

SUBJECT: Amending certain screenings and services for pregnant people

COMMITTEE: Health Care Reform, Select — committee substitute recommended

VOTE: 9 ayes — Harless, Howard, Bucy, Frank, Klick, E. Morales, Oliverson, Price, Rose

0 nays

2 absent — Bonnen, Walle

WITNESSES: For — Yajaira Ruiz, Bexar County Health Collaborative; Tiffany Inglis, MD, Elevance Health (*Registered, but did not testify*: Jesse Sifuentez, Baylor Scott & White Health; Derek Anderson, Bexar County Community Health Collaborative; Georgia Bates, City of Uvalde; Michael Dole, Driscoll Health System; Laurie Vanhiose, Episcopal Health Foundation; Lindsay Lanagan, Legacy Community Health; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries; Andrew Cates, Nurse Family Partnership; Diana Forester, Texans Care for Children; Charles Miller, Texas 2036; Joe Pojman Ph.D., Texas Alliance for Life; Shelby Tracy, Texas Association of Community Health Centers; Blake Hutson, Texas Association of Health Plans; David Reynolds, Texas Chapter American College of Physicians Services; Ben Wright, Texas Medical Association; David Balat, Texas Public Policy Foundation; Kristen Lenau, Texas Womens Healthcare Coalition; Manuel Prado, The Libre Initiative; John Henderson, TORCH; Ashley Harris, United Ways of Texas)

Against — Heather Allison, Fund Texas Choice

On — Stephanie Stephens, Health and Human Services Commission (*Registered, but did not testify*: Rob Ries, Health and Human Services Commission)

BACKGROUND: Government Code sec. 533.002555 defines the Case Management for Children and Women Program as a benefits program provided under

Medicaid that provides case management services to women with high-risk pregnancies and certain children.

DIGEST:

CSHB 1575 would standardize screening questions for pregnant women used by Medicaid managed care organizations and Alternatives to Abortion providers and amend certain services provided under the Case Management for Children and Women Program.

Standardized screening questions. CSHB 1575 would require the Health and Human Services Commission (HHSC) to adopt standardized screening questions to identify and aggregate data on the nonmedical health-related needs of pregnant women eligible for benefits under a public health benefits program, including Medicaid and the Alternatives to Abortion program. Medicaid managed care organizations and providers participating in Alternatives to Abortion providers would be required to use the standardized screening questions. However, such a screening could not occur unless the relevant provider or organization informed the woman about the type of data that would be collected, the purpose of the data collection, and that the data would become part of the woman's medical record or service plan. The organizations would be required to obtain the woman's informed consent to perform the screening, data which would then be reported to HHSC.

By December 1 of each even-numbered year, HHSC would be required to prepare and submit a report to the Legislature that summarized the de-identified data provided to HHSC during the previous biennium. HHSC could consolidate the report with any other legislative report that related to the same subject matter.

Initial screenings for pregnant women. Managed care organizations providing health care services under the STAR Medicaid program would be required to conduct an initial screening and nonmedical health-related needs screening for each pregnant recipient to determine if the recipient was eligible for service coordination benefits or should be referred for program services under the Case Management for Children and Women Program. The bill would require service coordination benefits to include

identifying and coordinating non-covered services, community supports, and other resources the Medicaid-managed care organization determined would improve the recipient's health outcomes.

The managed care organization would be required to use the results of the initial screenings to decide whether a recipient required a more comprehensive assessment to determine the recipient's eligibility for service coordination benefits or program services. The managed care organization would be required to inform each pregnant woman who received an initial screening or was referred for program services that the woman had a right to decline or discontinue the screening or services at any time and that taking such action would not result in retaliatory action in the provision of other services.

The provision of program services would not preempt or affect a Medicaid-managed care organization's obligation to provide service coordination benefits to recipients.

Provider training and qualifications. CSHB 1575 would required each program services provider to complete training prescribed by HHSC. The bill would require the training to be trauma-informed and include instruction on:

- social services provided by state and local governments;
- community assistance programs, including programs that provided nutrition and housing assistance, counseling and parenting services, substance use disorder treatment, and domestic violence assistance and shelter;
- domestic violence and coercive control dynamics;
- methods for explaining and eliciting an eligible recipient's informed consent to receive a screening and any services that could be offered;
- procedures for an eligible recipient to decline screenings or withdraw consent for offered services; and
- ensuring that the recipient was not subject to any retaliatory action for declining or discontinuing any screenings or services.

Program services could be provided only by a provider who completed the standardized case management training and who was:

- a licensed advanced practice nurse;
- a licensed registered nurse who completed a baccalaureate degree program in nursing;
- a licensed registered nurse who completed an associate degree program in nursing and had at least two years of cumulative paid full-time work experience or at least two years of cumulative, supervised full-time educational internship or practicum experience in the last 10 years that included certain experience related to children and pregnant women;
- a licensed social worker;
- a certified community health worker; or
- a doula who was either certified by a national certification program or as a community health worker.

Provider types. For the purposes of enrollment as a provider and reimbursement under Medicaid, HHSC would be required to establish a separate provider type for community health workers who provide program services under the children and pregnant women program and for doulas who are certified by a recognized, HHSC-approved national doula certification program.

Other provisions. By December 1, 2024, HHSC would be required to prepare and submit a status report to the Legislature on the implementation of case management services provided to pregnant women under the Case Management for Children and Pregnant Women Program during the preceding fiscal year. The report would be required to include de-identified information on:

- the nonmedical health-related needs of women receiving case management services;
- the number and type of referrals made to nonmedical community assistance programs and providers; and

- birth outcomes for women.

As soon as practicable after the effective date, HHSC would be required to develop standardized screening questions and revise the standardized case management training for children and pregnant women program providers to comply with the provisions of the bill.

If a state agency determined that a waiver or authorization from a federal agency was necessary to implement the bill, the agency would be required to request the waiver and could delay implementation until the waiver or authorization was granted.

The bill would take effect September 1, 2023.

**SUPPORTERS
SAY:**

CSHB 1575 would improve health outcomes for low-income pregnant women, who often face nonmedical challenges during pregnancy, including issues with stable housing and nutrition, which can lead to negative health outcomes and maternal mortality. The bill would standardize existing screenings on nonmedical needs used by Medicaid managed care organizations and Alternatives to Abortion providers, which would allow information to be aggregated and help identify gaps in services.

The bill would improve service coordination for nonmedical needs for women with high-risk pregnancies, connecting them to existing community resources. Meeting nonmedical needs could lead to reduced spending on medical costs by preventing health complications. The bill also would expand the number of providers able to assist women and would allow doulas to become Medicaid providers, increasing access to services for low-income women and helping to mitigate the current provider shortage.

Alternatives to Abortion providers would be included in the bill to standardize screenings that already usually occur. Data collected by Alternatives to Abortion and managed care organizations would be subject to existing privacy laws.

CRITICS
SAY:

CSHB 1575 should not allow Alternatives to Abortion contractors to collect this kind of data as the program may lack sufficient oversight, which could compromise people's privacy. Other programs may be better equipped to provide services to pregnant people.

NOTES:

According to the Legislative Budget Board, CSHB 1575 would have a negative impact of about \$4.2 million in fiscal 2024-25, with reduced costs in subsequent biennia.