AN ACT

relating to improving health outcomes for pregnant women under Medicaid and certain other public benefits programs.

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 pregnant women and their children through the case management for children and pregnant women program. 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. 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, or a successor program.

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

(1) Medicaid; and

(2) the alternatives to abortion program.

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

(d) A managed care organization or provider participating in a public benefits program described by Subsection (b), including the alternatives to abortion program, may not perform 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) A managed care organization or provider participating in a public benefits program described by Subsection (b), including the alternatives to abortion program, 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.

(f) Not later than December 1 of each even-numbered year, the commission shall prepare and submit to the legislature a report
that, using de-identified information, summarizes the data
collected and provided to the commission under Subsection (e)
during the previous biennium. In accordance with Section 531.014,
the commission may 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.

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) "Case management for children and pregnant women
program" means the "children and pregnant women program," as
defined by Section 533.002555.

(2) "Nonmedical health-related needs screening" means
a screening performed using the standardized screening questions
required under Section 531.024183.

(3) "Program services" means case management services
provided under the case management for children and pregnant women
program, including assistance provided to a Medicaid managed care
organization in coordinating the provision of benefits to a
recipient enrolled in the organization's managed care plan in a
manner that is consistent with the recipient's plan of care.

Sec. 531.652. MEDICAID MANAGED CARE ORGANIZATION SERVICE
COORDINATION BENEFITS NOT AFFECTED. 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. Program services may be provided only by a provider who completes the standardized case management training required by the commission 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, 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;
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. 531.654. CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require that each provider of program services 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) program 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 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
screening or services.

Sec. 531.655. INITIAL MEDICAL AND NONMEDICAL
HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS. (a) A Medicaid
managed care organization that provides health care services to a
pregnant woman under the STAR Medicaid managed care program shall
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) Service coordination benefits described by Subsection
(a) must 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) A Medicaid managed care organization must 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. A Medicaid managed care organization providing screenings under Section 531.655 must 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. Section 32.024, Human Resources Code, is amended by adding Subsections (pp) and (qq) 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 who provides case management services under the case management for children and pregnant women program under Section 531.653(4), Government Code.

(qq) For purposes of enrollment as a provider and reimbursement under the medical assistance program, the commission shall establish a separate provider type for a doula who:

(1) is certified by a recognized national doula certification program approved by the commission; and
provides case management services under the case
management for children and pregnant women program under Section

SECTION 5. (a) In this section:
(1) "Case management for children and pregnant women
program" has the meaning assigned by Section 531.651, Government
Code, as added by this Act.
(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. The report must 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 screening questions as
required by Section 531.024183, Government Code, as added by this
Act; and
(2) revise the commission'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. 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.
H.B. No. 1575

President of the Senate  
Speaker of the House

I certify that H.B. No. 1575 was passed by the House on April 25, 2023, by the following vote: Yeas 140, Nays 3, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1575 on May 15, 2023, by the following vote: Yeas 131, Nays 12, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 1575 was passed by the Senate, with amendments, on May 11, 2023, by the following vote: Yeas 30, Nays 0.

Secretary of the Senate

APPROVED: ________________________

Date

Governor