

HEALTH AND SAFETY CODE

TITLE 2. HEALTH

SUBTITLE B. HEALTH PROGRAMS

CHAPTER 32. MATERNAL AND INFANT HEALTH IMPROVEMENT

SUBCHAPTER A. PROGRAM FOR WOMEN AND CHILDREN

Sec. 32.001. SHORT TITLE. This chapter may be cited as the Maternal and Infant Health Improvement Act.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 32.002. DEFINITIONS. (a) In this chapter:

(1) "Adolescent" means an individual younger than 18 years of age.

(2) "Ancillary services" means services necessary to obtain timely, effective, and appropriate maternal and infant health improvement services, and includes prescription drugs, medical social services, transportation, health promotion services, and laboratory services.

(3) "Facility" includes a hospital, public health clinic, birthing center, outpatient clinic, or community health center.

(4) "Infant care" means maternal and infant health improvement services and ancillary services appropriate for an individual from birth to 12 months of age.

(5) "Intrapartum care" means maternal and infant health improvement services and ancillary services appropriate for a woman, fetus, or infant during childbirth.

(6) "Maternal and infant health improvement services" means services necessary to assure quality health care for women and children.

(7) "Medical assistance program" means the program administered by the single state agency under Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.).

(8) "Other benefit" means a benefit, other than a benefit provided under this chapter, to which an individual is entitled for payment of the costs of maternal and infant health

improvement services, ancillary services, educational services, or transportation services, including benefits available from:

(A) an insurance policy, group health plan, or prepaid medical care plan;

(B) Title XVIII of the Social Security Act (42 U.S.C. Section 1395 et seq.);

(C) the United States Department of Veterans Affairs;

(D) the TRICARE program of the United States Department of Defense;

(E) workers' compensation or any other compulsory employers' insurance program;

(F) a public program created by federal or state law, other than Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.), or by an ordinance or rule of a municipality or political subdivision of the state, excluding benefits created by the establishment of a municipal or county hospital, a joint municipal-county hospital, a county hospital authority, a hospital district, or the facilities of a publicly supported medical school; or

(G) a cause of action for medical, facility, or medical transportation expenses, or a settlement or judgment based on the cause of action, if the expenses are related to the need for services provided under this chapter.

(9) "Perinatal care" means maternal and infant health improvement services and ancillary services that are appropriate for women and infants during the perinatal period, which begins before conception and ends on the infant's first birthday.

(10) "Postpartum care" means maternal and infant health improvement services and ancillary services appropriate for a woman following a pregnancy.

(11) "Preconceptional care" means maternal and infant health improvement services and ancillary services appropriate for a woman before conception that are provided with the intent of planning and reducing health risks that might adversely affect her pregnancies.

(12) "Prenatal care" means maternal and infant health

improvement services and ancillary services that are appropriate for a pregnant woman and the fetus during the period beginning on the date of conception and ending on the commencement of labor.

(13) "Program" means the maternal and infant health improvement services program authorized by this chapter.

(14) "Provider" means a person who, through a grant or a contract with the department or through other means approved by the department, provides maternal and infant health improvement services and ancillary services that are purchased by the department for the purposes of this chapter.

(15) "Support" means the contribution of money or services necessary for a person's maintenance, including food, clothing, shelter, transportation, and health care.

(b) The executive commissioner by rule may define a word or term not defined by Subsection (a) as necessary to administer this chapter. The executive commissioner may not define a word or term so that the word or term is inconsistent or in conflict with the purposes of this chapter, or is in conflict with the definition and conditions of practice governing a provider who is required to be licensed, registered, certified, identified, or otherwise sanctioned under the laws of this state.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1995, 74th Leg., ch. 124, Sec. 2, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0079, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0080, eff. April 2, 2015.

Sec. 32.003. MATERNAL AND INFANT HEALTH IMPROVEMENT SERVICES PROGRAM. (a) The executive commissioner may establish a maternal and infant health improvement services program in the department to provide comprehensive maternal and infant health improvement services and ancillary services to eligible women and infants.

