The Texas Association of Health Plans

# *ALL REFERRED MEDICAID BILLS*

03-18-2023 - 09:09:19

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HB 1 Bonnen, Greg — General Appropriations Bill

***Last Action:*** 3-23-23 H Meeting set for 8:00 A.M., E1.030, House Appropriations

HB 12 Rose, Toni — 12 months postpartum Medicaid coverage

***Remarks:***

SUMMARY: Extends continuous eligibility for pregnant and postpartum women to not less than 12 months from 60 days. Retains current statute that allows for continuous eligibility for postpartum women for 6 months after the date the women delivers or experiences an involuntary miscarriage.

TAHP POSITION: Support TAHP dropped a cared in support and submitted written testimony

COVERAGE TYPES: Medicaid

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

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

DATE UPDATED: 2/26 by JL

***Last Action:*** 3-16-23 H Committee action pending House Select on Health Care Reform

**HB 44** Swanson, Valoree — No immunization discrimination in Medicaid

***Remarks:*** SUMMARY: Prohibits providers from refusing to provide services to Medicaid and CHIP recipients who are not vaccinated. Requires HHSC to disenroll providers who do not comply and prohibits provider reimbursement.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/29/23 by JL

***Last Action:*** 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

**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

**HB 56** Ortega, Lina — 12 month postpartum Medicaid coverage

***Remarks:*** SUMMARY: Extends continuous eligibility for pregnant and postpartum women to not less than 12 months from 60 days. Repeals language passed last session in HB 133 that limits eligibility to pregnant women who deliver or experience an

involuntary miscarriage.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

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

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

DATE UPDATED: 1/10 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

T HB 98 Moody, Joe — Medicaid mental health in schools - LMHA

***Companions:***

| | | |
|---|---|---|
| SB 96 | Menendez, Jose(D) | (Refiled from 87R Session) |
| SB 113 | Menendez, Jose(D) | (Identical) |
| | 3-15-23 S Committee action pending Senate Education | |

***Remarks:*** SUMMARY: Allows school districts to contract with LMHAs to provide MH services on campus. Requires the LMHA, at parent or guardian request, to provide the student ’s PCP the results of the assessment conducted and any results of services provided. Allows school districts to enroll as Medicaid providers in order to receive Medicaid reimbursement. This is currently allowable under SHARS.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 11/15 by JL

***Last Action:*** 3-20-23 H Meeting set for 2:30 P.M. OR ADJ., E2.026, House Select on Youth Health & Safety

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 118 Cortez, Philip No Cost Sharing PSA Test Mandate

***Remarks:*** SUMMARY: This bill expands the existing state-mandated benefit for prostate cancer to new types of coverage (small employer groups, MEWAs, ERS, TRS, Medicaid, and CHIP) and adds prohibition for any enrollee cost-sharing to the existing mandate.

TAHP POSITION: Oppose

COVERAGE TYPES: Commercial, ERS, TRS, CC, Medicaid, and CHIP

EFFECTIVE DATES: Plans delivered, issued for delivery, or renewed after 1/1/24.

MANDATE: Benefit Design Mandate

TAHP POSITION STATEMENT: TAHP opposes benefit mandates that are not evidence-based or supported by the medical community. The Affordable Care Act already requires health plans to cover preventive screenings with no cost-sharing for tests or treatments that receive an "A" or "B" rating from the U.S. Preventive Services Task Force (USPSTF), as these are evidence-based. However, the USPSTF gives PSA tests for prostate cancer a "C" rating for men aged 55-69 and a "D" rating for those 70 and older, meaning the test should only be considered after consultation with a doctor due to potential harm. The USPTF warns that "many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction". State lawmakers should not pass mandates that lack evidence-based support or go above the Affordable Care Acts prevention mandates recommended by the U.S. Preventive Services Task Force

DATE UPDATED: 2/3/23

REFILE: HB 3951 (87th)

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Insurance

HB 132 Bucy, John Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HJR 7 | Bucy, John(D) | (Enabling) |
| | 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| SB 39 | Zaffirini, Judith(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |
| SB 71 | Johnson, Nathan(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Requires HHSC to produce a report on expanded eligibility. Requires a constitutional amendment.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 1/9 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

T HB 134 Bernal, Diego Cranial Helmet Mandate

***Remarks:*** SUMMARY: Requires plans to cover the full cost of a "cranial remolding orthosis" for a child diagnosed with craniostenosis; or plagiocephaly or brachycephaly if the child is between 3-18 months, has failed to respond to conservative therapy for at least 2 months, and meets additional indications. The mandated coverage may not be less favorable than coverage for other orthotics under the plan and must be subject to the same dollar limits, deductibles, and coinsurance factors as coverage for other orthotics under the plan. Defines "cranial remolding orthosis" as a custom-fitted or custom-fabricated medical device that is applied to the head to correct a deformity, improve function, or relieve symptoms of a structural cranial disease.

TAHP POSITION: Oppose

COVERAGE TYPES: ERS, TRS, Commercial, Medicaid

EFFECTIVE DATES: D, I, or R on or after 1/1/24

TAHP POSITION STATEMENT: Texas health plans and Texas Medicaid already cover cranial molding orthosis when they are medically necessary. Cranial orthotic devices can be found medically necessary, on a case-by-case basis, for treating infants with severe plagiocephaly, following therapy and surgical corrections. TAHP opposes expanding coverage for these devices in the absence of clear medical evidence that these devices actually provide a clinical benefit to patients and expanding these devices to non-medically necessary cases. In the majority of cases the shape of a baby’s head improves naturally over time as their skull develops or through the use of positional therapy. In the first randomized trial of the helmets, published in the BMJ, the authors found “virtually no treatment effect.” The improvements were not significantly different between the helmet-wearers and the infants not wearing helmets. After two years, a researcher evaluating skull shape did not know which babies had worn helmets and which had not. In 2016 the Congress of Neurological Surgeons had a finding of clinical uncertainty when it comes to cranial therapy and stated that “aside from the perceived cosmetic results, the college does not claim a verifiable medical or clinical result.” Use of cranial molding orthoses for

plagiocephaly conditions is also inconsistent with American Academy of Pediatrics (AAP) guidelines, which recommend that use of cranial molding orthoses be reserved for severe cases of deformity. A 2020 review of the evidence in the Hayes Directory Annual Review found that there appears to be no new evidence supporting the use of cranial molding orthosis. Hayes gives a C rating for the use of cranial orthotic devices in infants with moderate to severe positional cranial deformity, and a D rating for the use of helmets in patients with very severe positional plagiocephaly and in most other conditions. Per Hayes, the evidence for the use of cranial molding orthosis continues to be of poor quality, while the limited evidence against their use remains strong.

