BILL ANALYSIS

Senate Research Center 85R9362 MM-D

S.B. 1174 By: Hinojosa Health & Human Services 4/27/2017 As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, Texas Medicaid covers orthotic and prosthetic care for children through age 20. However, upon turning 21 years of age, a Texan enrolled in Medicaid will no longer receive any type of prosthetic devices if they are an amputee or any type of bracing (orthotics) for their legs, arms, or spine under Medicaid.

Approximately 26 percent of Medicaid enrollees are elderly, blind, or disabled and are not eligible to receive orthotic and prosthetic care. This represents a smaller segment of the Medicaid population who cannot receive a prosthetic device to replace an amputated leg. This creates an increase in overall healthcare costs due to resulting medical problems represented in increased ER visits and hospital admissions.

Additionally, there are 2.5 million Texans living with diabetes and a large percentage of them are dependent on Medicaid. About 60 percent of diabetics will undergo an amputation in their lifetime. However, Texas will only pay for their leg to be amputated, we will not pay to replace it with a prosthesis. Without a prosthesis, rehabilitation and return to work opportunities dramatically decrease, while ensuing medical problems and ER visits dramatically increase.

S.B. 1174 extends coverage for prosthetics to Medicaid enrollees to those over age 20 with disabilities including, but not limited to, upper and lower limb amputations and medical conditions that impair the human body but that can be mechanically supported, corrected, or functionally improved with the use of a prosthetic device.

This is a group of underserved Texans who often have devastating disabilities that without a prosthetic device have extreme difficulty living independently and are deprived the potential of full rehabilitation to be able to care for themselves and return to work. S.B. 1174 corrects this injustice.

As proposed, S.B. 1174 amends current law relating to the provision of prosthetic devices for certain recipients under Medicaid.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 32.024, Human Resources Code, by adding Subsection (ff-1), to require the Health and Human Services Commission to provide a prosthetic device under the medical assistance program to a recipient who is in need of the device because of a congenital absence, a surgical revision, or the traumatic amputation of an extremity, hip, or shoulder, regardless of the recipient's age.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2017.