Suspending limitations on conference committee jurisdiction, S.B. No. 1207

By: Perry

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SENATE RESOLUTION

BE IT RESOLVED by the Senate of the State of Texas, 86th Legislature, 2019, That Senate Rule 12.03 be suspended in part as provided by Senate Rule 12.08 to enable the conference committee appointed to resolve the differences on Senate Bill 1207 (the operation and administration of Medicaid, including the Medicaid managed care program and the medically dependent children (MDCP) waiver program) to consider and take action on the following matters:

(1) Senate Rule 12.03(4) is suspended to permit the committee to add text on a matter not included in either the house or senate version of the bill by adding the following SECTION to the bill:

SECTION 2. Section 531.024, Government Code, is amended by amending Subsection (b) and adding Subsection (c) to read as follows:

(b) The rules promulgated under Subsection (a)(7) must provide due process to an applicant for Medicaid services and to a Medicaid recipient who seeks a Medicaid service, including a service that requires prior authorization. The rules must provide the protections for applicants and recipients required by 42 C.F.R. Part 431, Subpart E, including requiring that:

(1) the written notice to an individual of the individual's right to a hearing must:

(A) contain an explanation of the

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circumstances under which Medicaid is continued if a hearing is requested; and

(B) be <u>delivered by mail, and postmarked</u> [mailed] at least 10 <u>business</u> days, before the date the individual's Medicaid eligibility or service is scheduled to be terminated, suspended, or reduced, except as provided by 42 C.F.R. Section 431.213 or 431.214; and

(2) if a hearing is requested before the date a Medicaid recipient's service, including a service that requires prior authorization, is scheduled to be terminated, suspended, or reduced, the agency may not take that proposed action before a decision is rendered after the hearing unless:

(A) it is determined at the hearing that the sole issue is one of federal or state law or policy; and

(B) the agency promptly informs the recipient in writing that services are to be terminated, suspended, or reduced pending the hearing decision.

(c) The commission shall develop a process to address a situation in which:

(1) an individual does not receive adequate notice as required by Subsection (b)(1); or

(2) the notice required by Subsection (b)(1) is delivered without a postmark.

Explanation: This addition is necessary to change the requirements for notice of a right to a hearing for an applicant for Medicaid services and a Medicaid recipient.

(2) Senate Rule 12.03(4) is suspended to permit the

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committee to add text on a matter not included in either the house or senate version of the bill by adding the following text to SECTION 3 of the bill:

(a) To the extent of any conflict, Section 531.024162, Government Code, as added by this section, prevails over any provision of another Act of the 86th Legislature, Regular Session, 2019, relating to notice requirements regarding Medicaid coverage or prior authorization denials or incomplete requests, that becomes law.

Explanation: This addition is necessary to provide that the amendment adding Section 531.024162, Government Code, prevails over other similar amendments made by the 86th Legislature.

I hereby certify that the above Resolution was adopted by the Senate on May 26, 2019, by the following vote: Yeas 31, Nays O.

Secretary of the Senate

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President of the Senate