DATE UPDATED: 2/2 BH

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Insurance

HB 141 Howard, Donna CHIP birth control coverage

***Companions:***

| | | |
|---|---|---|
| SB 407 | Eckhardt, Sarah(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |
| SB 2436 | Lamantia, Morgan (F)(D) | (Identical) |
| | 3-10-23 S Filed | |

***Remarks:*** SUMMARY: Requires CHIP to cover prescription contraceptive drugs, supplies, or devices for children under 18 with written content. Prohibits CHIP from covering abortifacients or any other drug or device that terminates a pregnancy.

TAHP POSITION: Neutral

COVERAGE TYPES: CHIP

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

DATE UPDATED: 1/9 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Public Health

HB 144 Bernal, Diego Ad valorem tax exemptions unpaid caregivers

***Companions:***

| | | |
|---|---|---|
| HB 122 | Bernal, Diego(D) | (Refiled from 87R Session) |
| HB 147 | Bernal, Diego(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Ways and | |

| | | |
|---|---|---|
| | Means | |
| HJR 16 | Bernal, Diego(D) | (Enabling) |
| | 2-28-23 H Introduced and referred to committee on House Ways and Means | |

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Ways and Means

HB 147 Bernal, Diego From ad valorem taxation total appraised

***Companions:***

| | | |
|---|---|---|
| HB 122 | Bernal, Diego(D) | (Refiled from 87R Session) |
| HB 144 | Bernal, Diego(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Ways and Means | |
| HJR 16 | Bernal, Diego(D) | (Enabling) |
| | 2-28-23 H Introduced and referred to committee on House Ways and Means | |

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Ways and Means

HB 181 Johnson, Jarvis Sickle cell disease registry

***Remarks:*** SUMMARY: This bill would establish a sickle cell registry at DSHS, which would include a record of cases that occur in the state. The Department would submit annual reports to the legislature on information obtained through the registry.

TAHP POSITION: Support TAHP dropped a card in support 3/16

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

***Last Action:*** 3-13-23 H Committee action pending House Public Health

HB 204 Bernal, Diego Medicaid Expansion

***Companions:***

| | | |
|---|---|---|
| HB 143 | Bernal, Diego(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Requires HHSC to request an amendment to the 1115 waiver to expand Medicaid to counties that request it. Allows counties to expand Medicaid to all individuals eligible under the ACA. The waiver must also identify the sources of money to be used to pay

the state's share, but the bill is silent on which entity is required to pay the state's share.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 1/11 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 226 Bernal, Diego — Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| SB 72 | Johnson, Nathan(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |
| SB 671 | West, Royce(D) | (Identical) |
| | 2-17-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Gives HHSC rulemaking authority. Requires HHSC to produce a report on expanded eligibility.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 3/7 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 245 Gonzalez, Mary — Community attendant wages

***Remarks:*** SUMMARY: Increases community attendant wages to the greater of $15 an hour or federal minimum wage. Allows for community attendants to be a family member of the member, including the member's parent or spouse.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/3 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Human Services

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

HB 487 Thompson, Senfronia 12 month postpartum Medicaid coverage

***Companions:*** HB 1824 Thierry, Shawn(D) (Identical)
3- 7-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: Builds on HB 133 last session by extending postpartum coverage to 12 months from six months and removes language passed last session in HB 133 that limits eligibility to pregnant women who deliver or experience an involuntary miscarriage.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage

dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

DATE UPDATED: 11/15 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 496 Meza, Terry Prohibits Conversion Therapy Coverage

***Companions:*** HB 2516 Meza, Terry(D) (Refiled from 87R Session)

***Remarks:*** SUMMARY: This bill prohibits health plan coverage of conversion therapy, which means a practice or treatment provided to a person by a health care provider or nonprofit organization that seeks to change the person's sexual orientation, including by attempting to change the person's behavior or gender identity or expression; or eliminate or reduce the person's sexual or romantic attractions or feelings toward individuals of the same sex.

TAHP POSITION: Neutral

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC, ERS/TRS/University, Medicaid/CHIP

EFFECTIVE DATES: 1/1/24

DATE UPDATED: 2/3 BH

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Insurance

HB 500 Bonnen, Greg 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: 3/6 by JL

***Last Action:*** 3- 9-23 H Introduced and referred to committee

on House Appropriations

**HB 512** Bernal, Diego — Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 171 | Bernal, Diego(D) | (Refiled from 87R Session) |
| HB 389 | Israel, Celia(D) | (Refiled from 87R Session) |
| HB 398 | Bucy, John(D) | (Refiled from 87R Session) |
| HB 4406 | Ramos, Ana-Maria(D) | (Refiled from 87R Session) |
| SB 38 | Zaffirini, Judith(D) | (Refiled from 87R Session) |
| SB 118 | Johnson, Nathan(D) | (Refiled from 87R Session) |

***Remarks:***

SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Requires HHSC to produce a report on expanded eligibility. Requires a constitutional amendment.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 1/11 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

**HB 580** Raymond, Richard — Medicaid single claims portal

***Companions:***

| | | |
|---|---|---|
| HB 1625 | Raymond, Richard(D) | (Refiled from 87R Session) |
| SB 432 | Hinojosa, Chuy(D) | (Refiled from 87R Session) |

***Remarks:***

SUMMARY: Requires HHSC to build a single portal, within existing resources, for providers to submit electronic claims, PA requests, claims appeals and reconsiderations, clinical data, and other documentation that MCOs request for PA and claims processing; and obtain electronic remittance advice, EOB statements, and other

standardized reports.

