

1-1 By: Davis of Harris, et al. H.B. No. 1111  
1-2 (Senate Sponsor - Kolthorst)  
1-3 (In the Senate - Received from the House April 30, 2019;  
1-4 May 7, 2019, read first time and referred to Committee on Health &  
1-5 Human Services; May 20, 2019, reported adversely, with favorable  
1-6 Committee Substitute by the following vote: Yeas 9, Nays 0;  
1-7 May 20, 2019, sent to printer.)

1-8 COMMITTEE VOTE

1-9		Yea	Nay	Absent	PNV
1-10	Kolthorst	X			
1-11	Perry	X			
1-12	Buckingham	X			
1-13	Campbell	X			
1-14	Flores	X			
1-15	Johnson	X			
1-16	Miles	X			
1-17	Powell	X			
1-18	Seliger	X			

1-19 COMMITTEE SUBSTITUTE FOR H.B. No. 1111 By: Campbell

1-20 A BILL TO BE ENTITLED  
1-21 AN ACT

1-22 relating to maternal and newborn health care.  
1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:  
1-24 SECTION 1. Subchapter B, Chapter 531, Government Code, is  
1-25 amended by adding Section 531.02163 to read as follows:  
1-26 Sec. 531.02163. STUDY ON PROVIDING CERTAIN MATERNAL CARE  
1-27 MEDICAID SERVICES THROUGH TELEMEDICINE MEDICAL SERVICES AND  
1-28 TELEHEALTH SERVICES. (a) Not later than September 1, 2020, the  
1-29 commission shall conduct a study on the benefits and costs of  
1-30 permitting reimbursement under Medicaid for prenatal and  
1-31 postpartum care delivered through telemedicine medical services  
1-32 and telehealth services.  
1-33 (b) This section expires September 1, 2021.  
1-34 SECTION 2. Subchapter B, Chapter 531, Government Code, is  
1-35 amended by adding Section 531.0996 to read as follows:  
1-36 Sec. 531.0996. PREGNANCY MEDICAL HOME PILOT PROGRAM. (a)  
1-37 The commission shall develop a pilot program to establish pregnancy  
1-38 medical homes that provide coordinated evidence-based maternity  
1-39 care management to women who reside in a pilot program area and are  
1-40 recipients of Medicaid through a Medicaid managed care model or  
1-41 arrangement under Chapter 533. The commission shall implement the  
1-42 pilot program in:  
1-43 (1) at least two counties with populations of more  
1-44 than two million;  
1-45 (2) at least one county with a population of more than  
1-46 100,000 and less than 500,000; and  
1-47 (3) at least one rural county with high rates of  
1-48 maternal mortality and morbidity as determined by the commission in  
1-49 consultation with the Maternal Mortality and Morbidity Task Force  
1-50 established under Chapter 34, Health and Safety Code.  
1-51 (b) In implementing the pilot program, the commission shall  
1-52 ensure each pregnancy medical home provides a maternity management  
1-53 team that:  
1-54 (1) consists of health care providers, including  
1-55 obstetricians, gynecologists, family physicians, physician  
1-56 assistants, certified nurse midwives, nurse practitioners, and  
1-57 social workers, who provide health care services at the same  
1-58 location in:  
1-59 (A) a zip code with a high rate of maternal  
1-60 mortality and morbidity; or

(B) an area with limited access to health care providers who provide obstetrical care;

(2) conducts a risk assessment of each pilot program participant on her entry into the program to determine the risk classification for her pregnancy based on recognized maternal mortality and morbidity risk assessment tools that indicate the participant's:

(A) maternal age;

(B) maternal race;

(C) prior pregnancies that resulted in a live birth, stillbirth, or miscarriage; and

(D) family history of disease;

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

(4) follows each participant throughout her pregnancy and for a reasonable amount of time postpartum to reduce poor birth outcomes and pregnancy-related maternal deaths occurring postpartum.