(b) If the program is established, the executive commissioner shall adopt rules relating to:

(1) the type, amount, and duration of services to be provided under this chapter; and

(2) the determination by the department of the services needed in each service area.

(c) If budgetary limitations exist, the executive commissioner by rule shall establish a system of priorities relating to the types of services provided, geographic areas covered, or classes of individuals eligible for services.

(d) The executive commissioner shall adopt the rules according to a statewide determination of the need for services.

(e) In structuring the program and adopting rules, the department and executive commissioner shall attempt to maximize the amount of federal matching funds available for maternal and infant health improvement services while continuing to serve targeted populations.

(f) If necessary, the executive commissioner by rule may coordinate services and other parts of the program with the medical assistance program. However, the executive commissioner may not adopt rules relating to the services under either program that would:

(1) cause the program established under this chapter not to conform with federal law to the extent that federal matching funds would not be available; or

(2) affect the status of the single state agency to administer the medical assistance program.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1995, 74th Leg., ch. 124, Sec. 3, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0081, eff. April 2, 2015.

Sec. 32.005. ABORTION SERVICES RESTRICTED. Notwithstanding any other provision of this chapter, funds administered under this chapter may not be used to provide abortion services unless the mother's life is in danger.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 32.006. ADMINISTRATION. (a) The executive commissioner shall adopt rules necessary to administer this chapter, and the department shall administer the program in accordance with those rules.

(b) The department shall prescribe the design and content of all necessary forms used in the program.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0082, eff. April 2, 2015.

Sec. 32.011. DENIAL, MODIFICATION, SUSPENSION, OR TERMINATION OF SERVICES. (a) The department may, for cause, deny, modify, suspend, or terminate services to an individual eligible for or receiving services after notice to the individual and an opportunity for a hearing.

(b) The executive commissioner by rule shall provide criteria for action by the department under this section.

(c) Chapter 2001, Government Code, does not apply to the granting, denial, modification, suspension, or termination of services. The department shall provide hearings in accordance with the department's due process hearing rules.

(d) The department shall render the final administrative decision following a due process hearing to deny, modify, suspend, or terminate the receipt of services.

(e) The notice and hearing required by this section do not apply if the department restricts program services to conform to budgetary limitations that require the executive commissioner to establish service priorities.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1995, 74th Leg., ch. 76, Sec. 5.95(65), eff. Sept. 1, 1995; Acts 1995, 74th Leg., ch. 124, Sec. 4, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0083, eff. April 2, 2015.

Sec. 32.012. FINANCIAL ELIGIBILITY; OTHER BENEFITS. (a)

The department shall require an individual receiving services under this chapter, or the person with a legal obligation to support the individual, to pay for or reimburse the department for that part of the cost of the services that the individual or person is financially able to pay.

(b) Except as provided by department rules, an individual is not eligible to receive services under this chapter to the extent that the individual or a person with a legal obligation to support the individual is eligible for some other benefit that would pay for all or part of the services.

(c) When a determination of eligibility to receive maternal and infant health improvement services is made under this chapter or when the services are received, the individual requesting or receiving services shall inform the department of any other benefit to which the individual or a person with a legal obligation to support the individual may be entitled.

(d) An individual who has received services that are covered by some other benefit, or any other person with a legal obligation to support that individual, shall reimburse the department to the extent of the services provided when the other benefit is received.

(e) The department may waive enforcement of Subsections (b)-(d) as prescribed by department rules in certain individually considered cases in which enforcement will deny services to a class of otherwise eligible individuals because of conflicting federal, state, or local laws or rules.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1995, 74th Leg., ch. 124, Sec. 5, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.0084, eff. April 2, 2015.

Sec. 32.013. RECOVERY OF COSTS. (a) The department may recover the cost of services provided under this chapter from a person who does not reimburse the department as required by Section [32.012](#) or from any third party who has a legal obligation to pay other benefits and to whom notice of the department's interest has been given.

