

SENATE AMENDMENTS

2nd Printing

By: Hull, Harless, Slawson, Rose, Frank

H.B. No. 1575

A BILL TO BE ENTITLED

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,

1 including:

2 (1) Medicaid; and

3 (2) the alternatives to abortion program.

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

7 (d) A managed care organization or provider participating
8 in a public benefits program described by Subsection (b), including
9 the alternatives to abortion program, may not perform a screening
10 of a pregnant woman using the standardized screening questions
11 required by this section unless the organization or provider:

12 (1) informs the woman:

13 (A) about the type of data that will be collected
14 during the screening and the purposes for which the data will be
15 used; and

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

18 (2) obtains the woman's informed consent to perform
19 the screening.

20 (e) A managed care organization or provider participating
21 in a public benefits program described by Subsection (b), including
22 the alternatives to abortion program, must provide to the
23 commission, in the form and manner prescribed by the commission,
24 data the organization or provider collects using the standardized
25 screening questions required by this section.

26 (f) Not later than December 1 of each even-numbered year,
27 the commission shall prepare and submit to the legislature a report

1 that, using de-identified information, summarizes the data
2 collected and provided to the commission under Subsection (e)
3 during the previous biennium. In accordance with Section 531.014,
4 the commission may consolidate the report required under this
5 subsection with any other report to the legislature required under
6 this chapter or another law that relates to the same subject matter.

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

9 SUBCHAPTER Q. CASE MANAGEMENT SERVICES FOR CERTAIN PREGNANT WOMEN

10 Sec. 531.651. DEFINITIONS. In this subchapter:

11 (1) "Case management for children and pregnant women
12 program" means the "children and pregnant women program," as
13 defined by Section 533.002555.

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

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

23 Sec. 531.652. MEDICAID MANAGED CARE ORGANIZATION SERVICE
24 COORDINATION BENEFITS NOT AFFECTED. The provision of program
25 services to a recipient does not preempt or otherwise affect a
26 Medicaid managed care organization's obligation to provide service
27 coordination benefits to the recipient.

1 Sec. 531.653. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
2 WOMEN PROGRAM: PROVIDER QUALIFICATIONS. Program services may be
3 provided only by a provider who completes the standardized case
4 management training required by the commission under Section
5 531.654 and who is:

6 (1) an advanced practice nurse who holds a license,
7 other than a provisional or temporary license, under Chapter 301,
8 Occupations Code;

9 (2) a registered nurse who holds a license, other than
10 a provisional or temporary license, under Chapter 301, Occupations
11 Code, and:

12 (A) completed a baccalaureate degree program in
13 nursing; or

14 (B) completed an associate degree program in
15 nursing and has:

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

18 (ii) at least two years of cumulative,
19 supervised full-time educational internship or practicum
20 experience obtained in the last 10 years that included assessing
21 the psychosocial and health needs of and making community referrals
22 of:

23 (a) children who are 21 years of age
24 or younger; or

25 (b) pregnant women;

26 (3) a social worker who holds a license, other than a
27 provisional or temporary license, under Chapter 505, Occupations

1 Code, appropriate for the individual's practice, including the
2 practice of independent social work;

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

6 (5) a doula who is certified by a recognized national
7 certification program, as determined by the commission, unless the
8 doula qualifies as a certified community health worker under
9 Subdivision (4).

10 Sec. 531.654. CASE MANAGEMENT FOR CHILDREN AND PREGNANT
11 WOMEN PROGRAM: PROVIDER TRAINING. The commission shall require
12 that each provider of program services complete training prescribed
13 by the commission. The training must be trauma-informed and include
14 instruction on:

15 (1) social services provided by this state and local
16 governments in this state;

17 (2) community assistance programs, including programs
18 providing:

19 (A) nutrition and housing assistance;

20 (B) counseling and parenting services;

21 (C) substance use disorder treatment; and

22 (D) domestic violence assistance and shelter;

23 (3) domestic violence and coercive control dynamics;

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

26 (A) program services screening; and

27 (B) any services that may be offered as a result

1 of the screening; and

2 (5) procedures for:

3 (A) an eligible recipient to:

4 (i) decline program services screening; or

5 (ii) withdraw consent for offered services;

6 and

7 (B) ensuring that the recipient is not subject to

8 any retaliatory action for declining or discontinuing any

9 screenings or services.

