

1-1 By: Miles S.B. No. 2021
 1-2 (In the Senate - Filed March 7, 2019; March 21, 2019, read
 1-3 first time and referred to Committee on Health & Human Services;
 1-4 April 26, 2019, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 9, Nays 0; April 26, 2019,
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

| | Yea | Nay | Absent | PNV |
|------|-----|-----|--------|-----|
| 1-8 | | | | |
| 1-9 | X | | | |
| 1-10 | X | | | |
| 1-11 | X | | | |
| 1-12 | X | | | |
| 1-13 | X | | | |
| 1-14 | X | | | |
| 1-15 | X | | | |
| 1-16 | X | | | |
| 1-17 | X | | | |

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 2021 By: Miles

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to providing access to local health departments and
 1-22 certain health service regional offices under the Medicaid managed
 1-23 care program.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Section 533.001, Government Code, is amended by
 1-26 adding Subdivisions (3-a) and (3-b) to read as follows:

1-27 (3-a) "Health service regional office" means an office
 1-28 located in a public health region and administered by a regional
 1-29 director under Section 121.007, Health and Safety Code.

1-30 (3-b) "Local health department" means a local health
 1-31 department established under Subchapter D, Chapter 121, Health and
 1-32 Safety Code.

1-33 SECTION 2. Section 533.006(a), Government Code, is amended
 1-34 to read as follows:

1-35 (a) The commission shall require that each managed care
 1-36 organization that contracts with the commission to provide health
 1-37 care services to recipients in a region:

1-38 (1) seek participation in the organization's provider
 1-39 network from:

1-40 (A) each health care provider in the region who
 1-41 has traditionally provided care to recipients;

1-42 (B) each hospital in the region that has been
 1-43 designated as a disproportionate share hospital under Medicaid;
 1-44 ~~and~~

1-45 (C) each specialized pediatric laboratory in the
 1-46 region, including those laboratories located in children's
 1-47 hospitals; and

1-48 (D) each local health department in the region
 1-49 and each health service regional office acting in the capacity of a
 1-50 local health department in the region; and

1-51 (2) include in its provider network for not less than
 1-52 three years:

1-53 (A) each health care provider in the region who:
 1-54 (i) previously provided care to Medicaid
 1-55 and charity care recipients at a significant level as prescribed by
 1-56 the commission;

1-57 (ii) agrees to accept the prevailing
 1-58 provider contract rate of the managed care organization; and

1-59 (iii) has the credentials required by the
 1-60 managed care organization, provided that lack of board

2-1 certification or accreditation by The Joint Commission may not be
 2-2 the sole ground for exclusion from the provider network;
 2-3 (B) each accredited primary care residency
 2-4 program in the region; ~~and~~
 2-5 (C) each disproportionate share hospital
 2-6 designated by the commission as a statewide significant traditional
 2-7 provider; and
 2-8 (D) each local health department in the region
 2-9 and each health service regional office acting in the capacity of a
 2-10 local health department in the region.

2-11 SECTION 3. (a) The Health and Human Services Commission
 2-12 shall, in a contract between the commission and a managed care
 2-13 organization under Chapter 533, Government Code, that is entered
 2-14 into or renewed on or after the effective date of this Act, require
 2-15 that the managed care organization comply with Section 533.006,
 2-16 Government Code, as amended by this Act.

2-17 (b) The Health and Human Services Commission shall seek to
 2-18 amend contracts entered into with managed care organizations under
 2-19 Chapter 533, Government Code, before the effective date of this Act
 2-20 to require those managed care organizations to comply with Section
 2-21 533.006, Government Code, as amended by this Act. To the extent of
 2-22 a conflict between that section and a provision of a contract with a
 2-23 managed care organization entered into before the effective date of
 2-24 this Act, the contract provision prevails.

2-25 SECTION 4. The Health and Human Services Commission is
 2-26 required to implement a provision of this Act only if the
 2-27 legislature appropriates money to the commission specifically for
 2-28 that purpose. If the legislature does not appropriate money
 2-29 specifically for that purpose, the commission may, but is not
 2-30 required to, implement a provision of this Act using other
 2-31 appropriations that are available for that purpose.

2-32 SECTION 5. If before implementing any provision of this Act
 2-33 a state agency determines that a waiver or authorization from a
 2-34 federal agency is necessary for implementation of that provision,
 2-35 the agency affected by the provision shall request the waiver or
 2-36 authorization and may delay implementing that provision until the
 2-37 waiver or authorization is granted.

2-38 SECTION 6. This Act takes effect September 1, 2020.

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