

By: Laubenberg, King of Taylor

H.B. No. 3284

Substitute the following for H.B. No. 3284:

By: Coleman

C.S.H.B. No. 3284

A BILL TO BE ENTITLED

AN ACT

relating to implementing certain incentives and cost-sharing requirements under the 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 531.098 to read as follows:

Sec. 531.098. INCENTIVES TO PROMOTE HEALTHY BEHAVIORS. (a) If the commission determines that it is feasible and cost-effective, the commission shall develop and implement incentives to encourage Medicaid recipients to engage in healthy behaviors.

(b) Incentives implemented under Subsection (a) may include enhanced benefit accounts, health opportunity accounts, health savings accounts, or other similar rewards accounts that allow Medicaid recipients who engage in prescribed health-related activities to earn credits to the accounts that may be used to obtain additional benefits.

(c) Incentives implemented under Subsection (a) shall provide positive rewards for healthy behaviors, and not punitive incentives.

SECTION 2. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0641 to read as follows:

Sec. 32.0641. COST SHARING FOR CERTAIN HIGH-COST MEDICAL SERVICES. To the extent permitted under federal law, the executive

1 commissioner of the Health and Human Services Commission may adopt  
2 cost-sharing provisions that require a recipient who chooses a  
3 high-cost medical service provided through a hospital emergency  
4 room to pay a copayment or premium payment for the high-cost medical  
5 service if:

6 (1) the hospital from which the recipient seeks  
7 service:

8 (A) performs an appropriate medical screening  
9 and determines that the recipient does not have a condition  
10 requiring emergency medical services;

11 (B) informs the recipient:

12 (i) that the recipient does not have a  
13 condition requiring emergency medical services;

14 (ii) that, if the hospital provides the  
15 nonemergency service, the hospital may require payment of a  
16 copayment, premium payment, or other cost-sharing payment by the  
17 recipient in advance; and

18 (iii) of the name and address of a  
19 nonemergency Medicaid provider who can provide the appropriate  
20 medical service without imposing a cost-sharing payment; and

21 (C) offers to provide the recipient with a  
22 referral to the nonemergency provider to facilitate scheduling of  
23 the service; and

24 (2) after receiving the information and assistance  
25 described by Subdivision (1) from the hospital, the recipient  
26 chooses to obtain emergency medical services despite having access  
27 to medically acceptable, lower-cost medical services.

1           SECTION 3. If before implementing any provision of this Act  
2 a state agency determines that a waiver or authorization from a  
3 federal agency is necessary for implementation of that provision,  
4 the agency affected by the provision shall request the waiver or  
5 authorization and may delay implementing that provision until the  
6 waiver or authorization is granted. Any waiver applied for under  
7 this Act shall not be used to divert Medicaid recipients from  
8 receiving emergency care for emergencies and shall not waive any  
9 provision of the federal Emergency Medical Treatment and Active  
10 Labor Act (42 U.S.C. Section 1395dd).

11           SECTION 4. This Act takes effect September 1, 2007.