(b) At the request of the commissioner, the attorney general may bring suit in the appropriate court of Travis County on behalf of the department.

(c) In a judgment in favor of the department, the court may award attorney's fees, court costs, and interest accruing from the date on which the department provides the services to the date on which the department is reimbursed.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 32.014. FEES. (a) Except as prohibited by federal law or regulation, the department may collect fees for the services provided directly by the department or through approved providers in accordance with Subchapter D, Chapter 12.

(b) The executive commissioner by rule shall adopt standards and procedures to develop and implement a schedule of allowable charges for program services.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0085, eff. April 2, 2015.

Sec. 32.015. FUNDING. (a) Except as provided by this chapter or by other law, the department may seek, receive, and spend funds received through an appropriation, grant, donation, or reimbursement from any public or private source to administer this chapter.

(b) Notwithstanding other law, the department's authority to spend funds appropriated for the program established by this chapter is not affected by the amount of federal funds the department receives.

(c) The department is not required to provide maternal and infant health improvement services unless funds are appropriated to the department to administer this chapter.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1995, 74th Leg., ch. 124, Sec. 6, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0086,

eff. April 2, 2015.

Sec. 32.016. CONTRACTS. The department shall enter into contracts and agreements or award grants necessary to facilitate the efficient and economical provision of services under this chapter, including contracts and grants for the purchase of services, equipment, and supplies from approved providers.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 32.017. RECORDS. (a) The department shall require each provider receiving reimbursement under this chapter to maintain records and information for each applicant for or recipient of services.

(b) The executive commissioner shall adopt rules relating to the information a provider is required to report to the department and shall adopt procedures to prevent unnecessary and duplicative reporting of data.

(c) Repealed by Acts 2011, 82nd Leg., R.S., Ch. 1083, Sec. 25(79), eff. June 17, 2011.

(d) Repealed by Acts 2011, 82nd Leg., R.S., Ch. 1083, Sec. 25(79), eff. June 17, 2011.

(e) Repealed by Acts 2011, 82nd Leg., R.S., Ch. 1083, Sec. 25(79), eff. June 17, 2011.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Amended by:

Acts 2011, 82nd Leg., R.S., Ch. 1050 (S.B. 71), Sec. 6, eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 1050 (S.B. 71), Sec. 22(1), eff. September 1, 2011.

Acts 2011, 82nd Leg., R.S., Ch. 1083 (S.B. 1179), Sec. 25(79), eff. June 17, 2011.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0087, eff. April 2, 2015.

Sec. 32.018. PROGRAM PLANS. (a) The department shall have a long-range plan covering at least six years that includes at least the following elements:

- (1) quantifiable indicators of effort and success;
- (2) identification of priority client population and the minimum types of services necessary for that population;
- (3) a description of the appropriate use of providers, including the role of providers and considering the type, location, and specialization of the providers;
- (4) criteria for phasing out unnecessary services;
- (5) a comprehensive assessment of needs and inventory of resources; and
- (6) coordination of administration and service provision with federal, state, and local public and private programs that provide similar services.

(b) The department shall revise the plan by January 1 of each even-numbered year.

(c) The department shall develop a short-range plan that is derived from the long-range plan and that identifies and projects the costs relating to implementing the short-range plan.

(d) As part of the department's budget preparation process, the department shall biennially assess its achievement of the goals identified in each plan. The department's biennial budget shall be made according to the results of the assessment and the short-range plan. The department shall make its requests for new program funding and for continued funding according to demonstrated need.

(e) The department shall use the information collected under Section 32.017 to develop the long-range and short-range plans.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Sec. 32.021. REQUIREMENTS REGARDING THE WOMEN, INFANTS, AND CHILDREN PROGRAM. (a) An agency, organization, or other entity that contracts with the Special Supplemental Nutrition Program for Women, Infants, and Children shall each month provide the clinical and nutritional services supported by that program during extended hours, as defined by the department.

