

AN ACT

relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs.

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

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0738 to read as follows:

Sec. 531.0738. APPLICATION FOR FUNDING TO IMPLEMENT MODEL OF CARE FOR CERTAIN MEDICAID RECIPIENTS. (a) The commission shall apply to the Centers for Medicare and Medicaid Services to receive any federal money available to implement a model of care that improves the quality and accessibility of care for:

(1) pregnant women with opioid use disorder enrolled in Medicaid during the prenatal and postpartum periods; and

(2) their children after birth.

(b) This section expires September 1, 2021.

SECTION 2. Chapter 31, Health and Safety Code, is amended by adding Section 31.018 to read as follows:

Sec. 31.018. REFERRAL FROM HEALTHY TEXAS WOMEN PROGRAM TO PRIMARY HEALTH CARE SERVICES PROGRAM. (a) In this section, "Healthy Texas Women program" means a program operated by the commission that is substantially similar to the demonstration project operated under former Section 32.0248, Human Resources Code, and that is intended to expand access to preventive health and

1 family planning services for women in this state.

2 (b) The executive commissioner by rule shall ensure that
3 women receiving services under the Healthy Texas Women program are
4 referred to and provided with information on the primary health
5 care services program.

6 SECTION 3. Chapter 32, Health and Safety Code, is amended by
7 adding Subchapters E and F to read as follows:

8 SUBCHAPTER E. ENHANCED PRENATAL AND POSTPARTUM CARE SERVICES

9 Sec. 32.101. ENHANCED PRENATAL SERVICES FOR CERTAIN WOMEN.

10 The commission, in collaboration with managed care organizations
11 that contract with the commission to provide health care services
12 to medical assistance recipients under Chapter 533, Government
13 Code, shall develop and implement cost-effective, evidence-based,
14 and enhanced prenatal services for high-risk pregnant women covered
15 under the medical assistance program.

16 Sec. 32.102. EVALUATION AND ENHANCEMENT OF POSTPARTUM CARE
17 SERVICES FOR CERTAIN WOMEN. (a) In this section, "Healthy Texas
18 Women program" means a program operated by the commission that is
19 substantially similar to the demonstration project operated under
20 former Section 32.0248, Human Resources Code, and that is intended
21 to expand access to preventive health and family planning services
22 for women in this state.

23 (b) The commission shall evaluate postpartum care services
24 provided to women enrolled in the Healthy Texas Women program after
25 the first 60 days of the postpartum period.

26 (c) Based on the commission's evaluation under Subsection
27 (b), the commission shall develop an enhanced, cost-effective, and

1 limited postpartum care services package for women enrolled in the
2 Healthy Texas Women program to be provided:

3 (1) after the first 60 days of the postpartum period;
4 and

5 (2) for a period of not more than 12 months after the
6 date of enrollment in the Healthy Texas Women program.

7 SUBCHAPTER F. DELIVERY AND IMPROVEMENT OF MATERNAL HEALTH CARE

8 SERVICES INVOLVING MANAGED CARE ORGANIZATIONS

9 Sec. 32.151. DEFINITIONS. In this subchapter:

10 (1) "High-risk population" means the population of
11 women most disproportionately affected by maternal morbidity and
12 maternal mortality, as determined in the joint biennial report
13 required under Section 34.015 including minority women.

14 (2) "Healthy Texas Women program" means a program
15 operated by the commission that is substantially similar to the
16 demonstration project operated under former Section 32.0248, Human
17 Resources Code, and that is intended to expand access to preventive
18 health and family planning services for women in this state.

19 (3) "Medicaid managed care organization" means a
20 managed care organization as defined by Section 533.001, Government
21 Code, that contracts with the commission under Chapter 533,
22 Government Code, to provide health care services to medical
23 assistance program recipients.

