SUBJECT: Creating certain maternal care and telehealth pilot programs

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — S. Thompson, Wray, Allison, Frank, Guerra, Ortega, Price, Sheffield, Zedler

0 nays

2 absent — Coleman, Lucio

WITNESSES: For — Emily Briggs, American College of Obstetricians and Gynecologists-Texas, Texas Academy of Family Physicians, Texas Association of Obstetricians and Gynecologists, Texas Medical Association, and Texas Pediatric Society; Charleta Guillory, March of Dimes; Erica Giwa, Texas Children's Hospital; Khrystal K Davis; (*Registered, but did not testify*: Drucilla Tigner, ACLU of Texas; Mignon McGarry, American College of Obstetricians and Gynecologists; Cynthia Humphrey, Association of Substance Abuse Programs; Frank McStay, Baylor Scott and White Health; Kwame Walker, BIOGEN; Eric Woomer, Biotechnology Innovation Organization; Anne Dunkelberg, Center for Public Policy Priorities; Jason Sabo, Children at Risk, Mental Health America of Greater Houston; Jo DePrang, Children's Defense Fund-Texas; Michaela Bennett, Children's Health; Christina Hoppe, Children's Hospital Association of Texas; Linda Townsend, CHRISTUS Health; Laura Lee Daigle, Lindsay Liggett, and Tegra Swogger, Circle Up: United Methodist Women for Moms; Chase Bearden, Coalition of Texans with Disabilities; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Alissa Sughrue, National Alliance on Mental Illness-Texas; Will Francis, National Association of Social Workers-Texas; Jessica Schleifer, Teaching Hospitals of Texas; Adriana Kohler, Texans Care for Children; Tom Forbes, Texas Academy of Family Physicians; Leticia Van de Putte, Texas Academy of Physician Assistants; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Orlando Jones, Texas Children's Hospital; Ashley Morgan, Texas EMS Trauma & Acute Care Foundation;

Carisa Lopez, Texas Freedom Network; Tom Kowalski, Texas Healthcare and Bioscience Institute; John Hawkins, Texas Hospital Association; Joshua Houston, Texas Impact; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Erika Ramirez, Texas Women's Healthcare Coalition; Jennifer Lucy, TexProtects; Nataly Sauceda, United Ways of Texas; and six individuals)

Against — (*Registered, but did not testify*: Shana Ellison)

On — (*Registered, but did not testify*: Imelda Garcia, Manda Hall, and Christy Havel, Department of State Health Services; Meghan Young, Health and Human Services Commission)

DIGEST:

CSHB 1111 would establish pregnancy medical homes, high-risk maternal care coordinated services pilot programs, and telehealth programs for prenatal and postpartum care in certain areas. The bill also would create a general revenue dedicated account to fund newborn screenings conducted by the Department of State Health Services.

Pregnancy medical homes pilot program. The bill would require the Health and Human Services Commission (HHSC) to develop a pilot program establishing pregnancy medical homes that would provide coordinated evidence-based maternity care management to women who resided in a pilot program area and were Medicaid managed care or fee-for-service enrollees.

HHSC would implement the pilot program in:

- at least two counties with a population of more than 2 million people;
- at least one county with a population between 100,000 and 500,000 people; 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.

To implement the program, HHSC would have to ensure each pregnancy medical home provided a maternity management team that:

- included certain health care providers who provided services at the same location;
- conducted a risk assessment of each program participant to determine the participant's pregnancy risk classification and establish an individual pregnancy care plan based on assessment results; and
- followed each participant throughout the participant's pregnancy to reduce poor birth outcomes.

The bill would authorize HHSC to provide home telemonitoring services and necessary durable medical equipment to participants who were at risk of experiencing certain pregnancy-related complications. HHSC also could reimburse Medicaid providers who provided the telemonitoring services and equipment under the pilot program.

The pilot program would expire September 1, 2023.