10 Sec. 531.655. INITIAL MEDICAL AND NONMEDICAL

11 HEALTH-RELATED SCREENINGS OF CERTAIN RECIPIENTS. (a) A Medicaid

12 managed care organization that provides health care services to a

13 pregnant woman under the STAR Medicaid managed care program shall

14 conduct an initial health needs screening and nonmedical

15 health-related needs screening of each pregnant recipient to

16 determine, regardless of whether the recipient is considered to

17 have a high-risk pregnancy, if the recipient:

18 (1) is eligible for service coordination benefits to

19 be provided by the managed care organization; or

20 (2) should be referred for program services.

21 (b) Service coordination benefits described by Subsection

22 (a) must include identifying and coordinating the provision of

23 non-covered services, community supports, and other resources the

24 Medicaid managed care organization determines will improve the

25 recipient's health outcomes.

26 (c) A Medicaid managed care organization must use the

27 results of the screenings conducted under Subsection (a) to

1 determine if a recipient requires a more comprehensive assessment
2 for purposes of determining whether the recipient is eligible for
3 service coordination benefits or program services.

4 Sec. 531.656. SCREENING AND PROGRAM SERVICES OPTIONAL. A
5 Medicaid managed care organization providing screenings under
6 Section 531.655 must inform each pregnant woman who is referred for
7 program services or for whom screening is conducted under that
8 section that:

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

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

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

17 (pp) For purposes of enrollment as a provider and
18 reimbursement under the medical assistance program, the commission
19 shall establish a separate provider type for a community health
20 worker who provides case management services under the case
21 management for children and pregnant women program under Section
22 531.653(4), Government Code.

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

1 SECTION 5. (a) In this section:

2 (1) "Case management for children and pregnant women
3 program" has the meaning assigned by Section 531.651, Government
4 Code, as added by this Act.

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

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

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

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

17 (3) the birth outcomes for the women.

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

20 (1) develop the standardized screening questions as
21 required by Section 531.024183, Government Code, as added by this
22 Act; and

23 (2) revise the commission's standardized case
24 management training for children and pregnant women program
25 providers to comply with Section 531.654, Government Code, as added
26 by this Act.

27 SECTION 7. If before implementing any provision of this Act

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

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

ADOPTED

MAY 11 2023

Lacey Law
Secretary of the Senate

L. W. Kelleher

By: _____

H.B. No. 1575

Substitute the following for _____ B. No. _____:

By: *L. W. Kelleher*

C.S. _____ B. No. _____

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

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9 legislation, in part, authorizes Medicaid to provide case
10 management services for nonmedical needs that will improve health
11 outcomes for pregnant women and their children.

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

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

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

1 including:

2 (1) Medicaid; and

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

7 (d) A managed care organization or provider participating
8 in a public benefits program described by Subsection (b), including
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10 of a pregnant woman using the standardized screening questions
11 required by this section unless the organization or provider:

12 (1) informs the woman:

13 (A) about the type of data that will be collected
14 during the screening and the purposes for which the data will be
15 used; and

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

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25 screening questions required by this section.

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27 the commission shall prepare and submit to the legislature a report

1 that, using de-identified information, summarizes the data
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9 (2) a registered nurse who holds a license, other than
10 a provisional or temporary license, under Chapter 301, Occupations
11 Code, and:

12 (A) completed a baccalaureate degree program in
13 nursing; or

14 (B) completed an associate degree program in
15 nursing and has:

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17 full-time work experience; or

18 (ii) at least two years of cumulative,
19 supervised full-time educational internship or practicum
20 experience obtained in the last 10 years that included assessing
21 the psychosocial and health needs of and making community referrals
22 of:

23 (a) children who are 21 years of age
24 or younger; or

25 (b) pregnant women;

26 (3) a social worker who holds a license, other than a
27 provisional or temporary license, under Chapter 505, Occupations

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2 practice of independent social work;

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4 48.001, Health and Safety Code, who is certified by the Department
5 of State Health Services; or

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7 certification program, as determined by the commission, unless the
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15 (1) social services provided by this state and local
16 governments in this state;

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19 (A) nutrition and housing assistance;

20 (B) counseling and parenting services;

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25 recipient's informed consent to receive:

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3 (A) an eligible recipient to:

4 (i) decline program services screening; or

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13 pregnant woman under the STAR Medicaid managed care program shall
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15 health-related needs screening of each pregnant recipient to
16 determine, regardless of whether the recipient is considered to
17 have a high-risk pregnancy, if the recipient:

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

20 (2) should be referred for program services.

