

BILL ANALYSIS

C.S.H.B. 2333
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

There are suggestions that Texas lacks a streamlined system of care and services to support mothers and infants postpartum, resulting in a fragmented network of services that is difficult for families to navigate. This could result in harmful, yet preventable, outcomes for the mother and the infant. There are suggestions that families who participate in short-term nursing home visiting programs experience a spectrum of improved outcomes. Expanding the availability of short-term nursing home visiting programs could allow more families access to these programs. C.S.H.B. 2333 seeks to address this issue by providing for the creation of a competitive grant program that will accept funds from multiple sources and distribute them to community providers for the expansion of home nursing visitation services for newborn caregivers.

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 commissioner of the Department of Family and Protective Services in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 2333 amends the Health and Safety Code to require the Department of Family and Protective Services (DFPS) to establish and administer within the prevention and early intervention services division of DFPS a competitive grant program through which DFPS awards grants to eligible service providers that offer free of charge home nursing visits for newborn caregivers to provide or expand home nursing visitation services in a manner that ensures the grant recipients do the following:

- operate in multiple communities geographically distributed throughout Texas;
- have the capacity to offer those services to all newborn caregivers within a defined service area, including a birthing hospital service area, a municipality, or a county; and
- commit to providing ongoing services to ultimately serve the communities' entire newborn population and provide the maximum possible health impact on that population.

The bill requires, not later than September 1, 2022, DFPS to establish and implement the home nursing visitation for newborn care grant program and the commissioner of DFPS to adopt rules as necessary to implement the bill's provisions.

C.S.H.B. 2333 requires home nursing visitation services funded by a grant to satisfy the following criteria:

- be offered free of charge to all newborn caregivers, including foster and adoptive families, within the grant recipient's defined service area;

- be voluntary, with no imposition of negative consequences on a newborn caregiver that chooses not to participate;
- be provided by registered nurses in the newborn caregiver's home whenever possible, using telehealth services when necessary and feasible;
- include an evidence-based assessment of the physical, social, and emotional factors affecting the health and safety of the newborn caregiver's family;
- include at least one registered nurse visit to the newborn caregiver, at a specified interval, with the opportunity to receive not more than three registered nurse visits as determined by the nurse's professional judgment;
- provide to a newborn caregiver information and referrals that are tailored to the caregiver's needs, as identified by a home nursing visit, and support the caregiver in navigating needed services;
- include a follow-up call to the newborn caregiver not later than three months after the last home nursing visit to assess success in referrals and family satisfaction and to close the case;
- strictly adhere to an evidence-based service delivery model selected by DFPS in accordance with criteria set by the U.S. Department of Health and Human Services for an early childhood home visiting service delivery model;
- strive to improve outcomes in one or more of certain categories specified by the bill;
- require the home nursing visits to be offered in partnership with the newborn caregiver's attending obstetrician or gynecologist, maternal health provider, or birthing hospital, if applicable, and begin by a specified deadline; and
- continue for a period of at least two years.

C.S.H.B. 2333 authorizes a public or private entity, including a county, municipality, or other political subdivision, to apply for a grant. The bill sets out the required contents of the application, which the entity must submit to DFPS on a form prescribed by commissioner rule. The bill requires DFPS to consider certain factors in determining whether to award a grant to an applicant, including the applicant's demonstrated capacity to provide home nursing visitation services to newborn caregivers in the defined service area in which the applicant proposes to provide services. The bill requires DFPS, before awarding a grant, to enter into a written agreement with each applicant to be awarded a grant that requires the grant recipient to repay the state, in accordance with terms specified in the agreement, under certain conditions specified by the bill.

C.S.H.B. 2333 limits the use of grant money to cover certain costs related to the grant recipient administering, implementing, or expanding home nursing visitation services for newborn caregivers. The bill provides for the monitoring and evaluation of a grant recipient's performance. The bill requires DFPS to prepare and submit the following to the standing committees of the legislature with primary jurisdiction over DFPS:

- an initial written report not later than December 1, 2023, and subsequently not later than December 1 of each year, a written report regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing program services and improving outcomes for newborns and their families; and
- not later than December 1, 2022, a written report regarding the implementation and status of the grant program.

C.S.H.B. 2333 requires DFPS to do the following:

- seek and apply for any available federal and state money, including money available for Medicaid or CHIP, to assist in financing the grant program; and
- consult, collaborate, and coordinate with health benefit plan issuers in Texas, including Medicaid managed care organizations, to identify existing incentives and reimbursement strategies that could expand the grant program.

The bill authorizes DFPS to solicit and accept gifts, grants, and donations to operate the grant program, but if federal money is not available to assist in financing the grant program, DFPS is required to delay implementation of the grant program until federal money becomes available.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2333 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 original required HHSC to establish and administer the grant program and required the executive commissioner of HHSC to adopt rules regarding the grant program, whereas the substitute requires DFPS to establish and administer the program within its prevention and early intervention services division and requires the commissioner of DFPS to adopt the rules.

The substitute includes a provision absent from the original requiring DFPS, if federal money is not available to assist in financing the grant program, to delay implementation of the grant program until federal money becomes available.