

BILL ANALYSIS

Senate Research Center

H.B. 4666
By: Manuel; Garcia, Linda (Hancock)
Health & Human Services
5/16/2025
Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Under current law, the Health and Human Services Commission (HHSC) is required to submit numerous reports to the legislature, many of which are due on a quarterly or annual basis. According to HHSC's Legislative Appropriations Request for Fiscal Years 2024–2025, HHSC identified 35 required reports in the 2023–2024 biennium.

Due to the short timeframes between report deadlines, there is often limited new data available and meaningful stakeholder engagement may not be feasible, which can result in redundant content in the reports and place a significant burden on HHSC staff, program administrators, and advisory committees.

H.B. 4666 resolves the issue by reducing the frequency of submission for several reports required by HHSC in an effort to reduce administrative strain on HHSC staff and allow for more complete and meaningful data collection.

H.B. 4666 amends current law relating to certain reports required to be prepared or submitted by or in collaboration with the Health and Human Services Commission or submitted to the governor or a member of the legislature under the Health and Safety Code.

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 the heading to Section 523.0154, Government Code, to read as follows:

Sec. 523.0154. DATA ANALYSIS UNIT; ANNUAL REPORTS.

SECTION 2. Amends Section 523.0154(d), Government Code, as follows:

(d) Requires the data analysis unit within the Health and Human Services Commission (unit; HHSC), not later than December 1 of each year, rather than not later than the 30th day following the end of each calendar quarter, to provide a report, rather than an update, on the unit's activities and findings to certain entities, including the Legislative Budget Board and a report of any anomalies identified by the unit under Subsection (a)(3) (relating to the unit taking certain actions to identify certain anomalies in Medicaid and child health plan program managed care and fee-for-service contracts) to HHSC's office of the inspector general.

SECTION 3. Amends the heading to Section 532.0453, Government Code, to read as follows:

Sec. 532.0453. CONTINUED IMPLEMENTATION OF CERTAIN INTERVENTIONS AND BEST PRACTICES BY PROVIDERS; BIENNIAL REPORT.

SECTION 4. Amends Section 532.0453(b), Government Code, as follows:

(b) Requires HHSC, each even-numbered year, rather than semiannually, to prepare and submit to the legislature a report that contains a summary of HHSC's efforts under Section 532.0453 (Continued Implementation of Certain Interventions and Best Practices by Providers; Semiannual Report) and Section 532.0451(b) (relating to requiring HHSC to coordinate with hospitals and other providers that receive supplemental payments under the uncompensated care payment program). Makes a nonsubstantive change.

SECTION 5. Amends Section 542.0054, Government Code, as follows:

Sec. 542.0054. New heading: BIENNIAL REPORT ON IMPLEMENTATION. (a) Requires HHSC, in collaboration with the advisory committee, not later than September 30 of each even-numbered year, to prepare and submit to the legislature a report that includes certain information.

(b) Makes no changes to this subsection.

SECTION 6. Amends Sections 542.0119(a) and (b), Government Code, as follows:

(a) Requires HHSC, in collaboration with the advisory committee and pilot program work group, to review and evaluate the progress and outcomes of the pilot program and submit, as part of the report, rather than the annual report, required under Section 542.0054, a report on the pilot program's status that includes recommendations for improving the pilot program.

(b) Makes a conforming change to this subsection.

SECTION 7. Amends Section 542.0151(b), Government Code, to make a conforming change.

SECTION 8. Amends Section 543A.0003(a), Government Code, to require HHSC to include aggregate, nonidentifying data collected using the quality-based outcome measure described by Section 543A.0002(b) (relating to requiring HHSC to develop and implement a quality-based outcome measure for the child health plan program and Medicaid) in the report, rather than the annual report, required by Section 543A.0008.

SECTION 9. Amends the heading of Section 543A.0008, Government Code, to read as follows:

Sec. 543A.0008. BIENNIAL REPORT.

SECTION 10. Amends Section 543A.0008(a), Government Code, as follows:

(a) Requires HSSC to submit to the legislature and make available to the public in each even-numbered year a report, rather than submit an annual report, on the quality-based outcome and process measures developed under Sections 543A.0002 (Development of Outcome and Process Measure; Correlation With Increased Reimbursement Rates) and 543A.0003 (Use of Quality-Based Outcome Measure for Enrollees or Recipients With HIV Infection), including measures based on each potentially preventable event and the progress of implementing quality-based payment systems under Section 543A.0004 (Development of Quality-Based Payment Systems) and other payment initiatives under Chapter 543A (Quality-Based Outcomes and Payments Under Medicaid and Child Health Plan Program).

SECTION 11. Amends Chapter 1, Health and Safety Code, by adding Section 1.006, as follows:

Sec. 1.006. REPORTS. Requires that, notwithstanding any other law, each report that is required by the Health and Safety Code to be submitted to the governor or a member of the legislature be submitted not later than December 1 of the year that the report is due.

SECTION 12. 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 a delay of implementation until such a waiver or authorization is granted.

SECTION 13. Effective date: upon passage or September 1, 2025.