TAHP POSITION: Oppose

COVERAGE TYPES: Medicaid

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

TAHP POSITION STATEMENT: TAHP opposes a new consolidated claims portal because it is a waste of valuable state resources and disregards the existing technology and infrastructure already in place through Medicaid managed care organizations (MCOs). MCOs already operate efficient claims portals with real-time access to claims information, reduced administrative burden on providers, and improved patient experience. There is no need for the state to duplicate these portals. The construction of a new portal would require significant resources, including staff hiring, technology purchasing, and ongoing maintenance, which would be better spent improving other areas of the healthcare system. Previous experience with consolidated portals in Texas has not proven valuable, with low utilization rates. HHSC already operates a single portal for nursing homes to submit claims, but utilization is low, with only 2.3% of claims being submitted through the portal. Providers choose to use the MCO portals because they offer more functionality and ease of use. A fully functional portal similar to health plan portals would require significant investment, with estimated ongoing cost over $10 million per year.

DATE UPDATED: 2/4 by JD

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Human Services

HB 592 Shaheen, Matt Telehealth Across State Lines

***Remarks:*** SUMMARY: This bill allows health professionals that are licensed in a different state to provide telemedicine and telehealth services in Texas if they hold an unrestricted license, have not been subject to disciplinary proceedings, and register with the applicable licensing agency in Texas. It would also add mental health providers to the definition of "health professional" in the telemedicine chapter of the insurance code.

TAHP POSITION: Support

TAHP POSITION STATEMENT: This bill is a crucial step in increasing access to healthcare and promoting the adoption of telehealth in Texas, particularly in rural and underserved communities. Telemedicine has proven to be an effective and

efficient way to provide quality care to patients, reducing costs and time associated with in-person visits. By allowing licensed health professionals to offer telehealth services across state lines, patients will have greater access to specialists and services, regardless of their location, leading to improved patient outcomes and reduced healthcare costs. The demand for remote care is growing, making telemedicine and telehealth increasingly important in the future of healthcare. This bill will help advance telehealth in Texas and maintain its leadership in the U.S.

EFFECTIVE DATES: I,D,R 1/1/24

DATE UPDATED:2/3/23 JB

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 594 Shaheen, Matt Expands Telepharmacy

***Remarks:*** SUMMARY: This bill would remove current restrictions on telepharmacy, such as restrictions on facilities it may be used in, the restrictions on locations eligible to be remote dispensing sites, and the requirement that pharmacists make at least monthly on-site visits to remote dispensing sites. The bill would also allow remote dispensing of CSIIs and remove the mileage limitations between remote sites and pharmacies.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: Since 2017, Texas has allowed limited access to telepharmacy services in certain rural and underserved communities. TAHP supports removing barriers to pharmacy care. This bill increases access to pharmacists, particularly in rural and underserved communities. Telemedicine has proven to be an effective and efficient way to provide quality care to patients, reducing costs and time associated with in-person visits. By allowing licensed pharmacists to offer telehealth services, patients will have greater access, regardless of their location, leading to improved patient outcomes and reduced healthcare costs. The demand for remote care is growing, making telemedicine and telehealth increasingly important in the future of healthcare. However, TAHP cautions against imposing any payment parity mandates that would undermine potential cost savings and innovation.

DATE UPDATED: 2/1 KS, 2/12 BH

***Last Action:*** 2-28-23 H Rereferred to Committee on House Public Health

HB 605 Shaheen, Matt MCO Negotiated Rate Disclosure lege

***Remarks:*** SUMMARY: Requires MCOs and plans who contract with the state to provide to a legislator who requests it information regarding any negotiated rate for health care services included in a contract between the vendor and the state. Prohibits legislators and legislative staff from disclosing the information received to anyone not eligible to receive it. Provides that plans who provide confidential information or information that is otherwise excepted from disclosure do not waive their right to assert exceptions in the future or any right to confidentiality.

TAHP POSITION: Neutral as negotiated

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: TAHP worked with the author to ensure requests for information from legislative offices are directed to state agencies, first, to ensure a trackable chain of command. If the agency does not provide the information, legislators may request it directly from third party vendors. HB 605 will also be amended to strengthen the existing correlation between the appropriate standards of conduct and ethics policies with the requests. Finally, HB 605 will require disclosure of drug rebates to legislators.

DATE UPDATED: 2/24 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House State Affairs

HB 617 Darby, Drew Emergency telemedicine pilot

***Companions:*** SB 251 Alvarado, Carol(D) (Identical)
2-15-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: This bill would create an emergency telemedicine pilot project. The project would provide emergency medical services instruction and prehospital care instruction to providers in rural areas.

TAHP POSITION: Support TAHP submitted a card in support 3/16

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 -KS

***Last Action:*** 3-16-23 H Committee action pending House Select on Health Care Reform

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

HB 652 Johnson, Julie — Medicaid expansion

***Companions:*** SB 195 Johnson, Nathan(D) (Identical)
2-15-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Requires HHSC to request an 1115 waiver to implement the Live Well Texas program to assist individuals in obtaining health coverage through a program health benefit plan or health care financial assistance. The principal objective of the program is to provide primary and preventative health care through a high deductible program health benefit plans. Requires TDI to provide necessary assistance and monitor the quality of services by health plans. HHSC will select (through competitive bidding) health plan issuers licensed through TDI. Providers must be paid a rate at least equal to Medicare. People eligible for Medicaid are not eligible, and once a person is enrolled they must be disenrolled from Medicaid. Requires HHSC to develop and

implement a "gateway to work" program under which HHSC must refer each participant who is unemployed or working less than 20 hours a week to available job search and job training programs.

TAHP POSITION: Neutral

COVERAGE TYPES: Commercial, Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/11 by JL

***Last Action:*** 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 728 Rose, Toni Interagency aging council

***Remarks:*** SUMMARY: Establishes a statewide coordinating council to ensure a strategic approach to interagency aging services. The council must develop a 5-year strategic plan and an annual list of state-funded interagency aging programs and services with a description of how those programs and services further the purpose of the council's strategic plan.

TAHP POSITION: Support TAHP submitted a cared in support 3/14

EFFECTIVE DATE: Immediately if it receives a 2/3 vote, otherwise Sept. 1, 2023

DATE UPDATED: 3/9 by JL

***Last Action:*** 3-14-23 H Committee action pending House Human Services

HB 729 Rose, Toni Statewide IDD Coordinating Council

***Companions:*** SB 524 West, Royce(D) (Identical)
2-17-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Establishes a statewide intellectual and developmental disability coordinating council to ensure a strategic approach for services. The council must develop a 5-year IDD strategic plan, publish available services and programs, and the number of individuals on the wait lists.

