

By: Nelson

S.B. No. 873

A BILL TO BE ENTITLED

AN ACT

relating to a medical information telephone hotline pilot program under the state Medicaid program.

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

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02131 to read as follows:

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

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

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

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

1 (c) The commission shall select the area in which to
2 implement the pilot program. The selected area must include:

3 (1) at least two counties; and

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

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

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

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

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

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

26 (f) Notwithstanding any other provision of this section,
27 including Subsection (b), the commission is not required to develop

1 the pilot program if suitable private vendors are not available to
2 operate the telephone hotline.

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

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

8 SECTION 2. (a) Not later than December 1, 2005, the Health
9 and Human Services Commission shall determine whether the pilot
10 program described by Section 531.02131, Government Code, as added
11 by this Act, is likely to result in net cost-savings. If the
12 determination indicates that net cost-savings are likely, the
13 commission shall take the action required by Subsections (b), (c),
14 and (d) of this section.

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

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

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

27 (1) a description of the status of the pilot program,

1 including whether the commission was unable to contract with a
2 suitable vendor;

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

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

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

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

10 SECTION 3. If before implementing any provision of this Act
11 a state agency determines that a waiver or authorization from a
12 federal agency is necessary for implementation of that provision,
13 the agency affected by the provision shall request the waiver or
14 authorization and may delay implementing that provision until the
15 waiver or authorization is granted.

16 SECTION 4. This Act takes effect September 1, 2005.