(b) Each agency, organization, or other entity that contracts with the program to provide clinical or nutritional services shall include in its annual plan submitted to the

department a plan to expand client access to services through extended hours, the schedule for each site that provides services, and the reasons for each site's schedule. An agency, organization, or other entity that contracts with the program is not required to offer extended hours at each of its service sites.

(c) The department shall adopt guidelines for extended hours and waivers from the requirement of Subsection (a).

(d) To obtain a waiver, an agency, organization, or other entity shall submit a written justification to the department explaining the extraordinary circumstances involved and identifying the time frame needed for their resolution.

(e) The department may not grant a waiver to an agency, organization, or other entity for a period of more than two years.

(f) If an agency, organization, or other entity required by this section to maintain extended hours provides other maternal and child health services, that entity shall also make those services available during the extended hours.

Added by Acts 1993, 73rd Leg., ch. 328, Sec. 1, eff. Aug. 30, 1993.

Amended by Acts 1997, 75th Leg., ch. 1317, Sec. 1, eff. Sept. 1, 1997.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0088, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0089, eff. April 2, 2015.

Sec. 32.0211. WOMEN, INFANTS, AND CHILDREN PROGRAM OUTREACH CAMPAIGN TO PROMOTE FATHERS' INVOLVEMENT. (a) The attorney general shall:

(1) subject to Subsections (b) and (c), develop and periodically update a publication that:

(A) describes the importance and long-term positive effects on children of a father's involvement during a mother's pregnancy; and

(B) provides guidance to prospective fathers on the positive actions that they can take to support the pregnant mother during pregnancy and the effect those actions have on

pregnancy outcomes; and

(2) make the publication described by Subdivision (1) available to any agency, organization, or other entity that contracts with the Special Supplemental Nutrition Program for Women, Infants, and Children and on the attorney general's Internet website in a format that allows the public to download and print the publication.

(b) The publication developed by the attorney general under Subsection (a) must include:

(1) information regarding the steps that unmarried parents must take if the parents want to establish legal paternity and the benefits of paternity establishment for children;

(2) a worksheet to help fathers identify personal risk behaviors, including smoking, substance abuse, and unemployment;

(3) information regarding how a father's personal risk behaviors may affect the father's child and a guide to resources that are available to the father to assist in making necessary lifestyle changes;

(4) information for fathers about the mother's prenatal health, including the emotional and physical changes a mother will experience throughout pregnancy, the mother's nutritional needs, and an explanation of how the father may help the mother meet those needs;

(5) an explanation of prenatal health care visits, including an explanation of what they are and what to expect, and the practical ways a father may support the mother throughout pregnancy;

(6) information regarding a child's prenatal health, including the child's developmental stages, the importance of attending prenatal health care visits, the practical ways a father may contribute to healthy baby outcomes, and actions the father may take to prepare for the birth of a child;

(7) an explanation regarding prenatal tests, including an explanation of what the tests are and what tests to expect;

(8) basic infant care information, including:

(A) information regarding the basics of

dressing, diapering, bathing, consoling, and stimulating an infant;

(B) health and safety issues, including issues relating to nutritional information, sleep needs and expectations, baby-proofing a home, and what to expect at the first well-child visits; and

(C) information on bonding and attachment and how each relates to an infant's development;

(9) healthy relationship and coparenting information, including communication strategies, conflict resolution strategies, and problem-solving techniques for coparenting;

(10) worksheets, activities, and exercises to aid fathers and the couple in exploring the following topics:

(A) personal ideas about fatherhood and the role of the father in the family system;

(B) the immediate and long-term benefits of father involvement specific to their family; and

(C) perceived barriers to father involvement and strategies for overcoming those barriers; and

(11) activities and projects for fathers that increase the fathers' understanding of the stages of child developmental and health and safety issues.

(c) In developing the publication required by Subsection (a), the attorney general shall consult with:

(1) the department as the state agency responsible for administering the Special Supplemental Nutrition Program for Women, Infants, and Children and this state's program under the Maternal and Child Health Services Block Grant Act (42 U.S.C. Section 701 et seq.); and

(2) the Texas Council on Family Violence.

