

By: Miles

S.B. No. 1321

A BILL TO BE ENTITLED

AN ACT

1
2 relating to a "Texas solution" to reforming and addressing issues
3 related to the Medicaid program, including the creation of an
4 alternative program designed to ensure health benefit plan coverage
5 to certain low-income individuals through the private marketplace;
6 requiring a fee.

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

8 ARTICLE 1. BLOCK GRANT FUNDING SYSTEM FOR STATE MEDICAID PROGRAM

9 SECTION 1.01. Subtitle I, Title 4, Government Code, is
10 amended by adding Chapter 540 to read as follows:

11 CHAPTER 540. BLOCK GRANT FUNDING SYSTEM FOR STATE MEDICAID PROGRAM

12 SUBCHAPTER A. GENERAL PROVISIONS

13 Sec. 540.0001. DEFINITIONS. Notwithstanding Section
14 531.001, in this chapter:

15 (1) "Health benefit exchange" means an American Health
16 Benefit Exchange administered by the federal government or an
17 exchange created under Section 1311(b) of the Patient Protection
18 and Affordable Care Act (42 U.S.C. Section 18031(b)).

19 (2) "Medicaid program" means the medical assistance
20 program established and operated under Title XIX, Social Security
21 Act (42 U.S.C. Section 1396 et seq.).

22 (3) "State Medicaid program" means the medical
23 assistance program provided by this state under the Medicaid
24 program.

1 Sec. 540.0002. FEDERAL AUTHORIZATION TO REFORM MEDICAID
2 REQUIRED. If the federal government establishes, through
3 conversion or otherwise, a block grant funding system for the
4 Medicaid program or otherwise authorizes the state Medicaid program
5 to operate under a block grant funding system, including under a
6 Medicaid program waiver, the commission, in cooperation with
7 applicable health and human services agencies, shall, subject to
8 Section 540.0003, administer and operate the state Medicaid program
9 in accordance with this chapter.

10 Sec. 540.0003. CONFLICT WITH OTHER LAW. To the extent of a
11 conflict between a provision of this chapter and:

12 (1) another provision of state law, the provision of
13 this chapter controls, subject to Section 540A.0002(b); and

14 (2) a provision of federal law or any authorization
15 described under Section 540.0002, the federal law or authorization
16 controls.

17 Sec. 540.0004. ESTABLISHMENT OF REFORMED STATE MEDICAID
18 PROGRAM. The commission shall establish a state Medicaid program
19 that provides benefits under a risk-based Medicaid managed care
20 model.

21 Sec. 540.0005. RULES. The executive commissioner shall
22 adopt rules necessary to implement this chapter.

23 SUBCHAPTER B. ACUTE CARE

24 Sec. 540.0051. ELIGIBILITY FOR MEDICAID ACUTE CARE. (a) An
25 individual is eligible to receive acute care benefits under the
26 state Medicaid program if the individual:

27 (1) has a household income at or below 100 percent of

1 the federal poverty level;

2 (2) is under 19 years of age and:

3 (A) is receiving Supplemental Security Income
4 (SSI) under 42 U.S.C. Section 1381 et seq.; or

5 (B) is in foster care or resides in another
6 residential care setting under the conservatorship of the
7 Department of Family and Protective Services; or

8 (3) meets the eligibility requirements that were in
9 effect on September 1, 2013.

10 (b) The commission shall provide acute care benefits under
11 the state Medicaid program to each individual eligible under this
12 section through the most cost-effective means, as determined by the
13 commission.

14 (c) If an individual is not eligible for the state Medicaid
15 program under Subsection (a), the commission shall refer the
16 individual to the program established under Chapter 540A that helps
17 connect eligible residents with health benefit plan coverage
18 through private market solutions, a health benefit exchange, or any
19 other resource the commission determines appropriate.

20 Sec. 540.0052. MEDICAID SLIDING SCALE SUBSIDIES. (a) An
21 individual who is eligible for the state Medicaid program under
22 Section 540.0051 may receive a Medicaid sliding scale subsidy to
23 purchase a health benefit plan from an authorized health benefit
24 plan issuer.

25 (b) A sliding scale subsidy provided to an individual under
26 this section must:

27 (1) be based on:

1 (A) the average premium in the market; and

2 (B) a realistic assessment of the individual's
3 ability to pay a portion of the premium; and

4 (2) include an enhancement for individuals who choose
5 a high deductible health plan with a health savings account.

