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2	relating to disease management programs for certain Medicaid							
3	recipients.							
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:							
5	SECTION 1. Subchapter B, Chapter 32, Human Resources Code,							
6	is amended by adding Section 32.059 to read as follows:							
7	Sec. 32.059. CONTRACTS FOR DISEASE MANAGEMENT							
8	PROGRAMS. (a) The department shall request contract proposals							
9	from providers of disease management programs to provide program							
10	services to recipients of medical assistance who:							
11	(1) have a disease or other chronic health condition,							
12	such as heart disease, hemophilia, diabetes, respiratory illness,							
13	end-stage renal disease, HIV infection, or AIDS, that the							
14	department determines is a disease or condition that needs disease							
15	management; and							
16	(2) are not eligible to receive those services under a							
17	Medicaid managed care plan.							
18	(b) The department may contract with a public or private							
19	<pre>entity to:</pre>							
20	(1) write the requests for proposals;							
21	(2) determine how savings will be measured;							
22	(3) identify populations that need disease							
23	management;							
24	(4) develop appropriate contracts; and							

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1	(5) assist the department in:
2	(A) developing the content of disease management
3	programs; and
4	(B) obtaining funding for those programs.
5	(c) The department, by rule, shall prescribe the minimum
6	requirements a provider of a disease management program must meet
7	to be eligible to receive a contract under this section. The
8	provider must, at a minimum, be required to:
9	(1) use disease management approaches that are based
10	on evidence-supported models, minimum standards of care, and
11	<pre>clinical outcomes; and</pre>
12	(2) ensure that a recipient's primary care physician
13	and other appropriate specialty physicians, or registered nurses,
14	advanced practice nurses, or physician assistants specified and
15	directed or supervised in accordance with applicable law by the
16	recipient's primary care physician or other appropriate specialty
17	physicians, become directly involved in the disease management
18	program through which the recipient receives services.
19	(d) The department may not award a contract for a disease
20	management program under this section unless the contract includes
21	a written guarantee of state savings on expenditures for the group
22	of medical assistance recipients covered by the program.
23	(e) The department may enter into a contract under this
24	section with a comprehensive hemophilia diagnostic treatment
25	center that receives funding through a maternal and child health
26	services block grant under Section 501(a)(2), Social Security Act

(42 U.S.C. Section 701), and the center shall be considered a

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- 1 <u>disease management provider.</u>
- 2 (f) Directly or through a provider of a disease management
- 3 program that enters into a contract with the department under this
- 4 section, the department shall, as appropriate and to the extent
- 5 possible without cost to the state:
- 6 (1) identify recipients of medical assistance under
- 7 this chapter or, at the discretion of the department, enrollees in
- 8 the child health plan under Chapter 62, Health and Safety Code, who
- 9 are eligible to participate in federally funded disease management
- 10 <u>research programs operated by research-based disease management</u>
- 11 providers; and
- 12 (2) assist and refer eligible persons identified by
- 13 the department under Subdivision (1) to participate in the research
- 14 programs described by Subdivision (1).
- 15 SECTION 2. (a) The Health and Human Services Commission
- 16 shall conduct a study to analyze the potential for state savings
- 17 through the use of disease management programs for recipients of
- 18 medical assistance under Section 32.059, Human Resources Code, as
- 19 added by this Act. The study must identify the diseases and chronic
- 20 health conditions that:
- 21 (1) result in the highest medical assistance
- 22 expenditures by this state; and
- 23 (2) show the greatest potential for state savings on
- 24 implementation of disease management programs.
- 25 (b) The commission shall consider the results of the study
- 26 when requesting contract proposals under Section 32.059, Human
- 27 Resources Code, as added by this Act.

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- 1 (c) The commission may contract with a private entity to 2 conduct a study and produce a report under this section.
- (d) Not later than December 31, 2003, the commission shall complete the study required by this section and provide a report of its findings to the governor, the lieutenant governor, the speaker of the house of representatives, and the standing committees of the senate and house of representatives having jurisdiction over health and human services issues.

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- SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.
- SECTION 4. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

President of the Senate

Speaker of the House

I certify that H.B. No. 727 was passed by the House on April 10, 2003, by the following vote: Yeas 142, Nays 0, 2 present, not voting; that the House refused to concur in Senate amendments to H.B. No. 727 on May 30, 2003, and requested the appointment of a conference committee to consider the differences between the two houses; and that the House adopted the conference committee report on H.B. No. 727 on June 1, 2003, by the following vote: Yeas 146, Nays 0, 2 present, not voting.

Chief Clerk of the House

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I certify that H.B. No. 727 was passed by the Senate, with amendments, on May 28, 2003, by the following vote: Yeas 31, Nays 0; at the request of the House, the Senate appointed a conference committee to consider the differences between the two houses; and that the Senate adopted the conference committee report on H.B. No. 727 on June 1, 2003, by the following vote: Yeas 31, Nays 0.

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			Seci	retary of	the Sena	te
APPROVED:						
	Date					
	Governor	_				