

1-1 By: Hull, et al. (Senate Sponsor - Kolkhorst) H.B. No. 1575
 1-2 (In the Senate - Received from the House April 26, 2023;
 1-3 April 26, 2023, read first time and referred to Committee on Health
 1-4 & Human Services; May 8, 2023, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 8, Nays 0;
 1-6 May 8, 2023, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 1575 By: Kolkhorst

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to improving health outcomes for pregnant women under
 1-22 Medicaid and certain other public benefits programs.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. It is the intent of the legislature to improve
 1-25 health outcomes for pregnant women and their children through the
 1-26 case management for children and pregnant women program. In
 1-27 recognizing that nonmedical factors impact health outcomes, this
 1-28 legislation, in part, authorizes Medicaid to provide case
 1-29 management services for nonmedical needs that will improve health
 1-30 outcomes for pregnant women and their children.

1-31 SECTION 2. Subchapter B, Chapter 531, Government Code, is
 1-32 amended by adding Section 531.024183 to read as follows:

1-33 Sec. 531.024183. STANDARDIZED SCREENING QUESTIONS FOR
 1-34 ASSESSING NONMEDICAL HEALTH-RELATED NEEDS OF CERTAIN PREGNANT
 1-35 WOMEN; INFORMED CONSENT. (a) In this section, "alternatives to
 1-36 abortion program" means the program established by the commission
 1-37 to enhance and increase resources that promote childbirth for women
 1-38 facing unplanned pregnancy, or a successor program.

1-39 (b) The commission shall adopt standardized screening
 1-40 questions designed to screen for, identify, and aggregate data
 1-41 regarding the nonmedical health-related needs of pregnant women
 1-42 eligible for benefits under a public benefits program administered
 1-43 by the commission or another health and human services agency,
 1-44 including:

1-45 (1) Medicaid; and

1-46 (2) the alternatives to abortion program.

1-47 (c) Subject to Subsection (d), the standardized screening
 1-48 questions must be used by Medicaid managed care organizations and
 1-49 providers participating in the alternatives to abortion program.

1-50 (d) A managed care organization or provider participating
 1-51 in a public benefits program described by Subsection (b), including
 1-52 the alternatives to abortion program, may not perform a screening
 1-53 of a pregnant woman using the standardized screening questions
 1-54 required by this section unless the organization or provider:

1-55 (1) informs the woman:

1-56 (A) about the type of data that will be collected
 1-57 during the screening and the purposes for which the data will be
 1-58 used; and

1-59 (B) that the collected data will become part of
 1-60 the woman's medical record or service plan; and

2-1 (2) obtains the woman's informed consent to perform
2-2 the screening.

2-3 (e) A managed care organization or provider participating
2-4 in a public benefits program described by Subsection (b), including
2-5 the alternatives to abortion program, must provide to the
2-6 commission, in the form and manner prescribed by the commission,
2-7 data the organization or provider collects using the standardized
2-8 screening questions required by this section.

2-9 (f) Not later than December 1 of each even-numbered year,
2-10 the commission shall prepare and submit to the legislature a report
2-11 that, using de-identified information, summarizes the data
2-12 collected and provided to the commission under Subsection (e)
2-13 during the previous biennium. In accordance with Section 531.014,
2-14 the commission may consolidate the report required under this
2-15 subsection with any other report to the legislature required under
2-16 this chapter or another law that relates to the same subject matter.

2-17 SECTION 3. Chapter 531, Government Code, is amended by
2-18 adding Subchapter Q to read as follows:

2-19 SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

2-20 Sec. 531.651. DEFINITIONS. In this subchapter:

2-21 (1) "Case management for children and pregnant women
2-22 program" means the "children and pregnant women program," as
2-23 defined by Section 533.002555.

2-24 (2) "Nonmedical health-related needs screening" means
2-25 a screening performed using the standardized screening questions
2-26 required under Section 531.024183.

2-27 (3) "Program services" means case management services
2-28 provided under the case management for children and pregnant women
2-29 program, including assistance provided to a Medicaid managed care
2-30 organization in coordinating the provision of benefits to a
2-31 recipient enrolled in the organization's managed care plan in a
2-32 manner that is consistent with the recipient's plan of care.

2-33 Sec. 531.652. MEDICAID MANAGED CARE ORGANIZATION SERVICE
2-34 COORDINATION BENEFITS NOT AFFECTED. The provision of program
2-35 services to a recipient does not preempt or otherwise affect a
2-36 Medicaid managed care organization's obligation to provide service
2-37 coordination benefits to the recipient.

2-38 Sec. 531.653. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
2-39 WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Program services may be
2-40 provided only by a provider who completes the standardized case
2-41 management training required by the commission under Section
2-42 531.654 and who is:

2-43 (1) an advanced practice nurse who holds a license,
2-44 other than a provisional or temporary license, under Chapter 301,
2-45 Occupations Code;

2-46 (2) a registered nurse who holds a license, other than
2-47 a provisional or temporary license, under Chapter 301, Occupations
2-48 Code, and:

2-49 (A) completed a baccalaureate degree program in
2-50 nursing; or

2-51 (B) completed an associate degree program in
2-52 nursing and has:

2-53 (i) at least two years of cumulative paid
2-54 full-time work experience; or

2-55 (ii) at least two years of cumulative,
2-56 supervised full-time educational internship or practicum
2-57 experience obtained in the last 10 years that included assessing
2-58 the psychosocial and health needs of and making community referrals
2-59 of:

2-60 (a) children who are 21 years of age
2-61 or younger; or

2-62 (b) pregnant women;

2-63 (3) a social worker who holds a license, other than a
2-64 provisional or temporary license, under Chapter 505, Occupations
2-65 Code, appropriate for the individual's practice, including the
2-66 practice of independent social work;

2-67 (4) a community health worker as defined by Section
2-68 48.001, Health and Safety Code, who is certified by the Department
2-69 of State Health Services; or

3-1 (5) a doula who is certified by a recognized national
3-2 certification program, as determined by the commission, unless the
3-3 doula qualifies as a certified community health worker under
3-4 Subdivision (4).

