

1-1 By: Hull, et al. (Senate Sponsor - Cook, et al.) H.B. No. 3151  
1-2 (In the Senate - Received from the House May 14, 2025;  
1-3 May 14, 2025, read first time and referred to Committee on Health &  
1-4 Human Services; May 23, 2025, reported favorably by the following  
1-5 vote: Yeas 9, Nays 0; May 23, 2025, sent to printer.)

1-6 COMMITTEE VOTE

1-7		Yea	Nay	Absent	PNV
1-8	Kolkhorst	X			
1-9	Perry	X			
1-10	Blanco	X			
1-11	Cook	X			
1-12	Hall	X			
1-13	Hancock	X			
1-14	Hughes	X			
1-15	Miles	X			
1-16	Sparks	X			

1-17 A BILL TO BE ENTITLED  
1-18 AN ACT

1-19 relating to expedited credentialing of certain federally qualified  
1-20 health center providers by Medicaid managed care organizations.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Sections 540.0656(a) and (d), Government Code,  
1-23 are amended to read as follows:

1-24 (a) In this section, "applicant provider" means a physician  
1-25 or other health care provider, including a federally qualified  
1-26 health center as defined by 42 U.S.C. Section 1396d(1)(2)(B) or a  
1-27 health care provider for the federally qualified health center,  
1-28 applying for expedited credentialing.

1-29 (d) To qualify for expedited credentialing and payment  
1-30 under Subsection (e), an applicant provider must:

1-31 (1) have a current contract with a Medicaid managed  
1-32 care organization or be a member of or a health care provider for  
1-33 one of the following that has a current contract with a Medicaid  
1-34 managed care organization:

1-35 (A) an established health care provider group; or

1-36 (B) a federally qualified health center as  
1-37 defined by 42 U.S.C. Section 1396d(1)(2)(B) [an established health  
1-38 care provider group that has a current contract with a Medicaid  
1-39 managed care organization];

1-40 (2) be a Medicaid-enrolled provider;

1-41 (3) agree to comply with the terms of the contract  
1-42 described by Subdivision (1); and

1-43 (4) submit all documentation and other information the  
1-44 Medicaid managed care organization requires as necessary to enable  
1-45 the organization to begin the credentialing process the  
1-46 organization requires to include a provider in the organization's  
1-47 provider network.

1-48 SECTION 2. If before implementing any provision of this Act  
1-49 a state agency determines that a waiver or authorization from a  
1-50 federal agency is necessary for implementation of that provision,  
1-51 the agency affected by the provision shall request the waiver or  
1-52 authorization and may delay implementing that provision until the  
1-53 waiver or authorization is granted.

1-54 SECTION 3. This Act takes effect September 1, 2025.

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