High-risk maternal care coordination services pilot program. The bill would require the Department of State Health Services (DSHS) to develop and implement a high-risk maternal care coordination services pilot program in one or more geographic areas. To implement the pilot program, DSHS would have to:

- conduct a statewide assessment of training courses provided by promotoras or community health workers that targeted 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 were at a higher risk for poor pregnancy, birth, or postpartum outcomes; and
- create educational materials for promotoras and community health workers that included information on the assessment tool and best

practices for high-risk maternal care.

For each geographic area selected for the pilot program, the bill would require DSHS to provide the support, resources, technical assistance, training, and guidance necessary to screen all or some of the pregnant patients using the assessment tool and integrate community health worker services for women with high-risk pregnancies.

The HHSC executive commissioner would have to adopt rules necessary to implement this program by December 1, 2019, except that DSHS and the executive commissioner of HHSC would not be required to establish the high-risk maternal care coordination services pilot program unless a specific appropriation for the program implementation was provided in a general appropriations act of the 86th Legislature.

This pilot program would expire September 1, 2023.

Telemedicine and telehealth program. The bill would require HHSC, in consultation with the Maternal Mortality and Morbidity Task Force, to develop a program to deliver prenatal and postpartum care through telehealth or telemedicine services to pregnant women with a low risk of experiencing pregnancy-related complications.

HHSC would implement the pilot program in:

- at least two counties with populations of more than 2 million people;
- at least one county with a population of between 100,000 and 500,000 people; and
- at least one rural county with high rates of maternal mortality and morbidity as determined by HHSC in consultation with the task force.

Under the bill, HHSC would develop criteria for selecting program participants. If it was feasible and cost-effective, HHSC could provide home telemonitoring services and necessary durable medical equipment to

participants if HHSC anticipated those services and equipment would reduce unnecessary emergency room visits or hospitalizations. HHSC also could reimburse Medicaid providers who provided the telemonitoring services and equipment under the pilot program.

This program would expire September 1, 2027.

Federal grants. As soon as practicable after the bill's effective date, the executive commissioner of HHSC would be required to apply to the U.S. Department of Health and Human Services for grants under the federal Preventing Maternal Deaths Act of 2018. This provision would expire September 1, 2027.

Program evaluations. The bill would require HHSC, in collaboration with the Maternal Mortality and Morbidity Task Force and other interested parties, to:

- explore options for expanding the pregnancy medical homes pilot program;
- explore methods for increasing Medicaid benefits, including specialty care and prescriptions for women at greater risk of a high-risk pregnancy or premature delivery;
- evaluate the average time required for pregnant women to complete the Medicaid enrollment process; and
- evaluate the use of telemedicine services for women during pregnancy and postpartum, among other requirements.

Data collection. The bill would require the Maternal Mortality and Morbidity Task Force, under the direction of DSHS, to annually collect information regarding maternity care and postpartum depression in the state. The information would have to be based on statistics for the preceding year and include the:

- number of births by Medicaid recipients and by women with health benefit plan coverage;
- number of Medicaid recipients, women under health plan coverage,

and women under the Healthy Texas Women (HTW) program who were screened for postpartum depression;
- number of women treated for postpartum depression under health plan coverage or the HTW program;
- number of claims for postpartum depression treatment paid or rejected by the HTW program; and
- postpartum depression screening and treatment billing codes and the number of claims for each billing code under the HTW program.

The information would also have to include certain statistics about the average number of days it took women to be screened and treated for postpartum depression, along with other information as specified in the bill.

Newborn screening preservation account. The bill would create the newborn screening preservation account, which would be a general revenue-dedicated account administered by DSHS and used for the perpetual care and preservation of newborn screening in the state.

On November 1 of each year, DSHS would have to transfer to the account any unexpended and unencumbered money from Medicaid reimbursements collected by the department for newborn screening services during the preceding state fiscal year. DSHS also could solicit and receive gifts, grants, and donations from any source for the benefit of the account.

