



The Texas Association of Health Plans

TAHP TRACKED BILLS - VOTED OUT OF COMMITTEE

03-17-2023 - 07:27:05

Select All

Deselect All

T HB 54

Thompson, Senfronia

Personal needs allowance

Remarks:

SUMMARY: Increases the personal needs allowance, which is the portion of a resident's social security check that they are permitted to retain, from \$60 to \$85 per month for residents of nursing, assisted living, ICF-IID, or similar facilities.

TAHP POSITION: Support

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: The minimum monthly personal needs allowance for these residents does not adequately account for the recent substantial inflation to the cost of living and goods.

UPDATE: Heard in House Human Services 3/7 - TAHP dropped a card in support

DATE UPDATED: 3/7 by JL

HEARINGS: 3/07/23- Support, submitted card

Last Action:

3-14-23 H Voted favorably from committee as substituted House Human Services

T HB 113

Ortega, Lina

Medicaid community health worker expenses

Companions:

SB 74 Johnson, Nathan(D) (Identical) 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks:

SUMMARY: Allows MCOs to categorize community health workers as a medical expense

instead of an administrative expense.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Effective immediately if it receives two-thirds vote, otherwise Sept. 1, 2023

TAHP POSITION STATEMENT: Community health workers play a vital role in connecting Medicaid members to health care and community services--critical components of managed care. They help increase health knowledge and self-sufficiency through a range of activities such as outreach, patient navigation and follow-up, community health education and information, informal counseling, social support, advocacy, and participation in clinical research.

UPDATE: Heard in House Human Services 3/7 - TAHP dropped a card in support

DATE UPDATED: 3/7 by JL

HEARINGS: 3/07/23- Support, submitted card

Last Action: 3-14-23 H Voted favorably from committee on House Human Services

 HB 290

Oliverson, Tom

Multiple employer welfare arrangements

Companions: [SB 1307](#) Hancock, Kelly(R) (Identical)
 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: This bill would apply certain insurance mandates to MEWAs that provide comprehensive health plans. MEWAs would be subject to reserve requirements, asset protection requirements, the selection of providers chapter, and the utilization review chapter. A MEWA that provides a comprehensive health plan that is structured in the same way as a PPO/EPO would also be subject to Chapter 1301 (PPO plan requirements) and Chapter 1467 (surprise billing prohibition). The bill would also modify the application and eligibility requirements for a certificate of authority.

TAHP POSITION: Neutral

COVERAGE TYPES: MEWAs

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/1 KS

HEARINGS: 3/07/23- Neutral

Last Action: 3-14-23 H Voted favorably from committee on House Insurance

T HB 465

Thierry, Shawn

Doula pilot

Remarks: SUMMARY: Requires HHSC, in consultation with the Perinatal Advisory Council, to establish a pilot program to provide doula services within Medicaid in Harris County and the county with the most maternal and infant deaths by Sept. 1, 2024. The qualifications for an individual to be considered a doula and the doula services to be covered under the pilot program will be established by rule. HHSC is also responsible for establishing the qualifications for eligibility. The pilot must terminate by Sept. 1, 2029. Requires HHSC to publish an annual report on the cost of the pilot and the impact on birth outcomes. The final report must summarize the pilot program results, include feedback from participating doulas and members, and include a recommendation to continue/expand/terminate the program.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/9 by JL

HEARINGS: 3/07/23- Neutral

Last Action: 3-14-23 H Voted favorably from committee on House Human Services

T HB 596

Shaheen, Matt

Ad valorem taxes

Companions: **HB 457** Shaheen, Matt(R) (Refiled from 87R Session)
HJR 45 Shaheen, Matt(R) (Enabling)
3-13-23 H Voted favorably from committee on House Ways and Means

Remarks: SUMMARY: This bill would create a local option exemption from ad valorem taxation on the value of a homestead for physicians who provide services, without seeking payment, to residents who are indigent or are Medicaid recipients.

TAHP POSITION: Neutral

EFFECTIVE DATES: 1/1/24

DATE UPDATED: 2/3 KS

HEARINGS: 3/06/23- Neutral

Last Action: 3-13-23 H Voted favorably from committee on House Ways and Means

T HB 609

Vasut, Cody

Liability business for disease exposure

Remarks: SUMMARY: This bill would clarify that a business owner that does not require employees to be vaccinated against a pandemic disease is not liable for injury or death cause by exposure to the employee.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23.

DATE UPDATED: 2/13 KS

Last Action: 3-15-23 H Voted favorably from committee on House Judiciary and Civil Jurisprudence

T HB 624

Harris, Cody

Emergency medical transport by fire fighters

Companions: [SB 1898](#) Birdwell, Brian(R) (Identical)
3- 8-23 S Filed

Remarks: SUMMARY: This bill would allow fire fighters to transport a sick or injured patient to a health care facility if an EMS provider was notified of the patient's clinical condition and were unable to provide services at the patient's location. It would also require EMS and trauma care systems to develop transport protocols and provide notice of the protocols to EMS and fire fighters in their area.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

HEARINGS: 3/06/23- Neutral

Last Action: 3-15-23 H Reported favorably from committee on House Public Health

T HB 625

Harris, Cody

PT Copay Parity Mandate - Primary Care

Companions: [HB 2988](#) Minjarez, Ina(D) (Refiled from 87R Session)
[SB 939](#) Gutierrez, Roland (F)(D) (Refiled from 87R Session)

Remarks: SUMMARY: HB 625 prohibits an insurer or HMO from charging a higher copayment amount for a PT office visit than for a primary care physician office visit.