(c) The commission may incorporate as a component of the pilot program financial incentives for health care providers who participate in a maternity management team. The commission may consider as a criteria for the financial incentives whether the health care provider in a maternity management team will implement strategies and best practices recommended by the Maternal Mortality and Morbidity Task Force established under Chapter 34, Health and Safety Code, for reducing maternal mortality rates and maternal health disparities for African American women in this state.

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

(e) Notwithstanding Section 531.02176, the commission may:

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

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

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

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

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

(f-1) The report required under Subsection (f) may include statistical information and findings based on confidential information collected under Section 34.019, Health and Safety Code, provided the information and findings:

(1) are aggregated; and

(2) do not include any personally identifying information of a woman, her family, or a health care provider.

(g) The executive commissioner shall:

(1) adopt rules to implement this section; and

(2) adopt and implement policies and procedures to ensure that confidential information obtained under this section is not disclosed in violation of state or federal law.

(h) This section expires September 1, 2023.

SECTION 3. 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 4. 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. The account is created solely for the perpetual care and preservation of newborn screening in this state.

(b) 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.

(c) On November 1 of each year, the department shall 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.

(d) The account is composed of:

(1) money transferred to the account under Subsection (c);

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

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

(e) Section 403.0956, Government Code, does not apply to the account.

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

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

(1) pay for capital assets, improvements, equipment, and renovations for the laboratory established by the department to ensure the continuous operation of the newborn screening program; and

(2) pay for necessary renovations, construction, capital assets, equipment, supplies, staff, and training associated with providing additional newborn screening tests not offered under this chapter before September 1, 2019, including the operational costs incurred during the first year of implementing the additional tests.

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

Sec. 33.054. REPORT. If the department requires an additional newborn screening test under Subchapter B the costs of which are funded with money appropriated from the newborn screening preservation account, the department shall, not later than December 31 of the first even-numbered year following the addition of the test, prepare and submit a written report regarding the actions taken by the department to fund and implement the test during the preceding two years to:

(1) the governor;  
(2) the lieutenant governor;  
(3) the speaker of the house of representatives; and  
(4) each standing committee of the legislature having primary jurisdiction over the department.

SECTION 5. Chapter 34, Health and Safety Code, is amended by adding Sections 34.0158 and 34.0159 to read as follows:

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

4-1 rates in this state, including:

- 4-2 (1) Medicaid;
- 4-3 (2) the children's health insurance program, including
- 4-4 the perinatal program;
- 4-5 (3) the Healthy Texas Women program;
- 4-6 (4) the Family Planning Program;
- 4-7 (5) this state's program under the Maternal and Child
- 4-8 Health Services Block Grant Act (42 U.S.C. Section 701 et seq.);
- 4-9 (6) the Perinatal Advisory Council;
- 4-10 (7) state health plans; and
- 4-11 (8) the Healthy Texas Babies program.

4-12 Sec. 34.0159. PROGRAM EVALUATIONS. The commission, in

4-13 collaboration with the task force and other interested parties,

4-14 shall:

- 4-15 (1) explore options for expanding the pilot program
- 4-16 for pregnancy medical homes established under Section 531.0996,
- 4-17 Government Code;
- 4-18 (2) explore methods for increasing the benefits
- 4-19 provided under Medicaid, including specialty care and
- 4-20 prescriptions, for women at greater risk of a high-risk pregnancy
- 4-21 or premature delivery;
- 4-22 (3) evaluate the impact of supplemental payments made
- 4-23 to obstetrics providers for pregnancy risk assessments on
- 4-24 increasing access to maternal health services;
- 4-25 (4) evaluate a waiver to fund managed care
- 4-26 organization payments for case management and care coordination
- 4-27 services for women at high risk of severe maternal morbidity on
- 4-28 conclusion of their eligibility for Medicaid;
- 4-29 (5) evaluate the average time required for pregnant
- 4-30 women to complete the Medicaid enrollment process;
- 4-31 (6) evaluate the use of Medicare codes for Medicaid
- 4-32 care coordination;
- 4-33 (7) study the impact of programs funded from the Teen
- 4-34 Pregnancy Prevention Program federal grant and evaluate whether the
- 4-35 state should continue funding the programs; and
- 4-36 (8) evaluate the use of telemedicine medical services
- 4-37 for women during pregnancy and the postpartum period.

