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| BILL ANALYSIS |

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| H.B. 4888 |
| By: Hefner |
| Human Services |
| Committee Report (Unamended) |

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| **BACKGROUND AND PURPOSE**  The state's Medicaid program does not properly reimburse providers who provide outpatient department (OPD) services and prescribe non-opioid treatments. H.B. 4888 seeks to resolve this issue by requiring that a provider who provides OPD services be reimbursed separately under Medicaid for any non-opioid treatment provided as a part of those services. |
| **CRIMINAL JUSTICE IMPACT**  It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **RULEMAKING AUTHORITY**  It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill. |
| **ANALYSIS**  H.B. 4888 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to ensure that Medicaid reimbursement is provided to a provider who provides a non-opioid treatment to a Medicaid recipient. The bill requires the executive commissioner of HHSC by rule to ensure that a provider who provides OPD services to a Medicaid recipient is reimbursed separately under Medicaid for any non-opioid treatment provided as a part of those services, to the extent permitted by federal law. The bill assigns "OPD services" the definition provided under provisions of the federal Social Security Act relating to Medicaid payments for hospital outpatient department services and defines "non-opioid treatment" to mean the following:   * a drug or biological product that is indicated to produce analgesia without acting on the body's opioid receptors; or * an implantable, reusable, or disposable medical device that is FDA-approved for the intended use of eliminating or reducing pain and that has demonstrated the ability to replace, reduce, or avoid opioid use.   The bill provides for the delayed implementation of any provision for which an applicable state agency determines a federal waiver or authorization is necessary for implementation until the waiver or authorization is requested and granted. |
| **EFFECTIVE DATE**  September 1, 2023. |