

1-1 By: Nelson S.B. No. 873
1-2 (In the Senate - Filed March 2, 2005; March 10, 2005, read
1-3 first time and referred to Committee on Health and Human Services;
1-4 March 23, 2005, reported favorably by the following vote: Yeas 7,
1-5 Nays 0; March 23, 2005, sent to printer.)

1-6 A BILL TO BE ENTITLED
1-7 AN ACT

1-8 relating to a medical information telephone hotline pilot program
1-9 under the state Medicaid program.

1-10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-11 SECTION 1. Subchapter B, Chapter 531, Government Code, is
1-12 amended by adding Section 531.02131 to read as follows:

1-13 Sec. 531.02131. MEDICAID MEDICAL INFORMATION TELEPHONE
1-14 HOTLINE PILOT PROGRAM. (a) In this section:

1-15 (1) "Net cost-savings" means the total projected cost
1-16 of Medicaid benefits for an area served under the pilot program
1-17 minus the actual cost of Medicaid benefits for the area.

1-18 (2) "Physician" means an individual licensed to
1-19 practice medicine in this state or another state of the United
1-20 States.

1-21 (b) The commission shall evaluate the cost-effectiveness,
1-22 in regard to preventing unnecessary emergency room visits and
1-23 ensuring that Medicaid recipients seek medical treatment in the
1-24 most medically appropriate and cost-effective setting, of
1-25 developing a Medicaid medical information telephone hotline pilot
1-26 program under which physicians are available by telephone to answer
1-27 medical questions and provide medical information for recipients.
1-28 If the commission determines that the pilot program is likely to
1-29 result in net cost-savings, the commission shall develop the pilot
1-30 program.

1-31 (c) The commission shall select the area in which to
1-32 implement the pilot program. The selected area must include:

1-33 (1) at least two counties; and

1-34 (2) not more than 100,000 Medicaid recipients, with
1-35 approximately 50 percent of the recipients enrolled in a managed
1-36 care program in which the recipients receive services from a health
1-37 maintenance organization.

1-38 (d) The commission shall request proposals from private
1-39 vendors for the operation of a telephone hotline under the pilot
1-40 program. The commission may not award a contract to a vendor unless
1-41 the vendor agrees to contractual terms:

1-42 (1) requiring the vendor to answer medical questions
1-43 and provide medical information by telephone to recipients using
1-44 only physicians;

1-45 (2) providing that the value of the contract is
1-46 contingent on achievement of net cost-savings in the area served by
1-47 the vendor; and

1-48 (3) permitting the commission to terminate the
1-49 contract after a reasonable period if the vendor's services do not
1-50 result in net cost-savings in the area served by the vendor.

1-51 (e) The commission shall periodically determine whether the
1-52 pilot program is resulting in net cost-savings. The commission
1-53 shall discontinue the pilot program if the commission determines
1-54 that the pilot program is not resulting in net cost-savings after a
1-55 reasonable period.

1-56 (f) Notwithstanding any other provision of this section,
1-57 including Subsection (b), the commission is not required to develop
1-58 the pilot program if suitable private vendors are not available to
1-59 operate the telephone hotline.

1-60 (g) The executive commissioner shall adopt rules necessary
1-61 for implementation of this section.

1-62 (h) The participation of a physician in a telephone hotline
1-63 that is part of a pilot program established under this section does
1-64 not constitute the practice of medicine in this state.

2-1 SECTION 2. (a) Not later than December 1, 2005, the Health
2-2 and Human Services Commission shall determine whether the pilot
2-3 program described by Section 531.02131, Government Code, as added
2-4 by this Act, is likely to result in net cost-savings. If the
2-5 determination indicates that net cost-savings are likely, the
2-6 commission shall take the action required by Subsections (b), (c),
2-7 and (d) of this section.

2-8 (b) Not later than January 1, 2006, the Health and Human
2-9 Services Commission shall select the counties in which the pilot
2-10 program will be implemented.

2-11 (c) Not later than February 1, 2006, the Health and Human
2-12 Services Commission shall request proposals from private vendors
2-13 for the operation of a medical information telephone hotline. The
2-14 commission shall evaluate the proposals and choose one or more
2-15 vendors as soon as possible after the receipt of the proposals.

2-16 (d) Not later than January 1, 2007, the Health and Human
2-17 Services Commission shall report to the governor, the lieutenant
2-18 governor, and the speaker of the house of representatives regarding
2-19 the pilot program. The report must include:

2-20 (1) a description of the status of the pilot program,
2-21 including whether the commission was unable to contract with a
2-22 suitable vendor;

2-23 (2) if the pilot program has been implemented:

2-24 (A) an evaluation of the effects of the pilot
2-25 program on emergency room visits by program participants; and

2-26 (B) a description of cost savings in the area
2-27 included in the pilot program; and

2-28 (3) recommendations regarding expanding or revising
2-29 the pilot program.

2-30 SECTION 3. If before implementing any provision of this Act
2-31 a state agency determines that a waiver or authorization from a
2-32 federal agency is necessary for implementation of that provision,
2-33 the agency affected by the provision shall request the waiver or
2-34 authorization and may delay implementing that provision until the
2-35 waiver or authorization is granted.

2-36 SECTION 4. This Act takes effect September 1, 2005.

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