

Chapter 973

S.B. No. 748

AN ACT

relating to maternal and newborn health care, including the newborn screening preservation account.

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

SECTION 1. Section 33.004(f), Health and Safety Code, is amended to read as follows:

(f) The executive commissioner by rule shall ~~[may]~~ establish the amounts charged for newborn screening fees, including fees assessed for follow-up services, tracking confirmatory testing, and diagnosis. In adopting rules under this subsection, the executive commissioner shall ensure that amounts charged for newborn screening fees are sufficient to cover the costs of performing the screening.

SECTION 2. Chapter 33, Health and Safety Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. NEWBORN SCREENING PRESERVATION ACCOUNT

Sec. 33.051. DEFINITION. In this subchapter, "account" means the newborn screening preservation account established under Section 33.052.

Sec. 33.052. CREATION OF ACCOUNT. (a) The newborn screening preservation account is a dedicated account in the general revenue fund. Money in the account may be appropriated only to the department and only for the purpose of carrying out the newborn screening program established under this chapter.

1       (b) On November 1 of each year, the comptroller shall  
2 transfer to the account any unexpended and unencumbered money from  
3 Medicaid reimbursements collected by the department for newborn  
4 screening services during the preceding state fiscal year.

5       (c) The account is composed of:

6           (1) money transferred to the account under Subsection  
7 (b);

8           (2) gifts, grants, donations, and legislative  
9 appropriations; and

10          (3) interest earned on the investment of money in the  
11 account.

12       (d) Section 403.0956, Government Code, does not apply to the  
13 account.

14       (e) The department administers the account. The department  
15 may solicit and receive gifts, grants, and donations from any  
16 source for the benefit of the account.

17       Sec. 33.053. DEDICATED USE. (a) The department may use  
18 any money remaining in the account after paying the costs of  
19 operating the newborn screening program established under this  
20 chapter only to:

21           (1) pay the costs of offering additional newborn  
22 screening tests not offered under this chapter before September 1,  
23 2019, including the operational costs incurred during the first  
24 year of implementing the additional tests; and

25           (2) pay for capital assets, equipment, and renovations  
26 for the laboratory established by the department to ensure the  
27 continuous operation of the newborn screening program.

1       (b) The department may not use money from the account for  
2 the department's general operating expenses.

3       Sec. 33.054. REPORT. If the department requires an  
4 additional newborn screening test under Subchapter B the costs of  
5 which are funded with money appropriated from the newborn screening  
6 preservation account, the department shall, not later than  
7 September 1 of each even-numbered year, prepare and submit to the  
8 governor, the lieutenant governor, the speaker of the house of  
9 representatives, and each standing committee of the legislature  
10 having primary jurisdiction over the department a written report  
11 that:

12           (1) summarizes the implementation plan for the test,  
13 including anticipated completion dates for implementing the test  
14 and potential barriers to conducting the test; and

15           (2) summarizes the actions taken by the department to  
16 fund and implement the test during the preceding two years.

17       SECTION 3. Chapter 34, Health and Safety Code, is amended by  
18 adding Sections 34.0158 and 34.0159 to read as follows:

19       Sec. 34.0158. REPORT ON ACTIONS TO ADDRESS MATERNAL  
20 MORTALITY RATES. Not later than December 1 of each even-numbered  
21 year, the commission shall submit to the governor, the lieutenant  
22 governor, the speaker of the house of representatives, the  
23 Legislative Budget Board, and the appropriate standing committees  
24 of the legislature a written report summarizing the actions taken  
25 to address maternal morbidity and reduce maternal mortality rates.  
26 The report must include information from programs and initiatives  
27 created to address maternal morbidity and reduce maternal mortality

1 rates in this state, including:

2 (1) Medicaid;

3 (2) the children's health insurance program, including  
4 the perinatal program;

5 (3) the Healthy Texas Women program;

6 (4) the Family Planning Program;

7 (5) this state's program under the Maternal and Child  
8 Health Services Block Grant Act (42 U.S.C. Section 701 et seq.);

9 (6) the Perinatal Advisory Council;

10 (7) state health plans; and

11 (8) the Healthy Texas Babies program.

