

By: Perry

H.B. No. 2478

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the provision of nonemergency medical services to
3 Medicaid recipients and reimbursement for those services.

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

5 SECTION 1. Subchapter B, Chapter 531, Government Code, is
6 amended by adding Section 531.02193 to read as follows:

7 Sec. 531.02193. ACCESS TO COMMUNITY HEALTH CLINICS. The
8 executive commissioner shall adopt policies designed to improve
9 Medicaid recipient access to nonemergency medical services by
10 encouraging federally qualified health centers, as defined by
11 Section 531.02192, and other community health clinics that provide
12 services to Medicaid recipients to maintain hours of operation that
13 include evening hours until at least 10 p.m.

14 SECTION 2. Section 32.0641, Human Resources Code, is
15 amended to read as follows:

16 Sec. 32.0641. REIMBURSEMENT [~~COST SHARING~~] FOR CERTAIN
17 NONEMERGENCY [~~HIGH-COST~~] MEDICAL SERVICES. (a) To [~~If the~~
18 ~~department determines that it is feasible and cost-effective, and~~
19 ~~to~~] the extent permitted under Title XIX, Social Security Act (42
20 U.S.C. Section 1396 et seq.) and any other applicable law or
21 regulation or under a federal waiver or other authorization and
22 except as provided by Subsection (c), the department [~~executive~~
23 ~~commissioner of the Health and Human Services Commission~~] shall
24 deny medical assistance reimbursement for the provision of a

1 nonemergency ~~[adopt cost-sharing provisions that require a~~
2 ~~recipient who chooses a high-cost]~~ medical service to a medical
3 assistance recipient ~~[provided]~~ through a hospital emergency room
4 unless, at the time the recipient is seeking care, there is no
5 nonemergency medical services provider available within 50 miles of
6 the hospital emergency room that could provide the service to the
7 recipient ~~[to pay a copayment, premium payment, or other~~
8 ~~cost-sharing payment for the high-cost medical service if:~~

9 ~~[(1) the hospital from which the recipient seeks~~
10 ~~service:~~

11 ~~[(A) performs an appropriate medical screening~~
12 ~~and determines that the recipient does not have a condition~~
13 ~~requiring emergency medical services;~~

14 ~~[(B) informs the recipient:~~

15 ~~[(i) that the recipient does not have a~~
16 ~~condition requiring emergency medical services;~~

17 ~~[(ii) that, if the hospital provides the~~
18 ~~nonemergency service, the hospital may require payment of a~~
19 ~~copayment, premium payment, or other cost-sharing payment by the~~
20 ~~recipient in advance; and~~

21 ~~[(iii) of the name and address of a~~
22 ~~nonemergency Medicaid provider who can provide the appropriate~~
23 ~~medical service without imposing a cost-sharing payment; and~~

24 ~~[(C) offers to provide the recipient with a~~
25 ~~referral to the nonemergency provider to facilitate scheduling of~~
26 ~~the service; and~~

27 ~~[(2) after receiving the information and assistance~~

1 ~~described by Subdivision (1) from the hospital, the recipient~~
2 ~~chooses to obtain emergency medical services despite having access~~
3 ~~to medically acceptable, lower-cost medical services].~~

4 (a-1) The executive commissioner of the Health and Human
5 Services Commission shall adopt rules prescribing a process under
6 which a hospital emergency room that receives reimbursements under
7 the medical assistance program provides information to a medical
8 assistance recipient seeking nonemergency medical services at the
9 hospital emergency room regarding the availability of nonemergency
10 medical services providers. The rules must require the hospital
11 emergency room to:

12 (1) inform the recipient that the recipient's
13 condition is not an emergency medical condition;

14 (2) provide to the recipient a list of the names,
15 addresses, and hours of operation of nonemergency medical services
16 providers, including federally qualified health centers and other
17 community health centers, that are located within 50 miles of the
18 hospital emergency room and that could provide the services to the
19 recipient; and

20 (3) offer to provide the recipient with a referral to
21 the nonemergency medical services provider to facilitate
22 scheduling of the service.

23 (b) The department may not deny reimbursement ~~[seek a~~
24 ~~federal waiver or other authorization]~~ under Subsection (a) if the
25 denial ~~[that]~~ would:

26 (1) prevent a Medicaid recipient who has a condition
27 requiring emergency medical services from receiving care through a

1 hospital emergency room; or

2 (2) waive any provision under Section 1867, Social
3 Security Act (42 U.S.C. Section 1395dd).

4 (c) The department may not deny reimbursement under the
5 medical assistance program for the provision of nonemergency
6 medical services provided in a hospital emergency room to a medical
7 assistance recipient who is younger than six years of age. [~~If the~~
8 ~~executive commissioner of the Health and Human Services Commission~~
9 ~~adopts a copayment or other cost-sharing payment under Subsection~~
10 ~~(a), the commission may not reduce hospital payments to reflect the~~
11 ~~potential receipt of a copayment or other payment from a recipient~~
12 ~~receiving medical services provided through a hospital emergency~~
13 ~~room.~~]

14 SECTION 3. If before implementing any provision of this Act
15 a state agency determines that a waiver or authorization from a
16 federal agency is necessary for implementation of that provision,
17 the agency affected by the provision shall request the waiver or
18 authorization and may delay implementing that provision until the
19 waiver or authorization is granted.

20 SECTION 4. This Act takes effect September 1, 2011.