

BILL ANALYSIS

C.S.H.B. 1111
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Recent reports indicate that Texas has one of the highest maternal mortality and morbidity rates in the country and that postpartum depression rates exceed the national average. It has been suggested that socioeconomic disparities and a lack of access to adequate health care services are contributors to the state's poor maternal health outcomes. C.S.H.B. 1111 seeks to implement programs and reporting requirements aimed at improving maternal and newborn health care with care coordination, telemedicine services, and studies on the effectiveness of existing maternal health care practices and creates a designated account for Medicaid reimbursements for newborn screenings.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTIONS 2, 3, and 7 of this bill.

ANALYSIS

C.S.H.B. 1111 amends the Government Code to add a temporary provision set to expire September 1, 2021, requiring the Health and Human Services Commission (HHSC) to conduct a study, not later than September 1, 2020, on the benefits and costs of permitting reimbursement under Medicaid for prenatal and postpartum care delivered through telemedicine medical services and telehealth services.

C.S.H.B. 1111 requires HHSC to develop a pilot program to establish pregnancy medical homes that provide coordinated evidence-based maternity care management to women who reside in a pilot program area and are recipients of Medicaid through a Medicaid managed care model or arrangement. The bill requires HHSC to implement the pilot program in:

- at least two counties with populations of more than two million;
- at least one county with a population of more than 100,000 and less than 500,000; and
- at least one rural county with high rates of maternal mortality and morbidity as determined by HHSC in consultation with the Maternal Mortality and Morbidity Task Force.

C.S.H.B. 1111 requires HHSC, in implementing the pilot program, to ensure each pregnancy

medical home provides a maternity management team that:

- consists of certain health care providers who provide health care services at the same location;
- conducts a risk assessment of each pilot program participant on her entry into the program to determine the risk classification for her pregnancy;
- establishes an individual pregnancy care plan for each participant based on the risk assessment; and
- follows each participant throughout her pregnancy to reduce poor birth outcomes.

C.S.H.B. 1111 authorizes HHSC to incorporate as a component of the pilot program financial incentives for health care providers who participate in a maternity management team. The bill authorizes HHSC to waive a requirement under the bill's provisions relating to the pilot program for a pregnancy medical home located in a rural county. The bill authorizes HHSC to provide home telemonitoring services and necessary durable medical equipment to pilot program participants who are at risk of experiencing pregnancy-related complications to the extent HHSC anticipates the services and equipment will reduce unnecessary emergency room visits and hospitalizations and to reimburse providers under Medicaid for the provision of such services and equipment under the pilot program.

C.S.H.B. 1111 requires HHSC, not later than January 1, 2021, to submit to the legislature a report on the pilot program and requires the report to include an evaluation of the pilot program's success in reducing poor birth outcomes and a recommendation on whether the pilot program should continue, be expanded, or be terminated. The bill authorizes the executive commissioner of HHSC to adopt rules to implement the pilot program and sets the program to expire September 1, 2023.

C.S.H.B. 1111 amends the Health and Safety Code to replace the executive commissioner's authority to establish by rule the amounts charged for newborn screening fees, including fees assessed for follow-up services, tracking confirmatory testing, and diagnosis, with a requirement for the executive commissioner to do so. The bill requires the executive commissioner, in adopting those rules, to ensure that amounts charged for newborn screening fees are sufficient to cover the costs of performing the screening. The bill requires the executive commissioner to adopt the required rules not later than December 1, 2019.

C.S.H.B. 1111 creates the newborn screening preservation account as a dedicated account in the general revenue fund composed of the following:

- annual transfers to the account by the Department of State Health Services (DSHS) of any unexpended and unencumbered money from Medicaid reimbursements collected by DSHS for newborn screening services during the preceding state fiscal year;
- gifts, grants, donations, and legislative appropriations; and
- interest earned on the investment of money in the account.

