

**BILL ANALYSIS**

Senate Research Center

S.B. 855  
By: Sparks  
Health & Human Services  
6/4/2025  
Enrolled

**AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

In October 2024, West Texas Together issued a report that addressed the critical shortage of healthcare providers serving foster youth in the Midland/Odessa area. The report revealed a critical shortage of healthcare providers in Midland/Odessa accepting Medicaid that serve foster youth. Of the 28 identified pediatric providers, only 10 accepted all clients, leading to long wait times and forcing families to travel for care. Behavioral health services are similarly constrained, with only 12 of 18 providers taking new clients and significant gaps in age-appropriate care and trauma-informed training. Furthermore, the region has only two ophthalmologists, one serving minors, and two speech therapists, both with over two-month wait times. These systemic barriers jeopardize timely, specialized care for foster youth, emphasizing the urgent need for enhanced healthcare access and support. In response to West Texas Together's report, the Health and Human Services Commission responded with differing information on contracted providers. This raised concerns regarding access to care for our most vulnerable youth and the accountability the state is assuming.

S.B. 855 seeks to provide a pathway for foster parents and youth to access care. This legislation amends the Family Code and the Government Code to allow the medical consenters of foster care children to access out-of-network providers for healthcare solutions. Additionally, this bill seeks to remove liability from the managed care organization for out-of-network care while ensuring Medicaid benefits are not limited for minors under conservatorship.

(Original Author's/Sponsor's Statement of Intent)

S.B. 855 amends current law relating to the authority of certain medical consenters to assume financial responsibility for certain out-of-network medical care provided to children in foster care.

**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 Chapter 266, Family Code, by adding Section 266.0043, as follows:

Sec. 266.0043. ASSUMPTION OF FINANCIAL RESPONSIBILITY BY MEDICAL CONSENTERS. (a) Defines "health care provider," "managed care plan," "Medicaid," "Medicaid managed care organization," "Medicaid managed care plan," "medical consenter," "out-of-network provider," and "pharmacy."

(b) Authorizes a medical consenter other than the Department of Family and Protective Services (DFPS), notwithstanding any other law, to assume financial responsibility for medical care, including behavioral health services, provided to a foster child by an out-of-network provider engaged by the medical consenter on behalf of the child. Authorizes assuming financial responsibility, for purposes of this section, to include the medical consenter enrolling the child in a health insurance plan.

(c) Provides that DFPS is not liable for the cost of medical care described by Subsection (b), unless a court orders DFPS to cover the cost of the medical care.

(d) Prohibits this section from being construed to:

(1) limit or restrict a foster child's access to Medicaid benefits, including in-network benefits provided under the Medicaid managed care program;

(2) change or limit the rights of parents of children in the temporary managing conservatorship of DFPS; or

(3) limit a court's authority to order DFPS to assume financial responsibility for the cost of services provided to a foster child by an out-of-network provider.

(e) Requires a medical consenter, not later than the 10th business day after the date medical care for which the medical consenter assumes financial responsibility under this section is provided, to notify, in the form and manner prescribed by DFPS, the child's caseworker of the provision of that care. Requires DFPS to ensure the child's health passport includes records of the medical care provided under this section.

SECTION 2. Amends Subchapter Q, Chapter 540, Government Code, by adding Section 540.0807, as follows:

Sec. 540.0807. ACCESS TO CARE PAID FOR BY CERTAIN MEDICAL CONSENTERS. (a) Prohibits a Medicaid managed care organization from taking adverse action to prevent or discourage a recipient from accessing health care and related services and benefits in accordance with Section 266.0043, Family Code.

(b) Requires that a STAR Health program managed care contract between a Medicaid managed care organization and Health and Human Services Commission require that the organization comply with Subsection (a).

(c) Prohibits this section from being construed to confer liability on a Medicaid managed care organization for the cost of health care and related services and benefits described by Section 266.0043(b), Family Code.

SECTION 3. 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 4. Effective date: September 1, 2025.