TAHP POSITION: Oppose

COVERAGE TYPES: Commercial

EFFECTIVE DATES: Delivered, issued for delivery, or renewed after 1/1/24

POSITION STATEMENT: TAHP opposes this legislation because it restricts choice and competition in the health insurance market by creating government-set provider copays for the first time in Texas. Currently, Texas does not interfere in the benefit design of health plans when it comes to setting specific copay amounts for provider types, specific deductible requirements, or other out-of-pocket costs. Texas employers and families want a choice of benefit options, not one-size-fits-all health coverage.

Research from other states that have passed similar mandates show a resulting increase in primary care copays. In fact, states are now cautioning against more mandates like this.

Every Texan needs routine access to primary care to manage chronic conditions, treat routine illnesses, and stay healthy with regular checkups. Physical therapy is important but like numerous health care specialties, it is not something every Texan needs routinely, like primary care. Texas doesn't set copays for providers for anything so benefit designs vary widely and businesses and families can choose coverage that fits their needs with a menu of options. Health plans today offer numerous plan options with \$0 or very low cost primary care both in person or through telehealth. If the state mandates PT to be covered at the same copay we can anticipate these low copay primary care options to end. The Texas legislature should not force this mandate on employers and individuals when they are exempting their personal health insurance and the insurance of their employees through ERS.

DATE UPDATED: 3/3/23 BH

HEARINGS: 3/07/23- Oppose, testimony BH

Last Action: 3-14-23 H Voted favorably from committee on House Insurance

Companions: HJR 25 Shaheen, Matt(R) (Refiled from 87R Session)
 HB 596 Shaheen, Matt(R) (Enabling)
 3-13-23 H Voted favorably from committee on House Ways and Means

Last Action: 3-13-23 H Voted favorably from committee on House Ways and Means

 SB 30

Huffman, Joan

Supplemental appropriations

Remarks: SUMMARY: Includes \$2.9B in General Revenue and \$5.5B in All Funds to address the Medicaid shortfall for fiscal year 2023.

TAHP POSITION: Neutral

DATE UPDATED: 3/3 by JL

Last Action: 3-20-23 H Meeting set for 10:00 A.M., E1.030, House Appropriations

 SB 241

Perry, Charles

Insulin VDP Reporting - Pay for Delay

Companions: HB 2529 Talarico, James(D) (Identical)
 3-13-23 H Introduced and referred to committee on House Public Health
 HB 5050 Button, Angie Chen(R) (Identical)
 3-10-23 H Filed

Remarks: SUMMARY: This bill would require manufacturers of name-brand drugs, for which a generic is available and that is included on the Medicaid VDP, to submit to HHSC a written verification stating whether the unavailability of a generic is due to pay for delay, legal strategies to extend a patent, or manipulation of a patent.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/24

TAHP POSITION STATEMENT: Pharmaceutical manufacturers utilize numerous tactics to delay competition from generic competition. Patent games like pay-for-delay slow the advancement of more affordable generic drugs by slowing the entrance of lower cost generic options. In these complex schemes a generic manufacturer sues a patent holder who then countersues and the parties settle with a pay-for-delay deal and a financial reward to the generic manufacturer. Pay for Delay deals cost consumers and taxpayers \$3.5 billion in higher drug costs every year.Using

“evergreening” strategies to extend patent periods to either delay generic drug market entry or limit the number of patients who switch to a new generic. Drug companies exploit the patent system to delay competition. An analysis of the 10 best-selling drugs of 2019 found that on average these drugs held more than 69 patents with 37.5 years of patent protection, well past the 20 years of patent life intended by Congress. Furthermore, the prices for these drugs increased 71 percent over the previous five years. A federal ban saves \$20 billion. The legislation simply requires these companies to disclose if these tactics have been used to delay the entrance of lower cost insulin medications.

DATE UPDATED: 2/1 KS, 2/16 BH

Last Action: 3-15-23 S Voted favorably from committee as substituted Senate Health and Human Services

 SB 401

Kolkhorst, Lois

Medical staffing services in disasters

Last Action: 3-15-23 S Voted favorably from committee as substituted Senate Health and Human Services

 SB 745

Kolkhorst, Lois

Expands OAG Fraud Protection

Companions: [HB 3779](#) Noble, Candy(R) (Identical)
3- 7-23 H Filed

Remarks: SUMMARY: Expands the definition of Medicaid fraud to include any program funded by this state, the federal government, or both and designed to provide health care services to health care recipients, including a program that is administered in whole or in part through a managed care delivery model.

TAHP POSITION: Neutral

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 2/11 by JL

HEARINGS: 3/08/23- Neutral

Last Action: 3-15-23 S Voted favorably from committee as substituted Senate Health and Human Services

 SB 850

Blanco, Cesar

Composition the Child Mental Health Care

Remarks: SUMMARY: This bill would add regional education service centers to the composition of the Child Mental Health Care Consortium.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/22 KS

Last Action: 3-15-23 S Voted favorably from committee as substituted Senate Health and Human Services

	All	Track
Total Bills:	14	14

Track(s): (Master List Only)
Position: (None)

Add to Track

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