Amend **SB 1648** (house committee printing) as follows:

(1) On page 1, strike lines 9 through 11 and substitute the following:

SECTION 2. Section 533.038, Government Code, is amended by amending Subsections (a) and (g) and adding Subsections (g-1), (h), (i), and (j) to read as follows:

(a) In this section:[~~,~~]

(1) "Complex medical needs" means the condition of having multiple, significant chronic health problems that:

(A) affect multiple organ systems; and

(B) result in functional limitations, high health care needs or utilization, or the need for or use of medical technology.

(2) "Durable medical equipment" means equipment, including repair and replacement parts for the equipment and supplies and services related to the equipment, that:

(A) is primarily and customarily used to serve a medical purpose;

(B) is prescribed by a treating health care provider for medical necessity; and

(C) includes ventilators, infusion pumps, complex rehabilitation technology, prostheses, medical devices, and other medical equipment, supplies, and services prescribed by a treating health care provider.

(3) "Medicaid wrap-around benefit" means a Medicaid-covered service, including a pharmacy or medical benefit, that is provided to a recipient with both Medicaid and primary health benefit plan coverage when the recipient has exceeded the primary health benefit plan coverage limit or when the service is not covered by the primary health benefit plan issuer.

(4) "Specialty provider" means a an entity or another person that provides health-related goods or services to a recipient, including providers of medication, therapy services, and equipment, including durable medical equipment.

(2) On page 1, line 14, between "relationship" and "with", insert "at any time".

(3) On page 1, line 15, between "care" and "from", insert ",

including equipment, supplies, and services necessary to provide that care,".

(4) On page 1, between lines 17 and 18, insert the following:

(g-1) The continuity of care required under Subsection (g) is guaranteed to all recipients, regardless of:

(1) whether the recipient:

(A) receives a Medicaid wrap-around benefit; or

(B) has Medicaid coverage only;

(2) the date the recipient enrolled in the managed care plan provided by the Medicaid managed care organization; or

(3) whether the provider is an in-network provider.

(5) On page 1, line 22, strike "offering the managed care plan".

(6) On page 1, line 23, between "shall" and "negotiate", insert "develop a simple, timely, and efficient process to".

(7) On page 2, between lines 8 and 9, insert the following:

(j) The cancellation of a contract between a Medicaid managed care organization and a specialty provider under which the provider agrees to provide in-network services to recipients does not void or otherwise affect that organization's duty under Subsection (g) to provide continuity of care to recipients with complex medical needs. In the event of cancellation, the recipient has the right to select the recipient's preferred specialty provider.

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

SECTION ____. Section 1301.154, Insurance Code, is amended by amending Subsection (a) and adding Subsection (c) to read as follows:

(a) Except as provided by Subsections [~~Subsection~~] (b) and (c), Sections 1301.152 and 1301.153 do not extend an insurer's obligation to reimburse the terminated physician or provider or, if applicable, the insured at the preferred provider level of coverage for ongoing treatment of an insured after:

(1) the 90th day after the [~~effective~~] date of the end of the contract [~~termination~~]; or

(2) if the insured has been diagnosed as having a terminal illness at the time of the termination, the expiration of the nine-month period after the effective date of the termination.

(c) If an insured is a Medicaid recipient with complex medical needs who receives Medicaid services through a Medicaid managed care organization under Chapter 533, Government Code, and who has established at any time a relationship with a specialty provider, including a provider of medications, durable medical equipment, services, or supplies or other specialty provider, an insurer's obligation to reimburse, in accordance with the applicable reimbursement methodology as specified in rules adopted by the Health and Human Services Commission, including 1 T.A.C. Section 353.4, the physician or provider or, if applicable, the insured, extends until a contract has been implemented under Section 533.038(g), Government Code.

SECTION ____. Section 1301.154, Insurance Code, as amended by this Act, applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2022. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2022, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.