pilot project;
- de-identified and aggregated data on any relevant medical outcomes for the participants and the infants born to participants during the time the participants participated in the pilot project, including:
    - the results of participants' hemoglobin A1c tests;
    - the incidence of pregnancy-related conditions, including gestational diabetes and preeclampsia;
    - changes in participants' body mass index;
    - changes in participants' blood pressure;
    - the birth weight of the infants; and
    - participant or infant hospital admissions and emergency room visits;
- any cost savings or increased expenditures incurred as a result of the pilot project; and
- an HHSC recommendation on whether to terminate, continue, or expand the pilot project.

For purposes of the pilot project, C.S.H.B. 2983 sets out the following definitions, among others:

- "community-based organization" means a 501(c)(3) tax-exempt organization that provides medical nutrition assistance and, as follows:
    - has an established agreement with a Medicaid provider or FQHC to implement medical nutrition assistance under the pilot project; and
    - employs at least one registered dietitian nutritionist, culinary personnel, and support personnel capable of providing patient referrals to a qualifying provider, sourcing ingredients, and packaging and delivering meals to recipients;
- "healthy food prescription program" means a program under which a Medicaid provider or FQHC prescribes healthy food to a high-risk patient to decrease the incidence of one or more diet-related chronic illnesses by increasing the patient's access to healthy food, including fresh fruits and vegetables, through the use of vouchers or by other means; and
- "medical nutrition assistance" means the provision of the following:

- medically tailored meals to individuals who have a chronic disease impacted by the individual's diet and limits at least one activity of the individual's daily living to support treatment and management of the disease; and
- healthy food prescription programs to individuals who experience food insecurity and have at least one chronic health condition directly impacted by the nutritional quality of food to support treatment and management of the condition.

C.S.H.B. 2983 provides for the delayed implementation of the bill's provisions until the Section 1115 waiver is granted. The bill's provisions expire September 1, 2029.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 2983 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 narrows the scope of the pilot project to only Medicaid recipients who are pregnant or in the postpartum period while the introduced established the pilot project to improve the health care outcomes of Medicaid recipients generally. Accordingly, the substitute includes a provision absent from the introduced requiring the eligibility criteria of the pilot project to require that a recipient be pregnant or recently, as determined by HHSC rule, postpartum and have a diet-related or pregnancy-related health condition or be likely to experience improved maternal and infant health outcomes as a result of increased access to healthy foods.

With respect to the medical outcomes of participants that must be included in the report to the legislature, the substitute requires the information provided to be de-identified and aggregated data. The substitute also requires that the outcomes be reported for participants as well as infants born to participants during the time of participation. The introduced did not include the requirement regarding de-identification and aggregation of data and did not provide for the reporting of outcomes on infants. Moreover, the substitute revises the specific outcomes to be tracked and reported on as follows:

- omits the following:
  - insulin medication amounts required by participants with diabetes;
  - cardiac markers, sodium and potassium levels, and biometric parameters; and
  - glomerular filtration rates and albumin levels; and
- includes the following additional outcomes:
  - the results of participants' hemoglobin A1c tests;
  - the incidence of pregnancy-related conditions, including gestational diabetes and preeclampsia; and
  - the birth weight of infants.

The introduced defined as a component of "medical nutrition assistance" the provision of medically tailored meals to individuals who experience food insecurity and have at least one chronic health condition directly impacted by nutritional quality of food to support treatment and management of the condition. The substitute, with respect to the individuals who experience food insecurity, revises the definition so that "medical nutrition assistance" for these individuals includes the provision of healthy food prescription programs instead of medically tailored meals. Accordingly, the substitute includes a definition of "healthy food prescription program," which did not appear in the introduced.

The substitute replaces the authorization in the introduced for HHSC to collaborate and contract with certain entities in administering the pilot project with a requirement for HHSC to do so.

The introduced required HHSC to establish reimbursement rates for providers and community-based organizations, whereas the substitute requires HHSC to establish a payment methodology, including payment rates, for these entities. The substitute provides for providers to be paid for care management services provided under the pilot project, which the introduced did not.