The account would be composed of:

- money transferred to the account by DSHS;
- gifts, grants, donations, and legislative appropriations; and
- interest earned on the investment of money in the account.

Money in the account could only be appropriated to DSHS for administering the newborn screening program, performing additional newborn screening tests, or for certain capital expenditures.

If DSHS required an additional newborn screening test funded with money appropriated from the newborn screening preservation account, the department would have to prepare and submit a written report on the actions taken to fund and implement the test by December 31 of the first following even-numbered year. This report would be provided to the governor, lieutenant governor, House speaker, and each standing committee of the Legislature that had primary jurisdiction over the department.

Reports. By December 1 of each even-numbered year, HHSC would have to submit a report to the governor, lieutenant governor, House speaker, the Legislative Budget Board, and the appropriate legislative standing committees summarizing the actions taken to address maternal morbidity and reduce maternal mortality rates. The report would have to include information from programs and initiatives created to address maternal morbidity and reduce maternal mortality rates in Texas, including:

- Medicaid;
- the Children's Health Insurance Program, including the perinatal program;
- the Healthy Texas Women program; and
- the Healthy Texas Babies program, among others.

By January 1, 2021, HHSC would have to submit to the Legislature a report on the pregnancy medical homes pilot program, including an evaluation of the program's success in reducing poor birth outcomes and a recommendation on whether the pilot program should continue, be expanded, or be terminated. The commission would also have to submit a report that evaluated the success of delivering prenatal and postpartum care through telehealth services or telemedicine services to the Legislature by the same date.

By December 1 of each even-numbered year, DSHS would have to submit a report on the high-risk maternal care coordination services pilot program to the executive commissioner of HHSC and the chairs of the standing

legislative committees with primary jurisdiction over public health and human services. The report would have to include an evaluation of the pilot program's effectiveness and a recommendation from the department on whether the program should continue, be expanded, or be terminated.

Other provisions. By December 1, 2019, the HHSC executive commissioner would be required to establish by rule the amounts charged for newborn screening fees. These amounts would have to be sufficient to cover the costs of conducting the screening.

By September 1, 2020, CSHB 1111 would require HHSC to conduct a study on the costs and benefits of permitting Medicaid reimbursements for prenatal and postpartum care delivered through telemedicine and telehealth services. The study would expire on September 1, 2021.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.

SUPPORTERS SAY:

CSHB 1111 would help decrease maternal mortality and childhood deaths in Texas by establishing several pilot and telehealth programs addressing maternal and neonatal care. Some reports have indicated that preventable diseases like diabetes, hypertension, and heart disease are the leading factors contributing to maternal mortality. Allowing women with low-risk pregnancies to receive telemedicine in their homes using innovative durable medical equipment could help them effectively manage their pregnancies and prevent worsening morbidities or potential death.

The bill would increase access to prenatal and postpartum services by expanding the pregnancy medical home pilot program to other rural and urban areas. These pregnancy medical homes provide pregnant women with comprehensive, team-based care, including behavioral health care, which is vital for women struggling with postpartum depression. The bill also would enhance data reporting by requiring the Maternal Mortality and Morbidity Task Force to annually collect extensive statistics on postpartum depression and maternal care.

CSHB 1111 would provide a sustainable source of funding for newborn screenings by creating a general revenue dedicated account for this purpose. Newborn screenings help identify rare genetic disorders early, which can prevent complications such as developmental delays, illness, or even death. Providing financial stability for the department's newborn screening program would ensure infants continued receiving screenings needed to identify, treat, and manage rare disorders.

OPPONENTS SAY:

No concerns identified.

NOTES:

According to the Legislative Budget Board, cost estimates for the bill cannot be determined at this time because the bill's potential effect on utilization, provider reimbursement, and savings related to improved outcomes are unknown. The fiscal implications related to the Newborn Screening Prevention Account depend on appropriations decisions, and several provisions of CSHB 1111 are not required to be implemented unless a specific appropriation for their implementation is provided.