

By: Delisi

H.B. No. 2479

A BILL TO BE ENTITLED

AN ACT

relating to health and human services in this state.

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

SECTION 1. Subchapter F, Chapter 401, Government Code, is amended by adding Section 401.105 to read as follows:

Sec. 401.105. RENEWING OUR COMMUNITIES FUND. (a) In this section, "fund" means the renewing our communities fund.

(b) The renewing our communities fund is created to:

(1) increase the capacity of and strengthen faith-based and secular community organizations to provide social services to persons in this state who are in need of the services; and

(2) provide local governmental entities with seed money to establish local offices for faith-based and secular community initiatives.

(c) The fund is a trust fund held outside of the state treasury and is administered by the governor as trustee. Money from the fund may be awarded and spent only for the purposes described by this section and for reasonable administrative expenses. Interest received from investment of money in the fund shall be credited to the fund. The governor may accept for deposit into the fund gifts, grants, or donations.

(d) Without requesting bids, the governor may:

(1) solicit and contract with another person to

1 administer the fund; and

2 (2) designate an entity to oversee the process of
3 awarding money from the fund under Subsections (f)(1) and (f)(3)
4 and perform assistance and service activities under Subsection (f).

5 (e) The governor annually shall determine general
6 priorities for awarding grants from the fund and for performing
7 related assistance and service activities. The governor shall
8 ensure that the amount of money awarded from the fund each fiscal
9 year is equal to at least 25 percent of the unexpended and
10 unobligated balance of the fund on the first day of the fiscal year.

11 (f) The governor may:

12 (1) award money from the fund to faith-based and
13 secular community organizations that are providing social services
14 to persons in this state;

15 (2) enter into cooperative agreements with one or more
16 intermediaries that serve faith-based and secular community
17 organizations that are providing social services to persons in this
18 state to:

19 (A) assist the organizations with:

20 (i) writing grants or managing grants
21 through workshops or other guidance;

22 (ii) obtaining legal advice or assistance
23 related to incorporating or obtaining a tax-exempt status; or

24 (iii) obtaining information about or
25 referrals to nonprofit organizations that provide expertise in
26 accounting issues, legal issues, tax issues, program development
27 matters, or other organizational topics;

1 (B) provide information or assistance to the
2 organizations related to building the capacities or capabilities of
3 the organizations;

4 (C) facilitate formation of networks,
5 coordination of services, and sharing of resources among
6 organizations;

7 (D) conduct needs assessments to identify:

8 (i) an organization's internal needs for
9 improvement; or

10 (ii) service gaps in a community that
11 present a need for developing or expanding services;

12 (E) provide the organizations with information
13 on and assistance in identifying or using best practices for
14 delivering social services to persons, families, and communities
15 and in replicating social services programs that have demonstrated
16 effectiveness;

17 (F) provide the organizations with information
18 on and assistance in using regional intermediary organizations to
19 increase and strengthen the capacities or capabilities of the
20 organizations; or

21 (G) encourage research into the best practices of
22 organizations that provide social services;

23 (3) award money from the fund to a local governmental
24 entity to provide seed money for a local office for faith-based and
25 secular community initiatives; and

26 (4) assist a local governmental entity in creating a
27 better partnership between government and faith-based and secular

1 community organizations for providing social services to persons in
2 this state.

3 (g) A secular or faith-based community organization is
4 eligible for an award of money from the fund or for an assistance or
5 service paid for by the fund only if the organization is a nonprofit
6 corporation or nonprofit association that:

7 (1) as of the date the organization applies for an
8 award under this section, has an annual budget for the provision of
9 social services of less than \$450,000; or

10 (2) has six or fewer full-time-equivalent paid
11 employees engaged in the provision of social services.

12 SECTION 2. Subchapter A, Chapter 531, Government Code, is
13 amended by adding Section 531.0081 to read as follows:

14 Sec. 531.0081. OFFICE OF MEDICAL TECHNOLOGY. (a) In this
15 section, "office" means the office of medical technology.

16 (b) The commission shall establish the office of medical
17 technology within the commission. The office shall explore and
18 evaluate new developments in medical technology and propose
19 implementing the technology in the medical assistance program under
20 Chapter 32, Human Resources Code, the child health plan program,
21 and other health services programs administered by the commission,
22 if appropriate.

23 (c) Office staff must have skills and experience in
24 scientific analysis and evidence-based medicine.

25 (d) In performing the duties imposed under Subsection (b),
26 the office shall:

27 (1) propose improvements in the delivery of medical

1 assistance through telemedicine medical services and telehealth
2 services, which may include proposing changes to the types of
3 services covered, persons who may present the services at a remote
4 site, and types of technology used;

5 (2) propose policies and standards for providing
6 medical assistance and child health plan services through
7 telemedicine and other medical technology, including policies and
8 standards for the use of best practices that focus on those
9 practices' fiscal impact and impact on program participants'
10 quality of life;

11 (3) evaluate the use of remote medical technology in
12 the medical assistance program and other health services programs
13 administered by the commission that will enable elderly or disabled
14 persons to remain in their homes and avoid institutionalization,
15 including evaluating the costs and benefits of the technology and
16 the available evidence regarding circumstances that indicate the
17 technology is medically appropriate;

18 (4) encourage the use of technology described by
19 Subdivision (3), if appropriate;

20 (5) serve as a liaison with providers under the
21 medical assistance program, child health plan program, and other
22 health services programs administered by the commission;

23 (6) provide support through conducting research for
24 and presenting findings to appropriate entities that advise the
25 commission or the health and human services agencies;

26 (7) consult with public and private entities,
27 including institutions of higher education, to develop proposals

1 for implementing new medical technologies; and

2 (8) evaluate other developments in medical technology
3 as required by the executive commissioner.

4 (e) Not later than December 1 of each even-numbered year,
5 the office shall report to the legislature regarding the ongoing
6 efforts of the office and the commission to expand the use of
7 medical technology in the medical assistance program, the child
8 health plan program, and other health services programs
9 administered by the commission and the office's recommendations for
10 legislation to facilitate that expansion. The report must also
11 include a description of new medical technologies that have become
12 available during that state fiscal biennium that will enable
13 elderly or disabled persons to choose to remain in their homes
14 rather than move to an institution or to obtain improved health
15 outcomes as a result of improved monitoring of health conditions.

16 SECTION 3. Section 531.021, Government Code, is amended by
17 adding Subsections (f) and (g) to read as follows:

18 (f) In adopting rates for medical assistance payments under
19 Subsection (b)(2), the executive commissioner shall adopt
20 reimbursement rates for intensive nursing services provided by
21 skilled medical professionals to recipients with specified health
22 conditions, including pneumonia, if those services are provided as
23 an alternative to hospitalization. A physician must certify that
24 the intensive nursing services are medically appropriate for the
25 recipient for those services to qualify for reimbursement under
26 this subsection.

27 (g) In adopting rates for medical assistance payments under

1 Subsection (b)(2), the executive commissioner shall adopt
2 reimbursement rates for group appointments with medical assistance
3 providers for the following services:

4 (1) prenatal classes; and

5 (2) services for certain diseases and conditions
6 specified by rules of the executive commissioner, such as obesity.