(d) An agency, organization, or other entity that contracts with the Special Supplemental Nutrition Program for Women, Infants, and Children shall make the publication described by Subsection (a) available to each client receiving clinical or nutritional services under the program.

Added by Acts 2011, 82nd Leg., R.S., Ch. 241 (H.B. [824](#)), Sec. 1, eff. June 17, 2011.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0090, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0091, eff. April 2, 2015.

SUBCHAPTER B. PERINATAL HEALTH CARE SYSTEM

Sec. 32.041. LEGISLATIVE FINDINGS. (a) The legislature finds that the perinatal period beginning before conception and continuing through the first year of life poses unique challenges for the health care system. The development of a coordinated, cooperative system of perinatal health care within a geographic area will reduce unnecessary mortality and morbidity for women and infants.

(b) In order to improve the health of women and infants, it is necessary to promote health education, to provide assurance of reasonable access to safe and appropriate perinatal services, and to improve the quality of perinatal care by encouraging optimal use of health care personnel.

Added by Acts 1995, 74th Leg., ch. 124, Sec. 7, eff. Sept. 1, 1995.

Sec. 32.042. DUTIES OF EXECUTIVE COMMISSIONER; RULES.

(a) The executive commissioner by rule shall adopt:

(1) minimum standards and objectives to implement voluntary perinatal health care systems; and

(2) policies for health promotion and education, risk assessment, access to care, and perinatal system structure, including the transfer and transportation of pregnant women and infants.

(b) The rules must:

(1) reflect all geographic areas of the state, considering time and distance;

(2) provide specific requirements for appropriate care of perinatal patients; and

(3) facilitate coordination among all perinatal service providers and health care facilities in the delivery area.

(c) The rules must include:

(1) risk reduction guidelines for preconceptional, prenatal, intrapartum, postpartum, and infant care, including guidelines for the transfer and transportation of perinatal patients;

(2) criteria for determining geographic boundaries of perinatal health care systems;

(3) minimum requirements of health promotion and education, risk assessment, access to care, and coordination of services that must be present in a perinatal health care system;

(4) minimum requirements for resources and equipment needed by a health care facility to treat perinatal patients;

(5) standards for the availability and qualifications of the health care personnel treating perinatal patients in a facility;

(6) requirements for data collection, including operation of the perinatal health care system and patient outcomes;

(7) requirements for periodic performance evaluation of the system and its components; and

(8) assurances that health care facilities will not refuse to accept the transfer of a perinatal patient solely because of the person's inability to pay for services or because of the person's age, sex, race, religion, or national origin.

Added by Acts 1995, 74th Leg., ch. 124, Sec. 7, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0092, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0093, eff. April 2, 2015.

Sec. 32.043. DUTIES OF DEPARTMENT. The department shall:

(1) develop and monitor a statewide network of voluntary perinatal health care systems;

(2) develop and maintain a perinatal reporting and analysis system to monitor and evaluate perinatal patient care in the perinatal health care systems in this state; and

(3) provide for coordination and cooperation in this

state and among this state and adjoining states.

Added by Acts 1995, 74th Leg., ch. 124, Sec. 7, eff. Sept. 1, 1995.

Sec. 32.044. SYSTEM REQUIREMENTS. (a) Each voluntary perinatal health care system must have:

(1) a coordinating board responsible for ensuring, providing, or coordinating planning access to services, data collection, and provider education;

(2) access to appropriate emergency medical services;

(3) risk assessment, transport, and transfer protocols for perinatal patients;

(4) one or more health care facilities categorized according to perinatal care capabilities using standards adopted by department rule; and

(5) documentation of broad-based participation in planning by providers of perinatal services and community representatives throughout the defined geographic region.

(b) This subchapter does not prohibit a health care facility from providing services that it is authorized to provide under a license issued to the facility by the department.