24 Sec. 32.152. ASSESSING PROVISION OF HEALTHY TEXAS WOMEN
25 PROGRAM SERVICES THROUGH MANAGED CARE. (a) The commission shall
26 assess:

27 (1) the feasibility and cost-effectiveness of

1 contracting with Medicaid managed care organizations to provide
2 Healthy Texas Women program services through managed care in one or
3 more health care service regions in this state if the Healthy Texas
4 Women Section 1115 Demonstration Waiver is approved; and

5 (2) the potential impact of that delivery model on
6 women receiving services under the program.

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

8 Sec. 32.153. CONTINUITY OF CARE FOR CERTAIN WOMEN ENROLLING
9 IN HEALTHY TEXAS WOMEN PROGRAM. The commission shall develop and
10 implement strategies to ensure the continuity of care for women who
11 transition from the medical assistance program and enroll in the
12 Healthy Texas Women program. In developing and implementing
13 strategies under this section, the commission may collaborate with
14 health care providers participating in the Healthy Texas Women
15 program and Medicaid managed care organizations that provide health
16 care services to pregnant women.

17 Sec. 32.154. POSTPARTUM DEPRESSION TREATMENT NETWORK.
18 Using money from an available source designated by the commission,
19 the commission, in collaboration with Medicaid managed care
20 organizations and health care providers participating in the
21 Healthy Texas Women program, shall develop and implement a
22 postpartum depression treatment network for women enrolled in the
23 medical assistance or Healthy Texas Women program.

24 Sec. 32.155. STATEWIDE INITIATIVES TO IMPROVE QUALITY OF
25 MATERNAL HEALTH CARE. (a) In this section, "social determinants
26 of health" means the environmental conditions in which an
27 individual lives that affect the individual's health and quality of

1 life.

2 (b) The commission shall develop or enhance statewide
3 initiatives to improve the quality of maternal health care services
4 and outcomes for women in this state. The commission shall specify
5 the initiatives that each managed care organization that contracts
6 with the commission to provide health care services in this state
7 must incorporate in the organization's managed care plans. The
8 initiatives may address:

9 (1) prenatal and postpartum care rates;

10 (2) maternal health disparities that exist for
11 minority women and other high-risk populations of women in this
12 state;

13 (3) social determinants of health; or

14 (4) other priorities specified by the commission.

15 (c) A managed care organization required to incorporate the
16 initiatives in the organization's managed care plans under
17 Subsection (b) may incorporate any additional initiatives to
18 improve the quality of maternal health care services for women
19 receiving health care services through the organization.

20 (d) The commission shall prepare and submit to the
21 legislature and make available to the public an annual report that
22 summarizes:

23 (1) the commission's progress in developing or
24 enhancing initiatives under this section; and

25 (2) each managed care organization's progress in
26 incorporating the required initiatives in the organization's
27 managed care plans.

1 (e) The commission may submit the report required under
2 Subsection (d) with the report required under Section 536.008,
3 Government Code.

4 SECTION 4. The heading to Chapter 34, Health and Safety
5 Code, is amended to read as follows:

6 CHAPTER 34. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW

7 COMMITTEE [~~TASK FORCE~~]

8 SECTION 5. Section 34.001, Health and Safety Code, is
9 amended by adding Subdivision (12-a) to read as follows:

10 (12-a) "Review committee" means the Texas Maternal
11 Mortality and Morbidity Review Committee.

12 SECTION 6. Sections 34.002, 34.003, 34.004, and 34.005,
13 Health and Safety Code, are amended to read as follows:

14 Sec. 34.002. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW
15 COMMITTEE [~~TASK FORCE~~]. (a) The Texas Maternal Mortality and
16 Morbidity Review Committee [~~Task Force~~] is administered by the
17 department.