4-38 SECTION 6. Chapter 34, Health and Safety Code, is amended by

4-39 adding Sections 34.019, 34.020, and 34.021 to read as follows:

4-40 Sec. 34.019. DATA COLLECTION. The task force, under the

4-41 direction of the department, shall annually collect information

4-42 relating to maternity care and postpartum depression in this state.

4-43 The information must be based on statistics for the preceding year

4-44 and include the:

- 4-45 (1) total number of live births;
- 4-46 (2) number of births by Medicaid recipients;
- 4-47 (3) number of births by women with health benefit plan
- 4-48 coverage;
- 4-49 (4) number of Medicaid recipients screened for
- 4-50 postpartum depression;
- 4-51 (5) number of women screened for postpartum depression
- 4-52 under health benefit plan coverage;
- 4-53 (6) number of women treated for postpartum depression
- 4-54 under health benefit plan coverage;
- 4-55 (7) number of women screened for postpartum depression
- 4-56 under the Healthy Texas Women program;
- 4-57 (8) number of women treated for postpartum depression
- 4-58 under the Healthy Texas Women program;
- 4-59 (9) number of claims for postpartum depression
- 4-60 treatment paid by the Healthy Texas Women program;
- 4-61 (10) number of claims for postpartum depression
- 4-62 treatment rejected by the Healthy Texas Women program;
- 4-63 (11) postpartum depression screening and treatment
- 4-64 billing codes and the number of claims for each billing code under
- 4-65 the Healthy Texas Women program;
- 4-66 (12) average number of days from the date of a
- 4-67 postpartum depression screening to the date the patient begins
- 4-68 treatment under Medicaid;
- 4-69 (13) average number of days from the date of a

postpartum depression screening to the date the patient begins treatment under the Healthy Texas Women program;

(14) number of women who screened positive for postpartum depression under Medicaid and the average number of days following childbirth for the screening to occur;

(15) number of women who screened positive for postpartum depression under health benefit plan coverage and the average number of days following childbirth for the screening to occur; and

(16) number of women who screened positive for postpartum depression under the Healthy Texas Women program and the average number of days following childbirth for the screening to occur.

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

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

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

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

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

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

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

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

(d) In developing and administering the program, the commission shall endeavor to use innovative, durable medical equipment to monitor fetal and maternal health.

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

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

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

(f) Not later than January 1, 2021, the commission shall submit to the legislature a report on the program that evaluates the program's success in delivering prenatal and postpartum care through telehealth services or telemedicine medical services under Subsection (b). This subsection expires September 1, 2023.

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

(b) This section expires September 1, 2027.

SECTION 7. Section 81.090(c), Health and Safety Code, is amended to read as follows:

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

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

6-1 delivery; and

6-2 (2) submit the sample to an appropriately certified  
6-3 laboratory for diagnostic testing approved by the United States  
6-4 Food and Drug Administration for hepatitis B infection and  
6-5 syphilis.

