

BILL ANALYSIS

C.S.H.B. 3687
By: Naishtat
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The primary health care services program targets certain low-income patients who lack access to other sources of primary health care by providing a combination of infrastructure grants and fee-for-service payments to certain comprehensive health care providers such as local health departments, hospitals, and federally qualified health centers. Interested parties assert that in recent years, a number of providers have left the program or declined to renew their contracts due to burdensome administrative requirements and that the costs associated with the program's administrative requirements often exceed the grants received to provide patient care.

Based on recent budget requests from the Department of State Health Services that would increase funding to the primary health care services program, the parties assert that statutory changes are required to increase the overall efficiency of the program and ensure adequate access to services for eligible recipients. C.S.H.B. 3687 seeks to ensure the availability of an adequate provider network for and remove administrative barriers to provider participation in the primary health care services program.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 of this bill.

ANALYSIS

Section 531.0055, Government Code, as amended by Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, expressly grants to the executive commissioner of the Health and Human Services Commission all rulemaking authority for the operation of and provision of services by the health and human services agencies. Similarly, Sections 1.16-1.29, Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, provide for the transfer of a power, duty, function, program, or activity from a health and human services agency abolished by that act to the corresponding legacy agency. To the extent practical, this bill analysis is written to reflect any transfer of rulemaking authority and to update references as necessary to an agency's authority with respect to a particular health and human services program.

C.S.H.B. 3687 amends the Health and Safety Code to remove a provision specifying that, for purposes of the primary health care services program, the term "facility" includes a hospital, ambulatory surgical center, public health clinic, birthing center, outpatient clinic, and community health center and instead specifies that the term includes an entity providing primary health care services. The bill includes among the benefits that are included in the term "other benefit" benefits available under provisions of the federal Social Security Act relating to state child health plans and removes from the benefits included in that term benefits available from the Veterans Administration, the Civilian Health and Medical Program of the Uniformed Services, workers' compensation or any other compulsory employers' insurance program, and a cause of action for medical, facility, or medical transportation expenses, or a settlement or judgment based on the cause of action, if the expenses are related to the need for primary health care services.

C.S.H.B. 3687 specifies that, for purposes of the primary health care services program, the term "primary health care services" may include a health service related to family, internal, pediatric, obstetric, or gynecological medicine that is provided by a physician, physician assistant, or advanced practice registered nurse; diagnostic laboratory and radiological services; emergency medical services; preventative health services, including prenatal and perinatal services, appropriate cancer screening, well-child services, immunizations against diseases that are preventable by vaccines, screenings for elevated blood levels, communicable diseases, and cholesterol levels, pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care, and preventive dental services; and integrated mental health services. The bill removes the following from the services included in that term: diagnosis and treatment; laboratory, X-ray, nuclear medicine, or other appropriate diagnostic services; nutrition services; home health care; transportation; environmental health services; podiatry services; and social services.

C.S.H.B. 3687 requires the Department of State Health Services (DSHS), rather than the Texas Board of Health by rule, to establish a system of priorities that includes factors relating to the types of services provided, to the extent possible the statewide coverage of the services, and the individuals eligible for services under the primary health care services program and removes the requirement that DSHS include in the system of priorities geographic areas covered by or classes of individuals eligible for services under the program. The bill removes the condition that DSHS establish the system of priorities only if budgetary limitations exist for the program. The bill removes a specification that the rules required to be adopted by the executive commissioner of the Health and Human Services Commission relating to the system of priorities be adopted according to a statewide determination of the need for services and requires the executive commissioner to adopt rules relating to the services provided, to the extent possible the statewide coverage of the services, and the individuals eligible for services under the program. The bill includes among the initial service priorities on which the system is required to focus the funding of, provision of, and access to health services related to family, internal, pediatric, obstetric, or gynecological medicine that is provided by a physician, physician assistant, or advanced practice registered nurse and emergency medical services, rather than emergency services. The bill removes provisions requiring those priorities to focus on the funding of, provision of, and access to diagnosis and treatment and nuclear medicine.