12 Sec. 34.0159. PROGRAM EVALUATIONS. The commission, in  
13 collaboration with the task force and other interested parties,  
14 shall:

15 (1) explore options for expanding the pilot program  
16 for pregnancy medical homes established under Section 531.0996,  
17 Government Code;

18 (2) explore methods for increasing the benefits  
19 provided under Medicaid, including specialty care and  
20 prescriptions, for women at greater risk of a high-risk pregnancy  
21 or premature delivery;

22 (3) evaluate the impact of supplemental payments made  
23 to obstetrics providers for pregnancy risk assessments on  
24 increasing access to maternal health services;

25 (4) evaluate a waiver to fund managed care  
26 organization payments for case management and care coordination  
27 services for women at high risk of severe maternal morbidity on

1 conclusion of their eligibility for Medicaid;

2 (5) evaluate the average time required for pregnant  
3 women to complete the Medicaid enrollment process;

4 (6) evaluate the use of Medicare codes for Medicaid  
5 care coordination;

6 (7) study the impact of programs funded from the Teen  
7 Pregnancy Prevention Program federal grant and evaluate whether the  
8 state should continue funding the programs; and

9 (8) evaluate the use of telemedicine medical services  
10 for women during pregnancy and the postpartum period.

11 SECTION 4. Chapter 34, Health and Safety Code, is amended by  
12 adding Sections 34.019, 34.020, and 34.021 to read as follows:

13 Sec. 34.019. DATA COLLECTION. The task force, under the  
14 direction of the department, shall annually collect information  
15 relating to maternity care and postpartum depression in this state.  
16 The information must be based on statistics for the preceding year  
17 and include the:

18 (1) number of births by Medicaid recipients;

19 (2) number of births by women with health benefit plan  
20 coverage;

21 (3) number of Medicaid recipients screened for  
22 postpartum depression;

23 (4) number of women screened for postpartum depression  
24 under health benefit plan coverage;

25 (5) number of women treated for postpartum depression  
26 under health benefit plan coverage;

27 (6) number of women screened for postpartum depression

- 1 under the Healthy Texas Women program;
- 2           (7) number of women treated for postpartum depression
- 3 under the Healthy Texas Women program;
- 4           (8) number of claims for postpartum depression
- 5 treatment paid by the Healthy Texas Women program;
- 6           (9) number of claims for postpartum depression
- 7 treatment rejected by the Healthy Texas Women program;
- 8           (10) postpartum depression screening and treatment
- 9 billing codes and the number of claims for each billing code under
- 10 the Healthy Texas Women program;
- 11           (11) average number of days from the date of a
- 12 postpartum depression screening to the date the patient begins
- 13 treatment under Medicaid;
- 14           (12) average number of days from the date of a
- 15 postpartum depression screening to the date the patient begins
- 16 treatment under the Healthy Texas Women program;
- 17           (13) number of women who screened positive for
- 18 postpartum depression under Medicaid and the average number of days
- 19 following childbirth for the screening to occur;
- 20           (14) number of women who screened positive for
- 21 postpartum depression under health benefit plan coverage and the
- 22 average number of days following childbirth for the screening to
- 23 occur; and
- 24           (15) number of women who screened positive for
- 25 postpartum depression under the Healthy Texas Women program and the
- 26 average number of days following childbirth for the screening to
- 27 occur.

1       Sec. 34.020. PROGRAM TO DELIVER PRENATAL AND POSTPARTUM  
2 CARE THROUGH TELEHEALTH OR TELEMEDICINE MEDICAL SERVICES IN CERTAIN  
3 COUNTIES. (a) In this section:

4           (1) "Postpartum care" and "prenatal care" have the  
5 meanings assigned by Section 32.002.

6           (2) "Telehealth service" and "telemedicine medical  
7 service" have the meanings assigned by Section 111.001, Occupations  
8 Code.