21 (b) Service coordination benefits described by Subsection
22 (a) must include identifying and coordinating the provision of
23 non-covered services, community supports, and other resources the
24 Medicaid managed care organization determines will improve the
25 recipient's health outcomes.

26 (c) A Medicaid managed care organization must use the
27 results of the screenings conducted under Subsection (a) to

1 determine if a recipient requires a more comprehensive assessment
2 for purposes of determining whether the recipient is eligible for
3 service coordination benefits or program services.

4 Sec. 531.656. SCREENING AND PROGRAM SERVICES OPTIONAL. A
5 Medicaid managed care organization providing screenings under
6 Section 531.655 must inform each pregnant woman who is referred for
7 program services or for whom screening is conducted under that
8 section that:

9 (1) the woman has a right to decline the screening or
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13 services will not result in retaliatory action against the woman in
14 the provision of other services.

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

17 (pp) For purposes of enrollment as a provider and
18 reimbursement under the medical assistance program, the commission
19 shall establish a separate provider type for a community health
20 worker who provides case management services under the case
21 management for children and pregnant women program under Section
22 531.653(4), Government Code.

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

26 (1) is certified by a recognized national doula
27 certification program approved by the commission; and

1 (2) provides case management services under the case
2 management for children and pregnant women program under Section
3 531.653(5), Government Code.

4 SECTION 5. (a) In this section:

5 (1) "Case management for children and pregnant women
6 program" has the meaning assigned by Section 531.651, Government
7 Code, as added by this Act.

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

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

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

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

20 (3) the birth outcomes for the women.

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

23 (1) develop the standardized screening questions as
24 required by Section 531.024183, Government Code, as added by this
25 Act; and

26 (2) revise the commission's standardized case
27 management training for children and pregnant women program

1 providers to comply with Section 531.654, Government Code, as added
2 by this Act.

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

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

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 11, 2023

TO: Honorable Dade Phelan, Speaker of the House, House of Representatives

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1575 by Hull (Relating to improving health outcomes for pregnant women under Medicaid and certain other public benefits programs.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1575, As Passed 2nd House : a negative impact of (\$4,188,534) through the biennium ending August 31, 2025.

General Revenue-Related Funds, Five- Year Impact:

| <i>Fiscal Year</i> | Probable Net Positive/(Negative) Impact to General Revenue Related Funds |
|--------------------|---|
| 2024 | (\$3,216,118) |
| 2025 | (\$972,416) |
| 2026 | (\$972,892) |
| 2027 | (\$973,373) |
| 2028 | (\$973,860) |

All Funds, Five-Year Impact:

| <i>Fiscal Year</i> | Probable (Cost) from General Revenue Fund 1 | Probable (Cost) from GR Match For Medicaid 758 | Probable (Cost) from Federal Funds 555 | Change in Number of State Employees from FY 2023 |
|--------------------|--|---|---|---|
| 2024 | (\$2,239,640) | (\$976,478) | (\$976,478) | 6.0 |
| 2025 | (\$853,690) | (\$118,726) | (\$118,726) | 6.0 |
| 2026 | (\$854,108) | (\$118,784) | (\$118,784) | 6.0 |
| 2027 | (\$854,530) | (\$118,843) | (\$118,843) | 6.0 |
| 2028 | (\$854,958) | (\$118,902) | (\$118,902) | 6.0 |

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to adopt standardized assessment questions to screen for, identify, and aggregate data regarding the nonmedical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program.

The bill would require managed care organizations (MCO) and other providers to provide HHSC with the data collected.

The bill would establish provider qualifications and require that program services may be provided only by a provider who completes the standardized case management training required by HHSC.

The bill would require HHSC to require a provider to complete training that meets the provisions of the bill.