6 (c) The commission shall ensure that counselors are made
7 available to individuals receiving a subsidy to advise the
8 individuals on selecting a health benefit plan that meets the
9 individuals' needs.

10 (d) An individual receiving a subsidy under this section is
11 responsible for paying:

12 (1) any difference between the premium costs
13 associated with the purchase of a health benefit plan and the amount
14 of the individual's subsidy under this section; and

15 (2) any copayments associated with the health benefit
16 plan.

17 (e) If the amount of a subsidy received by an individual
18 under this section exceeds the premium costs associated with the
19 individual's purchase of a health benefit plan, the individual may
20 deposit the excess amount in a health savings account that may be
21 used only in the manner described by Section 540.0054(b).

22 Sec. 540.0053. ADDITIONAL COST-SHARING SUBSIDIES. In
23 addition to providing a subsidy to an individual under Section
24 540.0052, the commission shall provide additional subsidies for
25 coinsurance payments, copayments, deductibles, and other
26 cost-sharing requirements associated with the individual's health
27 benefit plan. The commission shall provide the additional

1 subsidies on a sliding scale based on income.

2 Sec. 540.0054. DELIVERY OF SUBSIDIES; HEALTH SAVINGS
3 ACCOUNTS. (a) The commission shall determine the most appropriate
4 manner for delivering and administering subsidies provided under
5 Sections 540.0052 and 540.0053. In determining the most
6 appropriate manner, the commission shall consider depositing
7 subsidy amounts for an individual in a health savings account
8 established for that individual.

9 (b) A health savings account established under this section
10 may be used only to:

11 (1) pay health benefit plan premiums and cost-sharing
12 amounts; and

13 (2) if appropriate, purchase health care-related
14 goods and services.

15 Sec. 540.0055. MEDICAID HEALTH BENEFIT PLAN ISSUERS AND
16 MINIMUM COVERAGE. The commission shall allow any health benefit
17 plan issuer authorized to write health benefit plans in this state
18 to participate in the state Medicaid program. The commission in
19 consultation with the commissioner of insurance shall establish
20 minimum coverage requirements for a health benefit plan to be
21 eligible for purchase under the state Medicaid program, subject to
22 the requirements specified by this chapter.

23 Sec. 540.0056. REINSURANCE FOR PARTICIPATING HEALTH
24 BENEFIT PLAN ISSUERS. (a) The commission in consultation with the
25 commissioner of insurance shall study a reinsurance program to
26 reinsure participating health benefit plan issuers.

27 (b) In examining options for a reinsurance program, the

1 commission and the commissioner of insurance shall consider a plan
2 design under which:

3 (1) a participating health benefit plan is not charged
4 a premium for the reinsurance; and

5 (2) the health benefit plan issuer retains risk on a
6 sliding scale.

7 SUBCHAPTER C. LONG-TERM SERVICES AND SUPPORTS

8 Sec. 540.0101. PLAN TO REFORM DELIVERY OF LONG-TERM
9 SERVICES AND SUPPORTS. The commission shall develop a
10 comprehensive plan to reform the delivery of long-term services and
11 supports that is designed to achieve the following objectives under
12 the state Medicaid program or any other program created as an
13 alternative to the state Medicaid program:

14 (1) encourage consumer direction;

15 (2) simplify and streamline the provision of services;

16 (3) provide flexibility to design benefits packages
17 that meet the needs of individuals receiving long-term services and
18 supports under the program;

19 (4) improve the cost-effectiveness and sustainability
20 of the provision of long-term services and supports;

21 (5) reduce reliance on institutional settings; and

22 (6) encourage cost-sharing by family members when
23 appropriate.

