

BILL ANALYSIS

Senate Research Center
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C.S.H.B. 1605
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Health & Human Services
5/10/2013
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Texas currently has many underserved populations within the state's health care infrastructure, and among those are pregnant women. According to interested parties, emergency rooms and neonatal intensive care units continue to see a rise in their utilization by pregnant women. The parties suggest that creation of pregnancy medical homes, in which a patient has access to a variety of medical specialists needed to provide comprehensive prenatal and postpartum care, would help address this issue. C.S.H.B. 1605 aims to ensure healthy pregnancies in Texas by creating a women's pregnancy medical home pilot program.

C.S.H.B. 1605 amends current law relating to the establishment of a pilot program in Harris County to provide maternity care management to certain women enrolled in the Medicaid managed care program.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 531.0996, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 531, Government Code, by adding Section 531.0996, as follows:

Sec. 531.0996. PREGNANCY MEDICAL HOME PILOT PROGRAM. (a) Requires the Health and Human Services Commission (HHSC) to develop and implement a pilot program in Harris County to create pregnancy medical homes that provide coordinated evidence-based maternity care management to women who reside in the pilot program area and are recipients of medical assistance through a Medicaid managed care model or arrangement under Chapter 533 (Implementation of Medicaid Managed Care Program).

(b) Requires HHSC, in developing the pilot program, to ensure that each pregnancy medical home created for the program provides a maternity management team that:

(1) consists of health care providers, including obstetricians, gynecologists, family physicians or primary care providers, physician assistants, certified nurse midwives, advanced practice registered nurses, and social workers, in a single location;

(2) conducts a risk-classification assessment for each pilot program participant on entry into the program to determine whether her pregnancy is considered high- or low-risk;

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

(4) follows the participant throughout her pregnancy in order to reduce poor birth outcomes.

(c) Authorizes HHSC to incorporate financial incentives to health care providers who participate in a maternity management team as a component of the pilot program.

(d) Requires HHSC, not later than January 1, 2015, to report to the legislature on the progress of the pilot program. Requires that the report include:

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

(2) a recommendation as to whether the pilot program should be continued, expanded, or terminated.

(e) Authorizes the executive commissioner of HHSC to adopt rules to implement this section.

(f) Provides that this section expires September 1, 2017.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2013.