By:  Hull H.B. No. 1575

A BILL TO BE ENTITLED

AN ACT

relating to improving health outcomes for certain recipients and enrollees under certain state health benefits programs, through improved program administration.

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

SECTION 1.  It is the intent of the Legislature to improve health outcomes for children and pregnant women through the Case Management for Children and Pregnant Women Program. In recognizing that nonmedical factors impact health outcomes, the Legislature hereby authorizes the Medicaid program to provide case management services for nonmedical needs that will improve health outcomes for children and pregnant women.

SECTION 2.  Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.024183 to read as follows:

Sec. 531.024183.  STANDARDIZED SCREENING QUESTIONS FOR ASSESSING NONMEDICAL HEALTH-RELATED NEEDS OF CERTAIN PREGNANT WOMEN; INFORMED CONSENT. (a) In this section: "Alternatives to abortion program" means the program established by the commission to enhance and increase resources that promote childbirth for women facing unplanned pregnancy.

(b)  The commission shall adopt standardized assessment 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 the commission or another health and human services agency, including:

(1)  Medicaid, and

(2)  the alternatives to abortion program.

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

(d)  A managed care organization or provider participating in the alternatives to abortion program may not conduct an assessment of a pregnant woman using the standardized assessment 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 assessment 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 assessment.

(e)  A managed care organization or alternatives to abortion provider must provide to the commission, in the form and manner prescribed by the commission, data the organization or provider collects using the standardized screening questions required by this section.

SECTION 3.  Chapter 531, Government Code, is amended by adding Subchapter Q to read as follows:

SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

Sec. 531.651.  DEFINITIONS. In this subchapter:

(1)  "Program services" means case management services provided under the case management program for children and pregnant women program as defined by Section 533.002555, including assisting the enrollee's managed care organization in coordinating the provision of Medicaid benefits in a manner that is consistent with the plan of care. Services provided through this program to do not pre-empt or replace a managed care organization's service coordination function as required by the Commission.

(2)  "Case management for children and pregnant women program" has the meaning assigned by Section 533.002555.

(3)  "Nonmedical health-related needs screening" means an assessment conducted using the standardized screening tool required under Section 531.024183.

Sec. 531.652.  CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Program services may be provided only by a provider who completes the standardized case management training required by the commission under Section 531.653 and who is:

(1)  an advanced practice nurse who holds a license, other than a provisional or temporary license, under Chapter 301, 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, 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, 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 the commission, unless the doula qualifies as a certified community health worker under Subdivision (4).

Sec. 531.653.  CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require that each provider of services in the case management for children and pregnant women program complete training prescribed by the commission. The training must 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)  case management services screening; and

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

(5)  procedures for:

(A)  an eligible recipient to:

(i)  decline case management 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 provided by this program.

Sec. 531.654.  INITIAL MEDICAL AND NONMEDICAL HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS AND ENROLLEES. (a) A managed care organization that provides health care services to a pregnant woman under the STAR Medicaid managed care program shall, subject to Section 531.024183(d), conduct an initial health needs screening and nonmedical health-related needs screening of each pregnant recipient or enrollee to determine, regardless of whether the recipient or enrollee is considered to have a high-risk pregnancy, if the recipient or enrollee:

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

(2)  if the recipient or enrollee should be referred for services under the case management for children and pregnant women program.

(b)  Service coordination benefits described by Subsection (a) must include identifying and coordinating the provision of non-covered services, community supports, and other resources the managed care organization or provider has determined will improve the recipient's or enrollee's health outcomes.

(c)  A managed care organization must use the results of the screenings conducted under Subsection (a) to determine if a recipient or enrollee requires a more comprehensive assessment or service coordination or referral for services in the case management for children and pregnant women program.

(d)  A managed care organization must inform each pregnant woman for which an assessment is being conducted that:

(1)  the woman has a right to decline the assessment or choose to discontinue receiving the services identified by the assessment at any time; and

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

Sec. 531.655.  CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM SERVICES OPTIONAL. A managed care organization providing screenings under Section 531.654 must inform each pregnant woman who is referred for services in the case management for children and pregnant women program that:

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

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

SECTION 4.  Section 32.024, Human Resources Code, is amended by adding Subsection (pp) to read as follows:

(pp)  For purposes of enrollment as a provider and reimbursement under the medical assistance program, the commission shall establish a separate provider type for a community health worker as defined by Section 48.001, Health and Safety Code, who provides case management services under the children and pregnant women program, as defined by Section 533.002555, Government Code.

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

SECTION 5.  (a) In this section:

(1)  "Case management for children and pregnant women program" has the meaning assigned by Section 533.002555, Government Code.

(2)  "Commission" means the Health and Human Services Commission.

(b)  Not later than December 1, 2024, the commission shall 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. To the extent available, the report shall 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.  As soon as practicable after the effective date of this Act, the Health and Human Services Commission shall:

(1)  develop the standardized assessment tool as required by Section 531.024183, Government Code, as added by this Act; and

(2)  revise the commission's standardized provider training for the case management for children and pregnant women program to comply with Section 531.653, Government Code, as added by this Act.

SECTION 7.  If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 8.  This Act takes effect September 1, 2023.