

## 17 APR -3 AM 9: 17 HOUSE OF REPRESENTATIVES

	FLOOR AMENDMENT NO BY:
1	Amend C.S.S.B. 1 (house committee report) as follows:
2	(1) On page II-95 of the bill, in the Health and Human
3	Services Commission bill pattern, in Rider 184, after the period
4	of the last line of the rider, insert the following:
5	Before HHSC implements any changes in pursuit of creating a more
6	efficient Medicaid program, HHSC shall:
7	(1) provide public notice of proposed changes in the
8	<pre>Texas Register;</pre>
9	(2) provide notice to appropriate stakeholder groups,
10	including stakeholder groups representing Medicaid providers;
11	(3) allow for public and stakeholder comment on proposed
12	changes;
13	(4) consider comments received in the finalization of
14	proposed changes.
15	(2) On page II-96 of the bill, in the Health and Human
16	Services Commission bill pattern, in Rider 186, in the first line
17	of the rider, between "Flexibility." and "Included", insert "(a)".
18	(3) On page II-96 of the bill, in the Health and Human
19	Services Commission bill pattern, in Rider 186, in the next line
20	after the period of the last line of the rider, insert the
21	following:
22	(b) In HHSC's pursuit to achieve the assumed level of savings
23	described in Subsection (a), HHSC may not:
24	(1) reduce payment or reimbursement rates paid to
25	Medicaid physicians below that which is established as of June 1,
26	2017;

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	FLOOR AMENDMENT NO BY:
1	(2) reduce the number or type of services offered under
2	the Medicaid program below that which is offered as of June 1,
3	2017; or
4	(3) change eligibility requirements for recipient
-5	participation in Medicaid, including changing requirements by
6	adding additional restrictions or barriers to enrollment, to be
7	more restrictive than eligibility standards as of the June 1, 2017.
8	(c) Before HHSC implements any changes in pursuit of achieving
9	the assumed level of savings described in Subsection (a), HHSC
10	shall:
11	(1) provide public notice of proposed changes in the
12	Texas Register;
13	(2) provide notice to appropriate stakeholder groups,
14	including stakeholder groups representing Medicaid providers;
15	(3) allow for public and stakeholder comment on proposed
16	changes;
17	(4) consider comments received in the finalization of
18	proposed changes.