6-6 SECTION 8. Section 241.183(a), Health and Safety Code, is  
6-7 amended to read as follows:

6-8 (a) The executive commissioner, in consultation with the  
6-9 department, shall adopt rules:

6-10 (1) establishing the levels of care for neonatal and  
6-11 maternal care to be assigned to hospitals;

6-12 (2) prescribing criteria for designating levels of  
6-13 neonatal and maternal care, respectively, including specifying the  
6-14 minimum requirements to qualify for each level designation;

6-15 (3) establishing a process for the assignment of  
6-16 levels of care to a hospital for neonatal and maternal care,  
6-17 respectively;

6-18 (4) establishing a process for amending the level of  
6-19 care designation requirements, including a process for assisting  
6-20 facilities in implementing any changes made necessary by the  
6-21 amendments;

6-22 (5) dividing the state into neonatal and maternal care  
6-23 regions;

6-24 (6) facilitating transfer agreements through regional  
6-25 coordination;

6-26 (7) requiring payment, other than quality or  
6-27 outcome-based funding, to be based on services provided by the  
6-28 facility, regardless of the hospital's ~~[facility's]~~ level of care  
6-29 designation; ~~[and]~~

6-30 (8) prohibiting the denial of a neonatal or maternal  
6-31 level of care designation to a hospital that meets the minimum  
6-32 requirements for that level of care designation;

6-33 (9) establishing a process through which a hospital  
6-34 may obtain a limited follow-up survey by an independent third party  
6-35 to appeal the level of care designation assigned to the hospital;

6-36 (10) permitting a hospital to satisfy any requirement  
6-37 for a Level I or II level of care designation that relates to an  
6-38 obstetrics or gynecological physician by:

6-39 (A) granting maternal care privileges to a family  
6-40 physician with obstetrics training or experience; and

6-41 (B) developing and implementing a plan for  
6-42 responding to obstetrical emergencies that require services or  
6-43 procedures outside the scope of privileges granted to the family  
6-44 physician described by Paragraph (A);

6-45 (11) clarifying that, regardless of a hospital's level  
6-46 of care designation, a health care provider at a designated  
6-47 facility or hospital may provide the full range of health care  
6-48 services:

6-49 (A) that the provider is authorized to provide  
6-50 under state law; and

6-51 (B) for which the hospital has granted privileges  
6-52 to the provider; and

6-53 (12) requiring the department to provide to each  
6-54 hospital that receives a level of care designation a written  
6-55 explanation of the basis for the designation, including, as  
6-56 applicable, specific reasons that prevented the hospital from  
6-57 receiving a higher level of care designation.

6-58 SECTION 9. Subchapter H, Chapter 241, Health and Safety  
6-59 Code, is amended by adding Sections 241.1835, 241.1836, and  
6-60 241.1865 to read as follows:

6-61 Sec. 241.1835. USE OF TELEMEDICINE MEDICAL SERVICES.

6-62 (a) In this section, "telemedicine medical service" has the  
6-63 meaning assigned by Section 111.001, Occupations Code.

6-64 (b) The rules adopted under Section 241.183 must allow the  
6-65 use of telemedicine medical services by a physician providing  
6-66 on-call services to satisfy certain requirements identified by the  
6-67 executive commissioner in the rules for a Level I, II, or III level  
6-68 of care designation.

6-69 (c) In identifying a requirement for a level of care

7-1 designation that may be satisfied through the use of telemedicine  
 7-2 medical services under Subsection (b), the executive commissioner,  
 7-3 in consultation with the department, physicians of appropriate  
 7-4 specialties, statewide hospital associations, and other  
 7-5 appropriate interested persons, must ensure that the provision of a  
 7-6 service or procedure through the use of telemedicine medical  
 7-7 services is in accordance with the standard of care applicable to  
 7-8 the provision of the same service or procedure in an in-person  
 7-9 setting.

7-10 (d) Telemedicine medical services must be administered  
 7-11 under this section by a physician licensed to practice medicine  
 7-12 under Subtitle B, Title 3, Occupations Code.

7-13 (e) This section does not waive other requirements for a  
 7-14 level of care designation.