18 (b) The review committee [~~task force~~] is a
19 multidisciplinary advisory committee within the department and is
20 composed of the following 17 members:

21 (1) 15 members appointed by the commissioner as
22 follows:

23 (A) four physicians specializing in obstetrics,
24 at least one of whom is a maternal fetal medicine specialist;

25 (B) one certified nurse-midwife;

26 (C) one registered nurse;

27 (D) one nurse specializing in labor and delivery;

- 1 (E) one physician specializing in family
2 practice;
- 3 (F) one physician specializing in psychiatry;
- 4 (G) one physician specializing in pathology;
- 5 (H) one epidemiologist, biostatistician, or
6 researcher of pregnancy-related deaths;
- 7 (I) one social worker or social service provider;
- 8 (J) one community advocate in a relevant field;
- 9 (K) one medical examiner or coroner responsible
10 for recording deaths; and
- 11 (L) one physician specializing in critical care;
- 12 (2) a representative of the department's family and
13 community health programs; and
- 14 (3) the state epidemiologist for the department or the
15 epidemiologist's designee.
- 16 (c) In appointing members to the review committee [~~task~~
17 ~~force~~], the commissioner shall:
- 18 (1) include members:
- 19 (A) working in and representing communities that
20 are diverse with regard to race, ethnicity, immigration status, and
21 English proficiency; and
- 22 (B) from differing geographic regions in the
23 state, including both rural and urban areas;
- 24 (2) endeavor to include members who are working in and
25 representing communities that are affected by pregnancy-related
26 deaths and severe maternal morbidity and by a lack of access to
27 relevant perinatal and intrapartum care services; and

1 (3) ensure that the composition of the review
2 committee [~~task force~~] reflects the racial, ethnic, and linguistic
3 diversity of this state.

4 (d) The commissioner shall appoint from among the review
5 committee [~~task force~~] members a presiding officer.

6 (e) A member of the review committee [~~task force~~] appointed
7 under Subsection (b)(1) is not entitled to compensation for service
8 on the review committee [~~task force~~] or reimbursement for travel or
9 other expenses incurred by the member while conducting the business
10 of the review committee [~~task force~~].

11 (f) In carrying out its duties, the review committee [~~task~~
12 ~~force~~] may use technology, including teleconferencing or
13 videoconferencing, to eliminate travel expenses.

14 Sec. 34.003. TERMS; VACANCY. (a) Review committee [~~Task~~
15 ~~force~~] members appointed by the commissioner serve staggered
16 six-year terms, with the terms of four or five members, as
17 appropriate, expiring February 1 of each odd-numbered year.

18 (b) A review committee [~~task force~~] member may serve more
19 than one term.

20 (c) A vacancy on the review committee [~~task force~~] shall be
21 filled for the unexpired term in the same manner as the original
22 appointment.

23 Sec. 34.004. MEETINGS. (a) The review committee [~~task~~
24 ~~force~~] shall meet at least quarterly. The review committee [~~task~~
25 ~~force~~] may meet at other times at the call of the commissioner.

26 (b) Meetings of the review committee [~~task force~~] are
27 subject to Chapter 551, Government Code, except that the review

1 committee [~~task force~~] shall conduct a closed meeting to review
2 cases under Section 34.007.

3 (c) The review committee [~~task force~~] shall:

4 (1) allow for public comment during at least one
5 public meeting each year;

6 (2) present in open session recommendations made under
7 Section 34.005 to help reduce the incidence of pregnancy-related
8 deaths and severe maternal morbidity in this state; and

9 (3) post public notice for meetings conducted for the
10 sole purpose of reviewing cases for selection under Section 34.007.

