

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Human Services
For HB 3985

Compiled on: Tuesday, April 11, 2023 2:53 PM

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Hearing Date: April 11, 2023 8:00 AM

Susan Burek

Self: I'm a parent and a parent advocate for people with disabilities
Austin, TX

I AM OPPOSED TO HB 3985.

From a historical framework: SB 1207 (86-R) and SB 1648 (87-R) were passed by the 86th Legislature and 87th Legislature with the intent of providing patient protections to Medicaid patients who had dual coverage by both private insurance and Medicaid and who are entitled to receive Coordination of Benefits services based on federal CMS guidelines.

However, in 2021, HHSC adopted rules regarding SB 1207 and SB 1648 that violated the intent of both of these bills and restricted access to medical care for patients covered by both private insurance and Medicaid, which also violated federal CMS guidelines related to Coordination of Benefits.

HB 3985 is consistent with the rules adopted by HHSC regarding SB 1207 (86-R) and SB 1648 (87-R), which violated the intent of providing patient protections to Medicaid patients who had dual coverage by both private insurance and Medicaid. HB 3985 makes it more difficult for patients with both private insurance and Medicaid who have complex medical needs to receive appropriate medical care, as required by the intent of these two bills and as required by federal CMS guidelines related to Coordination of Benefits.

PLEASE VOTE AGAINST HB 3985.

Kay Ghahremani, CEO
Texas Association of Community Health Plans
Austin, TX

HB 3985
House Human Services Committee Hearing

April 11, 2023

Dear Chairman Frank and Committee Members,

The Texas Association of Community Health Plans respectfully opposes HB 3985. HB 3985 is a well-intentioned bill, but with consequences that concern us enough to drive our decision to oppose:

- HB 3985 would be impossible to operationalize.
- ? The Preferred Provider Plan will have no idea when the Medicaid health plan has implemented a contract with the provider.
- ? The bill implies that the Preferred Provider Plan's obligation to pay for that provider's services will go away once the provider signs a Medicaid provider contract. That's untrue. Medicaid is always the payer of last resort. Linking the two is confusing and its purpose unclear.
- Providers of durable medical equipment, services, or supplies are not specialty providers.
- ? The term "specialty provider" is used in the health care industry to mean physician specialists, such as pediatricians, cardiologists, urologists, etc. HB 3985 would change in statute this widely understood term, and embed it in the Insurance Code. The consequences of this change have not been evaluated.
- ? On the Medicaid side, HHSC defines "specialty provider" in regulation. It includes 52 different specialties in its definition. The agency went through a long, deliberative process to solicit input from stakeholders and develop its definition. It purposely excluded DME providers from its definition.

(over)

Medicaid STAR Kids health plans are required to cover providers of specialty care in instances in which a STAR Kids recipient has a relationship with the provider, regardless of whether the provider is in the health plan's network.

? Although it is less than ideal for a provider to be out-of-network, the STAR Kids plans support this requirement. It provides continuity of care for that member with complex medical needs. We certainly want them to have access to the specialists they need.

? Texas does not have enough physician specialists. Conversely, our state has hundreds, if not thousands, of DME providers. Opening up the definition of specialty provider to DME would incentivize these providers to stay out-of-network.

? HHSC requires the Medicaid health plans to make 50% of their payments to providers through alternative payment models that promote quality care, known as value-based care. The agency wants the health plans to pursue innovative contracting. The health plans are working with in-network DME providers on numerous initiatives to improve the quality of care provided to their Medicaid members. That's impossible to do that with out-of-network providers.

For these reasons, the Texas Association of Community Health Plans would encourage Committee members to vote NO on HB 3985. Thank you for your consideration.

Terri Carriker

self

Austin, TX

Please pass this bill through committee. Patients need to retain choice by not losing access to smaller vendors who can't survive on low reimbursement rates. Larger vendors make up losses through volume. Small businesses are being forced out and shut down. Protect both consumers and small business by supporting this bill.

Hannah Mehta, mother & Executive Director

self / Protect TX Fragile Kids

Flower Mound, TX

in support of HB3985