BILL ANALYSIS

Senate Research Center 89R16876 LRM-F H.B. 142 By: Noble; Isaac (Perry) Health & Human Services 4/30/2025 Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

H.B. 142 is an omnibus bill for the Office of the Inspector General (OIG). Current law presents multiple barriers to OIG's oversight and enforcement capabilities. There are conflicting statutory provisions regarding expert witness procurement, limitations on conducting criminal background checks on certain healthcare providers, and outdated requirements for reviewing Medicaid claims. Additionally, inefficiencies in fraud reporting, restrictions on information-sharing, and redundant statutory language further impede the OIG's ability to carry out its mission effectively.

H.B. 142 strengthens the OIG's ability to combat fraud, waste, and abuse in Texas health programs by addressing inefficiencies and inconsistencies in current law. It clarifies the OIG's authority to retain expert witnesses under Section 2152.005, aligning with other state agencies to expand access to specialized medical expertise.

H.B. 142 allows name-based criminal history checks for Medicaid providers while keeping fingerprint restrictions, ensuring better vetting without added burdens. It also modernizes the fraud hotline, reducing inefficiencies in handling 33,000 annual reports, of which less than two percent lead to recoveries.

Additionally, it clarifies data-sharing rules, enabling the OIG to collaborate with law enforcement and other states to detect Medicaid fraud. It repeals outdated random Medicaid claim reviews, shifting focus to data-driven fraud detection. Finally, the bill fixes redundant statutory language from previous legislation, ensuring clarity in health agency laws.

Bill Summary:

- Clarifies OIG's ability to hire expert witnesses, aligning with other state agencies to attract more qualified medical professionals.
- Allows OIG to conduct name-based criminal history checks on Medicaid and CHIP providers, improving provider screening without added costs.
- Gives OIG flexibility in how fraud, waste, and abuse reports are received, improving efficiency while reducing low-value reports.
- Allows OIG to share fraud-related data with law enforcement and other states, helping detect Medicaid fraud across state lines.
- Eliminates the outdated random claims review requirement, freeing up resources for datadriven fraud detection instead.
- Corrects redundant statutory language from previous legislation.

H.B. 142 amends current law relating to the administration, authority, and duties of the Health and Human Services Commission's office of inspector general.

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 Section 544.0106, Government Code, as effective April 1, 2025, as follows:

Sec. 544.0106. New heading: PROCUREMENT OF REVIEW BY QUALIFIED EXPERT ON BEHALF OF OFFICE OF INSPECTOR GENERAL. Provides that a qualified expert retained by the Health and Human Services Commission (HHSC) on behalf of the office of inspector general (OIG) is considered an expert witness for purposes of Section 2151.005 (Exemptions Related to Legal Services).

Deletes text of existing Subsection (a) authorizing HHSC, if HHSC does not receive any responsive bids under Chapter 2155 (Purchasing: General Rules and Procedures) on a competitive solicitation for the services of a qualified expert to review investigative findings under Section 544.0104 (Employment of Medical Director) or 544.0105 (Employment of Dental Director) and the number of contracts to be awarded under this subsection is not otherwise limited, to negotiate with and award a contract for the services to a qualified expert on the basis of the contractor's agreement to a set fee, either as a range or lump-sum amount and the contractor's affirmation and OIG's verification that the contractor possesses the necessary occupational licenses and experience.

Deletes text of existing Subsection (b) providing that, notwithstanding Sections 2155.083 (Electronic State Business Daily; Notice Regarding Procurements Exceeding \$25,000) and 2261.051 (Competitive Contractor Selection Procedures), a contract awarded under Subsection (a) (relating to HHSC negotiations with potential contractors) is not subject to competitive advertising and proposal evaluation requirements.

SECTION 2. Amends Subchapter C, Chapter 544, Government Code, as effective April 1, 2025, by adding Section 544.0115, as follows:

Sec. 544.0115. PERMITTED DISCLOSURE OF CERTAIN INFORMATION. Authorizes OIG, for purposes of performing the duties of OIG under Subchapter C (Office of Inspector General: General Provisions), to disclose information obtained in the course of conducting OIG's administrative oversight activities to certain entities and authorized persons.

SECTION 3. Amends Section 544.0153(b), Government Code, as effective April 1, 2025, as follows:

(b) Prohibits OIG, except as required by federal law, to determine a health care professional's eligibility to participate as a Medicaid provider, from conducting a fingerprint-based criminal history record information check of a health care professional who OIG has confirmed under Subsection (a) (relating to coordination between OIG and licensing authorities to share criminal history record information to determine provider eligibility for Medicaid participation) is licensed and in good standing. Makes a nonsubstantive change.

SECTION 4. Amends Section 544.0202(b), Government Code, as effective April 1, 2025, as follows:

(b) Requires HHSC to aggressively publicize successful fraud prosecutions and fraudprevention programs through all available means, including the use of statewide press releases and ensure that HHSC or a health and human services agency maintains and promotes an appropriate communications system, rather than a toll-free telephone hotline, for reporting suspected fraud in programs HHSC or a health and human services agency administers. SECTION 5. Repealer: Section 544.0201 (Selection and Review of Medicaid Claims to Determine Resource Allocation), Government Code.

Repealer: Section 544.0252(a) (relating to the timeline for OIG to conduct a preliminary investigation of allegations of a provider's fraud or abuse), Government Code.

SECTION 6. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 7. Effective date: September 1, 2025.