Added by Acts 1995, 74th Leg., ch. 124, Sec. 7, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0094, eff. April 2, 2015.

Sec. 32.045. GRANT PROGRAM. (a) The department may establish a program to award grants to initiate, expand, maintain, and improve voluntary perinatal health care systems.

(b) The executive commissioner by rule shall establish eligibility criteria for awarding the grants. The rules must require the department to consider:

(1) the need of an area and the extent to which the grant would meet the identified need;

(2) the availability of personnel and training programs;

(3) the availability of other funding sources;

(4) the assurance of providing quality services;

(5) the need for emergency transportation of perinatal patients and the extent to which the system meets the identified needs; and

(6) the stage of development of a perinatal health care system.

(c) The department may approve grants according to rules adopted by the executive commissioner. A grant awarded under this section is governed by Chapter 783, Government Code, and rules adopted under that chapter.

Added by Acts 1995, 74th Leg., ch. 124, Sec. 7, eff. Sept. 1, 1995.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0095, eff. April 2, 2015.

Sec. 32.046. POSTPARTUM DEPRESSION STRATEGIC PLAN.

(a) The commission shall develop and implement a five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services. Not later than September 1 of the last fiscal year in each five-year period, the commission shall develop a new strategic plan for the next five fiscal years beginning with the following fiscal year.

(b) The strategic plan must provide strategies to:

(1) increase awareness among state-administered program providers who may serve women who are at risk of or are experiencing postpartum depression about the prevalence and effects of postpartum depression on outcomes for women and children;

(2) establish a referral network of community-based mental health providers and support services addressing postpartum depression;

(3) increase women's access to formal and informal peer support services, including access to certified peer specialists who have received additional training related to postpartum depression;

(4) raise public awareness of and reduce the stigma related to postpartum depression; and

(5) leverage sources of funding to support existing

community-based postpartum depression screening, referral, treatment, and support services.

(c) The commission shall coordinate with the department, the statewide health coordinating council, the office of mental health coordination, and the statewide behavioral health coordinating council in developing the strategic plan.

(d) The commission, in consultation with the department, the statewide health coordinating council, the office of mental health coordination, and the statewide behavioral health coordinating council, shall annually review and update, as necessary, the strategic plan.

(e) For purposes of this section, "postpartum depression" means a disorder in which a woman experiences moderate to severe depression following a pregnancy, regardless of whether the pregnancy resulted in birth, or an act defined by Section [245.002\(1\)](#).

Added by Acts 2019, 86th Leg., R.S., Ch. 1028 (H.B. [253](#)), Sec. 1, eff. September 1, 2019.

Sec. 32.047. HYPEREMESIS GRAVIDARUM STRATEGIC PLAN.

(a) In this section, "hyperemesis gravidarum" means a disorder that causes a woman to experience extreme, persistent nausea and vomiting during pregnancy that may lead to dehydration, weight loss, or electrolyte imbalance.

(b) The commission shall develop and implement a five-year strategic plan to improve the diagnosis and treatment of and raise public awareness of hyperemesis gravidarum. Not later than September 1 of the last state fiscal year in each five-year period, the commission shall develop a new strategic plan for the next five state fiscal years that begins with the following state fiscal year.

(c) The strategic plan must provide strategies to:

(1) increase awareness among state-administered program providers who may serve women at risk of or experiencing hyperemesis gravidarum about the prevalence and effects of hyperemesis gravidarum on outcomes for women and children;

(2) establish a referral network of community-based

health care providers and support services addressing hyperemesis gravidarum;

(3) increase women's access to formal and informal peer support services, including access to certified peer specialists who have successfully completed additional training related to hyperemesis gravidarum;

(4) raise public awareness of hyperemesis gravidarum; and

(5) leverage sources of funding to support existing community-based hyperemesis gravidarum screening, referral, treatment, and support services.

(d) The commission shall coordinate with the department and the statewide health coordinating council in the development of the strategic plan.

(e) The commission, in consultation with the department and the statewide health coordinating council, shall annually review the strategic plan and update the plan as necessary.

