

## **BILL ANALYSIS**

Senate Research Center  
87R22050 KKR-D

C.S.S.B. 1149  
By: Kolkhorst  
Health & Human Services  
4/27/2021  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

S.B. 750 (86R) directed the Health and Human Services Commission (HHSC) to implement strategies to ensure the continuity of care for women who transition from the medical assistance program and enroll in the Healthy Texas Women (HTW) program. Under current law, case management for children and pregnant women is administered by the Department of State Health Services (DSHS).

S.B. 1149 requires HHSC to contract with Medicaid managed care organizations to provide HTW services to better ensure continuity of care for women served by those programs. The bill also directs the transition of case management from DSHS to a Medicaid managed care model and that information is provided on private insurance options available under federal law.

(Original Author's/Sponsor's Statement of Intent)

C.S.S.B. 1149 amends current law relating to the transition of case management for children and pregnant women program services and Healthy Texas Women program services to a managed care program.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 3 of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subchapter A, Chapter 533, Government Code, by adding Section 533.002555, as follows:

Sec. 533.002555. TRANSITION OF CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN PROGRAM RECIPIENTS TO MANAGED CARE PROGRAM.

(a) Defines "children and pregnant women program."

(b) Requires the Health and Human Services Commission (HHSC) to transition to a Medicaid managed care model for case management services provided to recipients under the children and pregnant women program. Requires HHSC, in transitioning services under this section, to ensure a recipient is provided case management services through the managed care plan in which the recipient is enrolled.

(c) Requires HHSC, in implementing this section, to ensure a seamless transition in case management for recipients receiving benefits under the children and pregnant women program and to ensure case management services provided under the program are not interrupted.

SECTION 2. Amends Subchapter F, Chapter 32, Health and Safety Code, by amending Section 32.152 and adding Sections 32.156 and 32.157, as follows:

Sec. 32.152. New heading: PROVISION OF HEALTHY TEXAS WOMEN PROGRAM SERVICES THROUGH MANAGED CARE. Requires HHSC to contract with Medicaid managed care organizations to provide Healthy Texas Women program services. Deletes existing text requiring HHSC to assess the feasibility and cost-effectiveness of contracting with Medicaid managed care organizations to provide Healthy Texas Women program services through managed care in one or more health care service regions in this state if the Healthy Texas Women Section 1115 Demonstration Waiver is approved and to assess the potential impact of that delivery model on women receiving services under the program. Deletes existing text providing that this section expires September 1, 2021.

Sec. 32.156. INFORMATION ABOUT AVAILABILITY OF SUBSIDIZED HEALTH INSURANCE COVERAGE. (a) Requires HHSC and each managed care organization participating in the Healthy Texas Women program to provide a written notice containing information about eligibility requirements for and enrollment in a health benefit plan for which an enrollee receives a premium subsidy under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148), based on family income, to a woman who is enrolled in the Healthy Texas Women program and has a household income that is more than 100 percent but not more than 200 percent of the federal poverty level.

(b) Requires HHSC, in consultation with the Texas Department of Insurance, to develop the form and content of the notice required under this section. Requires that the notice include the latest information written in clear and easily understood language on available options for obtaining a subsidized health benefit plan described by Subsection (a) and include resources for receiving assistance applying for and enrolling in that health benefit plan.

Sec. 32.157. ASSESSING AUTOMATIC ENROLLMENT OF CERTAIN WOMEN IN MANAGED CARE. (a) Requires HHSC, not later than January 1, 2023, to assess the feasibility, cost-effectiveness, and benefits of automatically enrolling in managed care the women who become pregnant while receiving services through the Healthy Texas Women program. Requires that the assessment examine whether automatically enrolling those women leads to the delivery of prenatal care and services earlier in the women's pregnancies.

(b) Provides that this section expires September 1, 2023.

SECTION 3. Requires the executive commissioner of HHSC, as soon as practicable after the effective date of this Act, to adopt rules necessary to implement the changes in law made by this Act.

SECTION 4. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 5. Provides that HHSC is required to implement a provision of this Act only if the legislature appropriates money to HHSC specifically for that purpose. Authorizes, but does not require, HHSC, if the legislature does not appropriate money specifically for that purpose, to implement a provision of this Act using other appropriations that are available for that purpose.

SECTION 6. Effective date: September 1, 2021.