9       (b) The commission, in consultation with the task force,  
10 shall develop a program to deliver prenatal and postpartum care  
11 through telehealth services or telemedicine medical services to  
12 pregnant women with a low risk of experiencing pregnancy-related  
13 complications, as determined by a physician. The commission shall  
14 implement the program in:

15           (1) at least two counties with populations of more  
16 than two million;

17           (2) at least one county with a population of more than  
18 100,000 and less than 500,000; and

19           (3) at least one rural county with high rates of  
20 maternal mortality and morbidity as determined by the commission in  
21 consultation with the task force.

22       (c) The commission shall develop criteria for selecting  
23 participants for the program by analyzing information in the  
24 reports prepared by the task force under this chapter and the  
25 outcomes of the study conducted under Section 531.02163, Government  
26 Code.

27       (d) In developing and administering the program, the

1 commission shall endeavor to use innovative, durable medical  
2 equipment to monitor fetal and maternal health.

3 (e) Notwithstanding Section 531.02176, Government Code, and  
4 if the commission determines it is feasible and cost-effective, the  
5 commission may:

6 (1) provide home telemonitoring services and  
7 necessary durable medical equipment to women participating in the  
8 program to the extent the commission anticipates the services and  
9 equipment will reduce unnecessary emergency room visits or  
10 hospitalizations; and

11 (2) reimburse providers under Medicaid for the  
12 provision of home telemonitoring services and durable medical  
13 equipment under the program.

14 (f) Not later than January 1, 2021, the commission shall  
15 submit to the legislature a report on the program that evaluates the  
16 program's success in delivering prenatal and postpartum care  
17 through telehealth services or telemedicine medical services under  
18 Subsection (b).

19 Sec. 34.021. APPLICATION FOR FEDERAL GRANTS. (a) The  
20 executive commissioner shall apply to the United States Department  
21 of Health and Human Services for grants under the federal  
22 Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

23 (b) This section expires September 1, 2027.

24 SECTION 5. Section 81.090(c), Health and Safety Code, is  
25 amended to read as follows:

26 (c) A physician or other person in attendance at a delivery  
27 shall:



1 (1) take or cause to be taken a sample of blood or  
2 other appropriate specimen from the mother on admission for  
3 delivery; and

4 (2) submit the sample to an appropriately certified  
5 laboratory for diagnostic testing approved by the United States  
6 Food and Drug Administration for hepatitis B infection and  
7 syphilis.

8 SECTION 6. Chapter 1001, Health and Safety Code, is amended  
9 by adding Subchapter K to read as follows:

10 SUBCHAPTER K. HIGH-RISK MATERNAL CARE COORDINATION SERVICES PILOT  
11 PROGRAM

12 Sec. 1001.261. DEFINITIONS. In this subchapter:

13 (1) "Pilot program" means the high-risk maternal care  
14 coordination services pilot program established under this  
15 subchapter.

16 (2) "Promotora" or "community health worker" has the  
17 meaning assigned by Section 48.001.

18 Sec. 1001.262. ESTABLISHMENT OF PILOT PROGRAM; RULES.

19 (a) The department shall develop and implement a high-risk  
20 maternal care coordination services pilot program in one or more  
21 geographic areas in this state.

22 (b) In implementing the pilot program, the department  
23 shall:

24 (1) conduct a statewide assessment of training courses  
25 provided by promotoras or community health workers that target  
26 women of childbearing age;

27 (2) study existing models of high-risk maternal care

1 coordination services;

2 (3) identify, adapt, or create a risk assessment tool  
3 to identify pregnant women who are at a higher risk for poor  
4 pregnancy, birth, or postpartum outcomes; and

5 (4) create educational materials for promotoras and  
6 community health workers that include information on the:

7 (A) assessment tool described by Subdivision  
8 (3); and

9 (B) best practices for high-risk maternal care.

10 (c) The executive commissioner shall adopt rules as  
11 necessary to implement this subchapter and prescribe the types of  
12 information to be collected during the course of the pilot program  
13 and included in the report described by Section 1001.264.

