

BILL ANALYSIS

C.S.H.B. 5155
By: Rose
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Texas was recently selected by the federal Centers for Medicare and Medicaid Services to start a five-year demonstration for the Maternal Opioid Misuse (MOM) model. During the course of the demonstration, Texas received roughly \$3 million in federal funds and found success implementing the program, despite the first two years of the program occurring during the COVID-19 pandemic. Although the initial demonstration period has ended, the bill author has informed the committee that Texas could continue to pursue a limited no-cost extension to use unspent federal funds and continue supporting women as the opioid epidemic continues to claim the lives of thousands of Texans and the Texas maternal mortality rate increases. C.S.H.B. 5155 seeks to continue implementation of MOM to the extent funds are available.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 5155 amends the Government Code to require the Health and Human Services Commission (HHSC), to the extent money is available for this purpose, to continue implementing the maternal opioid misuse model of care, defined by the bill as the model of care implemented using federal money applied for and received under former statutory provisions relating to the application for funding to implement the model of care for certain Medicaid recipients for the purpose of improving the quality and accessibility of care for pregnant women with opioid use disorder enrolled in Medicaid during the prenatal and postpartum periods and for their children after birth. The bill authorizes money in the opioid abatement account established under the statewide opioid settlement agreement to be appropriated to HHSC for the purpose of carrying out the model of care. The bill's provisions expire September 1, 2029.

If before implementing any provision of the bill 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 must request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted. The bill establishes that HHSC is required to implement the bill's provisions only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, HHSC may, but is not required to, implement the bill's provisions using other money available to HHSC for that purpose.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 5155 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

Whereas the introduced revised former state law relating to the application for funding to implement model of care for certain Medicaid recipients by requiring HHSC, to the extent funds are available for this purpose, to continue the Maternal Opioid Misuse Model pilot program, the substitute instead requires HHSC, to the extent money is available for this purpose, to continue implementing the maternal opioid misuse model of care derived from that former state law for certain purposes. Additionally, the substitute changes the expiration of the bill's provisions from December 1, 2028, as in the introduced, to September 1, 2029.

The substitute omits the following provisions of the introduced that did the following:

- required HHSC, not later than December 31, 2028, to prepare and submit to the legislature a report on the benefits of the program, including measures of birth outcomes; and
- required the Texas opioid abatement fund council, to the extent available for use, to prioritize funding to the Maternal Opioid Misuse Model as a grant recipient of money allocated to the council from the Opioid Abatement Trust Fund.

The substitute includes provisions absent from the introduced that do the following:

- authorize the money in the opioid abatement account established under the statewide opioid settlement agreement to be appropriated to HHSC for the purpose of carrying out the bill's provisions; and
- define "maternal opioid misuse model of care" as the model of care implemented using federal money applied for and received under former statutory provisions relating to the application for funding to implement the model of care for certain Medicaid recipients.

Whereas the introduced version's effective date provided for the bill's possible immediate effect, contingent on receiving the requisite constitutional vote, the substitute changes the bill's effective date to provide only for the bill to take effect September 1, 2025, with no possibility for immediate effect.