11 Sec. 34.005. DUTIES OF REVIEW COMMITTEE [~~TASK FORCE~~]. The
12 review committee [~~task force~~] shall:

13 (1) study and review:

14 (A) cases of pregnancy-related deaths;

15 (B) trends, rates, or disparities in
16 pregnancy-related deaths and severe maternal morbidity;

17 (C) health conditions and factors that
18 disproportionately affect the most at-risk population as
19 determined in the joint biennial report required under Section
20 34.015; and

21 (D) best practices and programs operating in
22 other states that have reduced rates of pregnancy-related deaths;

23 (2) compare rates of pregnancy-related deaths based on
24 the socioeconomic status of the mother;

25 (3) determine the feasibility of the review committee
26 [~~task force~~] studying cases of severe maternal morbidity; and

27 (4) in consultation with the Perinatal Advisory

1 Council, make recommendations to help reduce the incidence of
2 pregnancy-related deaths and severe maternal morbidity in this
3 state.

4 SECTION 7. Section 34.0055(a), Health and Safety Code, is
5 amended to read as follows:

6 (a) Using existing resources, the commission, in
7 consultation with the review committee [~~task force~~], shall:

8 (1) make available to physicians and other persons
9 licensed or certified to conduct a substance use screening and
10 domestic violence screening of pregnant women information that
11 includes:

12 (A) guidance regarding best practices for
13 verbally screening a pregnant woman for substance use and verbally
14 screening a pregnant woman for domestic violence using a validated
15 screening tool; and

16 (B) a list of substance use treatment resources
17 and domestic violence prevention and intervention resources in each
18 geographic region of this state; and

19 (2) review and promote the use of educational
20 materials on the consequences of opioid drug use and on domestic
21 violence prevention and intervention during pregnancy.

22 SECTION 8. Section 34.006, Health and Safety Code, is
23 amended to read as follows:

24 Sec. 34.006. CONSULTATIONS AND AGREEMENTS WITH OUTSIDE
25 PARTIES. (a) The department and review committee [~~task force~~] may
26 consult with any relevant experts and stakeholders, including:

27 (1) anesthesiologists;

- 1 (2) intensivists or critical care physicians;
- 2 (3) nutritionists;
- 3 (4) substance abuse treatment specialists;
- 4 (5) hospital staff or employees;
- 5 (6) representatives of the state Medicaid program;
- 6 (7) paramedics or other emergency medical response
7 personnel;
- 8 (8) hospital-based risk management specialists;
- 9 (9) representatives of local health departments and
10 public health districts in this state;
- 11 (10) public health experts;
- 12 (11) government representatives or officials; and
- 13 (12) law enforcement officials.

14 (b) In gathering information, the department and review
15 committee [~~task force~~] may consult with representatives of any
16 relevant state professional associations and organizations,
17 including:

- 18 (1) District XI of the American Congress of
19 Obstetricians and Gynecologists;
- 20 (2) the Texas Association of Obstetricians and
21 Gynecologists;
- 22 (3) the Texas Nurses Association;
- 23 (4) the Texas Section of the Association of Women's
24 Health, Obstetric and Neonatal Nurses;
- 25 (5) the Texas Academy of Family Physicians;
- 26 (6) the Texas Pediatric Society;
- 27 (7) the Consortium of Texas Certified Nurse-Midwives;

- 1 (8) the Association of Texas Midwives;
- 2 (9) the Texas Hospital Association;
- 3 (10) the Texas Medical Association; and
- 4 (11) the Texas Public Health Association.

5 (c) In consulting with individuals or organizations under
6 Subsection (a) or (b), a member of the review committee [~~task force~~]
7 or employee of the department may not disclose any identifying
8 information of a patient or health care provider.

9 (d) The department on behalf of the review committee [~~task~~
10 ~~force~~] may enter into agreements with institutions of higher
11 education or other organizations consistent with the duties of the
12 department or review committee [~~task force~~] under this chapter.

13 SECTION 9. Sections 34.007(a) and (c), Health and Safety
14 Code, are amended to read as follows:

15 (a) The department shall determine a statistically
16 significant number of cases of pregnancy-related deaths for review.
17 The department shall either randomly select cases or select all
18 cases for the review committee [~~task force~~] to review under this
19 subsection to reflect a cross-section of pregnancy-related deaths
20 in this state.

