

1-1 By: Kolkhorst S.B. No. 1136  
 1-2 (In the Senate - Filed March 8, 2021; March 18, 2021, read  
 1-3 first time and referred to Committee on Health & Human Services;  
 1-4 April 20, 2021, reported favorably by the following vote: Yeas 8,  
 1-5 Nays 0; April 20, 2021, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
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 A BILL TO BE ENTITLED  
 1-18 AN ACT

1-19 relating to implementation of certain health care provider  
 1-20 initiatives and measures designed to reduce costs and improve  
 1-21 recipient health outcomes under Medicaid.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. Section 531.085, Government Code, is amended to  
 1-24 read as follows:

1-25 Sec. 531.085. HOSPITAL EMERGENCY ROOM USE REDUCTION  
 1-26 INITIATIVES. (a) The commission shall develop and implement a  
 1-27 comprehensive plan to reduce the use of hospital emergency room  
 1-28 services by recipients under Medicaid. The plan may include:

1-29 (1) a pilot program designed to facilitate program  
 1-30 participants in accessing an appropriate level of health care,  
 1-31 which may include as components:

1-32 (A) providing program participants access to  
 1-33 bilingual health services providers; and

1-34 (B) giving program participants information on  
 1-35 how to access primary care physicians, advanced practice registered  
 1-36 nurses, and local health clinics;

1-37 (2) a pilot program under which health care providers,  
 1-38 other than hospitals, are given financial incentives for treating  
 1-39 recipients outside of normal business hours to divert those  
 1-40 recipients from hospital emergency rooms;

1-41 (3) payment of a nominal referral fee to hospital  
 1-42 emergency rooms that perform an initial medical evaluation of a  
 1-43 recipient and subsequently refer the recipient, if medically  
 1-44 stable, to an appropriate level of health care, such as care  
 1-45 provided by a primary care physician, advanced practice registered  
 1-46 nurse, or local clinic;

1-47 (4) a program under which the commission or a managed  
 1-48 care organization that enters into a contract with the commission  
 1-49 under Chapter 533 contacts, by telephone or mail, a recipient who  
 1-50 accesses a hospital emergency room three times during a six-month  
 1-51 period and provides the recipient with information on ways the  
 1-52 recipient may secure a medical home to avoid unnecessary treatment  
 1-53 at hospital emergency rooms;

1-54 (5) a health care literacy program under which the  
 1-55 commission develops partnerships with other state agencies and  
 1-56 private entities to:

1-57 (A) assist the commission in developing  
 1-58 materials that:

1-59 (i) contain basic health care information  
 1-60 for parents of young children who are recipients under Medicaid and  
 1-61 who are participating in public or private child-care or

2-1 prekindergarten programs, including federal Head Start programs;  
2-2 and  
2-3 (ii) are written in a language  
2-4 understandable to those parents and specifically tailored to be  
2-5 applicable to the needs of those parents;  
2-6 (B) distribute the materials developed under  
2-7 Paragraph (A) to those parents; and  
2-8 (C) otherwise teach those parents about the  
2-9 health care needs of their children and ways to address those needs;  
2-10 and

2-11 (6) other initiatives developed and implemented in  
2-12 other states that have shown success in reducing the incidence of  
2-13 unnecessary treatment in hospital emergency rooms.

2-14 (b) The commission shall coordinate with hospitals and  
2-15 other providers that receive supplemental payments under the  
2-16 uncompensated care payment program operated under the Texas Health  
2-17 Care Transformation and Quality Improvement Program waiver issued  
2-18 under Section 1115 of the federal Social Security Act (42 U.S.C.  
2-19 Section 1315) to identify and implement initiatives based on best  
2-20 practices and models that are designed to reduce Medicaid  
2-21 recipients' use of hospital emergency room services as a primary  
2-22 means of receiving health care benefits, including initiatives  
2-23 designed to improve recipients' access to and use of primary care  
2-24 providers.

2-25 SECTION 2. Subchapter B, Chapter 531, Government Code, is  
2-26 amended by adding Section 531.0862 to read as follows:

2-27 Sec. 531.0862. CONTINUED IMPLEMENTATION OF CERTAIN  
2-28 INTERVENTIONS AND BEST PRACTICES BY PROVIDERS; BIENNIAL REPORT.

2-29 (a) The commission shall encourage Medicaid providers to continue  
2-30 implementing effective interventions and best practices associated  
2-31 with improvements in the health outcomes of Medicaid recipients  
2-32 that were developed and achieved under the Delivery System Reform  
2-33 Incentive Payment (DSRIP) program previously operated under the  
2-34 Texas Health Care Transformation and Quality Improvement Program  
2-35 waiver issued under Section 1115 of the federal Social Security Act  
2-36 (42 U.S.C. Section 1315), through:

2-37 (1) existing provider incentive programs and the  
2-38 creation of new provider incentive programs;

2-39 (2) the terms included in contracts with Medicaid  
2-40 managed care organizations;

2-41 (3) implementation of alternative payment models; or

2-42 (4) adoption of other cost-effective measures.

2-43 (b) The commission shall biennially prepare and submit a  
2-44 report to the legislature that contains a summary of the  
2-45 commission's efforts under this section and Section 531.085(b).

2-46 SECTION 3. If before implementing any provision of this Act  
2-47 a state agency determines that a waiver or authorization from a  
2-48 federal agency is necessary for implementation of that provision,  
2-49 the agency affected by the provision shall request the waiver or  
2-50 authorization and may delay implementing that provision until the  
2-51 waiver or authorization is granted.

2-52 SECTION 4. This Act takes effect September 1, 2021.

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