

By: Miller

H.B. No. 3695

A BILL TO BE ENTITLED

AN ACT

1
2 relating to providing access to local health departments and
3 certain health service regional offices under the Medicaid managed
4 care program.

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

6 SECTION 1. Section 533.001, Government Code, is amended by
7 adding Subdivisions (3-a) and (3-b) to read as follows:

8 (3-a) "Health service regional office" means an office
9 located in a public health region and administered by a regional
10 director under Section 121.007, Health and Safety Code.

11 (3-b) "Local health department" means a local health
12 department established under Subchapter D, Chapter 121, Health and
13 Safety Code.

14 SECTION 2. Section 533.006(a), Government Code, is amended
15 to read as follows:

16 (a) The commission shall require that each managed care
17 organization that contracts with the commission to provide health
18 care services to recipients in a region:

19 (1) seek participation in the organization's provider
20 network from:

21 (A) each health care provider in the region who
22 has traditionally provided care to recipients;

23 (B) each hospital in the region that has been
24 designated as a disproportionate share hospital under Medicaid;

1 [~~and~~]

2 (C) each specialized pediatric laboratory in the
3 region, including those laboratories located in children's
4 hospitals; and

5 (D) each local health department in the region
6 and each health service regional office acting in the capacity of a
7 local health department in the region; and

8 (2) include in its provider network for not less than
9 three years:

10 (A) each health care provider in the region who:

11 (i) previously provided care to Medicaid
12 and charity care recipients at a significant level as prescribed by
13 the commission;

14 (ii) agrees to accept the prevailing
15 provider contract rate of the managed care organization; and

16 (iii) has the credentials required by the
17 managed care organization, provided that lack of board
18 certification or accreditation by The Joint Commission may not be
19 the sole ground for exclusion from the provider network;

20 (B) each accredited primary care residency
21 program in the region; [~~and~~]

22 (C) each disproportionate share hospital
23 designated by the commission as a statewide significant traditional
24 provider; and

25 (D) each local health department in the region
26 and each health service regional office acting in the capacity of a
27 local health department in the region.

1 SECTION 3. Section 533.0061(a), Government Code, is amended
2 to read as follows:

3 (a) The commission shall establish minimum provider access
4 standards for the provider network of a managed care organization
5 that contracts with the commission to provide health care services
6 to recipients. The access standards must ensure that a managed
7 care organization provides recipients sufficient access to:

- 8 (1) preventive care;
- 9 (2) primary care;
- 10 (3) specialty care;
- 11 (4) after-hours urgent care;
- 12 (5) chronic care;
- 13 (6) long-term services and supports;
- 14 (7) nursing services;
- 15 (8) therapy services, including services provided in a
16 clinical setting or in a home or community-based setting; ~~and~~
- 17 (9) services provided by each local health department
18 in the region and each health service regional office acting in the
19 capacity of a local health department in the region; and
- 20 (10) any other services identified by the commission.

21 SECTION 4. (a) The Health and Human Services Commission
22 shall, in a contract between the commission and a managed care
23 organization under Chapter 533, Government Code, that is entered
24 into or renewed on or after the effective date of this Act, require
25 that the managed care organization comply with Section 533.006,
26 Government Code, as amended by this Act.

27 (b) The Health and Human Services Commission shall seek to

1 amend contracts entered into with managed care organizations under
2 Chapter 533, Government Code, before the effective date of this Act
3 to require those managed care organizations to comply with Section
4 533.006, Government Code, as amended by this Act. To the extent of
5 a conflict between that section and a provision of a contract with a
6 managed care organization entered into before the effective date of
7 this Act, the contract provision prevails.

8 SECTION 5. If before implementing any provision of this Act
9 a state agency determines that a waiver or authorization from a
10 federal agency is necessary for implementation of that provision,
11 the agency affected by the provision shall request the waiver or
12 authorization and may delay implementing that provision until the
13 waiver or authorization is granted.

14 SECTION 6. This Act takes effect September 1, 2019.