

By: Kolchorst
(Frank)

S.B. No. 1136

A BILL TO BE ENTITLED

AN ACT

relating to implementation of certain health care provider initiatives and measures designed to reduce costs and improve recipient health outcomes under Medicaid.

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

SECTION 1. Section 531.085, Government Code, is amended to read as follows:

Sec. 531.085. HOSPITAL EMERGENCY ROOM USE REDUCTION INITIATIVES. (a) The commission shall develop and implement a comprehensive plan to reduce the use of hospital emergency room services by recipients under Medicaid. The plan may include:

(1) a pilot program designed to facilitate program participants in accessing an appropriate level of health care, which may include as components:

(A) providing program participants access to bilingual health services providers; and

(B) giving program participants information on how to access primary care physicians, advanced practice registered nurses, and local health clinics;

(2) a pilot program under which health care providers, other than hospitals, are given financial incentives for treating recipients outside of normal business hours to divert those recipients from hospital emergency rooms;

(3) payment of a nominal referral fee to hospital

1 emergency rooms that perform an initial medical evaluation of a
2 recipient and subsequently refer the recipient, if medically
3 stable, to an appropriate level of health care, such as care
4 provided by a primary care physician, advanced practice registered
5 nurse, or local clinic;

6 (4) a program under which the commission or a managed
7 care organization that enters into a contract with the commission
8 under Chapter 533 contacts, by telephone or mail, a recipient who
9 accesses a hospital emergency room three times during a six-month
10 period and provides the recipient with information on ways the
11 recipient may secure a medical home to avoid unnecessary treatment
12 at hospital emergency rooms;

13 (5) a health care literacy program under which the
14 commission develops partnerships with other state agencies and
15 private entities to:

16 (A) assist the commission in developing
17 materials that:

18 (i) contain basic health care information
19 for parents of young children who are recipients under Medicaid and
20 who are participating in public or private child-care or
21 prekindergarten programs, including federal Head Start programs;
22 and

23 (ii) are written in a language
24 understandable to those parents and specifically tailored to be
25 applicable to the needs of those parents;

26 (B) distribute the materials developed under
27 Paragraph (A) to those parents; and

1 (C) otherwise teach those parents about the
2 health care needs of their children and ways to address those needs;
3 and

4 (6) other initiatives developed and implemented in
5 other states that have shown success in reducing the incidence of
6 unnecessary treatment in hospital emergency rooms.

7 (b) The commission shall coordinate with hospitals and
8 other providers that receive supplemental payments under the
9 uncompensated care payment program operated under the Texas Health
10 Care Transformation and Quality Improvement Program waiver issued
11 under Section 1115 of the federal Social Security Act (42 U.S.C.
12 Section 1315) to identify and implement initiatives based on best
13 practices and models that are designed to reduce Medicaid
14 recipients' use of hospital emergency room services as a primary
15 means of receiving health care benefits, including initiatives
16 designed to improve recipients' access to and use of primary care
17 providers.

18 SECTION 2. Subchapter B, Chapter 531, Government Code, is
19 amended by adding Section 531.0862 to read as follows:

20 Sec. 531.0862. CONTINUED IMPLEMENTATION OF CERTAIN
21 INTERVENTIONS AND BEST PRACTICES BY PROVIDERS; BIENNIAL REPORT.

22 (a) The commission shall encourage Medicaid providers to continue
23 implementing effective interventions and best practices associated
24 with improvements in the health outcomes of Medicaid recipients
25 that were developed and achieved under the Delivery System Reform
26 Incentive Payment (DSRIP) program previously operated under the
27 Texas Health Care Transformation and Quality Improvement Program

1 waiver issued under Section 1115 of the federal Social Security Act
2 (42 U.S.C. Section 1315), through:

3 (1) existing provider incentive programs and the
4 creation of new provider incentive programs;

5 (2) the terms included in contracts with Medicaid
6 managed care organizations;

7 (3) implementation of alternative payment models; or

8 (4) adoption of other cost-effective measures.

9 (b) The commission shall biannually prepare and submit a
10 report to the legislature that contains a summary of the
11 commission's efforts under this section and Section 531.085(b).

12 SECTION 3. If before implementing any provision of this Act
13 a state agency determines that a waiver or authorization from a
14 federal agency is necessary for implementation of that provision,
15 the agency affected by the provision shall request the waiver or
16 authorization and may delay implementing that provision until the
17 waiver or authorization is granted.

18 SECTION 4. This Act takes effect September 1, 2021.