

BILL ANALYSIS

Senate Research Center

S.B. 2193
By: LaMantia
Health & Human Services
6/1/2023
Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Many small businesses in Texas have raised concerns that they cannot afford to offer traditional health insurance to their employees. As a result, many working families lack access to quality health care. One way to address this issue is through direct primary care.

Direct primary care is a model of health care in which the care is paid for by a monthly flat membership fee per patient and the patient receives unrestricted access to their physician. Direct primary care incentivizes preventative and holistic care, which is often better for the patient's health and lowers health care costs across the board.

Federally qualified health centers (FQHCs) already provide a wide array of primary and preventive care services to uninsured and underinsured Texans. As a result, working families in Texas could benefit from a program in which they receive direct primary care and other health care services from an FQHC.

S.B. 2193 seeks to improve access to quality primary care for uninsured and underinsured working adults and their dependents by utilizing existing FQHCs.

S.B. 2193 would create a pilot program for FQHCs to provide uninsured or underinsured working adults employed at small businesses, and their dependents, comprehensive direct primary care. The state, the employer, and the employee will each contribute to a flat monthly membership fee paid to the FQHC from which the employee receives care.

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

S.B. 2193 amends current law relating to programs established and operated by federally qualified health centers to provide primary care access to certain employees.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle C, Title 2, Health and Safety Code, by adding Chapter 76, as follows:

CHAPTER 76. FEDERALLY QUALIFIED HEALTH CENTER PRIMARY CARE ACCESS PROGRAM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 76.001. PURPOSES. Provides that the purposes of this chapter are to:

- (1) increase access to primary care services at federally qualified health centers for low-income or at-risk individuals;

- (2) improve the health of the employees of participating employers and their families by improving access to health care;
- (3) contribute to economic development by assisting small businesses in remaining competitive through employment of a healthy workforce and provision of health care benefits that attract employees; and
- (4) encourage innovative solutions for providing and funding health care services and benefits for participating employees.

Sec. 76.002. DEFINITIONS. Defines "department of insurance," "employee," "federally qualified health center," and "program."

SUBCHAPTER B. PRIMARY CARE ACCESS PROGRAM

Sec. 76.051. ESTABLISHMENT AND OPERATION OF PROGRAM. (a) Authorizes a federally qualified health center to establish and operate a primary care access program for the provision of primary care services and benefits directly to the employees of participating employers and their dependents within the service area of the federally qualified health center.

(b) Requires that a program operated under this chapter, within the service area of the federally qualified health center and to the extent practicable:

- (1) reduce the number of individuals who lack access to primary care services;
- (2) reduce the cost of primary care services for small business employers and their employees;
- (3) promote preventive care and reduce the incidence of preventable health conditions, such as heart disease, cancer, diabetes, and low birth weight in infants;
- (4) promote efficient and collaborative delivery of primary care services;
- (5) serve as a model for the innovative use of health information technology; and
- (6) provide fair payment rates for participating health care providers.

(c) Authorizes a federally qualified health center to require that participating employees and dependents obtain primary health care services provided under a program only from health care providers at the federally qualified health center.

(d) Provides that a federally qualified health center that operates a program under this subchapter is not subject to regulation by the Texas Department of Insurance (TDI) as an insurer or health maintenance organization.

Sec. 76.052. PARTICIPATION BY EMPLOYERS; SHARE OF COST. (a) Authorizes a federally qualified health center to establish program participation criteria for employers, employees of the employer, and the employees' dependents.

(b) Authorizes a federally qualified health center to:

- (1) require participating employers and their employees to pay a share of the premium or other cost of the primary care services;

(2) contract with a health foundation or other nonprofit organization to support payment of the employer's or employee's share under Subdivision (1); and

(3) screen employees and their dependents for eligibility to enroll in other state programs and for federal subsidies in the health insurance marketplace.

Sec. 76.053. FUNDING. (a) Authorizes a federally qualified health center, in addition to grants awarded under Subchapter C, to accept gifts, grants, or donations from any source to administer and finance the program.

(b) Requires a federally qualified health center to actively solicit gifts, grants, and donations to:

(1) fund primary care services and benefits provided under the program; and

(2) reduce the cost of participation in the program for employers and their employees.

SUBCHAPTER C. PRIMARY CARE ACCESS GRANT PROGRAM

Sec. 76.101. GRANT PROGRAM. (a) Requires TDI, in collaboration with the Health and Human Services Commission (HHSC), to establish and administer a grant program to award grants to federally qualified health centers operating a program under this chapter.

(b) Requires TDI, in awarding a grant under this section, to consider whether the program will accomplish the purposes of this chapter and meet the objectives established under Section 76.051(b).

(c) Requires TDI to establish performance objectives for a grant recipient and monitor whether the recipient meets those objectives.

(d) Authorizes TDI, in addition to money appropriated by the legislature, to accept gifts, grants, or donations from any source to administer and finance the grant program.

Sec. 76.102. REPORT. Requires TDI and HHSC, not later than December 1 of each even-numbered year, to jointly submit to the governor, the lieutenant governor, and the speaker of the house of representatives a report:

(1) evaluating the success of the program in accomplishing the purposes of this chapter; and

(2) recommending any legislative or other action necessary to facilitate or improve the program.

SECTION 2. Effective date: upon passage or September 1, 2023.