7 SECTION 4. (a) Subchapter B, Chapter 531, Government Code,
8 is amended by adding Section 531.02131 to read as follows:

9 Sec. 531.02131. MEDICAID MEDICAL INFORMATION TELEPHONE
10 HOTLINE PILOT PROGRAM. (a) In this section:

11 (1) "Net cost-savings" means the total projected cost
12 of Medicaid benefits for an area served under the pilot program
13 minus the actual cost of Medicaid benefits for the area.

14 (2) "Physician" means an individual licensed to
15 practice medicine in this state or another state of the United
16 States.

17 (b) The commission shall evaluate the cost-effectiveness,
18 in regards to preventing unnecessary emergency room visits and
19 ensuring that Medicaid recipients seek medical treatment in the
20 most medically appropriate and cost-effective setting, of
21 developing a Medicaid medical information telephone hotline pilot
22 program under which physicians are available by telephone to answer
23 medical questions and provide medical information for recipients.
24 If the commission determines that the pilot program is likely to
25 result in net cost-savings, the commission shall develop the pilot
26 program.

27 (c) The commission shall select the area in which to

1 implement the pilot program. The selected area must include:

2 (1) at least two counties; and

3 (2) not more than 100,000 Medicaid recipients, with
4 approximately 50 percent of the recipients enrolled in a managed
5 care program in which the recipients receive services from a health
6 maintenance organization.

7 (d) The commission shall request proposals from private
8 vendors for the operation of a telephone hotline under the pilot
9 program. The commission may not award a contract to a vendor unless
10 the vendor agrees to contractual terms:

11 (1) requiring the vendor to answer medical questions
12 and provide medical information by telephone to recipients using
13 only physicians;

14 (2) providing that the value of the contract is
15 contingent on achievement of net cost-savings in the area served by
16 the vendor; and

17 (3) permitting the commission to terminate the
18 contract after a reasonable period if the vendor's services do not
19 result in net cost-savings in the area served by the vendor.

20 (e) The commission shall periodically determine whether the
21 pilot program is resulting in net cost-savings. The commission
22 shall discontinue the pilot program if the commission determines
23 that the pilot program is not resulting in net cost-savings after a
24 reasonable period.

25 (f) Notwithstanding any other provision of this section,
26 including Subsection (b), the commission is not required to develop
27 the pilot program if suitable private vendors are not available to

1 operate the telephone hotline.

2 (g) The executive commissioner shall adopt rules necessary
3 for implementation of this section.

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

7 (b) Not later than December 1, 2005, the Health and Human
8 Services Commission shall determine whether the pilot program
9 described by Section 531.02131, Government Code, as added by this
10 section, is likely to result in net cost-savings. If the
11 determination indicates that net cost-savings are likely, the
12 commission shall take the action required by Subsections (c)-(e) of
13 this section.

14 (c) Not later than January 1, 2006, the Health and Human
15 Services Commission shall select the counties in which the pilot
16 program will be implemented.

17 (d) Not later than February 1, 2006, the Health and Human
18 Services Commission shall request proposals from private vendors
19 for the operation of a medical information telephone hotline. The
20 commission shall evaluate the proposals and choose one or more
21 vendors as soon as possible after the receipt of the proposals.

22 (e) Not later than January 1, 2007, the Health and Human
23 Services Commission shall report to the governor, the lieutenant
24 governor, and the speaker of the house of representatives regarding
25 the pilot program. The report must include:

26 (1) a description of the status of the pilot program,
27 including whether the commission was unable to contract with a

1 suitable vendor;

2 (2) if the pilot program has been implemented:

3 (A) an evaluation of the effects of the pilot
4 program on emergency room visits by program participants; and

5 (B) a description of cost savings in the area
6 included in the pilot program; and

7 (3) recommendations regarding expanding or revising
8 the pilot program.

9 SECTION 5. Subchapter B, Chapter 531, Government Code, is
10 amended by adding Section 531.02175 to read as follows:

11 Sec. 531.02175. REIMBURSEMENT FOR ONLINE MEDICAL
12 CONSULTATIONS. (a) In this section, "physician" means a person
13 licensed to practice medicine in this state under Subtitle B, Title
14 3, Occupations Code.

15 (b) The executive commissioner by rule shall require the
16 commission and each health and human services agency that
17 administers a part of the Medicaid program to provide Medicaid
18 reimbursement for a medical consultation that is provided by a
19 physician using the Internet as an alternative to an in-person
20 consultation. The rules adopted by the executive commissioner must
21 be designed to specifically encourage the use of Internet
22 consultations for disabled Medicaid recipients who have
23 transportation barriers if that type of consultation is medically
24 appropriate.

25 (c) The executive commissioner shall ensure that:

26 (1) reimbursement is provided for the consultation
27 only if both the physician and the recipient consent to conducting

1 the consultation using the Internet; and

2 (2) a request for reimbursement is not denied solely
3 because an in-person consultation between the physician and the
4 Medicaid recipient did not occur.

5 (d) A physician who receives reimbursement under this
6 section shall establish quality of care protocols and patient
7 confidentiality guidelines to ensure that the consultation
8 provided meets legal requirements and acceptable patient care
9 standards.

10 (e) The commission, in consultation with the Texas State
11 Board of Medical Examiners, shall monitor and regulate the use of
12 Internet consultations to ensure compliance with this section.

13 (f) The Texas State Board of Medical Examiners, in
14 consultation with the commission, as appropriate, may adopt rules
15 as necessary to:

16 (1) ensure that appropriate care is provided to a
17 Medicaid recipient who receives an Internet consultation;

18 (2) prevent abuse and fraud through the use of
19 Internet consultations, including rules relating to records
20 required to be maintained in connection with the consultation; and

21 (3) define circumstances under which, subsequent to an
22 Internet consultation between a physician and a Medicaid recipient,
23 an in-person consultation is required.

24 SECTION 6. (a) Subchapter B, Chapter 531, Government Code,
25 is amended by adding Section 531.02444 to read as follows:

26 Sec. 531.02444. MEDICAID BUY-IN PROGRAM FOR CERTAIN PERSONS
27 WITH DISABILITIES. (a) The executive commissioner shall develop

1 and implement a Medicaid buy-in program for persons with
2 disabilities as authorized by the Ticket to Work and Work
3 Incentives Improvement Act of 1999 (Pub. L. No. 106-170) or the
4 Balanced Budget Act of 1997 (Pub. L. No. 105-33).

5 (b) The executive commissioner shall adopt rules in
6 accordance with federal law that provide for:

7 (1) eligibility requirements for the program; and

8 (2) requirements for participants in the program to
9 pay premiums or cost-sharing payments.

10 (b) Not later than December 1, 2005, the executive
11 commissioner of the Health and Human Services Commission shall
12 develop and implement the Medicaid buy-in program under Section
13 531.02444, Government Code, as added by this section. In
14 developing the program, the executive commissioner shall consider
15 the proposal for the program developed and submitted to the Health
16 and Human Services Commission by the work group on health care
17 options for certain persons with disabilities under Section
18 531.02443, Government Code.