24 ARTICLE 2. IMMEDIATE REFORM: PROGRAM TO ENSURE HEALTH BENEFIT
25 COVERAGE FOR CERTAIN INDIVIDUALS THROUGH PRIVATE MARKETPLACE

26 SECTION 2.01. Subtitle I, Title 4, Government Code, is
27 amended by adding Chapter 540A to read as follows:

1 CHAPTER 540A. PROGRAM TO ENSURE HEALTH BENEFIT PLAN COVERAGE FOR
2 CERTAIN INDIVIDUALS THROUGH PRIVATE MARKET SOLUTIONS

3 SUBCHAPTER A. GENERAL PROVISIONS

4 Sec. 540A.0001. DEFINITION. In this chapter, "state
5 Medicaid program" has the meaning assigned by Section 540.0001.

6 Sec. 540A.0002. CONFLICT WITH OTHER LAW. (a) Except as
7 provided by Subsection (b), to the extent of a conflict between a
8 provision of this chapter and:

9 (1) another provision of state law, the provision of
10 this chapter controls; and

11 (2) a provision of federal law or any authorization
12 described under Subchapter B, the federal law or authorization
13 controls.

14 (b) The program operated under this chapter is in addition
15 to the state Medicaid program operated under Chapter 32, Human
16 Resources Code, or under a block grant funding system under Chapter
17 540.

18 Sec. 540A.0003. PROGRAM FOR HEALTH BENEFIT PLAN COVERAGE
19 THROUGH PRIVATE MARKET SOLUTIONS. Subject to the requirements of
20 this chapter, the commission in consultation with the commissioner
21 of insurance shall develop and implement a program that helps
22 connect certain low-income residents of this state with health
23 benefit plan coverage through private market solutions.

24 Sec. 540A.0004. NOT AN ENTITLEMENT. This chapter does not
25 establish an entitlement to assistance in obtaining health benefit
26 plan coverage.

27 Sec. 540A.0005. RULES. The executive commissioner shall

1 adopt rules necessary to implement this chapter.

2 SUBCHAPTER B. FEDERAL AUTHORIZATION

3 Sec. 540A.0051. FEDERAL AUTHORIZATION FOR FLEXIBILITY TO

4 ESTABLISH PROGRAM. (a) The commission in consultation with the
5 commissioner of insurance shall negotiate with the United States
6 secretary of health and human services, the federal Centers for
7 Medicare and Medicaid Services, and other appropriate persons for
8 purposes of seeking a waiver or other authorization necessary to
9 obtain the flexibility to use federal matching funds to help
10 provide, in accordance with Subchapter C, health benefit plan
11 coverage to certain low-income individuals through private market
12 solutions.

13 (b) Any agreement reached under this section must:

14 (1) create a program that is made cost neutral to this
15 state by:

16 (A) leveraging premium tax revenues; and

17 (B) achieving cost savings through offsets to
18 general revenue health care costs or the implementation of other
19 cost savings mechanisms;

20 (2) create more efficient health benefit plan coverage
21 options for eligible individuals through:

22 (A) program changes that may be made without the
23 need for additional federal approval; and

24 (B) program changes that require additional
25 federal approval;

26 (3) require the commission to achieve efficiency and
27 reduce unnecessary utilization, including duplication, of health

1 care services;

2 (4) be designed with the goals of:

3 (A) relieving local tax burdens;

4 (B) reducing general revenue reliance so as to
5 make general revenue available for other state priorities; and

6 (C) minimizing the impact of any federal health
7 care laws on Texas-based businesses; and

8 (5) afford this state the opportunity to develop a
9 state-specific solution with benefits that specifically meet the
10 unique needs of this state's population.

11 (c) An agreement reached under this section may be:

12 (1) limited in duration; and

13 (2) contingent on continued funding by the federal
14 government.

15 SUBCHAPTER C. PROGRAM REQUIREMENTS

16 Sec. 540A.0101. ENROLLMENT ELIGIBILITY. (a) Subject to
17 Subsection (b), an individual may be eligible to enroll in a program
18 designed and established under this chapter if the person:

19 (1) is younger than 65;

20 (2) has a household income at or below 133 percent of
21 the federal poverty level; and

22 (3) is not otherwise eligible to receive benefits
23 under the state Medicaid program, including through a program
24 operated under Chapter 32, Human Resources Code, or under Chapter
25 540 through a block grant funding system or a waiver, other than a
26 waiver granted under this chapter, to the program.

27 (b) The executive commissioner may modify or further define

1 the eligibility requirements of this section if the commission
2 determines it necessary to reach an agreement under Subchapter B.