Added by Acts 2021, 87th Leg., R.S., Ch. 441 (S.B. 1941), Sec. 1, eff. September 1, 2021.

SUBCHAPTER D. CENTERS OF EXCELLENCE FOR FETAL DIAGNOSIS AND THERAPY

Sec. 32.071. DESIGNATION OF CENTERS OF EXCELLENCE FOR FETAL DIAGNOSIS AND THERAPY. (a) The department, in consultation with the Perinatal Advisory Council established under Section 241.187, shall designate as centers of excellence for fetal diagnosis and therapy one or more health care entities or programs in this state, including institutions of higher education as defined by Section 61.003, Education Code, or the programs of those institutions.

(b) The executive commissioner of the Health and Human Services Commission, in consultation with the department and the Perinatal Advisory Council, shall adopt the rules necessary for a health care entity or program in this state to be designated as a center of excellence for fetal diagnosis and therapy.

Added by Acts 2015, 84th Leg., R.S., Ch. 1060 (H.B. 2131), Sec. 1, eff. September 1, 2015.

Sec. 32.072. SUBCOMMITTEE. (a) The department, in consultation with the Perinatal Advisory Council, shall appoint a subcommittee of that advisory council to advise the advisory council and the department on the development of rules related to the designations made by the department under this subchapter. As part of its duties under this subsection, the subcommittee specifically shall advise the advisory council and the department regarding the criteria necessary for a health care entity or program in this state to receive a designation under this subchapter.

(b) The subcommittee must consist of individuals with expertise in fetal diagnosis and therapy. A majority of the members of the subcommittee must practice in those areas in a health profession in this state. The subcommittee may include national and international experts.

Added by Acts 2015, 84th Leg., R.S., Ch. 1060 (H.B. 2131), Sec. 1, eff. September 1, 2015.

Sec. 32.073. PRIORITY CONSIDERATIONS FOR CENTER DESIGNATIONS. The rules adopted under Section 32.071(b) must prioritize awarding a designation under this subchapter to a health care entity or program that:

(1) offers fetal diagnosis and therapy through an extensive multi-specialty clinical program that is affiliated and collaborates extensively with a medical school in this state and an associated hospital facility that provides advanced maternal and neonatal care in accordance with its level of care designation received under Section 241.182;

(2) demonstrates a significant commitment to research in and advancing the field of fetal diagnosis and therapy;

(3) offers advanced training programs in fetal diagnosis and therapy; and

(4) integrates an advanced fetal care program with a program that provides appropriate long-term monitoring and follow-up care for patients.

Added by Acts 2015, 84th Leg., R.S., Ch. 1060 (H.B. 2131), Sec. 1,

eff. September 1, 2015.

Sec. 32.074. QUALIFICATIONS FOR DESIGNATION. The rules adopted under Section 32.071(b) must ensure that a health care entity or program that receives a center of excellence designation under this subchapter:

(1) provides or is affiliated with a hospital facility that provides advanced maternal and neonatal care in accordance with its level of care designation received under Section 241.182;

(2) implements and maintains a multidisciplinary health care team, including maternal fetal medicine specialists, pediatric and surgical specialists, neonatologists, nurses with specialized maternal and neonatal training, and other ancillary and support staff as appropriate to provide maternal, fetal, and neonatal services;

(3) establishes minimum criteria for medical staff, nursing staff, and ancillary and support personnel;

(4) measures short-term and long-term patient diagnostic and therapeutic outcomes; and

(5) provides to the department annual reports containing aggregate data on short-term and long-term diagnostic and therapeutic outcomes as requested or required by the department and makes those reports available to the public.

Added by Acts 2015, 84th Leg., R.S., Ch. 1060 (H.B. 2131), Sec. 1, eff. September 1, 2015.

