

Amend HB 3658 (house committee report) as follows:

(1) On page 1, line 8, strike "CONTRACTOR OR SUBCONTRACTOR" and substitute "PAID CONSULTANT".

(2) Strike page 1, line 13 through page 2, line 8, and substitute the following:

(b) A former state officer or employee of a regulatory agency or a person or entity that provides paid consulting services in accordance with Subchapter B, Chapter 2254, to a regulatory agency under a contract or subcontract [~~who ceases service or employment with that agency on or after January 1, 1992,~~] may not represent any person or receive compensation for services rendered on behalf of any person regarding a particular matter in which the former officer, ~~or~~ employee, or consultant participated during the period of state service, ~~or~~ employment, or contract, either through personal involvement or because the case or proceeding was a matter within the officer's or employee's official responsibility or the consultant's contractual responsibility.

(d) Subsection (b) does not apply to a rulemaking proceeding that was concluded more than six months before the officer's, ~~or~~ employee's, or paid consultant's service, ~~or~~ employment, or contract ceased.

(3) On page 3, lines 24 and 25, strike "and (b-3)" and substitute "(b-3), and (d)".

(4) On page 5, between lines 15 and 16, insert the following:

(d) This section does not apply to a procurement for which purchasing authority is delegated to the Health and Human Services Commission under Section 2155.144.

(5) On page 5, line 27, between "(j-5)" and "to", insert "and amending Subsection (n)".

(6) On page 6, between lines 10 and 11, insert the following:

(n) To the extent of any conflict, this section prevails over any other state law relating to the procurement of goods and services or requiring the Health and Human Services Commission to award a contract to a managed care organization, including Chapter 533, except a law relating to contracting with historically

underutilized businesses or relating to the procurement of goods and services from persons with disabilities.

(7) Add the following appropriately numbered SECTION to the bill and renumber subsequent SECTIONS of the bill accordingly:

SECTION \_\_\_\_\_. Section 533.002, Government Code, is amended to read as follows:

Sec. 533.002. PURPOSE; CONFLICT OF LAW; CONTRACT WITH MANAGED CARE ORGANIZATION. (a) The commission shall implement the Medicaid managed care program by contracting with managed care organizations in a manner that, to the extent possible:

(1) improves the health of Texans by:

(A) emphasizing prevention;

(B) promoting continuity of care; and

(C) providing a medical home for recipients;

(2) ensures that each recipient receives high quality, comprehensive health care services in the recipient's local community;

(3) encourages the training of and access to primary care physicians and providers;

(4) maximizes cooperation with existing public health entities, including local departments of health;

(5) provides incentives to managed care organizations to improve the quality of health care services for recipients by providing value-added services; ~~and~~

(6) reduces administrative and other nonfinancial barriers for recipients in obtaining health care services; and

(7) allows the commission to determine best value and apply the requirements of this chapter and Section 2155.144.

(b) To the extent of any conflict between this chapter and Section 2155.144 relating to determining best value, Section 2155.144 controls.

(c) Notwithstanding any other law, the commission is not required to award a contract to a managed care organization if the commission determines the organization's proposal does not satisfy best value contracting criteria.