

SENATE AMENDMENTS

2nd Printing

By: González of El Paso, White, Phelan,
Farrar, et al.

H.B. No. 25

A BILL TO BE ENTITLED

1 AN ACT
2 relating to a pilot program for providing services to certain women
3 and children under the Medicaid medical transportation program.

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

5 SECTION 1. Subchapter B, Chapter 531, Government Code, is
6 amended by adding Section 531.024141 to read as follows:

7 Sec. 531.024141. PILOT PROGRAM FOR PROVIDING MEDICAL
8 TRANSPORTATION PROGRAM SERVICES TO PREGNANT WOMEN AND NEW MOTHERS.

9 (a) In this section:

10 (1) "Demand response transportation services" means
11 medical transportation program services that are provided by
12 dispatching a transportation service provider's vehicle in
13 response to a request from a client or by a shared one-way trip.

14 (2) "Managed transportation organization" has the
15 meaning assigned by Section 533.00257.

16 (3) "Medicaid managed care organization" means a
17 managed care organization as defined by Section 533.001 that
18 contracts with the commission under Chapter 533 to provide health
19 care services to Medicaid recipients.

20 (4) "Medical transportation program" has the meaning
21 assigned by Section 531.02414.

22 (b) The commission, in collaboration with the Maternal
23 Mortality and Morbidity Task Force established under Chapter 34,
24 Health and Safety Code, shall develop and, not later than September

1 1, 2020, implement a pilot program in at least one health care
2 service region, as defined by Section 533.001, that allows for a
3 managed transportation organization that participates in the pilot
4 program to arrange for and provide medical transportation program
5 services to:

6 (1) a woman who is enrolled in the STAR Medicaid
7 managed care program during the woman's pregnancy and after she
8 delivers; and

9 (2) the child of a woman described by Subdivision (1)
10 who accompanies the woman.

11 (c) A managed transportation organization that participates
12 in the pilot program shall:

13 (1) arrange for and provide the medical transportation
14 program services described by Subsection (b) in a manner that does
15 not result in additional costs to Medicaid or the commission;

16 (2) arrange for and provide demand response
17 transportation services, including, to the extent allowed by law,
18 through a transportation network company as defined by Section
19 2402.001, Occupations Code, to a woman described by Subsection (b)
20 if:

21 (A) the request for transportation services is
22 made during the two working days before the date the woman requires
23 transportation in order to receive a covered health care service;

24 or

25 (B) the woman receiving medical transportation
26 program services needs to travel directly to and from a location to
27 receive a covered health care service and cannot be a participant in

1 a shared trip; and

2 (3) ensure that the managed transportation
3 organization and the managed care organization through which a
4 woman described by Subsection (b) receives health care services
5 effectively share information and coordinate services for the
6 woman.

7 (d) In developing the pilot program, the commission shall
8 ensure that a managed transportation organization participating in
9 the pilot program provides medical transportation services in a
10 safe and efficient manner.

11 (e) Not later than December 1, 2020, the commission shall
12 report to the legislature on the implementation of the pilot
13 program.

14 (f) The commission shall evaluate the results of the pilot
15 program and determine whether the program:

16 (1) is cost-effective;

17 (2) improves the efficiency and quality of services
18 provided under the medical transportation program; and

19 (3) is effective in:

20 (A) increasing access to prenatal and postpartum
21 health care services;

22 (B) reducing pregnancy-related complications;

23 and

24 (C) decreasing the rate of missed appointments
25 for covered health care services by women enrolled in the STAR
26 Medicaid managed care program.

27 (g) Not later than December 1, 2022, the commission shall

1 submit a report to the legislature on the results of the pilot
2 program. The commission shall include in the report a
3 recommendation regarding whether the pilot program should
4 continue, be expanded, or terminate.

5 (h) The executive commissioner may adopt rules to implement
6 this section.

7 (i) This section expires September 1, 2023.

8 SECTION 2. 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 3. This Act takes effect September 1, 2019.

ADOPTED

MAY 16 2019

Atty. Gen.
Secretary of the Senate

By: Gonzalez/Zuffrini

____.B. No. ____

Substitute following for ____B. No. ____:

By: *[Signature]*

C.S. 11.B. No. 25

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18 contracts with the commission under Chapter 533 to provide health
19 care services to Medicaid recipients.

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21 assigned by Section 531.02414.

22 (b) The commission, in collaboration with the Maternal
23 Mortality and Morbidity Task Force established under Chapter 34,
24 Health and Safety Code, shall develop and, not later than September

1 1, 2020, implement a pilot program in at least one health care
2 service region, as defined by Section 533.001, that allows for a
3 managed transportation organization that participates in the pilot
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5 services to:

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7 managed care program during the woman's pregnancy and after she
8 delivers; and

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11 (c) A managed transportation organization that participates
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13 (1) arrange for and provide the medical transportation
14 program services described by Subsection (b) in a manner that does
15 not result in additional costs to Medicaid or the commission;

16 (2) arrange for and provide demand response
17 transportation services, including, to the extent allowed by law,
18 through a transportation network company as defined by Section
19 2402.001, Occupations Code, to a woman described by Subsection (b)
20 if:

21 (A) the request for transportation services is
22 made during a period of time determined by commission rules before
23 the woman requires transportation in order to receive a covered
24 health care service; or

25 (B) the woman receiving medical transportation
26 program services needs to travel directly to and from a location to
27 receive a covered health care service and cannot be a participant in

1 a shared trip; and

2 (3) ensure that the managed transportation
3 organization and the managed care organization through which a
4 woman described by Subsection (b) receives health care services
5 effectively share information and coordinate services for the
6 woman.