19 SECTION 7. Section 531.072(b), Government Code, is amended
20 to read as follows:

21 (b) The preferred drug lists may contain only:

22 (1) drugs provided by a manufacturer or labeler that
23 reaches an agreement with the commission on supplemental rebates
24 under Section 531.070; and

25 (2) drugs with the same clinical efficacy as, but a
26 lower overall cost than, a drug that may be included under
27 Subdivision (1).

1 SECTION 8. (a) Subchapter B, Chapter 531, Government Code,
2 is amended by adding Section 531.083 to read as follows:

3 Sec. 531.083. HOSPITAL EMERGENCY ROOM USE REDUCTION
4 INITIATIVES. (a) The commission shall develop and implement a
5 comprehensive plan to reduce the use of hospital emergency room
6 services by persons who do not have medical homes. The plan must
7 include:

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

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

13 (B) giving program participants information on
14 how to access primary care physicians, clinical nurse
15 practitioners, and local health clinics;

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

20 (3) payment of a nominal referral fee to hospital
21 emergency rooms that perform an initial medical evaluation of a
22 patient and subsequently refer the patient, if medically stable, to
23 an appropriate level of health care, such as care provided by a
24 primary care physician or a local clinic;

25 (4) a pilot program under which the commission enters
26 into an agreement with a hospital under which the hospital arranges
27 transportation through methods such as prepaid taxi transportation

1 or shuttle service to transport emergency room patients who do not
2 have private transportation and do not need emergency services to a
3 location where the patients can receive an appropriate level of
4 health care, such as a federally qualified health center, as
5 defined by 42 U.S.C. Section 1396d(1)(2)(B);

6 (5) 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 person who
9 accesses a hospital emergency room three times during a six-month
10 period and provides the patient with information on ways the person
11 may secure a medical home to avoid unnecessary treatment at
12 hospital emergency rooms; and

13 (6) 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 contain basic health care information for parents of
18 young children participating in public or private child-care or
19 prekindergarten programs, including federal Head Start programs,
20 and that are:

21 (i) written in a language understandable to
22 those parents; and

23 (ii) specifically tailored to be applicable
24 to the needs of those parents;

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

27 (C) otherwise teach those parents about the

1 health care needs of their children and ways to address those needs.

2 (b) In developing and implementing the plan required by this
3 section, the commission shall include other initiatives developed
4 and implemented in other states that have shown success in reducing
5 the incidence of unnecessary treatment in hospital emergency rooms.

6 (b) The Health and Human Services Commission shall develop
7 the health care literacy component of the comprehensive plan to
8 reduce the use of hospital emergency room services required by
9 Section 531.083(a)(6), Government Code, as added by this section,
10 so that the health care literacy component operates in a manner
11 similar to the manner in which the Johnson & Johnson/UCLA Health
12 Care Institute operates its health care training program that is
13 designed to teach parents to better address the health care needs of
14 their children.

15 SECTION 9. Subchapter B, Chapter 531, Government Code, is
16 amended by adding Section 531.084 to read as follows:

17 Sec. 531.084. PERFORMANCE BONUS PILOT PROGRAM. (a) The
18 commission shall develop and implement a pilot program for
19 providing higher reimbursement rates to health care providers under
20 the Medicaid program and other state health programs who treat
21 program recipients with chronic health conditions in accordance
22 with evidence-based, nationally accepted best practices and
23 standards of care.

24 (b) The commission shall define the parameters of the pilot
25 program, including:

26 (1) the state health programs in addition to the
27 Medicaid program for which the commission will operate the pilot

1 program;

2 (2) the types of chronic health conditions the pilot
3 program will target;

4 (3) the best practices and standards of care that must
5 be followed for a health care provider to obtain a higher
6 reimbursement rate under the pilot program; and

7 (4) the types of health care providers to whom the
8 higher reimbursement rate will be offered under the pilot program.

9 (c) Not later than December 1, 2006, the Health and Human
10 Services Commission shall report to the standing committees of the
11 senate and the house of representatives having primary jurisdiction
12 over welfare programs regarding the results of the pilot program
13 under this section. The report must include:

14 (1) the effect of the higher reimbursement rates
15 offered under the program on the quality of care provided and the
16 health outcomes for program recipients and the overall
17 cost-effectiveness of the higher reimbursement rates; and

18 (2) a recommendation regarding implementation of the
19 program statewide.

20 (d) This section expires September 1, 2007.

21 SECTION 10. (a) Subchapter B, Chapter 531, Government
22 Code, is amended by adding Section 531.085 to read as follows:

23 Sec. 531.085. EXCLUSION OF CERTAIN RESOURCES IN DETERMINING
24 ELIGIBILITY FOR CERTAIN PROGRAMS. (a) In this section:

25 (1) "Health savings account" means an account
26 containing funds that are used to pay for group or individual health
27 insurance or non-insured medical expenses and that qualify under

1 federal law for exemption from federal taxation. The term
2 includes:

3 (A) a health care reimbursement account;

4 (B) a health savings account; and

5 (C) a medical savings account.

6 (2) "Means-tested medical benefits program" includes:

7 (A) the Medicaid program;

8 (B) the child health plan program; and

9 (C) any other state medical benefits program for

10 which eligibility is based in whole or in part on a person's
11 household income and resources.

12 (b) The executive commissioner shall adopt rules under
13 which:

14 (1) the balance of a health savings account belonging
15 to an applicant for a means-tested medical benefits program or
16 belonging to a member of the applicant's household is excluded in
17 determining whether the applicant meets the household income and
18 resource requirements for eligibility for the program; and

19 (2) any amounts deducted from the applicant's income
20 or from the income of a member of the applicant's household on a
21 recurring basis are excluded from that income so that only the
22 applicant's or household member's net income after excluding those
23 amounts is considered in determining whether the applicant meets
24 the household income requirements for eligibility for a
25 means-tested medical benefits program.

26 (b) The changes in law made by Section 531.085, Government
27 Code, as added by this section, and rules adopted under that section

1 apply to:

2 (1) an applicant for a means-tested medical benefits
3 program who files an application for the program on or after the
4 effective date of this section; and

5 (2) a person receiving benefits under a means-tested
6 medical benefits program on or after the effective date of this
7 section, regardless of the date on which the person's eligibility
8 for the program was determined.

9 SECTION 11. (a) Chapter 533, Government Code, is amended by
10 adding Subchapter D to read as follows:

11 SUBCHAPTER D. INTEGRATED CARE MANAGEMENT MODEL

12 Sec. 533.061. INTEGRATED CARE MANAGEMENT MODEL PILOT
13 PROJECT. (a) In this section, "medical home" means a primary care
14 physician or other health care provider who:

15 (1) manages and coordinates all aspects of a
16 recipient's health care; and

17 (2) has a continuous and ongoing professional
18 relationship with the recipient.

19 (b) The executive commissioner by rule shall establish, and
20 the commission shall conduct and evaluate, a pilot project to
21 determine the cost savings, health benefits, and effectiveness of
22 providing medical assistance through an integrated care management
23 model to the following populations of recipients:

24 (1) recipients of financial assistance under Chapter
25 31, Human Resources Code;

26 (2) pregnant women;

27 (3) children;

1 (4) aged, blind, or disabled persons who are not
2 residents of long-term care facilities; and

3 (5) a small number of other recipients who are
4 identified as having the highest medical costs.