C.S.H.B. 1111 excepts the account from the application of statutory provisions reallocating interest accrued on certain dedicated revenue to the credit of the general revenue fund. The bill requires DSHS to transfer any such unexpended and unencumbered money from Medicaid reimbursements to the account on November 1 of each year. The bill establishes that DSHS administers the account and authorizes DSHS to solicit and receive gifts, grants, and donations from any source for the benefit of the account.

C.S.H.B. 1111 specifies that the account is created solely for the perpetual care and preservation of newborn screening in Texas, prohibits DSHS from using money from the account for its general operating expenses, and provides that money in the account may be appropriated only to

DSHS and only for the purpose of carrying out the newborn screening program. The bill authorizes DSHS to use any money remaining in the account after paying the costs of operating the newborn screening program to pay for capital assets, improvements, equipment, and renovations for the laboratory established by DSHS to ensure the continuous operation of the newborn screening program and to pay for necessary renovations, construction, capital assets, equipment, supplies, staff, and training associated with providing additional newborn screening tests not offered before September 1, 2019, including the operational costs incurred during the first year of implementing the additional tests.

C.S.H.B. 1111 requires DSHS, if DSHS requires an additional newborn screening test to screen for disorders or conditions other than those for which DSHS is required by law to screen the costs of which are funded with money appropriated from the newborn screening preservation account, to prepare and submit a written report, not later than December 31 of the first even-numbered year following the addition of the test, regarding the actions taken by DSHS to fund and implement the test during the preceding two years to the governor, the lieutenant governor, the speaker of the house, and each standing committee of the legislature having primary jurisdiction over DSHS.

C.S.H.B. 1111 requires HHSC, not later than December 1 of each even-numbered year, to submit to the governor, the lieutenant governor, the speaker of the house, the Legislative Budget Board, and the appropriate standing committees of the legislature a written report summarizing the actions taken to address maternal morbidity and reduce maternal mortality rates. The bill requires the report to include information from programs and initiatives created to address maternal morbidity and reduce maternal mortality rates in Texas.

C.S.H.B. 1111 requires HHSC, in collaboration with the Maternal Mortality and Morbidity Task Force and other interested parties, to:

- explore options for expanding the pilot program for pregnancy medical homes established under the bill's provisions;
- explore methods for increasing Medicaid benefits for women at greater risk of a high-risk pregnancy or premature delivery;
- evaluate the impact of supplemental payments made to obstetrics providers for pregnancy risk assessments on increasing access to maternal health services;
- evaluate a waiver to fund managed care organization payments for case management and care coordination services for women at high risk of severe maternal morbidity on conclusion of their eligibility for Medicaid;
- evaluate the average time required for pregnant women to complete the Medicaid enrollment process;
- evaluate the use of Medicare codes for Medicaid care coordination;
- study the impact of programs funded from the teen pregnancy prevention program federal grant and evaluate whether the state should continue funding the programs; and
- evaluate the use of telemedicine medical services for women during pregnancy and the postpartum period.

C.S.H.B. 1111 requires the task force, under the direction of DSHS, to annually collect information relating to maternity care and postpartum depression in Texas based on statistics for the preceding year and sets out certain data that must be collected. The bill requires HHSC, in consultation with the task force, to develop a program to deliver prenatal and postpartum care through telehealth services or telemedicine medical services to pregnant women with a low risk of experiencing pregnancy-related complications, as determined by a physician, and requires HHSC to implement the program in:

- at least two counties with populations of more than two million;

- at least one county with a population of more than 100,000 and less than 500,000; and
- at least one rural county with high rates of maternal mortality and morbidity as determined by HHSC in consultation with the task force.

C.S.H.B. 1111 requires HHSC to develop criteria for selecting participants for the program by analyzing information in the reports prepared by the task force and the outcomes of the study conducted by HHSC under the bill's provisions regarding Medicaid reimbursement for certain maternal care services provided through telemedicine medical services and telehealth services.