7 (d) In developing the pilot program, the commission shall
8 ensure that a managed transportation organization participating in
9 the pilot program provides medical transportation services in a
10 safe and efficient manner.

11 (e) Not later than December 1, 2020, the commission shall
12 report to the legislature on the implementation of the pilot
13 program.

14 (f) The commission shall evaluate the results of the pilot
15 program and determine whether the program:

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21 health care services;

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24 (C) decreasing the rate of missed appointments
25 for covered health care services by women enrolled in the STAR
26 Medicaid managed care program.

27 (g) Not later than December 1, 2022, the commission shall

1 submit a report to the legislature on the results of the pilot
2 program. The commission shall include in the report a
3 recommendation regarding whether the pilot program should
4 continue, be expanded, or terminate.

5 (h) The executive commissioner:

6 (1) shall adopt rules specifying the number of days or
7 hours before transportation services are needed that a request for
8 the services must be made for purposes of Subsection (c)(2)(A); and

9 (2) may adopt other rules to implement this section.

10 (i) This section expires September 1, 2023.

11 SECTION 2. If before implementing any provision of this Act
12 a state agency determines that a waiver or authorization from a
13 federal agency is necessary for implementation of that provision,
14 the agency affected by the provision shall request the waiver or
15 authorization and may delay implementing that provision until the
16 waiver or authorization is granted.

17 SECTION 3. This Act takes effect September 1, 2019.

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

May 16, 2019

TO: Honorable Dennis Bonnen, Speaker of the House, House of Representatives

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: HB25 by González, Mary (Relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.), **As Passed 2nd House**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program to provide Medicaid medical transportation program services to pregnant women and new mothers and the children of such women. A managed transportation organization (MTO) participating in the pilot program would be required to provide program services in a manner that does not result in additional costs.

It is assumed any administrative costs associated with developing and implementing the pilot can be absorbed within the available resources of HHSC. According to HHSC, in order to comply with the requirement in the bill prohibiting increased costs to the MTO it is assumed Medicaid would reimburse for a participating woman's transportation as it does now and that transportation for the child would be provided as a value-added service by the MTO; however, HHSC cannot require an MTO to provide value-added services and it is assumed the program would not be implemented if an MTO could not be found to offer the service at no cost.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: WP, SD, AKi, EP, MDI, LR

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

May 8, 2019

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: HB25 by González, Mary (Relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.), **Committee Report 2nd House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program to provide Medicaid medical transportation program services to pregnant women and new mothers and the children of such women. A managed transportation organization (MTO) participating in the pilot program would be required to provide program services in a manner that does not result in additional costs.

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Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: WP, AKi, EP, MDI, LR

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

April 22, 2019

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: HB25 by González, Mary (Relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program to provide Medicaid medical transportation program services to pregnant women and new mothers and the children of such women. A managed transportation organization (MTO) participating in the pilot program would be required to provide program services in a manner that does not result in additional costs.

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Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: WP, AKi, LR

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

April 1, 2019

TO: Honorable James B. Frank, Chair, House Committee on Human Services

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: **HB25** by González, Mary (Relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.), **Committee Report 1st House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC) to develop and implement a pilot program to provide Medicaid medical transportation program services to pregnant women and new mothers and the children of such women. A managed transportation organization (MTO) participating in the pilot program would be required to provide program services in a manner that does not result in additional costs.

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Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: WP, AKi, LR

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

February 18, 2019

TO: Honorable James B. Frank, Chair, House Committee on Human Services

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: HB25 by González, Mary (Relating to the provision of services to certain children under the Medicaid medical transportation program.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB25, As Introduced: a negative impact of (\$13,168,934) through the biennium ending August 31, 2021.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2020	(\$4,310,675)
2021	(\$8,858,259)
2022	(\$9,110,032)
2023	(\$9,362,147)
2024	(\$9,614,595)

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from General Revenue Fund 1
2020	(\$4,310,675)
2021	(\$8,858,259)
2022	(\$9,110,032)
2023	(\$9,362,147)
2024	(\$9,614,595)

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to provide, and reimburse for, medical transportation program services to children younger than 13 years of age if the child's mother is a recipient of Medicaid during a pregnancy and is using the medical transportation program for travel to and from a covered pregnancy service, including postpartum care.

Methodology

According to HHSC, \$8.9 million in medical transportation program costs for fiscal year 2016 were attributable to pregnant women. HHSC assumes (1) there would be a cost per child equal to the cost of the service provided to a pregnant woman and (2) on average two children would accompany their mother for 33 percent of services (100 percent for air travel and meals) for a total estimated cost of services of \$6.1 million. In addition to the cost of services, capitation costs would be equal to 1.5 percent of premium for risk margin and 25 percent for medical transportation organization administrative costs, or \$2.2 million. HHSC assumes these costs would be trended forward and that services would begin in March 2020, yielding a cost of \$4.3 million in fiscal year 2020 and \$8.9 million in fiscal year 2021 increasing in each subsequent year to \$9.6 million in fiscal year 2024. It is assumed that the program would be fully funded through General Revenue Funds due to current federal regulations; however, if HHSC were able to obtain a federal waiver, federal matching funds could be available to reduce the General Revenue cost. It is assumed any administrative costs at HHSC could be absorbed by the agency.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: WP, AKi, LR, ND, TBo