TAHP POSITION: Support TAHP dropped a cared in support 3/14

EFFECTIVE DATE: Effective immediately if it receives a 2/3 vote, otherwise Sept. 1, 2023

DATE UPDATED: 3/9 by JL

***Last Action:*** 3-14-23 H Committee action pending House Human Services

HB 756 Johnson, Julie Mandates 24/7 Telephone Access for PAs/UR

***Companions:*** SB 1149 Menendez, Jose(D) (Identical)
3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: This bill expands the hours during which issuers must have appropriate personnel available to receive requests for payment verification and requests for preauthorization to 24 hours a day and 365 days a year, including weekends and legal holidays. Currently, issuers must have personnel available 6am to 6pm, Monday through Friday, and 9am to 12pm on weekends and holidays, and outside of those hours be able to respond to requests within 24 hours.

TAHP POSITION: Oppose

COVERAGE TYPES: EPO/PPO, HMO

EFFECTIVE DATES: 1/19/23

TAHP POSITION: Requiring Texas health plans to have personnel available for prior authorization and payment verification requests 24/7, including weekends and holidays, has several negative consequences. Requiring 24/7 availability for prior authorization and payment verification responses is inconsistent with provider availability and creates unnecessary and costly administrative burden. For example, one of the state's largest health plans received just 6% of PA requests after regular business hours (including holidays) in 2022, showing there is very little demand for after-hours verification. Additionally, Texas already has some of the shortest prior authorization time frames in the country, with a requirement that they be processed in less than 3 calendar days compared to most states' 14 days. Furthermore, Texas already has the broadest exemptions to prior authorization in the country, including "gold-carding," which exempts providers with a history of safe and appropriate care. Hospitals and providers also do not staff utilization review after hours.

Moreover, there is no evidence to suggest that this requirement would improve patient outcomes or reduce healthcare costs, making it a potentially unnecessary burden on the healthcare system. Instead, a better solution would be to follow the

federal government's recommended reforms to implement electronic prior authorizations, which could reduce costs and streamline the process, making it easier for providers to obtain necessary approvals. For pharmacy authorizations, around 60% of new prior authorizations are already received electronically, suggesting that there may be limited additional value in requiring health plans to have a 24/7 phone line for receiving new authorizations. By requiring the use of electronic prior authorizations, Texas could stay up to date with current best practices and provide a more effective and efficient prior authorization system for patients and providers. This approach could improve the overall quality and availability of healthcare in the state while reducing costs for both health plans and patients.

DATE UPDATED: 2/21 KS

***Last Action:*** 2-28-23 H Introduced and referred to committee on House Insurance

HB 839 Gonzalez, Jessica No PA mandate for infectious diseases

***Remarks:*** SUMMARY: This bill would prohibit plan issuers that provide prescription drug benefits from requiring an enrollee to receive a prior authorization for a drug prescribed to treat infectious disease.

TAHP POSITION: Oppose

COVERAGE TYPES: Commercial, CC, ERS/TRS, Medicaid/CHIP

EFFECTIVE DATES: D, I, or R on or after 1/1/24

MANDATE: Plan Design

TAHP POSITION STATEMENT: TAHP opposes blanket prior authorization exemptions, including those for prescription drugs. Prior authorizations are crucial to ensuring that patients receive safe, effective care at a reasonable cost. Texas already has the broadest exemptions to prior authorization in the country including "gold-carding," which exempts providers with a history of safe and appropriate care. Bills that create blanket exemptions to prior authorizations could lead to patient harm by rewarding providers who don't meet the 90% standard of safe and appropriate care. Health plans have a comprehensive view of a patient's medication history. That view plus the use of prior authorizations allows health plans to prevent dangerous drug interactions, especially when patients have multiple prescribers. Prior authorization helps prevent fraud, waste, and abuse. As much as $800 billion is wasted on

excessive and unnecessary testing and treatment every year and 65% of physicians themselves have reported that at least 15-30% of medical care is unnecessary.

Texas also has some of the strongest patient protections for PAs. Prior authorizations are required to be:

Evidence based: All prior authorization criteria must be based on evidence-based care developed and adopted by the medical community

Heavily regulated: Each step of the process is regulated, starting with TDI licensure or certification as a Utilization Review (UR) Agent

Reviewed quickly: Most prior authorizations are required to be processed in Texas within 3 calendar days—some of the shortest time frames in the country

Transparent: All prior authorization requirements are required to be transparent and posted on health plan websites

Appealable : Providing extensive rights to appeal to an independent physician

DATE UPDATED: 2/1 KS

***Last Action:*** 3- 1-23 H Introduced and referred to committee on House Insurance

HB 916 Ordaz, Claudia (F) 12 month contraceptive mandate

***Companions:***

| | | |
|---|---|---|
| HB 2651 | Gonzalez, Jessica(D) | (Refiled from 87R Session) |
| SB 807 | Paxton, Angela(R) | (Identical) |
| | 3- 1-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Requires a health plan with benefits for a prescription contraceptive drug to provide: (1) a three-month supply of the covered drug at one time the first time the enrollee obtains the drug; and (2) a 12-month supply of the covered drug at one time each subsequent time the enrollee obtains the same drug, regardless of whether the enrollee was enrolled in the health plan the first time she obtained the drug. An enrollee may obtain only one 12-month supply of a covered prescription contraceptive drug during each 12-month period.

TAHP POSITION:Opposed. TAHP will propose an initial 3 month supply and subsequent 6 months

supply. If the author accepts this amendment TAHP will be neutral.

COVERAGE TYPES: Commercial, Medicaid

EFFECTIVE DATES: Sept. 1, 2023

MANDATE:Benefit

TAHP POSITION STATEMENT: This bill creates an unfunded government mandate to cover a 12-month supply of contraceptive drugs at one time. The Insurance Code already mandates coverage for prescription contraceptives for any plan that covers prescription drugs. The Affordable Care Act also already requires most insurance plans to cover prescription contraceptives with no out-of-pocket costs. Additionally, health plans already offer 90-day supplies. TAHP believes there would be a negative fiscal impact to the commercial market due to the expected waste of dispensed but unused drugs, and for coverage of drugs dispensed to participants who receive a 12-month supply but leave the plan and do not pay premiums for the full year. ERS previously estimated this mandate would cost more than $4 million. Based on these numbers, the private commercial market would see a similar impact with increased costs of more than $30 million. These types of unfunded government mandates significantly drive up the cost of coverage for Texas employers and families.

