

By: Laubenberg

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.

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 commissioner of the Health and Human Services Commission may adopt cost-sharing provisions that require a recipient who chooses a high-cost medical service provided through a hospital emergency

1 room to pay a copayment or premium payment for the high-cost medical
2 service if:

3 (1) the hospital from which the recipient seeks
4 service:

5 (A) performs an appropriate medical screening
6 and determines that the recipient does not have a condition
7 requiring emergency medical services;

8 (B) informs the recipient:

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

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

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

18 (C) offers to provide the recipient with a
19 referral to the nonemergency provider to facilitate scheduling of
20 the service; and

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

25 SECTION 3. If before implementing any provision of this Act
26 a state agency determines that a waiver or authorization from a
27 federal agency is necessary for implementation of that provision,

1 the agency affected by the provision shall request the waiver or
2 authorization and may delay implementing that provision until the
3 waiver or authorization is granted.

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