

SUBJECT: Creating a Medicaid transportation pilot program for women and children

COMMITTEE: Human Services — committee substitute recommended

VOTE: 8 ayes — Frank, Hinojosa, Clardy, Deshotel, Klick, Miller, Noble, Rose

0 nays

1 absent — Meza

WITNESSES: For — Moss Hampton, American College of Obstetricians and Gynecologists Texas section; Frank Dominguez, El Paso Health; Junda Woo, San Antonio Metropolitan Health District; Linda Litzinger; (*Registered, but did not testify*: Anne Dunkelberg, Center for Public Policy Priorities; Jason Sabo, Children at Risk, Mental Health America of Greater Houston; Jo DePrang, Children's Defense Fund-Texas; Christina Hoppe, Children's Hospital Association of Texas; Kaycee Crisp, Laura Lee Daigle, and Tegra Swogger, Circle Up: United Methodist Women for Moms; Taylor Fuerst, First United Methodist Church; Nancy Walker, Harris Health System; Erika Ramirez, Healthy Futures of Texas; Lindsay Lanagan, Legacy Community Health; Will Francis, National Association of Social Workers-Texas; Greg Hansch, National Alliance on Mental Illness-Texas; Elaine Cavazos, Pregnancy and Postpartum Health Alliance of Texas; Jessica Schleifer, Teaching Hospitals of Texas; Adriana Kohler, Texans Care for Children; Lauren Spreen, Texas Academy of Family Physicians; Mary Allen, Texas Association of Community Health Centers; Kay Ghahremani, Texas Association of Community Health Plans; Laurie Vanhose, Texas Association of Health Plans; Jennifer Biundo, Texas Campaign to Prevent Teen Pregnancy; Gregg Knaupe, Texas Hospital Association; Joshua Houston, Texas Impact; Darren Whitehurst, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Lee Nichols, TexProtects; Nataly Saucedo, United Ways of Texas; Joe Garcia, University Medical Center El Paso; Knox Kimberly, Upbring; Robbie Ausley)

Against — None

On — Stephanie Muth, Texas Health and Human Services Commission

**BACKGROUND:** Government Code sec. 531.02414 establishes the medical transportation program to provide nonemergency transportation services to and from covered health care services, based on medical necessity, to recipients of Medicaid who have no other means of transportation.

Sec. 533.00257 requires the Health and Human Services Commission to provide nonemergency medical transportation program services on a regional basis through a managed transportation delivery model using managed transportation organizations and providers.

Concerns have been raised that women enrolled in the STAR Medicaid managed care program during pregnancy or after delivery often miss prenatal or postpartum appointments because the medical transportation service program does not provide an option for women to bring their children along with them to appointments.

**DIGEST:** CSHB 25 would require the Health and Human Services Commission (HHSC) to collaborate with the Maternal Mortality and Morbidity Task Force to develop a pilot program for providing medical transportation services to certain women and their children. The program would apply to women enrolled in the STAR Medicaid managed care program during pregnancy and after delivery and would have to be implemented in at least one health care service region by September 1, 2020.

A managed transportation organization that participated in the pilot program would be required to:

- provide medical transportation services in a manner that would not result in additional costs to Medicaid or HHSC;
- provide demand response transportation services, including through a transportation network company if the request was made within two working days of the appointment or if a shared trip was not possible; and

- ensure effective information sharing and service coordination with the managed care organizations providing health care services to the women who participated in the program.

The bill would require HHSC to ensure that managed transportation organizations participating in the pilot program were operating in a safe and efficient manner.

HHSC would be required to evaluate the results of the pilot program to determine whether it:

- was cost effective;
- improved the efficiency and quality of services provided under the medical transportation program; and
- was effective in increasing access to prenatal and postpartum health care services, reducing pregnancy-related complications, and decreasing the rate of missed appointments for covered health care services by women enrolled in the STAR Medicaid managed care program.

HHSC would be required to report to the Legislature on the implementation of the pilot program by December 1, 2020. HHSC also would be required to submit a report to the Legislature on the results of the pilot program by December 1, 2022. The report would have to include a recommendation on whether the program should be continued, expanded, or terminated.

The bill would permit the executive commissioner of HHSC to adopt rules to implement the bill. The bill's provisions would expire September 1, 2023. If any provision of the bill would require a state agency to receive authorization from a federal agency, the state agency would be permitted to request authorization and delay implementation of the bill until authorization was received.

The bill would take effect September 1, 2019.