14 Sec. 1001.263. DUTIES OF DEPARTMENT. (a) The department  
15 shall provide to each geographic area selected for the pilot  
16 program the support, resources, technical assistance, training,  
17 and guidance necessary to:

18 (1) screen all or a sample of pregnant patients with  
19 the assessment tool described by Section 1001.262(b)(3); and

20 (2) integrate community health worker services for  
21 women with high-risk pregnancies in:

22 (A) providing patient education on  
23 health-enhancing behaviors and chronic disease management and  
24 prevention;

25 (B) facilitating care coordination and  
26 navigation activities; and

27 (C) identifying and reducing barriers to the

1 women's access to health care.

2 (b) The department shall develop training courses to  
3 prepare promotoras and community health workers in educating and  
4 supporting women at high risk for serious complications during the  
5 pregnancy and postpartum periods.

6 Sec. 1001.264. PILOT PROGRAM REPORT. (a) Not later than  
7 December 1 of each even-numbered year, the department shall prepare  
8 and submit a report on the pilot program to the executive  
9 commissioner and the chairs of the standing committees of the  
10 senate and the house of representatives with primary jurisdiction  
11 over public health and human services. The report may be submitted  
12 with the report required under Section 34.0156.

13 (b) The report submitted under this section must include an  
14 evaluation from the commissioner of the pilot program's  
15 effectiveness.

16 (c) The report submitted under this section must include a  
17 recommendation from the department on whether the pilot program  
18 should continue, be expanded, or be terminated.

19 Sec. 1001.265. EXPIRATION. This subchapter expires  
20 September 1, 2023.

21 SECTION 7. Subchapter B, Chapter 531, Government Code, is  
22 amended by adding Section 531.02163 to read as follows:

23 Sec. 531.02163. STUDY ON PROVIDING CERTAIN MATERNAL CARE  
24 MEDICAID SERVICES THROUGH TELEMEDICINE MEDICAL SERVICES AND  
25 TELEHEALTH SERVICES. (a) Not later than September 1, 2020, the  
26 commission shall conduct a study on the benefits and costs of  
27 permitting reimbursement under Medicaid for prenatal and

1 postpartum care delivered through telemedicine medical services  
2 and telehealth services.

3 (b) This section expires September 1, 2021.

4 SECTION 8. Subchapter B, Chapter 531, Government Code, is  
5 amended by adding Section 531.0996 to read as follows:

6 Sec. 531.0996. PREGNANCY MEDICAL HOME PILOT PROGRAM.

7 (a) The commission shall develop a pilot program to establish  
8 pregnancy medical homes that provide coordinated evidence-based  
9 maternity care management to women who reside in a pilot program  
10 area and are recipients of Medicaid through a Medicaid managed care  
11 model or arrangement under Chapter 533. The commission shall  
12 implement the pilot program in:

13 (1) at least two counties with populations of more  
14 than two million;

15 (2) at least one county with a population of more than  
16 100,000 and less than 500,000; and

17 (3) at least one rural county with high rates of  
18 maternal mortality and morbidity as determined by the commission in  
19 consultation with the Maternal Mortality and Morbidity Task Force  
20 established under Chapter 34, Health and Safety Code.

21 (b) In implementing the pilot program, the commission shall  
22 ensure each pregnancy medical home provides a maternity management  
23 team that:

24 (1) consists of health care providers, including  
25 obstetricians, gynecologists, family physicians, physician  
26 assistants, certified nurse midwives, nurse practitioners, and  
27 social workers, who provide health care services at the same

1 location;

2 (2) conducts a risk assessment of each pilot program  
3 participant on her entry into the program to determine the risk  
4 classification for her pregnancy;

5 (3) based on the assessment conducted under  
6 Subdivision (2), establishes an individual pregnancy care plan for  
7 each participant; and

8 (4) follows each participant throughout her pregnancy  
9 to reduce poor birth outcomes.

10 (c) The commission may incorporate as a component of the  
11 pilot program financial incentives for health care providers who  
12 participate in a maternity management team.