DATE UPDATED: 2/3 BH

***Last Action:*** 3-14-23 H Committee action pending House Insurance

HB 932 Dutton, Harold Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 1189 | Dutton, Harold(D) | (Refiled from 87R Session) |
| HB 3962 | Morales, Eddie(D) | (Identical) |
| | 3- 7-23 H Filed | |

***Remarks:*** SUMMARY: Expands Medicaid eligibility to include the working parent of a dependent child who applies for the assistance, and for whom federal matching money is available.

TAHP POSITION: Neutral

COVERAGE: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1026 Gervin-Hawkins, Barbara Hair prosthesis mandate

***Remarks:*** SUMMARY: Creates a new mandated benefit for a hair prosthesis for an enrollee who is undergoing or has undergone medical treatment for cancer, determined by the treating physician. The benefit amount is $100 for a new prosthesis, or for repair or replacement.

TAHP POSITION: Oppose

COVERAGE TYPES: Commercial and Medicaid

EFFECTIVE DATES: Sept. 1, 2023

MANDATE: Unfunded commercial mandate

TAHP POSITION STATEMENT: This bill creates a new unfunded benefit mandate for hair prostheses. These types of mandates add coverage requirements that go beyond the purpose of health insurance and instead mandate coverage for items that are not medical treatments. Numerous non-profit organizations offer free or low cost hair prosthesis for low income patients receiving treatment for cancer or other illnesses.

DATE UPDATED: 2/12/23 BH

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Insurance

HB 1032 Noble, Candy Prohibited vaccination status discrimination

***Remarks:*** SUMMARY:This bill would prohibit group health benefit plan issuers from taking any action that would adversely affect an individual's eligibility for coverage based on COVID-19 vaccination status.

TAHP POSITION: Reviewing

COVERAGE TYPES: Commercial, ERS/TRS, CC, Medicaid.

EFFECTIVE DATES:D, I, R 1/1/24

MANDATE: Coverage

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House State Affairs

HB 1062 Guerra, Bobby Medicaid expansion

***Companions:*** HB 2903 Martinez Fischer, Trey(D) (Identical)

| | | |
|---|---|---|
| SB 125 | Alvarado, Carol(D) | 3-14-23 H Introduced and referred to committee on House Select on Health Care Reform<br>(Identical)<br>2-15-23 S Introduced and referred to committee on Senate Health and Human Services |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/3

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1111 Meza, Terry Autism study

| | | | |
|---|---|---|---|
| ***Companions:*** | HB 4058 | Meza, Terry(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Requires HHSC to conduct a cost-benefit analysis comparing the cost to the state of providing applied behavior analysis services to children with autism with the effectiveness of the services. Report due Sept. 1, 2024.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/17 by JL

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Human Services

HB 1144 Reynolds, Ron Medicaid block grant - Expansion

| | | | |
|---|---|---|---|
| ***Companions:*** | HB 922 | Reynolds, Ron(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Establishes a future mechanism for a block grant funding for Medicaid, which would allow for Medicaid eligible individuals to use subsidies to purchase insurance on the Marketplace. Would allow for any health plan to participate as a managed care plan and establish minimum coverage requirements. Requires a reform of long-term services and supports (limited guidance). Requires HHSC and TDI to implement a program that helps connect low-income Texans

with health benefit plan coverage through private market solutions. Requires HHSC to develop and implement customized benefits packages designed to prevent the overutilization of services for individuals receiving home and community-based services. Creates a demonstration project for dually eligible individuals to receive long-term services and supports under both Medicaid and Medicare through a single managed care plan. Requires HHSC to provide housing payment assistance for recipients receiving home and community-based services and supports. Grants rulemaking authority to HHSC for implementation.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1164 Gervin-Hawkins, Barbara Hair prosthesis mandate

***Remarks:*** SUMMARY: Creates a new mandated benefit for a hair prosthesis for an enrollee who is undergoing or has undergone medical treatment for breast cancer specifically, determined by the treating physician. The benefit amount is $100 for a new prosthesis, or for repair or replacement.

TAHP POSITION: Oppose

COVERAGE TYPES: Commercial and Medicaid

EFFECTIVE DATES: Sept. 1, 2023

MANDATE: Unfunded commercial mandate

TAHP POSITION STATEMENT: This bill creates a new unfunded benefit mandate for hair prostheses. These types of mandates add coverage requirements that go beyond the purpose of health insurance and instead mandate coverage for items that are not medical treatments. Numerous non-profit organizations offer free or low cost hair prosthesis for low income patients receiving treatment for cancer or other illnesses.

DATE UPDATED: 1/16 by JL, 2/12/23

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Insurance

HB 1185 Dean, Jay Pediatric long-term care access program

***Companions:*** SB 746 Hughes, Bryan(R) (Identical)
3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Authorizes Upshur County to collect a mandatory payment from each pediatric long-term care facility in the county to be deposited in a local pediatric long-term care access assurance fund. HB 1185 is specific to Truman Smith. Truman Smith cares for about 100 children of Texas who have the highest skilled nursing needs that cannot be cared for at home or in other settings. HB 1185 would provide state authorization for a Medicaid funding mechanism that is available under federal law, but needs both state and local authorization. In 2019, Texas provided authorized for hospitals in any county that wanted to take advantage: HB 4289 (86R). But that authorization was only for hospitals, not skilled nursing or other medical facilities.

TAHP POSITION: Neutral

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

DATE UPDATED: 1/22 by JL

***Last Action:*** 3- 2-23 H Introduced and referred to committee on House Human Services

HB 1236 Oliverson, Tom Prudent Layperson mandate

***Companions:*** SB 1139 Schwertner, Charles(R) (Identical)
3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: HB 1236 amends the "prudent layperson" definition of "emergency care" in the Insurance Code to add "regardless of the final diagnosis of the conditions,...." The bill would also make a coverage determination of the Prudent Layperson standard subject to the current UR review process.