3 Sec. 540A.0102. MINIMUM PROGRAM REQUIREMENTS. A program
4 designed and established under this chapter must:

5 (1) if cost-effective for this state, provide premium
6 assistance to purchase health benefit plan coverage in the private
7 market, including health benefit plan coverage offered through a
8 managed care delivery model;

9 (2) provide enrollees with access to health benefits,
10 including benefits provided through a managed care delivery model,
11 that:

12 (A) are tailored to the enrollees;

13 (B) provide levels of coverage that are
14 customized to meet health care needs of individuals within defined
15 categories of the enrolled population; and

16 (C) emphasize personal responsibility and
17 accountability through flexible and meaningful cost-sharing
18 requirements and wellness initiatives, including through
19 incentives for compliance with health, wellness, and treatment
20 strategies and disincentives for noncompliance;

21 (3) include pay-for-performance initiatives for
22 private health benefit plan issuers that participate in the
23 program;

24 (4) use technology to maximize the efficiency with
25 which the commission and any health benefit plan issuer, health
26 care provider, or managed care organization participating in the
27 program manages enrollee participation;

1 (5) allow recipients under the state Medicaid program
2 to enroll in the program to receive premium assistance as an
3 alternative to the state Medicaid program;

4 (6) encourage eligible individuals to enroll in other
5 private or employer-sponsored health benefit plan coverage, if
6 available and appropriate;

7 (7) encourage the utilization of health care services
8 in the most appropriate low-cost settings; and

9 (8) establish health savings accounts for enrollees,
10 as appropriate.

11 SECTION 2.02. The Health and Human Services Commission in
12 consultation with the commissioner of insurance and the Medicaid
13 Reform Task Force established under Article 4 of this Act shall
14 actively develop a proposal for the authorization from the
15 appropriate federal entity as required by Subchapter B, Chapter
16 540A, Government Code, as added by this article. As soon as
17 possible after the effective date of this Act, the Health and Human
18 Services Commission shall request and actively pursue obtaining the
19 authorization from the appropriate federal entity.

20 ARTICLE 3. MEDICAID: INCREMENTAL REFORM

21 SECTION 3.01. Subchapter B, Chapter 531, Government Code,
22 is amended by adding Section 531.0974 to read as follows:

23 Sec. 531.0974. CUSTOMIZED BENEFITS PACKAGE. The commission
24 shall, for individuals receiving home and community-based services
25 and supports instead of institutional long-term services and
26 supports, develop and implement customized benefits packages that
27 are designed to prevent the overutilization of services.

1 Customized benefits packages under this section must be based on an
2 individualized needs assessment administered at a single point of
3 entry.

4 SECTION 3.02. Subchapter B, Chapter 32, Human Resources
5 Code, is amended by adding Sections 32.0501, 32.0642, and 32.078 to
6 read as follows:

7 Sec. 32.0501. DUAL ELIGIBLE INTEGRATED CARE DEMONSTRATION
8 PROJECT. (a) In this section:

9 (1) "ICF-IID" has the meaning assigned by Section
10 531.002, Health and Safety Code.

11 (2) "Nursing facility" has the meaning assigned by
12 Section 531.912, Government Code.

13 (3) "State supported living center" has the meaning
14 assigned by Section 531.002, Health and Safety Code.

15 (b) Subject to Subsection (c), the commission shall
16 establish a dual eligible integrated care demonstration project
17 that would allow appropriate individuals described by Section
18 32.050(a), as determined by the commission, to receive long-term
19 services and supports under both the medical assistance program and
20 the Medicare program through a single managed care plan.

21 (c) An individual who is a resident of a nursing facility,
22 ICF-IID, or state supported living center is exempt from
23 participation in the demonstration project.

24 Sec. 32.0642. PARENTAL FEE PROGRAM. (a) To the extent
25 allowed by federal law, the commission shall establish a parental
26 fee program that requires the parent or legal guardian of a child
27 receiving institutional long-term services and supports or home and

1 community-based services and supports under the medical assistance
2 program established under this chapter to pay a fee that:

3 (1) correlates with the services and supports
4 provided; and

5 (2) takes into consideration the child's household
6 income.

7 (b) Failure to pay a fee under this section may not affect a
8 child's eligibility for benefits under the medical assistance
9 program.

10 (c) The executive commissioner shall adopt rules necessary
11 to implement this section.

12 Sec. 32.078. HOUSING BENEFITS FOR CERTAIN RECIPIENTS. To
13 the extent allowed by federal law, the commission shall provide
14 housing payment assistance for recipients receiving home and
15 community-based services and supports under the medical assistance
16 program established under this chapter.