21 (c) If feasible, the department may select cases of severe
22 maternal morbidity for review. In selecting cases under this
23 subsection, the department shall randomly select cases for the
24 review committee [~~task force~~] to review to reflect trends
25 identified under Subsection (b).

26 SECTION 10. Section 34.008, Health and Safety Code, is
27 amended by amending Subsections (a) and (b) and adding Subsection

1 (c-1) to read as follows:

2 (a) On selecting a case of pregnancy-related death or severe
3 maternal morbidity for review, the department shall, in accordance
4 with this section, obtain information relevant to the case to
5 enable the review committee [~~task force~~] to review the case. The
6 department shall provide the information to the review committee
7 [~~task force~~].

8 (b) The information provided to the review committee [~~task~~
9 ~~force~~] may not include identifying information of a patient or
10 health care provider, including:

11 (1) the name, address, or date of birth of the patient
12 or a member of the patient's family; or

13 (2) the name or specific location of a health care
14 provider that treated the patient.

15 (c-1) Not later than the 30th business day after receiving a
16 request from the department for records regarding a
17 pregnancy-related death for a specific patient, a hospital,
18 birthing center, or other custodian of the records shall submit the
19 records to the department. A request made under this subsection to
20 a hospital or birthing center must be limited to a patient's medical
21 records.

22 SECTION 11. Section 34.009, Health and Safety Code, is
23 amended by amending Subsections (b), (c), (d), (e), and (h) and
24 adding Subsection (b-1) to read as follows:

25 (b) Except as provided by Subsection (b-1), confidential
26 [~~Confidential~~] information that is acquired by the department and
27 that includes identifying information of an individual or health

1 care provider is privileged and may not be disclosed to any person.
2 Information that may not be disclosed under this subsection
3 includes:

4 (1) the name and address of a patient or a member of
5 the patient's family;

6 (2) any service received by the patient or a member of
7 the patient's family;

8 (3) the social and economic condition of the patient
9 or a member of the patient's family;

10 (4) medical, dental, and mental health care
11 information related to the patient or a member of the patient's
12 family, including diagnoses, conditions, diseases, or disability;
13 and

14 (5) the identity of a health care provider that
15 provided any services to the patient or a member of the patient's
16 family.

17 (b-1) Confidential information that is acquired by the
18 department under this section that includes identifying
19 information of an individual or health care provider may be
20 securely disclosed to an appropriate federal agency for the limited
21 purpose of complying with applicable requirements under the federal
22 Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

23 (c) Review committee [~~Task force~~] work product or
24 information obtained by the department under this chapter,
25 including information contained in an electronic database
26 established and maintained under Section 34.012, or any other
27 document or record, is confidential. This subsection does not

1 prevent the review committee [~~task force~~] or department from
2 releasing information described by Subsection (d) or (e) or from
3 submitting the report required by Section 34.015.

4 (d) Information is not confidential under this section if
5 the information is general information that cannot be connected
6 with any specific individual, case, or health care provider, such
7 as:

8 (1) total expenditures made for specified purposes;

9 (2) the number of families served by particular health
10 care providers or agencies;

11 (3) aggregated data on social and economic conditions;

12 (4) medical data and information related to health
13 care services that do not include any identifying information
14 relating to a patient or the patient's family;

15 (5) information, including the source, value, and
16 purpose, related to gifts, grants, or donations to or for use by the
17 review committee [~~task force~~]; and

18 (6) other statistical information.

19 (e) The review committee [~~task force~~] may publish
20 statistical studies and research reports based on information that
21 is confidential under this section, provided that the information:

22 (1) is published in the aggregate;

23 (2) does not identify a patient or the patient's
24 family;

25 (3) does not include any information that could be
26 used to identify a patient or the patient's family; and

27 (4) does not identify a health care provider.