The bill would require an MCO to conduct a health needs and nonmedical health needs screening of each eligible pregnant recipient or enrollee.

The bill would require that HHSC establish a separate provider type for community health workers and doulas.

The bill would require HHSC to submit a status report in fiscal year 2025 on the implementation of case management services provider to pregnant women and subsequent reporting every even-numbered year summarizing the data collected.

Methodology

This analysis assumes HHSC would be required to develop a database to collect, aggregate, and report on the nonmedical health related needs of eligible pregnant women. This analysis assumes HHSC would require an additional 6.0 Full-time Equivalent (FTE) positions to develop the database. This analysis assumes one Project Manager III, one Information Technology Business Analyst III, two Programmer IVs, one Systems Analyst IV, and one Database Administrator III would manage the implementation and development of a program database to collect and aggregate the required data and support on-going maintenance.

In addition to FTE-related costs, the system development of the database is estimated to be \$1.8 million in All Funds in fiscal year 2024. Additional costs related to Data Center Services (DCS) infrastructure are estimated to be \$0.3 million in All Funds in each fiscal year.

System upgrades to the Texas Medicaid and Health Partnership (TMHP) to create new provider types for community health workers and doulas is estimated to cost \$1.3 million in All Funds in fiscal year 2024.

According to HHSC, costs related to client services, developing the assessment questions, reporting requirements, and updating provider training materials can be accomplished with existing resources.

Technology

Technology costs related to database development, DCS, and TMHP updates total \$3.7 million in All Funds for the biennium. Additional FTE-related technology costs are estimated to be \$19,283 in fiscal year 2024 and \$3,143 in each subsequent year.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, CMA, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 7, 2023

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1575 by Hull (relating to improving health outcomes for pregnant women under Medicaid and certain other public benefits programs.), **Committee Report 2nd House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1575, Committee Report 2nd House, Substituted : a negative impact of (\$4,188,534) through the biennium ending August 31, 2025.

General Revenue-Related Funds, Five- Year Impact:

| <i>Fiscal Year</i> | Probable Net Positive/(Negative) Impact to General Revenue Related Funds |
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| 2027 | (\$854,530) | (\$118,843) | (\$118,843) | 6.0 |
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Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to adopt standardized assessment questions to screen for, identify, and aggregate data regarding the nonmedical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program.

The bill would require managed care organizations (MCO) and other providers to provide HHSC with the data collected.

The bill would establish provider qualifications and require that program services may be provided only by a provider who completes the standardized case management training required by HHSC.

The bill would require HHSC to require a provider to complete training that meets the provisions of the bill.

The bill would require an MCO to conduct a health needs and nonmedical health needs screening of each eligible pregnant recipient or enrollee.

The bill would require that HHSC establish a separate provider type for community health workers and doulas.

The bill would require HHSC to submit a status report in fiscal year 2025 on the implementation of case management services provider to pregnant women and subsequent reporting every even-numbered year summarizing the data collected.

Methodology

This analysis assumes HHSC would be required to develop a database to collect, aggregate, and report on the nonmedical health related needs of eligible pregnant women. This analysis assumes HHSC would require an additional 6.0 Full-time Equivalent (FTE) positions to develop the database. This analysis assumes one Project Manager III, one Information Technology Business Analyst III, two Programmer IVs, one Systems Analyst IV, and one Database Administrator III would manage the implementation and development of a program database to collect and aggregate the required data and support on-going maintenance.

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No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 1, 2023

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1575 by Hull (Relating to improving health outcomes for pregnant women under Medicaid and certain other public benefits programs.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1575, As Engrossed : a negative impact of (\$4,188,534) through the biennium ending August 31, 2025.