13 (d) The commission may waive a requirement of this section  
14 for a pregnancy medical home located in a rural county.

15 (e) Notwithstanding Section 531.02176, the commission may:

16 (1) provide home telemonitoring services and  
17 necessary durable medical equipment to pilot program participants  
18 who are at risk of experiencing pregnancy-related complications, as  
19 determined by a physician, to the extent the commission anticipates  
20 the services and equipment will reduce unnecessary emergency room  
21 visits or hospitalizations; and

22 (2) reimburse providers under Medicaid for the  
23 provision of home telemonitoring services and durable medical  
24 equipment under the pilot program.

25 (f) Not later than January 1, 2021, the commission shall  
26 submit to the legislature a report on the pilot program. The report  
27 must include:

1           (1) an evaluation of the pilot program's success in  
2 reducing poor birth outcomes; and

3           (2) a recommendation on whether the pilot program  
4 should continue, be expanded, or be terminated.

5           (g) The executive commissioner may adopt rules to implement  
6 this section.

7           (h) This section expires September 1, 2023.

8           SECTION 9. Notwithstanding Section 33.054, Health and  
9 Safety Code, as added by this Act, the Department of State Health  
10 Services shall submit the first report required by that section not  
11 later than December 1, 2019.

12           SECTION 10. Notwithstanding Subchapter K, Chapter 1001,  
13 Health and Safety Code, as added by this Act, the Department of  
14 State Health Services and the executive commissioner of the Health  
15 and Human Services Commission are not required to comply with that  
16 subchapter unless a specific appropriation for the implementation  
17 of the subchapter is provided in a general appropriations act of the  
18 86th Legislature.

19           SECTION 11. As soon as practicable after the effective date  
20 of this Act, the executive commissioner of the Health and Human  
21 Services Commission shall apply to the United States Department of  
22 Health and Human Services for grants as required by Section 34.021,  
23 Health and Safety Code, as added by this Act.

24           SECTION 12. If before implementing any provision of this  
25 Act a state agency determines that a waiver or authorization from a  
26 federal agency is necessary for implementation of that provision,  
27 the agency affected by the provision shall request the waiver or

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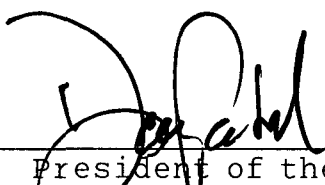
1 authorization and may delay implementing that provision until the  
2 waiver or authorization is granted.

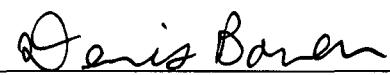
3           SECTION 13. As soon as practicable after the effective date  
4 of this Act, the executive commissioner of the Health and Human  
5 Services Commission shall adopt rules as necessary to implement the  
6 changes in law made by this Act.

7           SECTION 14. This Act takes effect September 1, 2019.

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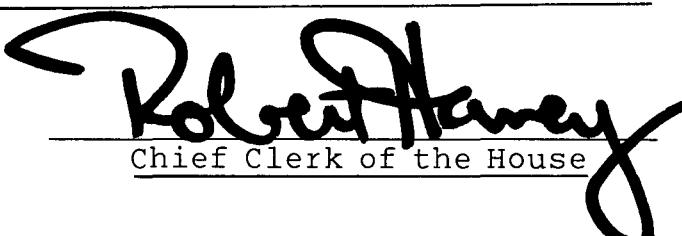
  
President of the Senate

  
Speaker of the House

I hereby certify that S.B. No. 748 passed the Senate on March 19, 2019, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendment on May 23, 2019, by the following vote: Yeas 31, Nays 0. \_\_\_\_\_

  
Secretary of the Senate

I hereby certify that S.B. No. 748 passed the House, with amendment, on May 21, 2019, by the following vote: Yeas 140, Nays 5, one present not voting. \_\_\_\_\_

  
Chief Clerk of the House

Approved:

6-10-2019  
Date

  
Governor

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE  
10:00 am O'CLOCK

JUN 14 2019  
  
Secretary of State