7-15 Sec. 241.1836. APPEAL PROCESS. (a) The rules adopted  
 7-16 under Section 241.183 establishing the appeal process for a level  
 7-17 of care designation assigned to a hospital must allow a hospital to  
 7-18 appeal to a three-person panel that includes:

7-19 (1) a representative of the department;

7-20 (2) a representative of the commission; and

7-21 (3) an independent person who:

7-22 (A) has expertise in the specialty area for which  
 7-23 the hospital is seeking a level of care designation;

7-24 (B) is not an employee of or affiliated with  
 7-25 either the department or the commission; and

7-26 (C) does not have a conflict of interest with the  
 7-27 hospital, department, or commission.

7-28 (b) The independent person on the panel described by  
 7-29 Subsection (a) must rotate after each appeal from a list of five to  
 7-30 seven similarly qualified persons. The department shall solicit  
 7-31 persons to be included on the list. A person must apply to the  
 7-32 department on a form prescribed by the department and be approved by  
 7-33 the commissioner to be included on the list.

7-34 Sec. 241.1865. WAIVER FROM LEVEL OF CARE DESIGNATION  
 7-35 REQUIREMENTS; CONDITIONAL DESIGNATION. (a) The department shall  
 7-36 develop and implement a process through which a hospital may  
 7-37 request and enter into an agreement with the department to:

7-38 (1) receive or maintain a level of care designation  
 7-39 for which the hospital does not meet all requirements conditioned  
 7-40 on the hospital, in accordance with a plan approved by the  
 7-41 department and outlined under the agreement, satisfying all  
 7-42 requirements for the level of care designation within a time  
 7-43 specified under the agreement, which may not exceed the first  
 7-44 anniversary of the effective date of the agreement; or

7-45 (2) waive one specific requirement for a level of care  
 7-46 designation in accordance with Subsection (c).

7-47 (b) A hospital may submit a written request under Subsection  
 7-48 (a) at any time. The department may make a determination on a  
 7-49 request submitted under that subsection at any time.

7-50 (c) The department may enter into an agreement with a  
 7-51 hospital to waive a requirement under Subsection (a)(2) only if the  
 7-52 department determines the waiver is justified considering:

7-53 (1) the expected impact on the accessibility of care  
 7-54 in the geographical area served by the hospital if the waiver is not  
 7-55 granted;

7-56 (2) the expected impact on quality of care;

7-57 (3) the expected impact on patient safety; and

7-58 (4) whether health care services related to the  
 7-59 requirement can be provided through telemedicine medical services  
 7-60 under Section 241.1835.

7-61 (d) A waiver agreement entered into under Subsection (a):

7-62 (1) must expire not later than at the end of each  
 7-63 designation cycle but may be renewed on expiration by the  
 7-64 department under the same or different terms; and

7-65 (2) may specify any conditions for ongoing reporting  
 7-66 and monitoring during the agreement.

7-67 (e) A hospital that enters into a waiver agreement under  
 7-68 Subsection (a) is required to satisfy all other requirements for a  
 7-69 level of care designation that are not waived in the agreement.

(f) The department shall post on the department's Internet website and periodically update:

(1) a list of hospitals that enter into an agreement with the department under this section; and

(2) an aggregated list of the requirements conditionally met or waived in agreements entered into under this section.

(g) A hospital that enters into an agreement with the department under this section shall post on the hospital's Internet website the nature and general terms of the agreement.

SECTION 10. Section 241.187, Health and Safety Code, is amended by amending Subsection (l) and adding Subsections (m) and (n) to read as follows:

(1) The advisory council is subject to Chapter 325, Government Code (Texas Sunset Act). The advisory council shall be reviewed during the period in which the Department of State Health Services is reviewed [~~Unless continued in existence as provided by that chapter, the advisory council is abolished and this section expires September 1, 2025~~].