TAHP POSITION: Oppose, negotiating

COVERAGE TYPES: Commercial and Medicaid

EFFECTIVE DATES: D, I, or R after 1/1/24

TAHP POSITION STATEMENT: TAHP opposes HB 1236 as filed because the bill would create a definition of prudent layperson that is inconsistent with new federal rules, prohibits investigating

claims for fraud, and inappropriately uses a medical necessity process to review a person's decision to seek emergency care.

Under the "prudent layperson standard" a person gets to decide based on their own judgment if they are having a medical emergency. Essentially, if you believe you need emergency care, that can't be questioned and that goes for your insurance coverage as well. In 2021, new rules clarified the prudent layperson standard, how it applies to emergency care coverage, and what rules health plans have to follow. The rules clarified that a patient's final diagnosis can't solely be used to deny a claim for emergency care. That's a reasonable approach, but HB 1236 goes much further and stops state investigators and health insurers from rooting out fraud by saying that an investigator can't look at a pattern of upcoding or outlier billing to flag claims for a case by case review. Texas Medicaid uses diagnosis codes to stop this bad behavior and save taxpayer dollars for years. In, 2021, a "data led initiative" by the OIG resulted in nearly $20 million in fines for inappropriate ER billing.

Upcoding is one type of billing abuse that happens when an emergency care staffing company falsely claims a higher severity code for a patient than what should apply. ER firms have a choice of 5 levels of severity to apply to a patient's bills. The highest severity codes should only be used for the most complicated patients and are reimbursed at significantly higher rates. A recent study found that the proportion of emergency room visits billed as "high intensity" that don't result in a hospitalization grew from 4.8% in 2006 to 19.2% in 2019. Under the legislation, a health plan or state investigator couldn't use a pattern of unusual upcoding to further investigate those claims. Federal law doesn't prevent this type of fraud protection and Texas is ground zero for fraudulent emergency care claims through freestanding ERs. For example, freestanding ERs routinely provided non-emergency, asymptomatic COVID testing throughout the pandemic and then billed insurers and patients as if the care was an emergency. That's fraud and HB 1236 would interfere in going after this abuse.

DATE UPDATED: 2/3/23 JB, 2/22/23 BH

***Last Action:*** 3-21-23 H Meeting set for 8:00 A.M., E2.014, House Insurance

HB 1238 VanDeaver, Gary SHARS parental consent and advisory committee

***Remarks:*** SUMMARY: Requires parental consent before a student can receive services through SHARS. Establishes a SHARS Advisory Council at HHSC by Oct. 1, 2023. Requires 60-day notice of any changes to the TMPPM and a comment period similar to HHSC's rulemaking process. Requires HHSC to consult with the SHARS Advisory Council before any changes can be made to the TMPPM. Requires HHSC to update the TMPPM by Oct. 1, 2023.

TAHP POSITION: Amendments offered

COVERAGE TYPES: Medicaid

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

TAHP POSITION STATEMENT: The bill should be amended to ensure that only the SHARS Handbook is impacted by the legislation and not the entire Texas Medicaid Providers Procedures Manual, which addresses all of fee-for-service. We also encourage an MCO on the advisory committee. It's much more difficult to determine which students received which exact services in SHARS than with Medicaid FFS and managed care. Managed care organizations do not receive a list of services provided to their members who receive SHARS services, and thus duplication of services is always a risk. Allowing MCOs to be part of the advisory committee can reduce any unintended consequences resulting from committee recommendations.

DATE UPDATED: 2/21 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1283 Oliverson, Tom PDL carve-out

***Companions:*** SB 1113 Hughes, Bryan(R) (Identical)
3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Permanently carves out the management of the PDL by MCOs. TAHP POSITION: Oppose

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: HB 1283 is inconsistent with Select House Committee on Health Care Reform's recommendation to "Ensure

that Medicaid prescription drugs maintain continuity of care for members who move between managed care plans and minimizes administrative burden for physicians." Under a permanent carve out, physicians and patients experience significant hurdles with non-medical switching and prior authorizations. While Texans in commercially insured products have step therapy protections, Medicaid enrollees do not.

TAHP opposes any further delays in the PDL carve-in. Pharmaceutical companies have already delayed this implementation for 10 years through heavy lobbying. It is crucial that Texas prioritize improving patient care and saving taxpayer dollars over protecting Pharma profits. Further delays will continue to harm health outcomes and timely access to prescription drugs, negatively impact efforts to modernize and improve patient outcomes, and substantially increase Medicaid costs for taxpayers.

It is worth noting that prior to 2011, Medicaid drug costs in Texas were out of control, almost doubling in a decade and growing more than 6.5% on average each year. In response, the legislature passed SB 7, which carved prescription drug coverage into managed care in order to slow the rapid growth in Medicaid drug spending. This measure was successful in reducing drug cost growth in Texas Medicaid by 50%.The second step in this process, allowing managed care organizations (MCOs) to develop formularies and PDLs, was originally scheduled for 2013 but has been repeatedly delayed due to pharmaceutical company lobbying. A Center for Public Integrity and NPR investigation found that these companies have a history of successfully lobbying state Medicaid drug boards in order to boost their profits and waste taxpayer dollars. Under the current system, the state chases rebate dollars from big drug companies, resulting in a formulary that is heavily reliant on brand name drugs rather than cheaper generics. This creates administrative burdens for physicians, pharmacists, and insurers, and leads to frustrations and delays in access to necessary prescription drugs for patients. It is clear that the current system is not working for Texas patients, doctors, or taxpayers. But patients really suffer. Medicaid families lack consumer protections that exist in the commercial market. Patients are routinely forced off of medications when they are stable and physicians are put through excessive administrative burdens. In testimony, physicians have called the state’s formulary “nonsensical”, “counterintuitive”, and “just nuts”. Allowing MCOs to fully manage the PDL will provide a more stable drug benefit that better reflects what physicians routinely prescribe

and pharmacists stock. It will also give MCOs the tools they need to control costs and improve health outcomes, as is done in the private market and in Medicare.

Texas patients deserve better access to prescription drugs, and it is crucial that we prioritize their needs and well-being. By supporting the planned implementation of full PDL management by MCOs, we can save taxpayer dollars, improve patient care, and modernize our Medicaid system.

