

By: Miles

S.B. No. 2021

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.