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By:  Blanco S.B. No. 1694

A BILL TO BE ENTITLED

AN ACT

relating to the reimbursement rate for the provision of vagus nerve stimulation therapy system devices by certain health care providers under Medicaid.

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

SECTION 1.  Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.03145 to read as follows:

Sec. 32.03145.  REIMBURSEMENT FOR VAGUS NERVE STIMULATION THERAPY SYSTEM DEVICE PROVIDED BY CERTAIN PROVIDERS. (a) This section applies only to the following providers under the medical assistance program:

(1)  a hospital licensed under Chapter 241, Health and Safety Code, that provides acute care services; or

(2)  an ambulatory surgical center licensed under Chapter 243, Health and Safety Code.

(b)  The executive commissioner shall ensure that the rules governing the determination of reimbursement rates paid to a provider subject to this section for the provision of a vagus nerve stimulation therapy system device to a medical assistance recipient is:

(1)  at least equal to 82 percent of the device's acquisition cost; and

(2)  in addition to any other surgery fee charged by the provider.

SECTION 2.  Section 533.005, Government Code, is amended by adding Subsection (i) to read as follows:

(i)  In addition to the requirements specified by Subsection (a), a contract described by that subsection must contain a requirement that a managed care organization comply with Section 32.03145, Human Resources Code.

SECTION 3.  (a)  The Health and Human Services Commission shall, in a contract between the commission and a managed care organization under Chapter 533, Government Code, that is entered into or renewed on or after the effective date of this Act, require that the managed care organization comply with Section 533.005(i), Government Code, as added by this Act.

(b)  The Health and Human Services Commission shall seek to amend contracts entered into with managed care organizations under Chapter 533, Government Code, before the effective date of this Act to require those managed care organizations to comply with Section 533.005(i), Government Code, as added by this Act. To the extent of a conflict between Section 533.005(i), Government Code, as added by this Act, and a provision of a contract with a managed care organization entered into before the effective date of this Act, the contract provision prevails.

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.