

BILL ANALYSIS

Senate Research Center
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S.B. 873
By: Nelson
Health and Human Services
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As Filed

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Currently, there is no medical information telephone hotline for Medicaid recipients. Many people, including Medicaid recipients, utilize emergency rooms for non-emergency conditions, creating a public health problem and increasing the cost of health care. As proposed, S.B. 873 directs the Health and Human Services Commission to create a pilot program that will provide a physician to answer medical questions by telephone from Medicaid enrollees to help prevent inappropriate use of the emergency room and direct them to the most appropriate type of care.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 531.02131, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 531, Government Code, by adding Section 531.02131, as follows:

Sec. 531.02131. MEDICAID MEDICAL INFORMATION TELEPHONE HOTLINE PILOT PROGRAM. (a) Defines "net-cost savings" and "physician."

(b) Requires the Health and Human Services Commission (HHSC) to evaluate the cost-effectiveness of developing a Medicaid medical information telephone hotline pilot program (program) under which physicians are available by telephone to answer medical questions and provide medical information for recipients. Requires HHSC to develop the program, if HHSC determines that the program is likely to result in net cost-savings.

(c) Requires HHSC to select the area in which to implement the program. Sets forth certain requirements for said area.

(d) Requires HHSC to request proposals from private vendors for the operation of a telephone hotline under the program. Prohibits HHSC from awarding a contract to a vendor unless the vendor agrees to certain contractual terms.

(e) Requires HHSC to periodically determine whether the program is resulting in net cost-savings. Requires HHSC to discontinue the program if HHSC determines that the program is not resulting in net cost-savings after a reasonable period.

(f) Provides that, notwithstanding any other provision of this section, including Subsection (b), HHSC is not required to develop the program if suitable private vendors are not available to operate the telephone hotline.

(g) Requires the executive commissioner of HHSC to adopt rules necessary for implementation of this section.

(h) Provides that the participation of a physician in a telephone hotline that is part of a pilot program established under this section does not constitute the practice of medicine in this state.

SECTION 2. (a) Requires HHSC, not later than December 1, 2005, to determine whether the pilot program described by Section 531.02131, Government Code, as added by this Act, is likely to result in net cost-savings. Requires HHSC to take the action required by Subsections (b)-(d) of this section, if net cost-savings are likely.

(b) Requires HHSC, not later than January 1, 2006, to select the counties in which the pilot program will be implemented.

(c) Requires HHSC, not later than February 1, 2006, to request proposals from private vendors for the operation of a medical information telephone hotline. Requires HHSC to evaluate the proposals and choose one or more vendors as soon as possible after the receipt of the proposals.

(d) Requires HHSC, not later than January 1, 2007, to report to the governor, the lieutenant governor, and the speaker of the house of representatives regarding the pilot program. Sets forth certain requirements of the report.

SECTION 3. Authorizes delay of implementation of any provision of this Act until necessary federal waivers or authorizations are obtained.

SECTION 4. Effective date: September 1, 2005.