

By: Hull

H.B. No. 1575

A BILL TO BE ENTITLED

AN ACT

1
2 relating to improving health outcomes for certain recipients and
3 enrollees under certain state health benefits programs, through
4 improved program administration.

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

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

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

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

21 (b) The commission shall adopt standardized assessment
22 questions designed to screen for, identify, and aggregate data
23 regarding the nonmedical health-related needs of pregnant women
24 eligible for benefits under a public benefits program administered

1 by the commission or another health and human services agency,
2 including:

3 (1) Medicaid, and

4 (2) the alternatives to abortion program.

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

9 (d) A managed care organization or provider participating
10 in the alternatives to abortion program may not conduct an
11 assessment of a pregnant woman using the standardized assessment
12 questions required by this section unless the organization or
13 provider:

14 (1) informs the woman:

15 (A) about the type of data that will be collected
16 during the assessment and the purposes for which the data will be
17 used; and

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

20 (2) obtains the woman's informed consent to perform
21 the assessment.

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

27 SECTION 3. Chapter 531, Government Code, is amended by

1 adding Subchapter Q to read as follows:

2 SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

3 Sec. 531.651. DEFINITIONS. In this subchapter:

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

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

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

17 Sec. 531.652. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
18 WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Program services may be
19 provided only by a provider who completes the standardized case
20 management training required by the commission under Section
21 531.653 and who is:

22 (1) an advanced practice nurse who holds a license,
23 other than a provisional or temporary license, under Chapter 301,
24 Occupations Code;

25 (2) a registered nurse who holds a license, other than
26 a provisional or temporary license, under Chapter 301, Occupations
27 Code, and:

1 (A) completed a baccalaureate degree program in
2 nursing; or

3 (B) completed an associate degree program in
4 nursing and has:

5 (i) at least two years of cumulative paid
6 full-time work experience; or

7 (ii) at least two years of cumulative,
8 supervised full-time educational internship or practicum
9 experience obtained in the last 10 years that included assessing
10 the psychosocial and health needs of and making community referrals
11 of:

12 (a) children who are 21 years of age
13 or younger; or

14 (b) pregnant women;

15 (3) a social worker who holds a license, other than a
16 provisional or temporary license, under Chapter 505, Occupations
17 Code, appropriate for the individual's practice, including the
18 practice of independent social work;

19 (4) a community health worker as defined by Section
20 48.001, Health and Safety Code, who is certified by the Department
21 of State Health Services; or

22 (5) a doula who is certified by a recognized national
23 certification program, as determined by the commission, unless the
24 doula qualifies as a certified community health worker under
25 Subdivision (4).

26 Sec. 531.653. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
27 WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require

1 that each provider of services in the case management for children
2 and pregnant women program complete training prescribed by the
3 commission. The training must be trauma-informed and include
4 instruction on:

5 (1) social services provided by this state and local
6 governments in this state;

7 (2) community assistance programs, including programs
8 providing:

9 (A) nutrition and housing assistance;

10 (B) counseling and parenting services;

11 (C) substance use disorder treatment; and

12 (D) domestic violence assistance and shelter;

13 (3) domestic violence and coercive control dynamics;

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

16 (A) case management services screening; and

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

19 (5) procedures for:

20 (A) an eligible recipient to:

21 (i) decline case management services
22 screening; or

23 (ii) withdraw consent for offered services;

24 and

25 (B) ensuring that the recipient is not subject to
26 any retaliatory action for declining or discontinuing any
27 screenings or services provided by this program.

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

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

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

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

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

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

27 (1) the woman has a right to decline the assessment or

1 choose to discontinue receiving the services identified by the
2 assessment at any time; and

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

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

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

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

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

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

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

1 commission.

2 SECTION 5. (a) In this section:

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

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

8 (b) Not later than December 1, 2024, the commission shall
9 prepare and submit to the legislature a status report on the
10 implementation of case management services provided to pregnant
11 women under the case management for children and pregnant women
12 program during the preceding fiscal year. To the extent available,
13 the report shall include de-identified information about:

14 (1) the nonmedical health-related needs of the women
15 receiving case management services;

16 (2) the number and types of referrals made of women to
17 nonmedical community assistance programs and providers; and

18 (3) the birth outcomes for the women.

19 SECTION 6. As soon as practicable after the effective date
20 of this Act, the Health and Human Services Commission shall:

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

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

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

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