1 (h) The review committee [~~task force~~] and the department
2 shall comply with all state and federal laws and rules relating to
3 the transmission of health information, including the Health
4 Insurance Portability and Accountability Act of 1996 (Pub. L.
5 No. 104-191) and rules adopted under that Act.

6 SECTION 12. Section 34.010, Health and Safety Code, is
7 amended to read as follows:

8 Sec. 34.010. SUBPOENA AND DISCOVERY. Review committee
9 [~~Task force~~] work product or information that is confidential under
10 Section 34.009 is privileged, is not subject to subpoena or
11 discovery, and may not be introduced into evidence in any
12 administrative, civil, or criminal proceeding against a patient, a
13 member of the family of a patient, or a health care provider.

14 SECTION 13. Section 34.011(a), Health and Safety Code, is
15 amended to read as follows:

16 (a) A member of the review committee [~~task force~~] or a
17 person employed by or acting in an advisory capacity to the review
18 committee [~~task force~~] and who provides information, counsel, or
19 services to the review committee [~~task force~~] is not liable for
20 damages for an action taken within the scope of the functions of the
21 review committee [~~task force~~].

22 SECTION 14. Sections 34.012(a) and (c), Health and Safety
23 Code, are amended to read as follows:

24 (a) The department may establish and maintain an electronic
25 database to track cases of pregnancy-related deaths and severe
26 maternal morbidity to assist the department and review committee
27 [~~task force~~] in performing functions under this chapter.

1 (c) The database may be accessed only by the department and
2 the review committee [~~task force~~] for the purposes described in
3 this chapter.

4 SECTION 15. Section 34.014, Health and Safety Code, is
5 amended to read as follows:

6 Sec. 34.014. FUNDING. The department may accept gifts and
7 grants from any source to fund the duties of the department and the
8 review committee [~~task force~~] under this chapter.

9 SECTION 16. Sections 34.015(a) and (b), Health and Safety
10 Code, are amended to read as follows:

11 (a) Not later than September 1 of each even-numbered year,
12 the review committee [~~task force~~] and the department shall submit a
13 joint report on the findings of the review committee [~~task force~~]
14 under this chapter to the governor, lieutenant governor, speaker of
15 the house of representatives, and appropriate committees of the
16 legislature.

17 (b) The report must include the review committee's [~~task
18 force's~~] recommendations under Section 34.005(4).

19 SECTION 17. Section 34.0155, Health and Safety Code, is
20 amended to read as follows:

21 Sec. 34.0155. REPORT ON PREGNANCY-RELATED DEATHS, SEVERE
22 MATERNAL MORBIDITY, AND POSTPARTUM DEPRESSION. The commission
23 shall:

24 (1) evaluate options for reducing pregnancy-related
25 deaths, focusing on the most prevalent causes of pregnancy-related
26 deaths as identified in the joint biennial report required under
27 Section 34.015, and for treating postpartum depression in

1 economically disadvantaged women;

2 (2) in coordination with the department and the review
3 committee [~~task force~~], identify strategies to:

4 (A) lower costs of providing medical assistance
5 under Chapter 32, Human Resources Code, related to severe maternal
6 morbidity and chronic illness; and

7 (B) improve quality outcomes related to the
8 underlying causes of severe maternal morbidity and chronic illness;
9 and

10 (3) not later than December 1 of each even-numbered
11 year, submit to the governor, the lieutenant governor, the speaker
12 of the house of representatives, the Legislative Budget Board, and
13 the appropriate standing committees of the legislature a written
14 report that includes:

15 (A) a summary of the commission's and
16 department's efforts to accomplish the tasks described by
17 Subdivisions (1) and (2); and

18 (B) a summary of the report required by Section
19 34.0156.

20 SECTION 18. Section 34.0156(a), Health and Safety Code, is
21 amended to read as follows:

22 (a) Using existing resources, the department, in
23 collaboration with the review committee [~~task force~~], shall promote
24 and facilitate the use among health care providers in this state of
25 maternal health and safety informational materials, including
26 tools and procedures related to best practices in maternal health
27 and safety.