3-5 Sec. 531.654. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
3-6 WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require
3-7 that each provider of program services complete training prescribed
3-8 by the commission. The training must be trauma-informed and include
3-9 instruction on:

3-10 (1) social services provided by this state and local
3-11 governments in this state;

3-12 (2) community assistance programs, including programs
3-13 providing:

- 3-14 (A) nutrition and housing assistance;
- 3-15 (B) counseling and parenting services;
- 3-16 (C) substance use disorder treatment; and
- 3-17 (D) domestic violence assistance and shelter;

3-18 (3) domestic violence and coercive control dynamics;

3-19 (4) methods for explaining and eliciting an eligible
3-20 recipient's informed consent to receive:

- 3-21 (A) program services screening; and
- 3-22 (B) any services that may be offered as a result
3-23 of the screening; and

3-24 (5) procedures for:

- 3-25 (A) an eligible recipient to:
- 3-26 (i) decline program services screening; or
- 3-27 (ii) withdraw consent for offered services;

3-28 and

3-29 (B) ensuring that the recipient is not subject to
3-30 any retaliatory action for declining or discontinuing any
3-31 screenings or services.

3-32 Sec. 531.655. INITIAL MEDICAL AND NONMEDICAL
3-33 HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS. (a) A Medicaid
3-34 managed care organization that provides health care services to a
3-35 pregnant woman under the STAR Medicaid managed care program shall
3-36 conduct an initial health needs screening and nonmedical
3-37 health-related needs screening of each pregnant recipient to
3-38 determine, regardless of whether the recipient is considered to
3-39 have a high-risk pregnancy, if the recipient:

3-40 (1) is eligible for service coordination benefits to
3-41 be provided by the managed care organization; or

3-42 (2) should be referred for program services.

3-43 (b) Service coordination benefits described by Subsection
3-44 (a) must include identifying and coordinating the provision of
3-45 non-covered services, community supports, and other resources the
3-46 Medicaid managed care organization determines will improve the
3-47 recipient's health outcomes.

3-48 (c) A Medicaid managed care organization must use the
3-49 results of the screenings conducted under Subsection (a) to
3-50 determine if a recipient requires a more comprehensive assessment
3-51 for purposes of determining whether the recipient is eligible for
3-52 service coordination benefits or program services.

3-53 Sec. 531.656. SCREENING AND PROGRAM SERVICES OPTIONAL. A
3-54 Medicaid managed care organization providing screenings under
3-55 Section 531.655 must inform each pregnant woman who is referred for
3-56 program services or for whom screening is conducted under that
3-57 section that:

3-58 (1) the woman has a right to decline the screening or
3-59 services or choose to discontinue the screening or services at any
3-60 time; and

3-61 (2) declining or discontinuing the screening or
3-62 services will not result in retaliatory action against the woman in
3-63 the provision of other services.

3-64 SECTION 4. Section 32.024, Human Resources Code, is amended
3-65 by adding Subsections (pp) and (qq) to read as follows:

3-66 (pp) For purposes of enrollment as a provider and
3-67 reimbursement under the medical assistance program, the commission
3-68 shall establish a separate provider type for a community health
3-69 worker who provides case management services under the case

4-1 management for children and pregnant women program under Section
 4-2 531.653(4), Government Code.
 4-3 (qq) For purposes of enrollment as a provider and
 4-4 reimbursement under the medical assistance program, the commission
 4-5 shall establish a separate provider type for a doula who:
 4-6 (1) is certified by a recognized national doula
 4-7 certification program approved by the commission; and
 4-8 (2) provides case management services under the case
 4-9 management for children and pregnant women program under Section
 4-10 531.653(5), Government Code.

4-11 SECTION 5. (a) In this section:
 4-12 (1) "Case management for children and pregnant women
 4-13 program" has the meaning assigned by Section 531.651, Government
 4-14 Code, as added by this Act.

4-15 (2) "Commission" means the Health and Human Services
 4-16 Commission.

4-17 (b) Not later than December 1, 2024, the commission shall
 4-18 prepare and submit to the legislature a status report on the
 4-19 implementation of case management services provided to pregnant
 4-20 women under the case management for children and pregnant women
 4-21 program during the preceding fiscal year. The report must include
 4-22 de-identified information about:

4-23 (1) the nonmedical health-related needs of the women
 4-24 receiving case management services;

4-25 (2) the number and types of referrals made of women to
 4-26 nonmedical community assistance programs and providers; and

4-27 (3) the birth outcomes for the women.

4-28 SECTION 6. As soon as practicable after the effective date
 4-29 of this Act, the Health and Human Services Commission shall:

4-30 (1) develop the standardized screening questions as
 4-31 required by Section 531.024183, Government Code, as added by this
 4-32 Act; and

4-33 (2) revise the commission's standardized case
 4-34 management training for children and pregnant women program
 4-35 providers to comply with Section 531.654, Government Code, as added
 4-36 by this Act.

4-37 SECTION 7. If before implementing any provision of this Act
 4-38 a state agency determines that a waiver or authorization from a
 4-39 federal agency is necessary for implementation of that provision,
 4-40 the agency affected by the provision shall request the waiver or
 4-41 authorization and may delay implementing that provision until the
 4-42 waiver or authorization is granted.

4-43 SECTION 8. This Act takes effect September 1, 2023.

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