5 (c) The integrated care management model developed under
6 the pilot project must include the following components:

7 (1) the assignment of recipients to a medical home;

8 (2) the establishment of a system for integrated care
9 management that addresses or provides for:

10 (A) acute or long-term care services, as
11 appropriate;

12 (B) the coordination and management of disease
13 management services; and

14 (C) case management, including case management
15 for recipients with chronic health conditions and management of
16 prescription drug use;

17 (3) the performance of health risk assessment
18 screenings on the initial enrollment of recipients in the pilot
19 project to identify those recipients who have or are at risk of
20 developing a chronic illness;

21 (4) a method for reporting the results of assessment
22 screenings described by Subdivision (3) to the recipient's medical
23 home;

24 (5) a method for reporting to physicians or other
25 appropriate health care providers at least quarterly on the use by
26 patients of:

27 (A) prescription drugs and the associated cost of

1 that use; and

2 (B) other health care services and the associated
3 cost of those uses;

4 (6) coordination by the patient's medical home of the
5 patient's support services, including home health services or
6 durable medical equipment;

7 (7) the establishment of a reimbursement system that
8 provides higher levels of payment for providers who:

9 (A) establish and maintain clinics to treat
10 recipients after normal business hours, as defined by rule of the
11 executive commissioner;

12 (B) incorporate early and periodic screening,
13 diagnosis, and treatment services into the medical home; and

14 (C) adhere to evidence-based, clinical
15 guidelines and performance measures that are developed by
16 physicians and subjected to a scientific peer review process;

17 (8) a comprehensive quality management program; and

18 (9) any other appropriate component the executive
19 commissioner determines will improve a recipient's health outcome
20 and is cost-effective.

21 (d) The commission shall implement the pilot project in at
22 least eight areas of this state, including both urban and rural
23 areas. At least one-half of the pilot project sites must be in
24 areas of this state in which a primary care case management model of
25 Medicaid managed care was being used to provide medical assistance
26 to recipients on January 1, 2005.

27 Sec. 533.062. TECHNOLOGICAL SUPPORT AND CARE COORDINATION.

1 (a) In implementing the integrated care management model of
2 Medicaid managed care under this subchapter, the commission shall
3 contract for technological support and care coordination as
4 necessary to assure appropriate use of services by and
5 cost-effective health outcomes for recipients.

6 (b) In awarding a contract under this section, the
7 commission shall:

8 (1) consider the effect of the contract on integrated
9 care management providers; and

10 (2) make a reasonable effort to reduce any
11 administrative barrier for those providers.

12 (c) The services provided under the contract should be
13 designed to enhance the ability of integrated care management
14 providers to be effective and responsive in making treatment
15 decisions.

16 Sec. 533.063. STATEWIDE ADVISORY COMMITTEE OF PROVIDERS.

17 (a) The executive commissioner shall appoint an advisory committee
18 of health care providers or representatives of those providers to
19 assist the executive commissioner in developing the integrated care
20 management model. The executive commissioner shall consult the
21 advisory committee throughout the development of the model,
22 including in relation to the development of proposed rules under
23 Section 533.061.

24 (b) The committee consists of the following members:

25 (1) six primary care physicians who practice in
26 different geographic areas of this state, including at least two
27 physicians with experience practicing under a primary care case

1 management model of Medicaid managed care;

2 (2) three physician specialists;

3 (3) one representative of a federally qualified health
4 center, as defined by 42 U.S.C. Section 1396d(1)(2)(B);

5 (4) one representative of a rural health clinic; and

6 (5) one representative of hospitals.

7 (c) The advisory committee shall meet as necessary to
8 perform the duties required by this section.

9 (d) A member of the committee may not receive compensation
10 for serving on the committee but is entitled to reimbursement for
11 reasonable and necessary travel expenses incurred by the member
12 while conducting the business of the committee, as provided by the
13 General Appropriations Act.

14 (e) The committee is not subject to Chapter 551, Government
15 Code.

16 Sec. 533.064. REGIONAL ADVISORY COMMITTEES. (a) In each
17 area of this state in which the commission plans to implement the
18 pilot project under Section 533.061, the executive commissioner
19 shall appoint an advisory committee for that area to assist with the
20 development and implementation of the integrated care management
21 model.

22 (b) A committee consists of individuals from the area with
23 respect to which the committee will provide advice and must include
24 the same number of members from each category of providers and
25 representatives of providers specified in Section 533.063(b).

26 (c) A committee is not subject to Chapter 551, Government
27 Code.

1 Sec. 533.065. REPORT. Not later than January 5, 2007, the
2 commission shall submit to the Legislative Budget Board, the
3 lieutenant governor, and the speaker of the house of
4 representatives a report describing the results of the pilot
5 project implemented under Section 533.061. The report must
6 include:

7 (1) information regarding:

8 (A) recipient and provider satisfaction;

9 (B) recipient access to primary and specialty
10 care services;

11 (C) recipient outcomes, including health status
12 improvement; and

13 (D) the fiscal impact to political subdivisions
14 of this state in the areas in which the pilot project is
15 implemented, including any cost savings realized by those entities
16 from the implementation; and

17 (2) recommendations on whether to implement the pilot
18 project statewide.

19 Sec. 533.066. EXPIRATION OF SUBCHAPTER. This subchapter
20 expires September 1, 2009.

21 (b) The executive commissioner of the Health and Human
22 Services Commission shall adopt rules to implement the pilot
23 project established under Section 533.061, Government Code, as
24 added by this section, not later than December 1, 2005.

25 (c) To provide technological support and care coordination
26 services as required by Section 533.062, Government Code, as added
27 by this section, the Health and Human Services Commission may:

1 (1) if possible, modify an existing contract between
2 the commission and a contractor; or

3 (2) enter into an additional contract with a
4 contractor with which the commission has an existing contract.

5 SECTION 12. (a) Subtitle I, Title 4, Government Code, is
6 amended by adding Chapter 535 to read as follows:

7 CHAPTER 535. PROVISION OF HUMAN SERVICES THROUGH FAITH- AND
8 COMMUNITY-BASED INITIATIVES

9 SUBCHAPTER A. GENERAL PROVISIONS

10 Sec. 535.001. DEFINITIONS. In this chapter:

11 (1) "Community-based initiative" means a human
12 services initiative operated through a community organization.

13 (2) "Faith-based initiative" means a human services
14 initiative operated through a religious or denominational
15 organization, including an organization that is operated for
16 religious, educational, or charitable purposes and that is
17 operated, supervised, or controlled, wholly or partly, by or in
18 connection with a religious organization.

19 [Sections 535.002-535.050 reserved for expansion]

20 SUBCHAPTER B. GOVERNMENTAL LIAISONS FOR FAITH- AND COMMUNITY-BASED
21 INITIATIVES

22 Sec. 535.051. DESIGNATION OF FAITH- AND COMMUNITY-BASED
23 INITIATIVES LIAISONS. (a) The executive commissioner, in
24 consultation with the governor, shall designate one employee of the
25 commission and one employee from each health and human services
26 agency to serve as liaisons for faith- and community-based
27 initiatives.