DATE UPDATED:1/16 by JL, BH 2/23

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1288 Lopez, Ray ECI Coverage Mandate

***Remarks:*** SUMMARY: The bill creates a new unfunded benefit mandate for early childhood intervention (ECI) services. Currently, issuers are required to offer plans that include coverage for rehabilitative and habilitative therapies. The bill would instead require coverage of those services and expand the mandate to include ECI services. This bill would also expand the applicability of the law to consumer choice plans. The bill would amend the statutory definition of "rehabilitative and habilitative therapies" to include: (1) specialized skills training by a person certified as an early intervention specialist, (2) applied behavior analysis treatment by a licensed behavior analyst or licensed psychologist, and (3) case management provided by a licensed practitioner of the healing arts or a person certified as an early intervention specialist. Currently, these services to be covered in the amount, duration, scope and service setting established in the child's individualized family service plan (ISP). This bill would add that the issuer's prior authorization requirement would be considered satisfied if the service is specified in the ISP. The bill would allow health plans to limit annual coverage for specialized skills training, including case management costs, to $9,000 per year per child. (Note that application of this limit may violate state and federal mental health parity requirements). This limit may not be applied to coverage for other rehabilitative and habilitative therapies required by the mandate or coverage required by any other law, including section 1355.015 (the mandated benefit for autism spectrum disorder) or the Medicaid program. Pursuant to federal law, the child would be required to exhaust all available coverage under the law before receiving benefits provided to the state. The bill would also prohibit

issuers from counting visits to physicians under this coverage towards any maximum allowable number of visits to a physician under the plan.

TAHP POSITION: Opposed

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC

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

MANDATE: Benefit

TAHP POSITION STATEMENT: TAHP opposes a new, unfunded benefit mandate for early childhood intervention services (ECI). The federal government and states are already responsible for the operation and cost of ECI services in Texas through a program operated at HHSC that receives significant federal funding. Texas should not shift these costs to Texas employers. This mandate is so expensive it was estimated to cost TRS active care $45 million per biennium. As a result, this proposal doesn't apply to the health coverage elected officials have for themselves, other state employees, and teachers through TRS and ERS. TAHP believes that elected officials should not pass mandates that they are not willing to apply to their own health coverage.

DATE UPDATED: 3/7 KS

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Insurance

HB 1293 Rose, Toni NADAC

***Remarks:*** SUMMARY: Dictates the methodology and reimbursement rate Medicaid and CHIP MCOs and PBMs use to pay pharmacies. The reimbursement would be the lesser of: (1) the average of actual acquisition cost (AAC) which must be consistent with actual prices pharmacists pay to acquire a drug and may be based on NADAC plus a dispensing fee established by the Commission, or (2) the amount claimed by the pharmacy including the gross amount due or the usual and customary charge for the drug.

TAHP POSITION: Oppose - Seeking amendments

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: March 1, 2024

TAHP POSITION STATEMENT: Medicaid/CHIP MCO pharmacy reimbursement rates are currently based on negotiated contracts in the private

market – not on government mandated rates. Government price-setting takes away the MCOs' ability to negotiate with pharmacies and negates opportunities for cost savings. When dispensing fees are set too high by the state, taxpayers pay pharmacies more than they would in a competitive market. NADAC is based on a national survey of pharmacies who voluntarily submit their drug invoices to CMS, making this an unreliable data source. NADAC does not reflect a pharmacy's actual net acquisition cost because the survey excludes off-invoice discounts, rebates and price concessions. Passage would result in additional costs to the Medicaid program. In 2015, HHSC estimated an average increase of $0.25 per prescription, or $4.6 million AF in FY16 and $9.6 million FY17 with additional increases in subsequent years as the number of prescriptions increases. CMS predicts from 2016-2025 prescription drug spending is projected to grow at an average rate of 6.7%.

DATE UPDATED: 1/17 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1357 Holland, Justin Medicaid reimbursement for opioid treatment

***Remarks:*** SUMMARY: Eliminates the sunset date for HHSC to provide reimbursement for medication-assisted opioid or substance use disorder treatment without requiring prior authorization.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 1/29 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1364 Munoz, Sergio OON Out of Pocket Cost Mandate

***Companions:*** SB 583 Hughes, Bryan(R) (Identical)
2-17-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: This bill would state that a health care provider may not be prohibited from accepting directly from an enrollee full payment for a health care service in lieu of submitting a claim. A health care provider's discounted cash price would be

considered full payment. The plan issuer would then be required to apply the charge towards the enrollee's out-of-pocket maximum, unless it was a payment for an uncovered service. The bill would apply to plans despite the fact that they require referrals for specialists, such as HMOs, and plans that do not have out-of-pocket costs, like Medicaid and CHIP. The bill also does not address whether the service is medically necessary or covered, whether it is actually a shoppable service, or whether the patient is shopping for a lower price.

TAHP POSITION: OPPOSED without guardrails added

COVERAGE TYPES: EPO/PPO, HMO, CC, ERS/TRS/University, Medicaid/CHIP

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

TAHP POSITION STATEMENT: TAHP supports market-driven incentives for patients to choose the lowest cost and highest value health providers. The bill requires any out-of-network health care service to be counted towards a patient's out-of-pocket maximum regardless of whether or not that service was a covered service or provided at a lower cost than the in-network rate. Further, the bill does not consider whether these services are medically necessary or shoppable. TAHP opposes this bill unless guardrails are added that would require the service to be medically necessary, shoppable, and less expensive than it would otherwi se be with a network provider. TAHP also opposes the bill unless HMOs, Medicaid, and CHIP, are removed. HMOs require referrals from primary care providers, so allowing a patient to go directly to a specialty provider would undermine the entire purpose of an HMO, making it function like an EPO. Medicaid and CHIP do not have out-of-pocket maximums, so the bill does not make sense in those contexts. TAHP supports encouraging patients to shop for lower cost, medically necessary services and would not oppose legislation that rewards that shopping. However, the bill lacks the necessary guardrails to ensure that the result of the bill is to reward patients that find lower cost services.

