

By: Guillen

H.B. No. 3898

A BILL TO BE ENTITLED

AN ACT

relating to the development and implementation of a plan to increase Medicaid reimbursement rates for dental services.

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

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0541 to read as follows:

Sec. 32.0541. TASK FORCE ON REIMBURSEMENT RATES FOR DENTAL SERVICES. (a) In this section:

(1) "Dental provider" means a dentist who provides services eligible for reimbursement under the medical assistance program and who is in good standing in the dental profession.

(2) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(3) "Task force" means the task force on medical assistance reimbursement rates for dental services appointed by the executive commissioner under this section.

(b) The executive commissioner shall appoint 15 representatives to a task force to develop a plan to increase medical assistance reimbursement rates for dental services in order to:

(1) improve basic dental health care for eligible individuals;

(2) improve the quality of dental health care provided under the medical assistance program;

1 (3) encourage more dentists to practice in rural areas
2 with a high need for dental health care; and

3 (4) encourage dentists who recently graduated to
4 remain in this state and provide dental services under the medical
5 assistance program by making reimbursement rates in this state
6 competitive with the reimbursement rates in other states.

7 (c) The representatives must include:

8 (1) seven general dental providers;

9 (2) six specialty dental providers, including:

10 (A) three pedodontists;

11 (B) one oral surgeon;

12 (C) one periodontist; and

13 (D) one orthodontist;

14 (3) one additional general or specialty dental
15 provider, as determined by the executive commissioner; and

16 (4) an individual appointed by the executive
17 commissioner to represent the Health and Human Services Commission.

18 (d) In appointing the representatives, the executive
19 commissioner shall ensure a balanced representation of:

20 (1) different regions of this state, based on the
21 number of medical assistance recipients in the region; and

22 (2) rural and urban counties.

23 (e) The Health and Human Services Commission shall provide
24 administrative support and resources to the task force as necessary
25 for the task force to perform the duties under this section.

26 (f) The task force is not subject to Chapter 2110,
27 Government Code.

1 (g) The task force shall elect a chairperson from among the
2 dental provider representatives on the task force.

3 (h) The task force shall create a plan to improve
4 reimbursement rates under the medical assistance program for dental
5 services. The plan must include recommendations of the task force
6 on how to systematically and incrementally raise reimbursement
7 rates to at least the 75th percentile of the usual and customary
8 National Average Marker Rate.

9 (i) In preparing the plan required under Subsection (h), the
10 task force shall:

11 (1) review and study current medical assistance
12 policies and reimbursement methodologies related to dental
13 services and fees;

14 (2) review the reimbursement rates under medical
15 assistance programs for dental services adopted by other states;

16 (3) investigate the effect of medical assistance
17 reimbursement rates for dental services on:

18 (A) the quality of dental care provided;

19 (B) the number of children who receive basic
20 dental health care;

21 (C) the number of new dental providers offering
22 dental services under the medical assistance program; and

23 (D) the number of dental providers in rural
24 areas;

25 (4) develop and recommend procedures and
26 reimbursement methodologies that will address concerns raised
27 under Subdivisions (1) through (3);

1 (5) create a plan to systematically and incrementally
2 increase medical assistance reimbursement rates for dental
3 services to the rates described by Subsection (h); and

4 (6) ensure that the plan includes methods for
5 adjusting reimbursement rates in the future in a manner that
6 addresses the concerns identified by the task force.

7 (j) Not later than December 1, 2008, the task force shall
8 submit the plan required by Subsection (h) to the executive
9 commissioner, the governor, the lieutenant governor, the speaker of
10 the house of representatives, and the clerks of the standing
11 committees of the senate and house of representatives with primary
12 jurisdiction over the medical assistance program.

13 (k) Not later than September 1, 2009, the Health and Human
14 Services Commission shall implement the plan submitted by the task
15 force under Subsection (j), subject to the availability of funds
16 appropriated for that purpose.

17 (l) The task force shall:

18 (1) continue to monitor the information evaluated in
19 creating the plan required under Subsection (h) and any changes in
20 the medical assistance reimbursement rates for dental services
21 adopted by the Health and Human Services Commission; and

22 (2) submit a report with additional recommendations to
23 the executive commissioner, the governor, the lieutenant governor,
24 the speaker of the house of representatives, and the clerks of the
25 standing committees of the senate and house of representatives with
26 primary jurisdiction over the medical assistance program not later
27 than December 1, 2010.

1 (m) This section expires September 1, 2011.

2 SECTION 2. This Act takes effect September 1, 2007.