1 (b) The chief administrative officer of each of the
2 following state agencies, in consultation with the governor, shall
3 designate one employee from the agency to serve as a liaison for
4 faith- and community-based initiatives:

5 (1) the Texas Department of Criminal Justice;

6 (2) the Texas Department of Housing and Community
7 Affairs;

8 (3) the Texas Education Agency;

9 (4) the Texas Juvenile Probation Commission;

10 (5) the Texas Veterans Commission; and

11 (6) the Texas Youth Commission.

12 Sec. 535.052. GENERAL DUTIES OF LIAISONS. A faith- and
13 community-based initiatives liaison designated under Section
14 535.051 shall:

15 (1) serve as the single point of contact for an
16 organization wanting to establish a faith- or community-based
17 initiative in partnership with the state agency the liaison
18 represents;

19 (2) identify and remove barriers to partnerships
20 between the state agency the liaison represents and organizations
21 wanting to establish faith- and community-based initiatives;

22 (3) provide information and training, if necessary,
23 for employees of the state agency the liaison represents regarding
24 equal opportunity standards for organizations wanting to establish
25 faith- and community-based initiatives through partnerships with
26 the agency;

27 (4) identify best practices for organizations wanting

1 to establish faith- and community-based initiatives through
2 partnerships with the state agency the liaison represents;

3 (5) coordinate outreach efforts to organizations that
4 have not traditionally formed partnerships with state agencies to
5 establish faith- and community-based initiatives;

6 (6) coordinate all efforts with the governor's office
7 of faith-based and community initiatives and provide information,
8 support, and assistance to that office as requested and to the
9 extent permitted by law; and

10 (7) attend conferences sponsored by federal agencies
11 and offices and other relevant entities to become and remain
12 informed of issues and developments regarding faith- and
13 community-based initiatives.

14 Sec. 535.053. REPORTS; MEETINGS. A faith- and
15 community-based initiatives liaison designated under Section
16 535.051 shall:

17 (1) provide periodic reports to the executive
18 commissioner or other chief executive officer who designated the
19 liaison, as applicable, on a schedule determined by the person who
20 designated the liaison;

21 (2) report annually to the governor regarding the
22 liaison's efforts to comply with the duties imposed under Section
23 535.052; and

24 (3) meet quarterly, or as otherwise required by the
25 governor, with the governor's office of faith-based and community
26 initiatives to report regarding the liaison's efforts to comply
27 with the duties imposed under Section 535.052.

1 [Sections 535.054-535.100 reserved for expansion]

2 SUBCHAPTER C. CENTERS FOR FAITH- AND COMMUNITY-BASED INITIATIVES

3 Sec. 535.101. DEFINITION. In this subchapter, "center"
4 means a center for faith- and community-based initiatives
5 established under Section 535.102.

6 Sec. 535.102. ESTABLISHMENT OF CENTERS FOR FAITH- AND
7 COMMUNITY-BASED INITIATIVES. The chief executive officers of the
8 Health and Human Services Commission, the Office of Rural Community
9 Affairs, and the Texas Workforce Commission shall each establish
10 within their respective agencies a center for faith- and
11 community-based initiatives. Each center must be operated in a
12 manner that promotes effective partnerships between the state
13 agency within which the center operates and organizations that
14 establish faith- or community-based initiatives to serve residents
15 of this state who need assistance.

16 Sec. 535.103. OPERATION OF CENTER. (a) In consultation
17 with the governor, the chief executive officer of the state agency
18 in which a center operates shall appoint a director for the center.

19 (b) The state agency within which a center operates shall
20 provide the center with appropriate staff, administrative support
21 services, and other resources to enable the center to perform the
22 duties imposed under this subchapter.

23 Sec. 535.104. GENERAL DUTIES OF CENTERS. (a) A center
24 shall:

25 (1) identify and remove barriers to partnerships
26 between the state agency within which the center operates and the
27 organizations wanting to establish faith- and community-based

1 initiatives;

2 (2) provide information and training, if necessary,
3 for employees of the state agency within which the center operates
4 regarding equal opportunity standards for organizations wanting to
5 establish faith- and community-based initiatives through
6 partnerships with the agency;

7 (3) identify best practices for organizations wanting
8 to establish faith- and community-based initiatives through
9 partnerships with the state agency within which the center
10 operates;

11 (4) based on the best practices identified under
12 Subdivision (3), develop proposals for innovative pilot programs
13 and initiatives;

14 (5) coordinate outreach efforts to inform and welcome
15 organizations that have not traditionally formed partnerships with
16 state agencies to establish faith- and community-based
17 initiatives;

18 (6) if appropriate, coordinate the use of volunteers
19 from organizations that establish faith- and community-based
20 initiatives to make the best use of those volunteers;

21 (7) coordinate all efforts with the governor's office
22 of faith-based and community initiatives and provide information,
23 support, and assistance to that office as requested and to the
24 extent permitted by law; and

25 (8) send representatives to attend conferences
26 sponsored by federal agencies and offices and other relevant
27 entities to become and remain informed of issues and developments

1 regarding faith- and community-based initiatives.

2 (b) In performing the duties imposed under Subsection (a), a
3 center shall coordinate with the liaison for faith- and
4 community-based initiatives designated under Subchapter B if a
5 liaison has been designated for the state agency within which the
6 center operates.

7 Sec. 535.105. REPORTS. The director of a center shall:

8 (1) provide periodic reports to the chief executive
9 officer of the state agency within which the center operates
10 regarding the center's performance of the duties imposed under
11 Section 535.104;

12 (2) report annually to the governor regarding the
13 center's efforts to perform the duties imposed under Section
14 535.104 and the center's outcomes on the performance measures
15 determined by the center; and

16 (3) meet quarterly, or as otherwise required by the
17 governor, with the governor's office of faith-based and community
18 initiatives to report regarding the center's performance of the
19 duties imposed under Section 535.104.

20 (b) The executive commissioner of the Health and Human
21 Services Commission and the chief executive officers of the Texas
22 Department of Criminal Justice, the Texas Department of Housing and
23 Community Affairs, the Texas Education Agency, the Texas Juvenile
24 Probation Commission, the Texas Veterans Commission, and the Texas
25 Youth Commission shall designate the liaisons for faith- and
26 community-based initiatives as required under Section 535.051,
27 Government Code, as added by this section, not later than November

1 1, 2005.

2 (c) Each center for faith- and community-based initiatives
3 established under Section 535.102, Government Code, as added by
4 this section, shall file a report with the governor not later than
5 March 1, 2006, that includes the center's performance measures on
6 which the center will report its outcomes in each annual report
7 under Section 535.105, Government Code, as added by this section.

8 SECTION 13. (a) Section 2055.001(1), Government Code, is
9 amended to read as follows:

10 (1) "Board," "department," "electronic government
11 project," "executive director," "local government," "major
12 information resources project," "quality assurance team," and
13 "TexasOnline" have the meanings assigned by Section 2054.003.

