

BILL ANALYSIS

Senate Research Center

S.B. 2193
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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.

As proposed, S.B. 2193 amends current law relating to the operation and financing of the federally qualified health center primary care access program to provide primary care access to persons in this state.

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. PURPOSE. Provides that the purpose of this chapter is to:

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

(2) improve the health of employees of participating employers and their dependents by improving the employees' and their dependents' access to health care;

(3) contribute to economic development by helping small businesses remain competitive with a healthy workforce and health care benefits that will attract employees; and

(4) encourage innovative solutions for providing and funding health care services and benefits.

Sec. 76.002. DEFINITIONS. Defines "employee," "federally qualified health center," "federally qualified health center primary care access program," and "participating employer."

SUBCHAPTER B. FEDERALLY QUALIFIED HEALTH CENTER PRIMARY CARE ACCESS PROGRAM

Sec. 76.051. ESTABLISHMENT OF PROGRAM. Authorizes a federally qualified health center to establish or participate in a federally qualified health center primary care access program under this subchapter.

Sec. 76.052. GOVERNANCE OF PROGRAM. Requires that a federally qualified health center primary care access program be operated subject to the direction of the governing board of the participating federally qualified health center.

Sec. 76.053. OPERATION OF PROGRAM. (a) Provides that a federally qualified health center primary care access program provides primary health care services to:

(1) the employees of participating employers who reside in or whose employer is located within the service area of a participating federally qualified health center. Authorizes a federally qualified health center primary care access program to also provide services or benefits to the dependents of those employees.

(2) other uninsured or underinsured groups as determined by the federally qualified health center.

Sec. 76.054. PARTICIPATION BY EMPLOYERS; SHARE OF COST. (a) Authorizes a federally qualified health center to establish criteria for participation in a federally qualified health center primary care access program by employers, the employees of the participating employers, and their dependents. Authorizes the criteria to require that participating employers and employees who receive care through a federally qualified health center primary care access program pay a share of the premium or other cost of the program.

(b) Provides that the federally qualified health center will ensure employees and their dependents are screened for eligibility for other state programs and federal subsidies in the health insurance marketplace and assist in enrolling employees in programs that offer health insurance coverage.

(c) Authorizes the federally qualified health center to utilize a health foundation, non-profit, or other funding to support the employer and/or patient share of the program.

Sec. 76.055. ADDITIONAL FUNDING. (a) Authorizes a federally qualified health center to accept and use state money made available through an appropriation from the general revenue fund or a gift, grant, or donation from any source to operate the federally qualified health center primary care access program and to provide services or benefits under the program.

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

(1) fund services and benefits provided under the federally qualified health center primary care access program; and

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

SUBCHAPTER C. HEALTH CARE SERVICES AND BENEFITS

Sec. 76.101. PROGRAM OBJECTIVES. (a) Requires that federally qualified health center primary care access programs be developed, to the extent practicable, to:

(1) reduce the number of individuals without primary care access who reside in or whose employer is located within the service area of the federally qualified health center;

(2) address rising health care costs and reduce the cost of health care services for small employers and their employees who reside in or whose employer is located within the service area of the federally qualified health center;

(3) promote preventive care and reduce the incidence of preventable health conditions, such as heart disease, cancer, and diabetes and low birth weight in infants;

(4) promote efficient and collaborative delivery of health care services;

(5) serve as a model for the innovative use of health information technology to promote efficient delivery of health care services, reduce health care costs, and improve the health of the community; and

(6) provide fair payment rates for health care providers.

Sec. 76.102. HEALTH CARE SERVICES. (a) Requires a federally qualified health center primary care access program to provide primary health care services directly to the employees of participating employers and the dependents of those employees.

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

(c) Provides that a federally qualified health center that operates a federally qualified health center primary care access program under this section is not an insurer or health maintenance organization and the program is not subject to regulation by the Texas Department of Insurance (TDI).

SUBCHAPTER E. GRANTS FOR DEMONSTRATION PROJECTS

Sec. 76.201. GRANT PROGRAM. (a) Requires TDI, in collaboration with the Health and Human Services Commission, to develop a grant program to support the initial establishment and operation of federally qualified health center primary care access programs as demonstration projects, subject to the appropriation of money for this purpose.

(b) Requires TDI, in selecting grant recipients, to consider the extent to which the federally qualified health center primary care access program proposed by the applicant accomplishes the purposes of this chapter and meets the objectives established under Section 76.101.

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

(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 federally qualified health center primary care access program.

Sec. 76.202. REVIEW OF DEMONSTRATION PROJECT; REPORT. Requires TDI, not later than December 1, 2026, to complete a review of each federally qualified health center primary care access program that receives a grant under this subchapter and to submit to the governor, the lieutenant governor, and the speaker of the house of representatives a report that includes:

(1) an evaluation of the success of the federally qualified health center primary care access program in accomplishing the purposes of this chapter; and

(2) TDI's recommendations for any legislation needed to facilitate or improve the federally qualified health center primary care access program.

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