

BILL ANALYSIS

C.S.H.B. 1990
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Currently, self-management training for persons diagnosed with diabetes is not a covered benefit under the Texas Medicaid program. A person newly diagnosed with diabetes receives medication to treat the disease, but not the necessary training to properly use those medications or to make lifestyle changes to adequately manage the disease. Persons newly diagnosed with diabetes often need to learn how and when to administer insulin, how to modify their food preparation and eating habits, and how to develop physical activity programs that complement their medication therapy. Self-management training covers these skills, providing a critical first step towards living a healthy, productive life. The alternative is often poor health management that can result in blindness, amputations, kidney disease, heart disease, and other conditions that place an increasing burden on the state's health care system.

Through a self-management training pilot program, certain Medicaid clients would benefit from licensed clinical specialists and patient education services that meet accepted standards of care. The Health and Human Services Commission has worked with the Texas Diabetes Council to ensure the services of such a program could be offered without a significant cost to the state.

C.S.H.B. 1990 creates a self-management training pilot program to allow persons with diabetes enrolled in the Medicaid disease management program the opportunity to receive diabetes self-management training through the disease management program.

RULEMAKING AUTHORITY

It is the committee's opinion that this substitute does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1990 amends the Government Code to add a temporary provision, set to expire September 1, 2013, to require the Health and Human Services Commission (HHSC) to establish a pilot program to provide diabetes self-management training services to selected Medicaid recipients. The bill authorizes HHSC to select a person to participate in the pilot program if the person is a recipient of Medicaid under the fee-for-service or primary care case management delivery model, diagnosed with diabetes, and enrolled in a disease management program available to Medicaid recipients. The bill sets out requirements for HHSC in establishing the pilot program relating to certification of diabetes self-management training providers, assessments of potential program participants, initial and annual minimum training and education for participants, group session training, and repetition of training by participants as medically necessary. The bill requires HHSC to ensure that the pilot program measures the progress of program participants while enrolled in the program using specific health outcomes for diabetes disease management and provides for the confidentiality and disclosure of information collected by HHSC during the program. The bill requires HHSC, not later than December 1, 2012, to submit a report to the governor, lieutenant governor, speaker of the house of representatives, standing committees of the legislature with appropriate subject matter

jurisdiction, and Texas Diabetes Council regarding the data and outcomes that result from the pilot program and any other relevant information as determined by HHSC.

C.S.H.B. 1990 requires a state agency that is affected by a provision of the bill to request a federal waiver or authorization if the agency determines that a waiver or authorization is necessary for the implementation of the provision, and it authorizes the agency to delay implementation until the federal waiver or authorization is obtained.

EFFECTIVE DATE

On passage, or, if the act does not receive the necessary vote, the act takes effect September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 1990 differs from the original by adding the option for the Health and Human Services Commission (HHSC) to ensure that a certified diabetes educator is hired to provide diabetes self-management training under the program as an alternative to ensuring that the training services are provided by a provider certified in accordance with the Medicare Benefit Policy Manual. The substitute differs from the original by requiring HHSC to ensure that a participant is offered a minimum amount of self-management training and nutrition education rather than to ensure that a participant receives the training and education as in the original. The substitute differs from the original by specifying that a participant is authorized to repeat the training as medically necessary, rather than only as necessary, as in the original.