14 (b) Chapter 2055, Government Code, is amended by adding
15 Subchapter E to read as follows:

16 SUBCHAPTER E. GRANTS ASSISTANCE PROJECT

17 Sec. 2055.201. DEFINITION. In this subchapter, "state
18 grant assistance" means assistance provided by a state agency that
19 is available to a resident of this state, another state agency, a
20 local government, or a nonprofit or faith-based organization,
21 including a grant, contract, loan, loan guarantee, property,
22 cooperative agreement, direct appropriation, or other method of
23 disbursement.

24 Sec. 2055.202. ESTABLISHMENT OF PROJECT. The department
25 shall establish an electronic government project to develop an
26 Internet website accessible through TexasOnline that:

27 (1) provides a single location for state agencies to

1 post electronic summaries of state grant assistance opportunities
2 with the state agencies;

3 (2) enables a person to search for state grant
4 assistance programs provided by state agencies;

5 (3) allows, when feasible, electronic submission of
6 state grant assistance applications;

7 (4) improves the effectiveness and performance of
8 state grant assistance programs;

9 (5) streamlines and simplifies state grant assistance
10 application and reporting processes; and

11 (6) improves the delivery of services to the public.

12 Sec. 2055.203. ESTABLISHING PROJECT; COORDINATION. (a) In
13 establishing the electronic government project under this
14 subchapter, the department, in coordination with the office of the
15 governor, shall direct, coordinate, and assist state agencies in
16 establishing:

17 (1) a common electronic application and reporting
18 system, including:

19 (A) a standard format for announcing state grant
20 assistance opportunities;

21 (B) standard data elements for use in creating
22 state grant assistance opportunity announcement summaries,
23 including existing electronic grants programs and search
24 functions; and

25 (C) a common application form for a person to use
26 in applying for state grant assistance from multiple state grant
27 assistance programs that serve similar purposes and are

1 administered by different state agencies; and

2 (2) an interagency process for:

3 (A) improving interagency and intergovernmental
4 coordination of information collection and sharing of data between
5 persons responsible for delivering services relating to a state
6 grant assistance program; and

7 (B) improving the timeliness, completeness, and
8 quality of information received by a state agency from a recipient
9 of state grant assistance.

10 (b) A state agency shall provide the department and the
11 office of the governor financial and functional information about
12 any existing or potential systems that in any way provide the
13 functions described in Section 2055.202.

14 Sec. 2055.204. USE OF ELECTRONIC GRANT SYSTEM. (a) A state
15 agency may not expend appropriated money to implement or design a
16 new system that provides the functions described in Section
17 2055.202 without obtaining prior approval from the executive
18 director.

19 (b) The executive director shall determine whether to
20 approve a state agency's continued operation of an existing system
21 or to integrate the system into the project created under this
22 subchapter. The executive director may provide conditional
23 approval of ongoing expenditures while developing appropriate
24 project plans and funding models for the project.

25 (c) A state agency shall incorporate common grant
26 application forms developed under Section 2055.203 into the
27 agency's grant application and review processes.

1 (d) If the department determines that money should be
2 consolidated in the development of this project, the department
3 shall provide a funding model to the Legislative Budget Board and
4 the governor as required by Section 2055.057. A state agency with
5 an existing system approved or conditionally approved under
6 Subsection (b) is exempt from this subsection.

7 Sec. 2055.205. EXEMPT AGENCIES. (a) The executive
8 director may exempt a state agency or state grant assistance
9 program from the requirements of this subchapter if the executive
10 director determines that the state agency does not have a
11 sufficient number of state grant assistance programs.

12 (b) The governor, with the assistance of the department,
13 shall make a list of exempted agencies and information about
14 programs exempted from this subchapter available to the public
15 through the office of the governor's Internet website.

16 (c) Section 2055.204(b), Government Code, as added by this
17 section, does not apply to a state agency that operates an existing
18 system until the project created under Subchapter E, Chapter 2055,
19 Government Code, as added by this section, is operational.

20 SECTION 14. (a) Section 62.102(b), Health and Safety Code,
21 is amended to read as follows:

22 (b) The period of continuous eligibility may be established
23 at an interval of 6 months beginning immediately upon passage of
24 this Act and ending September 1, 2007 [~~2005~~], at which time an
25 interval of 12 months of continuous eligibility will be
26 re-established.

27 (b) Section 10(c), Chapter 584, Acts of the 77th

1 Legislature, Regular Session, 2001, as amended by Section 2.101,
2 Chapter 198, Acts of the 78th Legislature, Regular Session, 2003,
3 is amended to read as follows:

4 (c) The executive commissioner of the Health and Human
5 Services Commission [~~or the appropriate state agency operating part~~
6 ~~of the medical assistance program under Chapter 32, Human Resources~~
7 ~~Code,~~] shall adopt rules required by Section 32.0261, Human
8 Resources Code, as added by this Act, so that the rules take effect
9 in accordance with that section not earlier than September 1, 2002,
10 or later than September 1, 2007 [~~2005~~]. The rules must provide for
11 a 12-month period of continuous eligibility in accordance with that
12 section for a child whose initial or continued eligibility is
13 determined on or after the effective date of the rules.

14 SECTION 15. (a) Subchapter C, Chapter 62, Health and Safety
15 Code, is amended by adding Section 62.1021 to read as follows:

16 Sec. 62.1021. CONTINUOUS ELIGIBILITY FOR CHILDREN WITH
17 CERTAIN CHRONIC CONDITIONS. Notwithstanding Section 62.102, the
18 commission shall provide for a period of continuous eligibility for
19 an individual who is determined to be eligible for coverage under
20 the child health plan and who has a disease or other chronic health
21 condition that, if the individual were a recipient under the
22 medical assistance program, would qualify the individual for
23 disease management services under Section 32.059, Human Resources
24 Code, as added by Chapter 208, Acts of the 78th Legislature, Regular
25 Session, 2003, or Section 533.009, Government Code. The commission
26 shall provide that the individual remains eligible for the child
27 health plan benefits until the earlier of:

1 (1) the first anniversary of the date on which the
2 individual's eligibility was determined; or

3 (2) the individual's 19th birthday.

4 (b) Subchapter B, Chapter 32, Human Resources Code, is
5 amended by adding Section 32.02611 to read as follows:

6 Sec. 32.02611. CONTINUOUS ELIGIBILITY FOR PERSONS WITH
7 CERTAIN CHRONIC CONDITIONS. Notwithstanding other law, the
8 department shall provide for a period of continuous eligibility for
9 a person who is determined to be eligible for medical assistance
10 under this chapter and who has a disease or other chronic health
11 condition that would qualify the person for disease management
12 services under Section 32.059 of this code, as added by Chapter 208,
13 Acts of the 78th Legislature, Regular Session, 2003, or Section
14 533.009, Government Code. The rules shall provide that the person
15 remains eligible for medical assistance, without additional review
16 by the department and regardless of changes in the person's
17 resources or income, until the first anniversary of the date on
18 which the person's eligibility was determined or, if the person is a
19 child, until the earlier of:

20 (1) the first anniversary of the date on which the
21 person's eligibility was determined; or

22 (2) the person's 19th birthday.

