

BILL ANALYSIS

H.B. 1396
By: Zedler
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

HB 1396 requires the Health and Human Services Commission (HHSC) to establish a pilot program to provide recipients of medical assistance with oral and written language interpreter services in accordance with federal law and applicable publications of the federal Centers for Medicare and Medicaid Services (CMS) and the Office for Civil Rights (OCR) of the United States Department of Health and Human Services. CMS and the OCR require patients be given information about their treatment, in their preferred language.

Currently hospitals pay for interpreter services on their own. Hospitals would like to expand their interpreter services and require more funding to do so. This program allows hospitals to do so without cost to receive funds via intergovernmental transfers and federal matching funds.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 1396 requires the HHSC to establish a pilot program to provide recipients of medical assistance with oral and written language interpreter services through local governmental entities in five sites determined by the HHSC. H.B. 1396 also requires the HHSC to request the Harris, Bexar, El Paso, and Tarrant County Hospital Districts and the Parkland Health and Hospital System to participate in the pilot program.

H.B. 1396 ensures that the pilot program is financed through money provided to the HHSC by participating local governmental entities to maximize federal matching money under the medical assistance program and any corresponding federal matching money. H.B. 1396 authorizes a participating local governmental entity to provide money to the HHSC by certification or intergovernmental transfer or to finance the pilot program.

H.B. 1396 requires the HHSC to evaluate the pilot program and report to the 80th Legislature on the effectiveness of the program and the feasibility of expanding the program statewide. The pilot program is abolished September 1, 2007.

H.B. 1396 provides for a delay in the implementation to obtain any federal waiver or authorization, if any is required.

EFFECTIVE DATE

Upon passage, or , if the Act does not receive the necessary vote, the Act takes effect September 1, 2005.