1 SECTION 19. Section 34.017(b), Health and Safety Code, is
2 amended to read as follows:

3 (b) The department may not disclose the information
4 described by Subsection (a) to the review committee [~~task force~~] or
5 any other person.

6 SECTION 20. Section 34.018, Health and Safety Code, is
7 amended to read as follows:

8 Sec. 34.018. SUNSET PROVISION. (a) The review committee
9 [~~task force~~] is subject to Chapter 325, Government Code (Texas
10 Sunset Act). Unless continued in existence as provided by that
11 chapter, the review committee [~~task force~~] is abolished and this
12 chapter expires September 1, 2027 [~~2023~~].

13 (b) The Sunset Advisory Commission shall review the review
14 committee during the two-year period preceding the date the
15 department is scheduled for abolition under Section 1001.003, but
16 the review committee is continued in existence until the date
17 provided by Subsection (a). This subsection expires September 1,
18 2025.

19 SECTION 21. Section 1001.0712(c), Health and Safety Code,
20 is amended to read as follows:

21 (c) The department, in consultation with the Texas Maternal
22 Mortality and Morbidity Review Committee [~~Task Force~~], shall
23 examine national standards regarding the collection of death
24 information and may convene a panel of experts to advise the
25 department and the review committee [~~task force~~] in developing
26 recommendations for improving the collection of accurate
27 information related to cause of death.

1 SECTION 22. Section 34.001(14), Health and Safety Code, is
2 repealed.

3 SECTION 23. (a) In this section, "Healthy Texas Women
4 program" means a program operated by the Health and Human Services
5 Commission that is substantially similar to the demonstration
6 project operated under former Section 32.0248, Human Resources
7 Code, and that is intended to expand access to preventive health and
8 family planning services for women in this state.

9 (b) If the Centers for Medicare and Medicaid Services
10 approves the waiver submitted by the executive commissioner of the
11 Health and Human Services Commission under Section 1115 of the
12 federal Social Security Act (42 U.S.C. Section 1315) for the
13 Healthy Texas Women Section 1115 Demonstration Waiver, the
14 executive commissioner shall, as soon as practicable after the
15 waiver is granted, seek an amendment to the waiver to provide
16 enhanced services under the Healthy Texas Women program.

17 SECTION 24. As soon as practicable after the effective date
18 of this Act:

19 (1) the executive commissioner of the Health and Human
20 Services Commission shall adopt rules as necessary to implement the
21 changes in law made by this Act; and

22 (2) the Health and Human Services Commission shall
23 apply for any federal money available to implement the model of care
24 described by Section 531.0738, Government Code, as added by this
25 Act.

26 SECTION 25. On the effective date of this Act:

27 (1) the Maternal Mortality and Morbidity Task Force is

1 renamed the Texas Maternal Mortality and Morbidity Review
2 Committee; and

3 (2) a reference in law to the task force means the
4 review committee.

5 SECTION 26. If before implementing any provision of this
6 Act a state agency determines that a waiver or authorization from a
7 federal agency is necessary for implementation of that provision,
8 the agency affected by the provision shall request the waiver or
9 authorization and may delay implementing that provision until the
10 waiver or authorization is granted.

11 SECTION 27. The Health and Human Services Commission is
12 required to implement a provision of this Act only if the
13 legislature appropriates money specifically for that purpose. If
14 the legislature does not appropriate money specifically for that
15 purpose, the commission may, but is not required to, implement a
16 provision of this Act using other appropriations available for that
17 purpose.

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

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 750 passed the Senate on April 16, 2019, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendments on May 23, 2019, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 750 passed the House, with amendments, on May 21, 2019, by the following vote: Yeas 144, Nays 2, one present not voting.

Chief Clerk of the House

Approved:

Date

Governor