C.S.H.B. 3687 removes a provision requiring DSHS to use existing public and private transportation and education resources in developing an integrated framework for the equitable provision of public health care services throughout Texas. The bill removes the requirement that the Texas Board of Health require that primary health care services be reserved to the greatest extent possible for low-income individuals who are not eligible for similar services through any other publicly funded program and instead requires DSHS to ensure that an approved service provider makes every reasonable effort to collect appropriate reimbursement for its costs in providing primary health care services to persons who are entitled to receive other benefits.

C.S.H.B. 3687 authorizes DSHS to authorize approved providers to charge a reasonable copayment for the provision of public health services, rather than authorizing the Texas Board of Health to charge fees for the services provided directly by DSHS or through approved providers.

EFFECTIVE DATE

September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3687 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subdivisions (1), (3), and (4), Subsection (a), Section 31.002, Health and Safety Code, are amended to read as follows:

SECTION 1. Substantially the same as introduced version.

(1) "Facility" includes an entity providing primary ~~[a hospital, ambulatory surgical center, public health clinic, birthing center, outpatient clinic, and community]~~ health care services ~~[center]~~.

(3) "Other benefit" means a benefit, other than a benefit provided under this chapter, to which an individual is entitled for payment of the costs of primary health care services, including benefits available from:

(A) an insurance policy, group health plan, or prepaid medical care plan;

(B) Title XVIII, ~~[or] XIX,~~ or XXI of the Social Security Act (42 U.S.C. Section 1395 et seq., ~~[or] Section 1396 et seq.,~~ or Section 1397aa et seq.);

(C) ~~the Veterans Administration;~~

~~[(D) the Civilian Health and Medical Program of the Uniformed Services;~~

~~[(E) workers' compensation or any other compulsory employers' insurance program;~~

~~[(F) a public program created by federal or state law, or by an ordinance or rule of a municipality or political subdivision of the state, excluding benefits created by the establishment of a municipal or county hospital, a joint municipal-county hospital, a county hospital authority, a hospital district, or the facilities of a publicly supported medical school; or~~

~~[(G) a cause of action for medical, facility, or medical transportation expenses, or a settlement or judgment based on the cause of action, if the expenses are related to the need for services provided under this chapter].~~

(4) "Primary health care services" may include ~~[includes]:~~

(A) a health service related to family, internal, pediatric, obstetric, or gynecological medicine that is provided by a physician, physician assistant, or advanced practice registered nurse ~~[diagnosis and treatment];~~

(B) diagnostic laboratory and radiological services;

(C) emergency medical services;

(D) ~~[(C)]~~ family planning services;

(E) ~~[(D)]~~ preventive health services, including:

- (i) prenatal and perinatal services;
- (ii) appropriate cancer screening;
- (iii) well-child services;
- (iv) immunizations against diseases that are preventable by vaccines;
- (v) screenings for elevated blood levels, communicable diseases, and cholesterol levels;
- (vi) pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care; and
- (vii) preventive dental services;

(F) ~~[(E)]~~ health education;
~~[(F) laboratory, X-ray, nuclear medicine, or other appropriate diagnostic services;~~

~~[(G) nutrition services;~~

~~[(H) health screening;~~

~~[(I) home health care;~~

~~[(J) dental care;~~

~~[(K) transportation;]~~

(G) ~~[(L)]~~ prescription drugs and devices and durable supplies, as appropriate; and

(H) integrated mental health services

~~[(M) environmental health services;~~

~~[(N) podiatry services; and~~

~~[(O) social services].~~

SECTION 2. Subsections (c), (d), (e), (f), and (g), Section 31.003, Health and Safety Code, are amended to read as follows:

(c) If budgetary limitations exist, the department ~~[board by rule]~~ shall establish a system of priorities relating to the types of services provided ~~[, geographic areas covered,]~~ or ~~[classes of]~~ individuals eligible for services.