General Revenue-Related Funds, Five- Year Impact:

| <i>Fiscal Year</i> | Probable Net Positive/(Negative) Impact to General Revenue Related Funds |
|--------------------|---|
| 2024 | (\$3,216,118) |
| 2025 | (\$972,416) |
| 2026 | (\$972,892) |
| 2027 | (\$973,373) |
| 2028 | (\$973,860) |

All Funds, Five-Year Impact:

| <i>Fiscal Year</i> | Probable (Cost) from General Revenue Fund 1 | Probable (Cost) from GR Match For Medicaid 758 | Probable (Cost) from Federal Funds 555 | Change in Number of State Employees from FY 2023 |
|--------------------|--|---|---|---|
| 2024 | (\$2,239,640) | (\$976,478) | (\$976,478) | 6.0 |
| 2025 | (\$853,690) | (\$118,726) | (\$118,726) | 6.0 |
| 2026 | (\$854,108) | (\$118,784) | (\$118,784) | 6.0 |
| 2027 | (\$854,530) | (\$118,843) | (\$118,843) | 6.0 |
| 2028 | (\$854,958) | (\$118,902) | (\$118,902) | 6.0 |

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to adopt standardized assessment questions to screen for, identify, and aggregate data regarding the nonmedical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program.

The bill would require managed care organizations (MCO) and other providers to provide HHSC with the data collected.

The bill would establish provider qualifications and require that program services may be provided only by a provider who completes the standardized case management training required by HHSC.

The bill would require HHSC to require a provider to complete training that meets the provisions of the bill.

The bill would require an MCO to conduct a health needs and nonmedical health needs screening of each eligible pregnant recipient or enrollee.

The bill would require that HHSC establish a separate provider type for community health workers and doulas.

The bill would require HHSC to submit a status report in fiscal year 2025 on the implementation of case management services provider to pregnant women and subsequent reporting every even-numbered year summarizing the data collected.

Methodology

This analysis assumes HHSC would be required to develop a database to collect, aggregate, and report on the nonmedical health related needs of eligible pregnant women. This analysis assumes HHSC would require an additional 6.0 Full-time Equivalent (FTE) positions to develop the database. This analysis assumes one Project Manager III, one Information Technology Business Analyst III, two Programmer IVs, one Systems Analyst IV, and one Database Administrator III would manage the implementation and development of a program database to collect and aggregate the required data and support on-going maintenance.

In addition to FTE-related costs, the system development of the database is estimated to be \$1.8 million in All Funds in fiscal year 2024. Additional costs related to Data Center Services (DCS) infrastructure are estimated to be \$0.3 million in All Funds in each fiscal year.

System upgrades to the Texas Medicaid and Health Partnership (TMHP) to create new provider types for community health workers and doulas is estimated to cost \$1.3 million in All Funds in fiscal year 2024.

According to HHSC, costs related to client services, developing the assessment questions, reporting requirements, and updating provider training materials can be accomplished with existing resources.

Technology

Technology costs related to database development, DCS, and TMHP updates total \$3.7 million in All Funds for the biennium. Additional FTE-related technology costs are estimated to be \$19,283 in fiscal year 2024 and \$3,143 in each subsequent year.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, CST, ER, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

April 9, 2023

TO: Honorable Sam Harless, Chair, House Committee on Health Care Reform, Select

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1575 by Hull (relating to improving health outcomes for pregnant women under Medicaid and certain other public benefits programs.), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1575, Committee Report 1st House, Substituted : a negative impact of (\$4,188,534) through the biennium ending August 31, 2025.

General Revenue-Related Funds, Five- Year Impact:

| <i>Fiscal Year</i> | Probable Net Positive/(Negative) Impact to General Revenue Related Funds |
|--------------------|---|
| 2024 | (\$3,216,118) |
| 2025 | (\$972,416) |
| 2026 | (\$972,892) |
| 2027 | (\$973,373) |
| 2028 | (\$973,860) |

All Funds, Five-Year Impact:

| <i>Fiscal Year</i> | Probable (Cost) from General Revenue Fund 1 | Probable (Cost) from GR Match For Medicaid 758 | Probable (Cost) from Federal Funds 555 | <i>Change in Number of State Employees from FY 2023</i> |
|--------------------|--|---|---|---|
| 2024 | (\$2,239,640) | (\$976,478) | (\$976,478) | 6.0 |
| 2025 | (\$853,690) | (\$118,726) | (\$118,726) | 6.0 |
| 2026 | (\$854,108) | (\$118,784) | (\$118,784) | 6.0 |
| 2027 | (\$854,530) | (\$118,843) | (\$118,843) | 6.0 |
| 2028 | (\$854,958) | (\$118,902) | (\$118,902) | 6.0 |

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to adopt standardized assessment questions to screen for, identify, and aggregate data regarding the nonmedical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program.

