

By: McReynolds

H.B. No. 2756

A BILL TO BE ENTITLED

AN ACT

relating to the uniform fair hearing rules for Medicaid-funded services, including services requiring prior authorization.

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

SECTION 1. Section 531.024, Government Code, is amended to read as follows:

Sec. 531.024. PLANNING AND DELIVERY OF HEALTH AND HUMAN SERVICES. (a) The commissioner shall:

(1) facilitate and enforce coordinated planning and delivery of health and human services, including:

(A) compliance with the coordinated strategic plan;

(B) co-location of services;

(C) integrated intake; and

(D) coordinated referral and case management;

(2) develop with the Department of Information Resources automation standards for computer systems to enable health and human services agencies, including agencies operating at a local level, to share pertinent data;

(3) establish and enforce uniform regional boundaries for all health and human services agencies;

(4) carry out statewide health and human services needs surveys and forecasting;

(5) perform independent special-outcome evaluations

of health and human services programs and activities;

(6) at the request of a governmental entity identified under Section 531.022(e), assist that entity in implementing a coordinated plan that may include co-location of services, integrated intake, and coordinated referral and case management and is tailored to the needs and priorities of that entity; and

(7) promulgate uniform fair hearing rules for all Medicaid-funded services.

(b) Rules promulgated under Subsection (a)(7), shall require that all Medicaid applicants and beneficiaries seeking services, including services that require prior authorization, are afforded due process protections (including protections required by 42 C.F.R. Part 431, Subpart E) including the following requirements:

(A) the notice informing an applicant or beneficiary of his or her right to a hearing must contain an explanation of the circumstances under which services are continued if a hearing is requested;

(B) the notice informing an applicant or beneficiary of his or her right to a hearing must be mailed at least 10 days before a termination, suspension, or reduction of Medicaid eligibility or services, except as permitted by 42 C.F.R. Sections 431.213 and 431.214; and

(C) if a hearing is requested before the termination, suspension, or reduction of Medicaid eligibility or services, action may not be taken until a decision is rendered after the hearing unless:

1 (i) it is determined at the hearing that the
2 sole issue is one of federal or state law or policy, and the
3 beneficiary is promptly informed in writing that services are to be
4 terminated or reduced pending the hearing decision; or

5 (ii) the services sought to be continued
6 pending the hearing decision did not have prior authorization
7 during the preceding authorization period.