

1-1 By: LaMantia S.B. No. 2193  
 1-2 (In the Senate - Filed March 9, 2023; March 22, 2023, read  
 1-3 first time and referred to Committee on Health & Human Services;  
 1-4 April 20, 2023, reported adversely, with favorable Committee  
 1-5 Substitute by the following vote: Yeas 9, Nays 0; April 20, 2023,  
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 2193 By: Hancock

1-19 A BILL TO BE ENTITLED  
 1-20 AN ACT

1-21 relating to programs established and operated by federally  
 1-22 qualified health centers to provide primary care access to certain  
 1-23 employees.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Subtitle C, Title 2, Health and Safety Code, is  
 1-26 amended by adding Chapter 76 to read as follows:

1-27 CHAPTER 76. FEDERALLY QUALIFIED HEALTH CENTER PRIMARY CARE ACCESS  
 1-28 PROGRAM

1-29 SUBCHAPTER A. GENERAL PROVISIONS

1-30 Sec. 76.001. PURPOSES. The purposes of this chapter are to:

1-31 (1) increase access to primary care services at  
 1-32 federally qualified health centers for low-income or at-risk  
 1-33 individuals;

1-34 (2) improve the health of the employees of  
 1-35 participating employers and their families by improving access to  
 1-36 health care;

1-37 (3) contribute to economic development by assisting  
 1-38 small businesses in remaining competitive through employment of a  
 1-39 healthy workforce and provision of health care benefits that  
 1-40 attract employees; and

1-41 (4) encourage innovative solutions for providing and  
 1-42 funding health care services and benefits for participating  
 1-43 employees.

1-44 Sec. 76.002. DEFINITIONS. In this chapter:

1-45 (1) "Department of insurance" means the Texas  
 1-46 Department of Insurance.

1-47 (2) "Employee" means an individual who is employed by  
 1-48 an employer for compensation. The term includes a partner of a  
 1-49 partnership and a proprietor of a sole proprietorship.

1-50 (3) "Federally qualified health center" has the  
 1-51 meaning assigned by 42 U.S.C. Section 1396d(1)(2)(B).

1-52 (4) "Program" means a primary care access program a  
 1-53 federally qualified health center establishes and operates under  
 1-54 this chapter.

1-55 SUBCHAPTER B. PRIMARY CARE ACCESS PROGRAM

1-56 Sec. 76.051. ESTABLISHMENT AND OPERATION OF PROGRAM. (a) A  
 1-57 federally qualified health center may establish and operate a  
 1-58 primary care access program for the provision of primary care  
 1-59 services and benefits directly to the employees of participating  
 1-60 employers and their dependents within the service area of the

2-1 federally qualified health center.

2-2 (b) A program operated under this chapter shall, within the  
2-3 service area of the federally qualified health center and to the  
2-4 extent practicable:

2-5 (1) reduce the number of individuals who lack access  
2-6 to primary care services;

2-7 (2) reduce the cost of primary care services for small  
2-8 business employers and their employees;

2-9 (3) promote preventive care and reduce the incidence  
2-10 of preventable health conditions, such as heart disease, cancer,  
2-11 diabetes, and low birth weight in infants;

2-12 (4) promote efficient and collaborative delivery of  
2-13 primary care services;

2-14 (5) serve as a model for the innovative use of health  
2-15 information technology; and

2-16 (6) provide fair payment rates for participating  
2-17 health care providers.

2-18 (c) A federally qualified health center may require that  
2-19 participating employees and dependents obtain primary health care  
2-20 services provided under a program only from health care providers  
2-21 at the federally qualified health center.

2-22 (d) A federally qualified health center that operates a  
2-23 program under this subchapter is not subject to regulation by the  
2-24 department of insurance as an insurer or health maintenance  
2-25 organization.

2-26 Sec. 76.052. PARTICIPATION BY EMPLOYERS; SHARE OF COST.

2-27 (a) A federally qualified health center may establish program  
2-28 participation criteria for employers, employees of the employer,  
2-29 and the employees' dependents.

2-30 (b) A federally qualified health center may:

2-31 (1) require participating employers and their  
2-32 employees to pay a share of the premium or other cost of the primary  
2-33 care services;

2-34 (2) contract with a health foundation or other  
2-35 nonprofit organization to support payment of the employer's or  
2-36 employee's share under Subdivision (1); and

2-37 (3) screen employees and their dependents for  
2-38 eligibility to enroll in other state programs and for federal  
2-39 subsidies in the health insurance marketplace.

2-40 Sec. 76.053. FUNDING. (a) In addition to grants awarded  
2-41 under Subchapter C, a federally qualified health center may accept  
2-42 gifts, grants, or donations from any source to administer and  
2-43 finance the program.

2-44 (b) A federally qualified health center shall actively  
2-45 solicit gifts, grants, and donations to:

2-46 (1) fund primary care services and benefits provided  
2-47 under the program; and

2-48 (2) reduce the cost of participation in the program  
2-49 for employers and their employees.

2-50 SUBCHAPTER C. PRIMARY CARE ACCESS GRANT PROGRAM

2-51 Sec. 76.101. GRANT PROGRAM. (a) The department of  
2-52 insurance, in collaboration with the commission, shall establish  
2-53 and administer a grant program to award grants to federally  
2-54 qualified health centers operating a program under this chapter.

2-55 (b) In awarding a grant under this section, the department  
2-56 of insurance shall consider whether the program will accomplish the  
2-57 purposes of this chapter and meet the objectives established under  
2-58 Section 76.051(b).

2-59 (c) The department of insurance shall establish performance  
2-60 objectives for a grant recipient and monitor whether the recipient  
2-61 meets those objectives.

2-62 (d) In addition to money appropriated by the legislature,  
2-63 the department of insurance may accept gifts, grants, or donations  
2-64 from any source to administer and finance the grant program.

2-65 Sec. 76.102. REPORT. Not later than December 1 of each  
2-66 even-numbered year, the department of insurance and the commission  
2-67 shall jointly submit to the governor, the lieutenant governor, and  
2-68 the speaker of the house of representatives a report:

2-69 (1) evaluating the success of the program in

3-1 accomplishing the purposes of this chapter; and  
3-2 (2) recommending any legislative or other action  
3-3 necessary to facilitate or improve the program.

3-4 SECTION 2. This Act takes effect immediately if it receives  
3-5 a vote of two-thirds of all the members elected to each house, as  
3-6 provided by Section 39, Article III, Texas Constitution. If this  
3-7 Act does not receive the vote necessary for immediate effect, this  
3-8 Act takes effect September 1, 2023.

3-9 \* \* \* \* \*