88R8485 BDP-F

By:  Rose H.B. No. 2802

A BILL TO BE ENTITLED

AN ACT

relating to the Medicaid application form and communication with Medicaid recipients.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  Section 533.008, Government Code, is amended by amending Subsection (c) and adding Subsection (d) to read as follows:

(c)  The executive commissioner shall adopt and publish guidelines for Medicaid managed care organizations regarding how organizations may communicate by telephone, text message, or e-mail with recipients enrolled in the organization's managed care plan using the contact information provided in a recipient's application for Medicaid benefits under Section 32.025(g)(2), Human Resources Code, including updated information provided to the organization in accordance with Section 32.025(h), Human Resources Code.

(d)  In adopting the guidelines under Subsection (c) for a recipient enrolled in a Medicaid managed care organization's managed care plan who provides to the organization the recipient's contact information through any method other than the recipient's Medicaid application, the commission:

(1)  must allow the organization to communicate with the recipient through any electronic means, including telephone, text message, and e-mail, regarding eligibility, enrollment, and other health care matters; and

(2)  may not require the organization to submit the recipient's contact preference information to the commission.

SECTION 2.  Section 32.025(g), Human Resources Code, is amended to read as follows:

(g)  The application form, including a renewal form, adopted under this section must include:

(1)  for an applicant who is pregnant, a question regarding whether the pregnancy is the woman's first gestational pregnancy;

(2)  for all applicants, a question regarding the applicant's preferences for being contacted by a managed care organization or health plan provider [~~that provides the applicant with the option to be contacted~~] by telephone, text message, or e-mail about eligibility, enrollment, and other health care matters, including reminders for appointments and information about immunizations or well check visits; and

(3)  language that:

(A)  notifies the applicant that, if determined eligible for benefits, all preferred contact methods listed on the application and renewal forms will be shared with the applicant's managed care organization or health plan provider;

(B)  notifies [~~allows~~] the applicant that the applicant may opt out of [~~to consent to~~] being contacted by telephone, text message, or e-mail [~~through the preferred contact methods~~] by notifying the applicant's managed care organization or health plan provider; and

(C)  explains the security risks of electronic communication.

SECTION 3.  Not later than January 1, 2024, the executive commissioner of the Health and Human Services Commission shall adopt revised communication guidelines for Medicaid managed care organizations that conform to the requirements of Section 533.008, Government Code, as amended by this Act, and a revised application form for medical assistance benefits that conforms to the requirements of Section 32.025(g), Human Resources Code, as amended by this Act.

SECTION 4.  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 5.  This Act takes effect September 1, 2023.