

BILL ANALYSIS

C.S.H.B. 158
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Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The Texas Maternal Mortality and Morbidity Review Committee makes recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. One of the recommended interventions to improve maternal health outcomes is increasing access to doula support throughout a woman's pregnancy. Doulas are trained professionals who advise, inform, and oversee the emotional and physical needs of the mother. Studies indicate that doula-assisted mothers are four times less likely to have a low birth weight baby and less likely to experience birth complications. Many private insurance companies already cover doula services in their health plans, but the Texas Medicaid program does not. For Texas women who give birth on Medicaid, doula support is typically out of reach financially. C.S.H.B. 158 seeks to address this problem by establishing a pilot program to provide Medicaid reimbursement for doula services in certain counties.

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 SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 158 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to establish a pilot program to provide Medicaid reimbursement for doula services provided by a doula. The bill requires the executive commissioner of HHSC, by rule and in consultation with the Perinatal Advisory Council, to determine the qualifications necessary for an individual to be considered a doula and the doula services to be covered under the pilot program. The bill also requires HHSC to prescribe eligibility requirements for participation in the program. The bill defines "doula" as a nonmedical birthing coach who provides doula services and meets the prescribed qualifications and defines "doula services" as nonmedical childbirth education, coaching, and support services, including emotional and physical support provided during pregnancy, labor, delivery, and the postpartum period, or provided intermittently during pregnancy and the postpartum period.

C.S.H.B. 158 requires HHSC, not later than September 1, 2022, to implement the pilot program in the most populous county in Texas and in the county with the greatest maternal health support needs, as determined by the county's maternal and infant mortality rates and the number of births in the county by Medicaid recipients. The bill requires HHSC, not later than September 1 of each year during the operation of the program beginning in 2023, to prepare and publish a report evaluating the costs and impact of the program on the HHSC website. Not later than

September 1, 2026, HHSC must prepare and submit a written report to the legislature that summarizes the results of the program, includes feedback from participating doulas and Medicaid recipients who received doula services under the program, and includes a recommendation on whether the program should be continued, expanded, or terminated. The pilot program terminates and the bill's provisions expire September 1, 2027.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 158 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.

Whereas the original established doula services performed by a doula as a permanent Medicaid benefit, the substitute makes doula reimbursement the subject of a pilot program running through state fiscal year 2027 to be implemented in the most populous county in Texas and the county with the greatest maternal health support needs. Accordingly, the substitute provides for related reports and the establishment of program eligibility requirements and sets the bill's provisions to expire September 1, 2027.

The substitute includes definitions of "doula" and "doula services," whereas the original specified certain doula services to be covered without establishing a definition.

The substitute includes a specification not in the original that the doula and doula service qualification rules are adopted in consultation with the Perinatal Advisory Council.