SUBCHAPTER E. ENHANCED PRENATAL AND POSTPARTUM CARE SERVICES

Sec. 32.101. ENHANCED PRENATAL SERVICES FOR CERTAIN WOMEN. The commission, in collaboration with managed care organizations that contract with the commission to provide health care services to medical assistance recipients under Chapter 533, Government Code, shall develop and implement cost-effective, evidence-based, and enhanced prenatal services for high-risk pregnant women covered under the medical assistance program.

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

Sec. 32.102. EVALUATION AND ENHANCEMENT OF POSTPARTUM CARE SERVICES FOR CERTAIN WOMEN. (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 family planning services for women in this state.

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

(c) Based on the commission's evaluation under Subsection (b), the commission shall develop an enhanced, cost-effective, and limited postpartum care services package for women enrolled in the Healthy Texas Women program to be provided:

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

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

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

SUBCHAPTER F. DELIVERY AND IMPROVEMENT OF MATERNAL HEALTH CARE SERVICES INVOLVING MANAGED CARE ORGANIZATIONS

Sec. 32.151. DEFINITIONS. In this subchapter:

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

(2) "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 family planning services for women in this state.

(3) "Medicaid managed care organization" means a managed care organization as defined by Section 533.001, Government

Code, that contracts with the commission under Chapter 533, Government Code, to provide health care services to medical assistance program recipients.

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

Sec. 32.152. PROVISION OF HEALTHY TEXAS WOMEN PROGRAM SERVICES THROUGH MANAGED CARE. (a) The commission shall contract with Medicaid managed care organizations to provide Healthy Texas Women program services.

(b) In implementing this section, the commission shall:

(1) consult with the state Medicaid managed care advisory committee before contracting with Medicaid managed care organizations to provide Healthy Texas Women program services under this section;

(2) identify barriers that prevent women from obtaining Healthy Texas Women program services and seek opportunities to mitigate those barriers; and

(3) designate Healthy Texas Women program service providers as significant traditional providers until at least the third anniversary of the date the commission initially contracts with Medicaid managed care organizations to provide program services.

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 629 (H.B. 133), Sec. 2, eff. September 1, 2021.

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

care services to pregnant women.

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

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

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

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

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

- (1) prenatal and postpartum care rates;
- (2) maternal health disparities that exist for minority women and other high-risk populations of women in this state;
- (3) social determinants of health; or
- (4) other priorities specified by the commission.

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

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

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

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

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

Added by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 3, eff. June 10, 2019.

Sec. 32.156. INFORMATION ABOUT AVAILABILITY OF SUBSIDIZED HEALTH INSURANCE COVERAGE. (a) The commission and each managed care organization participating in the Healthy Texas Women program shall provide a written notice containing information about eligibility requirements for and enrollment in a health benefit plan for which an enrollee receives a premium subsidy under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148), based on family income, to a woman who:

(1) is enrolled in the Healthy Texas Women program; and

(2) has a household income that is more than 100 percent but not more than 200 percent of the federal poverty level.

(b) The commission, in consultation with the Texas Department of Insurance, shall develop the form and content of the notice required under this section. The notice must include:

(1) the latest information written in clear and easily understood language on available options for obtaining a subsidized health benefit plan described by Subsection (a); and

(2) resources for receiving assistance applying for and enrolling in that health benefit plan.

Added by Acts 2021, 87th Leg., R.S., Ch. 629 (H.B. 133), Sec. 2, eff. September 1, 2021.

For expiration of this section, see Subsection (b).

Sec. 32.157. ASSESSING AUTOMATIC ENROLLMENT OF CERTAIN WOMEN IN MANAGED CARE. (a) Not later than January 1, 2023, the commission shall assess the feasibility, cost-effectiveness, and benefits of automatically enrolling in managed care the women who become pregnant while receiving services through the Healthy Texas Women program. The assessment must examine whether automatically enrolling those women leads to the delivery of prenatal care and services earlier in the women's pregnancies.

(b) This section expires September 1, 2023.

Added by Acts 2021, 87th Leg., R.S., Ch. 629 (H.B. [133](#)), Sec. 2, eff. September 1, 2021.