

1-1 By: Rose, et al. (Senate Sponsor - Kolthorst, et al.) H.B. No. 133
 1-2 (In the Senate - Received from the House April 19, 2021;
 1-3 April 19, 2021, read first time and referred to Committee on Health
 1-4 & Human Services; May 22, 2021, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 8, Nays 0;
 1-6 May 22, 2021, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 133 By: Buckingham

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to the provision of certain benefits under Medicaid and
 1-22 the Healthy Texas Women program, including the transition of case
 1-23 management for children and pregnant women program services and
 1-24 Healthy Texas Women program services to a managed care program.

1-25 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-26 SECTION 1. Subchapter A, Chapter 533, Government Code, is
 1-27 amended by adding Section 533.002555 to read as follows:

1-28 Sec. 533.002555. TRANSITION OF CASE MANAGEMENT FOR CHILDREN
 1-29 AND PREGNANT WOMEN PROGRAM RECIPIENTS TO MANAGED CARE PROGRAM. (a)
 1-30 In this section, "children and pregnant women program" means the
 1-31 benefits program provided under Medicaid and administered by the
 1-32 Department of State Health Services that provides case management
 1-33 services to children who have a health condition or health risk and
 1-34 pregnant women who have a high-risk condition.

1-35 (b) The commission shall transition to a Medicaid managed
 1-36 care model all case management services provided to recipients
 1-37 under the children and pregnant women program. In transitioning
 1-38 services under this section, the commission shall ensure a
 1-39 recipient is provided case management services through the managed
 1-40 care plan in which the recipient is enrolled.

1-41 (c) In implementing this section, the commission shall
 1-42 ensure:

1-43 (1) a seamless transition in case management for
 1-44 recipients receiving benefits under the children and pregnant women
 1-45 program; and

1-46 (2) case management services provided under the
 1-47 program are not interrupted.

1-48 SECTION 2. Subchapter F, Chapter 32, Health and Safety
 1-49 Code, is amended by amending Section 32.152 and adding Sections
 1-50 32.156 and 32.157 to read as follows:

1-51 Sec. 32.152. [ASSESSING] PROVISION OF HEALTHY TEXAS WOMEN
 1-52 PROGRAM SERVICES THROUGH MANAGED CARE. (a) The commission shall
 1-53 contract [assess:

1-54 (1) the feasibility and cost-effectiveness of
 1-55 contracting] with Medicaid managed care organizations to provide
 1-56 Healthy Texas Women program services [through managed care in one
 1-57 or more health care service regions in this state if the Healthy
 1-58 Texas Women Section 1115 Demonstration Waiver is approved; and

1-59 (2) the potential impact of that delivery model on
 1-60 women receiving services under the program].

(b) In implementing this section, the commission shall:

(1) consult with the state Medicaid managed care advisory committee before contracting with Medicaid managed care organizations to provide Healthy Texas Women program services under this section;

(2) identify barriers that prevent women from obtaining Healthy Texas Women program services and seek opportunities to mitigate those barriers; and

(3) designate Healthy Texas Women program service providers as significant traditional providers until at least the third anniversary of the date the commission initially contracts with Medicaid managed care organizations to provide program services. [This section expires September 1, 2021.]

Sec. 32.156. INFORMATION ABOUT AVAILABILITY OF SUBSIDIZED HEALTH INSURANCE COVERAGE. (a) The commission and each managed care organization participating in the Healthy Texas Women program shall 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:

(1) is enrolled in the Healthy Texas Women program; and

(2) has a household income that is more than 100 percent but not more than 200 percent of the federal poverty level.

(b) The commission, in consultation with the Texas Department of Insurance, shall develop the form and content of the notice required under this section. The notice must include:

(1) 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

(2) 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) Not later than January 1, 2023, the commission shall 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. The assessment must examine whether automatically enrolling those women leads to the delivery of prenatal care and services earlier in the women's pregnancies.

(b) This section expires September 1, 2023.

SECTION 3. Section 32.024, Human Resources Code, is amended by adding Subsection (1-1) to read as follows:

(1-1) The commission shall continue to provide medical assistance to a woman who is eligible for medical assistance for pregnant women for a period of not less than six months following the date the woman delivers or experiences an involuntary miscarriage.

SECTION 4. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall adopt rules necessary to implement the changes in law made by this Act.

SECTION 5. 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 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 6. The Health and Human Services Commission is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the Health and Human Services Commission may, but is not required to, implement a provision of this Act using other appropriations available for that purpose.

SECTION 7. This Act takes effect September 1, 2021.

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