23 (c) Section 62.1021, Health and Safety Code, as added by
24 this section, applies to a person enrolled in the child health plan
25 program under Chapter 62, Health and Safety Code, on or after the
26 effective date of this section, regardless of the date on which the
27 person's eligibility was determined. Section 32.02611, Human

1 Resources Code, as added by this section, applies to a recipient of
2 medical assistance on or after the effective date of this section,
3 regardless of the date on which the person's eligibility was
4 determined.

5 SECTION 16. Section 62.154, Health and Safety Code, is
6 amended by adding Subsection (e) to read as follows:

7 (e) The commission may waive the waiting period required by
8 Subsection (a) for a child if the child's eligibility for coverage
9 under the child health plan results from financial hardship caused
10 by the death or disability of the child's parent or guardian that
11 occurred within a year of the date of the application for coverage.

12 SECTION 17. (a) Subtitle E, Title 2, Health and Safety
13 Code, is amended by adding Chapter 113 to read as follows:

14 CHAPTER 113. GOVERNOR'S HEALTH CARE COORDINATING COUNCIL

15 Sec. 113.001. DEFINITION. In this chapter, "council" means
16 the Governor's Health Care Coordinating Council.

17 Sec. 113.002. COMPOSITION OF COUNCIL. (a) The council is
18 within the office of the governor and shall report to the governor
19 or the governor's designee.

20 (b) The council is composed of the administrative head of
21 the following agencies or that person's designee:

- 22 (1) the Health and Human Services Commission;
23 (2) the Department of State Health Services;
24 (3) the Department of Aging and Disability Services;
25 (4) the Employees Retirement System of Texas;
26 (5) the Teacher Retirement System of Texas;
27 (6) the Correctional Managed Health Care Committee;

1 and

2 (7) any other state agency identified by the governor
3 that purchases health care products or services.

4 Sec. 113.003. COMPENSATION AND EXPENSES. Service on the
5 council is an additional duty of a member's office or employment. A
6 member of the council is not entitled to compensation but is
7 entitled to reimbursement of travel expenses incurred by the member
8 while conducting the business of the council, as provided in the
9 General Appropriations Act.

10 Sec. 113.004. SUPPORT STAFF. The council's member agencies
11 shall provide the staff for the council.

12 Sec. 113.005. MEETINGS. (a) The council shall meet at
13 least once each year. The council may meet at other times at the
14 call of the presiding officer or as provided by the rules of the
15 council.

16 (b) The council is a governmental body for purposes of the
17 open meetings law, Chapter 551, Government Code.

18 Sec. 113.006. RESEARCH PROJECTS; REPORT. (a) The council
19 shall identify gaps, flaws, inefficiencies, or problems in the
20 health care system that create systemic or substantial negative
21 impacts on the participants in the health care system, study those
22 problems, and identify possible solutions for the state or other
23 participants in the system.

24 (b) Not later than September 1 after each regular session of
25 the legislature, the speaker of the house of representatives and
26 the lieutenant governor may submit health care-related issues to
27 the governor for referral to the council. The health care-related

1 issues may include:

- 2 (1) disparities in quality and levels of care;
- 3 (2) problems for uninsured individuals;
- 4 (3) the cost of pharmaceuticals;
- 5 (4) the cost of health care;
- 6 (5) access to health care;
- 7 (6) quality of health care; or
- 8 (7) any other issue related to health care.

9 (c) The governor shall refer health care-related issues to
10 the council for research and analysis. The governor shall
11 prioritize the issues for the council. The council shall study
12 those issues identified by the governor and identify possible
13 solutions for the state or other participants in the health care
14 system.

15 (d) Not later than December 31 of each even-numbered year,
16 the council shall submit a biennial report of the council's
17 findings and recommendations to the governor, lieutenant governor,
18 and speaker of the house of representatives.

19 Sec. 113.007. PURCHASE OF HEALTH CARE PRODUCTS OR SERVICES.

20 (a) The council shall ensure the most effective collaboration
21 among state agencies in the purchase of health care products or
22 services. As a state agency develops an expertise in purchasing
23 health care products or services, that agency shall assist other
24 agencies in the purchase of the same products or services.

25 (b) Before a state agency issues a request for the purchase
26 of health care products or services, the agency must notify the
27 council of the pending purchase. The council shall determine

1 whether another state agency has previously purchased the same
2 health care products or services or is currently in the process of
3 purchasing those products or services. The council shall assist
4 the state agencies in coordinating the purchase of the health care
5 products or services.

6 (c) After a state agency enters into a contract for the
7 purchase of health care products or services, the agency must
8 report to the council:

9 (1) the name of the seller of the health care products
10 or services;

11 (2) the health care products or services purchased;
12 and

13 (3) the purchase price for the products or services.

14 (d) The council shall maintain a database of the information
15 relating to the purchase of health care products or services the
16 council receives under this section.

17 (b) Section 431.116(e), Health and Safety Code, is amended
18 to read as follows:

19 (e) The department shall report the information collected
20 under Subsection (b) to the Governor's Health Care Coordinating
21 Council [~~Interagency Council on Pharmaceuticals Bulk Purchasing~~].

22 (c) Section 431.208(d), Health and Safety Code, is amended
23 to read as follows:

24 (d) The department shall report the information collected
25 under Subsection (a) to the Governor's Health Care Coordinating
26 Council [~~Interagency Council on Pharmaceuticals Bulk Purchasing~~].

27 (d) Chapter 111, Health and Safety Code, is repealed.

1 (e) The Interagency Council on Pharmaceuticals Bulk
2 Purchasing is abolished. All powers, duties, obligations, rights,
3 contracts, appropriations, records, and property of the
4 Interagency Council on Pharmaceuticals Bulk Purchasing are
5 transferred to the Governor's Health Care Coordinating Council. A
6 rule, policy, procedure, or decision of the Interagency Council on
7 Pharmaceuticals Bulk Purchasing continues in effect as a rule,
8 policy, procedure, or decision of the Governor's Health Care
9 Coordinating Council until superseded by an act of the Governor's
10 Health Care Coordinating Council. A reference in another law to the
11 Interagency Council on Pharmaceuticals Bulk Purchasing means the
12 Governor's Health Care Coordinating Council.

13 SECTION 18. (a) Subchapter D, Chapter 301, Labor Code, is
14 amended by adding Section 301.070 to read as follows:

15 Sec. 301.070. DATABASE OF VOLUNTEER OPPORTUNITIES. The
16 commission shall establish a comprehensive, searchable Internet
17 database that lists opportunities throughout this state for
18 volunteers to provide assistance to persons who are clients of
19 state public assistance programs. The commission shall adopt rules
20 regarding:

21 (1) minimum requirements a person who wants to submit
22 an opportunity for listing on the database must meet, including:

23 (A) the types of volunteer opportunities the
24 person may submit; and

25 (B) the minimum information that must be provided
26 for a listing on the database;

27 (2) the method by which a prospective volunteer may

1 contact the person who lists an opportunity on the database; and

2 (3) procedures for maintaining confidentiality with
3 respect to the identity of clients who receive assistance through
4 the database.

5 (b) The Texas Workforce Commission shall operate the
6 database of volunteer opportunities required by Section 301.070,
7 Labor Code, as added by this section, as a component of the Work In
8 Texas employment matching database maintained on the commission's
9 Internet website.