C.S.H.B. 1111 requires HHSC, in developing and administering the program, to endeavor to use innovative, durable medical equipment to monitor fetal and maternal health. The bill authorizes HHSC, if HHSC determines it is feasible and cost-effective, to:

- provide home telemonitoring services and necessary durable medical equipment to women participating in the program to the extent HHSC anticipates the services or equipment will reduce unnecessary emergency room visits or hospitalizations; and
- reimburse providers under Medicaid for the provision of such services and equipment under the program.

C.S.H.B. 1111 requires HHSC, not later than January 1, 2021, to submit to the legislature a report on the program that evaluates the program's success in delivering prenatal and postpartum care through telehealth services or telemedicine medical services.

C.S.H.B. 1111 adds a temporary provision set to expire September 1, 2027, requiring the executive commissioner of HHSC to apply to the U.S. Department of Health and Human Services for grants under the federal Preventing Maternal Deaths Act of 2018.

C.S.H.B. 1111 requires DSHS to develop and implement a high-risk maternal care coordination services pilot program in one or more geographic areas in Texas and requires DSHS, in implementing the program, to:

- conduct a statewide assessment of training courses provided by promotoras or community health workers that target women of childbearing age;
- study existing models of high-risk maternal care coordination services;
- identify, adapt, or create a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes; and
- create educational materials for promotoras and community health workers that include information on the risk assessment tool and on the best practices for high-risk maternal care.

C.S.H.B. 1111 sets out the duties of DSHS with respect to each geographic area selected for the pilot program, requires DSHS to develop training courses to prepare promotoras and community health workers in educating and supporting women at high risk for serious complications during the pregnancy and postpartum periods, and requires DSHS, not later than December 1 of each even-numbered year, to prepare and submit a report on the pilot program to the executive commissioner and to the chairs of the standing committees of the senate and the house of representatives with primary jurisdiction over public health and human services. The bill authorizes the report to be submitted with the report on the task force's maternal health and safety initiative. The bill requires the report to include an evaluation from the commissioner of state health services of the pilot program's effectiveness and a recommendation from DSHS on whether the pilot program should continue, be expanded, or be terminated. The bill requires the executive commissioner to adopt rules not later than December 1, 2019, as necessary to implement the pilot program and to prescribe the types of information to be collected during the course of the pilot program and included in the report. The pilot program expires September 1,

2023. The bill makes its provisions relating to the high-risk maternal care coordination services pilot program contingent on specific legislative appropriation.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1111 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes the bill provision regarding data collection by the task force by replacing HHSC with DSHS as the entity responsible for directing the task force's data collection duties.

The substitute changes the bill provision creating the newborn screening preservation account by:

- removing the newborn screening fees collected by DSHS as a component of the account; and
- revising the requirement for the annual transfer to the account of unexpended and unencumbered money from the applicable Medicaid reimbursements collected by DSHS for newborn screening services to:
 - change the date of the annual transfer from September 30 to November 1; and
 - change the entity responsible for making the transfer from the comptroller of public accounts to DSHS.

The substitute, with respect to the pregnancy medical home pilot program, includes provisions that:

- require HHSC to implement the pilot program in at least one county with a population of more than 100,000 and less than 500,000;
- authorize HHSC to waive certain requirements under the pilot program for a pregnancy medical home located in a rural county; and
- authorize HHSC to provide home telemonitoring services and necessary durable medical equipment to pilot program participants at risk of pregnancy-related complications and to provide reimbursement to Medicaid providers for the provision of such services and equipment.

The substitute, with respect to the program to deliver prenatal and postpartum care through telehealth or telemedicine services, includes provisions that:

- require HHSC to implement the program in at least one county with a population of more than 100,000 and less than 500,000;
- require HHSC to endeavor to use innovative, durable medical equipment to monitor fetal and maternal health; and
- authorize HHSC to provide home telemonitoring services and necessary durable medical equipment to women participating in the program and to provide reimbursement under Medicaid for the provision of such services and equipment under the program.