

House Bill 25
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

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

Sec. 531.024141. PILOT PROGRAM FOR PROVIDING MEDICAL TRANSPORTATION PROGRAM SERVICES TO PREGNANT WOMEN AND NEW MOTHERS. (a) In this section:

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

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

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

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

(b) The commission, in collaboration with the Maternal Mortality and Morbidity Task Force established under Chapter 34, Health and Safety Code, shall develop and, not later than September 1, 2020, implement a pilot program in at least one health care service region, as defined by Section 533.001, that allows for a managed transportation organization that participates in the pilot program to arrange for and provide medical transportation program services to:

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

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(b) The commission, in collaboration with the Maternal Mortality and Morbidity Task Force established under Chapter 34, Health and Safety Code, shall develop and, not later than September 1, 2020, implement a pilot program in at least one health care service region, as defined by Section 533.001, that allows for a managed transportation organization that participates in the pilot program to arrange for and provide medical transportation program services to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) is cost-effective;

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

(3) is effective in:

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

(B) reducing pregnancy-related complications; and

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

(g) Not later than December 1, 2022, the commission shall submit a report to the legislature on the results of the pilot program. The commission shall include in the report a recommendation regarding whether the pilot program should continue, be expanded, or terminate.

(h) The executive commissioner

may adopt rules to implement this section.

(i) This section expires September 1, 2023.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that

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

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

(3) is effective in:

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

(B) reducing pregnancy-related complications; and

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

(g) Not later than December 1, 2022, the commission shall submit a report to the legislature on the results of the pilot program. The commission shall include in the report a recommendation regarding whether the pilot program should continue, be expanded, or terminate.

(h) The executive commissioner:

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

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

(i) This section expires September 1, 2023.

SECTION 2. Same as House version.

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provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

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

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SECTION 3. Same as House version.

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