(m) The department, in consultation with the advisory council, shall:

(1) conduct a strategic review of the practical implementation of rules adopted in consultation with the department under this subchapter that at a minimum identifies:

(A) barriers to a hospital obtaining its requested level of care designation;

(B) whether the barriers identified under Paragraph (A) are appropriate to ensure and improve neonatal and maternal care;

(C) requirements for a level of care designation that relate to gestational age; and

(D) whether, in making a level of care designation for a hospital, the department or the perinatal advisory council should consider:

(i) the geographic area in which the hospital is located; and

(ii) regardless of the number of patients of a particular gestational age treated by the hospital, the hospital's capabilities in providing care to patients of a particular gestational age;

(2) based on the review conducted under Subdivision (1), recommend a modification of rules adopted under this subchapter, as appropriate, to improve the process and methodology of assigning level of care designations; and

(3) prepare and submit to the legislature:

(A) not later than December 31, 2019, a written report that summarizes the department's review of neonatal care conducted under Subdivision (1) and on actions taken by the department and executive commissioner based on that review; and

(B) not later than December 31, 2020, a written report that summarizes the department's review of maternal care conducted under Subdivision (1) and on actions taken by the department and executive commissioner based on that review.

(n) Subsection (m) and this subsection expire September 1, 2021.

SECTION 11. Chapter 1001, Health and Safety Code, is amended by adding Subchapter K to read as follows:

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

Sec. 1001.261. DEFINITIONS. In this subchapter:

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

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

Sec. 1001.262. ESTABLISHMENT OF PILOT PROGRAM; RULES. (a) The department shall develop and implement a high-risk maternal care coordination services pilot program in one or more geographic areas in this state.

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

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

(2) study existing models of high-risk maternal care coordination services;

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

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

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

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

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

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

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

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

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

(B) facilitating care coordination and navigation activities; and

(C) identifying and reducing barriers to the women's access to health care.

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

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

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

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

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

SECTION 12. (a) The executive commissioner of the Health and Human Services Commission shall adopt the rules required by:

(1) Section 33.004(f), Health and Safety Code, as amended by this Act, and Section 1001.262(c), Health and Safety Code, as added by this Act, not later than December 1, 2019, subject to Subsection (b) of this section; and

(2) Section 241.183, Health and Safety Code, as amended by this Act, as soon as practicable after the effective date of this Act.

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

10-1 SECTION 13. (a) The executive commissioner of the Health  
10-2 and Human Services Commission shall complete for each hospital in  
10-3 this state the maternal level of care designation required under  
10-4 Subchapter H, Chapter 241, Health and Safety Code, as amended by  
10-5 this Act, not later than August 31, 2021.

10-6 (b) Notwithstanding Section 241.186, Health and Safety  
10-7 Code, a hospital is not required to have a maternal level of care  
10-8 designation as a condition of reimbursement for maternal services  
10-9 through the Medicaid program before September 1, 2021.

10-10 (c) A hospital that submits an application to the Department  
10-11 of State Health Services for a maternal level of care designation  
10-12 under Subchapter H, Chapter 241, Health and Safety Code, before the  
10-13 effective date of this Act may amend the application to reflect the  
10-14 applicable changes in law made by this Act.

10-15 SECTION 14. As soon as practicable after the effective date  
10-16 of this Act, the executive commissioner of the Health and Human  
10-17 Services Commission shall apply to the United States Department of  
10-18 Health and Human Services for grants as required by Section 34.021,  
10-19 Health and Safety Code, as added by this Act.

10-20 SECTION 15. If before implementing any provision of this  
10-21 Act a state agency determines that a waiver or authorization from a  
10-22 federal agency is necessary for implementation of that provision,  
10-23 the agency affected by the provision shall request the waiver or  
10-24 authorization and may delay implementing that provision until the  
10-25 waiver or authorization is granted.

10-26 SECTION 16. This Act takes effect immediately if it  
10-27 receives a vote of two-thirds of all the members elected to each  
10-28 house, as provided by Section 39, Article III, Texas Constitution.  
10-29 If this Act does not receive the vote necessary for immediate  
10-30 effect, this Act takes effect September 1, 2019.

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