10 (c) The Texas Workforce Commission shall establish the
11 database of volunteer opportunities required by Section 301.070,
12 Labor Code, as added by this section, not later than January 1,
13 2006.

14 SECTION 19. Subchapter C, Chapter 562, Occupations Code, is
15 amended by adding Section 562.10851 to read as follows:

16 Sec. 562.10851. PILOT PROGRAM. (a) Notwithstanding
17 Section 562.1085 of this code, Chapter 431, Health and Safety Code,
18 or other law, the executive commissioner of the Health and Human
19 Services Commission in coordination with the board shall operate a
20 pilot program to allow the return of certain unused drugs that are
21 not sealed in the manufacturer's original packaging as required by
22 Section 562.1085(a)(1)(A).

23 (b) The pilot program under Subsection (a) may be conducted
24 only following passage of federal legislation to authorize the
25 return and redistribution of unused drugs that are not sealed in the
26 manufacturer's original packaging.

27 (c) This section expires September 1, 2010.

1 SECTION 20. HEALTH INSURANCE PREMIUM PAYMENT ASSISTANCE
2 PROGRAM. (a) The Health and Human Services Commission, in
3 consultation with the Texas Department of Insurance, shall conduct
4 a study to identify insurance reforms that would lower the cost of
5 group health benefit plans, as described by Section 1207.001,
6 Insurance Code, to small employers in a manner that will increase
7 the availability of group health benefit plans for which the state
8 can provide premium payment assistance under Section 62.059, Health
9 and Safety Code, for a child as an alternative to enrolling the
10 child in the children's health insurance program under Chapter 62,
11 Health and Safety Code.

12 (b) Not later than December 1, 2006, the Health and Human
13 Services Commission shall report to the standing committees of the
14 senate and the house of representatives that have primary
15 jurisdiction over insurance any recommendations for insurance
16 reforms identified in the study conducted under Subsection (a) of
17 this section.

18 SECTION 21. MEDICAID COVERAGE FOR HEALTH INSURANCE PREMIUMS
19 AND LONG-TERM CARE NEEDS. (a) The Health and Human Services
20 Commission shall explore the commission's authority under federal
21 law to offer, and the cost and feasibility of offering:

22 (1) a stipend paid by the Medicaid program to a person
23 to cover the cost of a private health insurance plan as an
24 alternative to providing traditional Medicaid services for the
25 person;

26 (2) premium payment assistance through the Medicaid
27 program for long-term care insurance for a person with a health

1 condition that increases the likelihood that the person will need
2 long-term care in the future; and

3 (3) a long-term care partnership between the Medicaid
4 program and a person under which the person pays the premiums for
5 long-term care insurance and the Medicaid program provides
6 continued coverage after benefits under that insurance are
7 exhausted, regardless of the person's household income or
8 resources.

9 (b) In exploring the feasibility of the options described by
10 Subsection (a) of this section, the Health and Human Services
11 Commission shall consider whether other state incentives that could
12 encourage persons to purchase health insurance plans or long-term
13 care insurance are feasible. The incentives may include offering
14 tax credits to businesses to increase the availability of
15 affordable insurance.

16 (c) If the Health and Human Services Commission determines
17 that any of the options described by Subsection (a) of this section
18 are feasible and cost-effective, the commission shall make efforts
19 to implement those options to the extent they are authorized by
20 federal law. The commission shall request any necessary waivers
21 from the Centers for Medicare and Medicaid Services as soon as
22 possible after determining that an option is feasible and
23 cost-effective. If the commission determines that legislative
24 changes are necessary to implement an option, the commission shall
25 report to the 80th Legislature and specify the changes that are
26 needed.

27 SECTION 22. CERVICAL CANCER INITIATIVE. (a) The

1 Department of State Health Services shall develop a strategic plan
2 to eliminate mortality from cervical cancer by the year 2015.

3 (b) The department shall collaborate with the Texas Cancer
4 Council and may convene workgroups as necessary that may include:

5 (1) physicians and nurses specializing in cervical
6 cancer screening, treatment, or research;

7 (2) cancer epidemiologists;

8 (3) representatives of medical schools or schools of
9 public health;

10 (4) high school or college health educators;

11 (5) representatives from geographic areas or other
12 population groups at higher risk of cervical cancer;

13 (6) representatives of community-based organizations
14 involved in providing education, awareness, or support relating to
15 cervical cancer; or

16 (7) other representatives the department determines
17 are necessary.

18 (c) In developing the plan, the Department of State Health
19 Services shall:

20 (1) identify barriers to effective screening and
21 treatment for cervical cancer, including specific barriers
22 affecting providers and patients;

23 (2) identify methods to increase the number of women
24 screened regularly for cervical cancer;

25 (3) review current technologies and best practices for
26 cervical cancer screening;

27 (4) review technology available to diagnose and

1 prevent infection by Human Papilloma Virus;

2 (5) develop methods to create partnerships with public
3 and private entities to increase awareness of cervical cancer and
4 the importance of regular screening;

5 (6) review current screening, treatment, and related
6 activities in this state and identify gaps in service;

7 (7) identify actions to be taken to reduce the
8 morbidity and mortality from cervical cancer by the year 2015 and a
9 time line for taking those actions; and

10 (8) make recommendations to the legislature on policy
11 changes and funding needed to achieve the strategic plan.

12 (d) Not later than December 31, 2006, the Department of
13 State Health Services shall deliver the strategic plan to the
14 governor and members of the legislature.

15 (e) This section expires January 1, 2007.

16 SECTION 23. HEALTH CARE INFORMATION TECHNOLOGY ADVISORY
17 COMMITTEE. (a) Not later than January 1, 2006, the executive
18 commissioner of the Health and Human Services Commission shall
19 appoint an advisory committee on health care information
20 technology. The committee must include representatives of
21 interested groups, including the academic community and
22 associations of physicians, hospitals, and nurses.

23 (b) The advisory committee shall develop a long-range plan
24 for health care information technology, including the use of
25 electronic medical records, computerized clinical support systems,
26 computerized physician order entry, regional data sharing
27 interchanges for health care information, and other methods of

1 incorporating information technology in pursuit of greater cost
2 effectiveness and better patient outcomes in health care.

3 (c) Members of the advisory committee serve without
4 compensation but are entitled to reimbursement for the member's
5 travel expenses as provided by Chapter 660, Government Code, and
6 the General Appropriations Act.

7 (d) Chapter 2110, Government Code, does not apply to the
8 advisory committee.

9 (e) The advisory committee shall deliver its
10 recommendations to the legislature and the executive commissioner
11 of the Health and Human Services Commission not later than
12 September 1, 2006.

13 (f) This section expires and the advisory committee is
14 abolished September 1, 2006.

15 SECTION 24. FEDERAL AUTHORIZATION FOR IMPLEMENTATION. If
16 before implementing any provision of this Act a state agency
17 determines that a waiver or authorization from a federal agency is
18 necessary for implementation of that provision, the agency affected
19 by the provision shall request the waiver or authorization and may
20 delay implementing that provision until the waiver or authorization
21 is granted.

22 SECTION 25. EFFECTIVE DATE. This Act takes effect
23 September 1, 2005.