17 SECTION 3.03. (a) The Health and Human Services Commission
18 shall conduct a study to examine the estate recovery program
19 implemented by this state under 42 U.S.C. Section 1396p(b)(1) and
20 determine options the state has to improve recovery under and
21 increase the efficacy of the program.

22 (b) Not later than December 1, 2020, the commission shall
23 submit a written report containing the findings of the study
24 conducted under this section together with the commission's
25 recommendations to the governor, the lieutenant governor, and the
26 standing committees of the senate and house of representatives
27 having primary jurisdiction over Medicaid.

1 SECTION 3.04. (a) The Health and Human Services Commission
2 shall conduct a study on imposing alternative income and asset
3 limits for purposes of determining eligibility for long-term
4 services and supports under the medical assistance program under
5 Chapter 32, Human Resources Code. The commission shall consider:

6 (1) imposing greater restrictions on exempt assets;

7 (2) limiting the amount of income that an individual
8 may transfer into a qualified trust under 42 U.S.C. Section
9 1396p(d)(4)(B) to an amount equal to the average cost of nursing
10 home care; and

11 (3) reducing the income eligibility limit to qualify
12 for Medicaid institutional long-term services and supports or home
13 and community-based waiver services under the medical assistance
14 program under Chapter 32, Human Resources Code.

15 (b) Not later than December 1, 2020, the commission shall
16 submit a written report containing the findings of the study
17 conducted under this section together with the commission's
18 recommendations to the governor, the lieutenant governor, and the
19 standing committees of the senate and house of representatives
20 having primary jurisdiction over Medicaid.

21 ARTICLE 4. MEDICAID REFORM TASK FORCE

22 SECTION 4.01. (a) In this section:

23 (1) "Commission" means the Health and Human Services
24 Commission.

25 (2) "Medicaid program" and "state Medicaid program"
26 have the meanings assigned by Section 540.0001, Government Code, as
27 added by this Act.

1 (3) "Task force" means the Medicaid Reform Task Force
2 established under this section.

3 (b) The Medicaid Reform Task Force is established for
4 purposes of advising the commission in designing a state Medicaid
5 program and a program for ensuring health benefit plan coverage for
6 low-income individuals that are:

7 (1) consistent with Articles 2 and 3 of this Act; and

8 (2) if the federal government establishes a block
9 grant funding system in accordance with Section 540.0002,
10 Government Code, as added by this Act, consistent with Article 1 of
11 this Act.

12 (c) The task force consists of 12 members appointed as
13 follows:

14 (1) one member appointed by the governor;

15 (2) two members of the senate appointed by the
16 lieutenant governor;

17 (3) two members of the house of representatives
18 appointed by the speaker of the house of representatives;

19 (4) one member of the Senate Committee on Finance,
20 appointed by the presiding officer;

21 (5) one member of the House Appropriations Committee,
22 appointed by the presiding officer;

23 (6) one member of the Senate Committee on Health and
24 Human Services, appointed by the presiding officer;

25 (7) one member of the House Public Health Committee,
26 appointed by the presiding officer;

27 (8) the executive commissioner of the commission or

1 the executive commissioner's designee;

2 (9) the commissioner of insurance or the
3 commissioner's designee to represent the Texas Department of
4 Insurance; and

5 (10) the director of the Legislative Budget Board or
6 the director's designee.

7 (d) The lieutenant governor and the speaker of the house of
8 representatives shall each appoint a member of the task force to act
9 as co-presiding officers.

10 (e) A member of the task force serves without compensation.

11 (f) Not later than January 1, 2020, the appropriate
12 appointing officers shall appoint the members of the task force.

13 (g) Not later than December 1, 2020, the task force shall
14 submit a report to the legislature regarding its activities under
15 this section.

16 (h) This section expires September 1, 2021.

17 ARTICLE 5. FEDERAL AUTHORIZATION AND EFFECTIVE DATE

18 SECTION 5.01. Subject to Section 2.02 of this Act, if before
19 implementing any provision of this Act a state agency determines
20 that a waiver or authorization from a federal agency is necessary
21 for implementation of that provision, the agency affected by the
22 provision shall request the waiver or authorization and may delay
23 implementing that provision until the waiver or authorization is
24 granted.

25 SECTION 5.02. This Act takes effect September 1, 2019.