(d) The department ~~[board]~~ shall adopt rules under Subsection (c) relating to the services provided ~~[geographic areas covered]~~ and the ~~[classes of]~~ individuals eligible for services ~~[according to a statewide determination of the need for services].~~

(e) The department ~~[board]~~ shall adopt rules under Subsection (c) relating to the types of services provided according to the set of

SECTION 2. Sections 31.003(c), (d), (e), (f), and (g), Health and Safety Code, are amended to read as follows:

(c) The department ~~[If budgetary limitations exist, the board by rule]~~ shall establish a system of priorities that includes factors relating to the types of services provided, to the extent possible the statewide coverage of the services, and the ~~[geographic areas covered, or classes of]~~ individuals eligible for services.

(d) The department ~~[board]~~ shall adopt rules under Subsection (c) relating to the services provided, to the extent possible the statewide coverage of the services, ~~[geographic areas covered]~~ and the ~~[classes of]~~ individuals eligible for services ~~[according to a statewide determination of the need for services].~~

(e) The department ~~[board]~~ shall adopt rules under Subsection (c) relating to the types of services provided according to the set of

service priorities established under this subsection. Initial service priorities shall focus on the funding of, provision of, and access to:

(1) health services related to family, internal, pediatric, obstetric, or gynecological medicine that is provided by a physician, physician assistant, or advanced practice registered nurse [~~diagnosis and treatment~~];

(2) emergency medical services;

(3) family planning services;

(4) preventive health services, including immunizations;

(5) health education; and

(6) laboratory, X-ray, [~~nuclear medicine,~~] or other appropriate diagnostic services.

(f) Except as limited by this section, the department shall develop an integrated framework for the equitable provision of services throughout the state and shall use existing public and private health[; transportation, and education] resources.

(g) The department shall ensure that contractors have made, will make, and will continue to make every reasonable effort to collect appropriate reimbursement for its costs in providing primary health care services to persons who are entitled to receive other benefits the [~~board should require that the services provided under this chapter be reserved to the greatest extent possible for low-income individuals who are not eligible for similar services through any other publicly funded program~~].

SECTION 3. Subsection (a), Section 31.012, Health and Safety Code, is amended to read as follows:

(a) The department [~~board~~] may authorize [~~charge fees for the services provided directly by the department or through~~] approved providers to charge a copayment for services provided in accordance with Subchapter D, Chapter 12.

SECTION 4. This Act takes effect September 1, 2013.

service priorities established under this subsection. Initial service priorities shall focus on the funding of, provision of, and access to:

(1) health services related to family, internal, pediatric, obstetric, or gynecological medicine that is provided by a physician, physician assistant, or advanced practice registered nurse [~~diagnosis and treatment~~];

(2) emergency medical services;

(3) family planning services;

(4) preventive health services, including immunizations;

(5) health education; and

(6) laboratory, X-ray, [~~nuclear medicine,~~] or other appropriate diagnostic services.

(f) Except as limited by this section, the department shall develop an integrated framework for the equitable provision of services throughout the state and shall use existing public and private health[; transportation, and education] resources.

(g) The department shall ensure that an approved service provider makes every reasonable effort to collect appropriate reimbursement for its costs in providing primary health care services to persons who are entitled to receive other benefits [~~board should require that the services provided under this chapter be reserved to the greatest extent possible for low-income individuals who are not eligible for similar services through any other publicly funded program~~].

SECTION 3. Section 31.012(a), Health and Safety Code, is amended to read as follows:

(a) The department [~~board~~] may authorize [~~charge fees for the services provided directly by the department or through~~] approved providers to charge a reasonable copayment for services provided in accordance with Subchapter D, Chapter 12.

SECTION 4. Same as introduced version.