The bill would require managed care organizations (MCO) and other providers to provide HHSC with the data collected.

The bill would establish provider qualifications and require that program services may be provided only by a provider who completes the standardized case management training required by HHSC.

The bill would require HHSC to require a provider to complete training that meets the provisions of the bill.

The bill would require an MCO to conduct a health needs and nonmedical health needs screening of each eligible pregnant recipient or enrollee.

The bill would require that HHSC establish a separate provider type for community health workers and doulas.

The bill would require HHSC to submit a status report in fiscal year 2025 on the implementation of case management services provider to pregnant women and subsequent reporting every even-numbered year summarizing the data collected.

Methodology

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According to HHSC, costs related to client services, developing the assessment questions, reporting requirements, and updating provider training materials can be accomplished with existing resources.

Technology

Technology costs related to database development, DCS, and TMHP updates total \$3.7 million in All Funds for the biennium. Additional FTE-related technology costs are estimated to be \$19,283 in fiscal year 2024 and \$3,143 in each subsequent year.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

March 29, 2023

TO: Honorable Sam Harless, Chair, House Committee on Health Care Reform, Select

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1575 by Hull (Relating to improving health outcomes for certain recipients and enrollees under certain state health benefits programs, through improved program administration.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1575, As Introduced : a negative impact of (\$4,188,534) through the biennium ending August 31, 2025.

General Revenue-Related Funds, Five- Year Impact:

| <i>Fiscal Year</i> | Probable Net Positive/(Negative) Impact to General Revenue Related Funds |
|--------------------|---|
| 2024 | (\$3,216,118) |
| 2025 | (\$972,416) |
| 2026 | (\$972,892) |
| 2027 | (\$973,373) |
| 2028 | (\$973,860) |

All Funds, Five-Year Impact:

| <i>Fiscal Year</i> | Probable (Cost) from General Revenue Fund 1 | Probable (Cost) from GR Match For Medicaid 758 | Probable (Cost) from Federal Funds 555 | <i>Change in Number of State Employees from FY 2023</i> |
|--------------------|--|---|---|---|
| 2024 | (\$2,239,640) | (\$976,478) | (\$976,478) | 6.0 |
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| 2026 | (\$854,108) | (\$118,784) | (\$118,784) | 6.0 |
| 2027 | (\$854,530) | (\$118,843) | (\$118,843) | 6.0 |
| 2028 | (\$854,958) | (\$118,902) | (\$118,902) | 6.0 |

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to adopt standardized assessment questions to screen for, identify, and aggregate data regarding the nonmedical health related needs of pregnant women eligible for Medicaid and the Alternatives to Abortion program.

The bill would require managed care organizations (MCO) and other providers to provide HHSC with the data collected.

The bill would establish provider qualifications and require that program services may be provided only by a provider who completes the standardized case management training required by HHSC.

The bill would require HHSC to require a provider to complete training that meets the provisions of the bill.

The bill would require an MCO to conduct a health needs and nonmedical health needs screening of each eligible pregnant recipient or enrollee.

The bill would require that HHSC establish a separate provider type for community health workers and doulas.

The bill would require HHSC to submit a report on the case management services provider to pregnant women.

Methodology

This analysis assumes HHSC would be required to develop a database to collect, aggregate, and report on the nonmedical health related needs of eligible pregnant women. This analysis assumes HHSC would require an additional 6.0 Full-time Equivalent (FTE) positions to develop the database. This analysis assumes one Project Manager III, one Information Technology Business Analyst III, two Programmer IVs, one Systems Analyst IV, and one Database Administrator III would manage the implementation and development of a program database to collect and aggregate the required data and support on-going maintenance.

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System upgrades to the Texas Medicaid and Health Partnership (TMHP) to create new provider types for community health workers and doulas is estimated to cost \$1.3 million in All Funds in fiscal year 2024.

According to HHSC, costs related to client services, developing the assessment questions, reporting requirements, and updating provider training materials can be accomplished with existing resources.

Technology

Technology costs related to database development, DCS, and TMHP updates total \$3.7 million in All Funds for the biennium. Additional FTE-related technology costs are estimated to be \$19,283 in fiscal year 2024 and \$3,143 in each subsequent year.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, CST, NV