DATE UPDATED: 3/7 KS

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

T HB 1377 Walle, Armando 24 months postpartum Medicaid coverage

***Remarks:*** SUMMARY: Extends continuous eligibility for pregnant and postpartum women to not less than

24 months from 60 days. Repeals language passed last session in HB 133 that limits eligibility to pregnant women who deliver or experience an involuntary miscarriage.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: Healthy women lead to healthier mothers and children. In fact, research concludes that extending coverage improves health outcomes. However, six months postpartum, 77% of women on Texas Medicaid become uninsured and only 16% remain enrolled in the program for a full 12 months. This is alarming because 13% of women report a negative change in their health at either the 6- or 12-month mark. An important way to improve maternal health is to ensure access to health care coverage post-delivery. Texas Medicaid currently covers more than 50% of births in Texas. Providing Medicaid access to low-income mothers for a longer period also promotes continuity and access to preventive services such as contraception and intrapartum care. Texas should provide full coverage for women on Medicaid a full 12 months post-delivery to improve maternal health and ensure healthier babies.

DATE UPDATED: 1/29/23 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1378 Ortega, Lina Medicaid provider rates report

***Remarks:*** SUMMARY: Requires HHSC to report on provider reimbursement rates, supplemental payment amounts paid to providers, and access to care under Medicaid. Requires HHSC to collaborate with SMMCAC to develop and define the report. The report is due Dec. 1, 2024

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: Texas uses risk-based capitated managed care, which means that MCOs take on full financial risk. Medicaid is a taxpayer-funded program and as a result, capitation payments are based on historically low reimbursement rates. However, MCOs have contractual requirements to demonstrate network adequacy and so rates are in part driven by

market forces. Meanwhile, provider participation in Medicaid is voluntary.

DATE UPDATED: 2/21 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1396 Moody, Joe — Expands Medicaid therapy counseling types

***Companions:*** SB 2132 Miles, Borris(D) (Identical)
3- 9-23 S Filed

***Remarks:*** SUMMARY: Expands Medicaid reimbursement to LMFT associates, LMSWs, and LPC associates working toward full licensure and requires reimbursement to be 70% as that of LPs or licensed psychiatrists.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/10 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1397 Moody, Joe — Medicaid peer-to-peer services

***Remarks:*** SUMMARY: Requires Medicaid reimbursement for community recovery organization peer-to-peer services. Establishes a work group to provide input to help HHSC establish rules governing reimbursement for peer-to-peer services provided by community recovery organizations as defined in the bill.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/12 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1430 Meza, Terry — Attendant wage increase

***Remarks:*** SUMMARY: Requires a wage increase for attendants to $15 in 2024 and $17 thereafter. Requires MCO contracts to ensure provider

compliance by the MCO.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CCAD, PCH Program, HCS, TxHML, FC Program

EFFECTIVE DATES: Sept. 1, 2023 but begins Jan. 1, 2024

DATE UPDATED: 1/30 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Human Services

HB 1481 Rose, Toni Sickle cell health homes

***Remarks:*** SUMMARY: Requires HHSC to establish health homes for individuals diagnosed with sickle cell. Requires MCOs to align sickle cell treatments with national clinical practice guidelines and protocols. Requires HHSC to provide more provider education on sickle cell and review existing data to determine how health outcomes can be improved. Requires med schools to expand curriculums to focus more on sickle cell. Requires TEA and HHSC to provide more education in public schools. Adds a member of HHSC and TEA to the Sickle Cell Task Force. Requires a voluntary sickle cell surveillance system that tracks individuals with the diagnosis and health outcomes.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Public Health

HB 1488 Rose, Toni Sickle Cell Education & Medicaid Coverage

***Remarks:*** SUMMARY: Requires MCOs to align sickle cell treatments with national clinical practice guidelines and protocols. Requires HHSC to provide more provider education on sickle cell and review existing data to determine how health outcomes can be improved. Requires med schools to expand curriculums to focus more on sickle cell. Requires TEA and HHSC to provide more education in public schools. Adds a member

of HHSC and TEA to the Sickle Cell Task Force.

TAHP POSITION: Support TAHP submitted a card in support 3/16

COVERAGE TYPES: Medicaid

TAHP POSITION STATEMENT: TAHP has offered an amendment that would also require treatment to be medically necessary. Sickle cell disease is one of the most difficult and stressful chronic diseases to manage and reducing barriers to care by promoting education will improve the quality of services individuals receive.

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/9 by JL

***Last Action:*** 3-13-23 H Committee action pending House Public Health

HB 1562 Gamez, Erin (F) Border public health initiative

***Remarks:*** SUMMARY: Requires DSHS to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity for adults and children in border counties. The initiative must promote educational resources, screenings, referrals to providers and treatment. Requires DSHS to conduct bilingual, culturally appropriate outreach campaigns in partnership with other organizations. Requires a report by Jan. 1, 2027 to the legislature.

TAHP POSITION: Support

TAHP POSITION STATEMENT: While quality of care plays an important role, health outcomes are also driven by the conditions that people live, learn, work, and play. Individuals with inadequate access to food are at greater risk of developing chronic conditions and managing these conditions. They also utilize more services and face increased health care costs that might otherwise be avoidable. These conditions are known as non-medical drivers of health and can drive as much as 80% of health outcomes.

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1571 Lozano, Jose LEAs as Medicaid providers

***Companions:***

| | | |
|---|---|---|
| HB 2773 | Bucy, John(D) | (Identical) |
| | 3-13-23 H Introduced and referred to committee on House Human Services | |
| SB 2544 | Blanco, Cesar(D) | (Identical) |
| | 3-10-23 S Filed | |

***Remarks:***

SUMMARY: Requires HHSC to reimburse local educational agencies for all health care services covered under Medicaid if the LEA is an enrolled provider and with parental consent for the services. If permitted under federal law, reimbursement must occur regardless of whether the service are identified as part of the student's individualized education plan or individualized family service plan and the service is provided by the student's PCP.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 2/1 by JL

***Last Action:***

3- 3-23 H Introduced and referred to committee on House Human Services

HB 1575 Hull, Lacey NDOH Screening for pregnant women in Medicaid

***Remarks:***

SUMMARY: Requires HHSC to adopt standardized assessment questions designed to screen for, identify, and aggregate data regarding nonmedical health-related needs of pregnant women who are eligible for Medicaid or the alternatives to abortion program. Service coordination benefits must include identifying and coordinating the provision of non-covered services, community supports, and other resources an MCO or provider has determined will improve health outcomes. MCO must use screening findings to determine if more services are needed.

TAHP POSITION: Support

TYPES OF COVERAGE: Medicaid

DATES EFFECTIVE: Sept. 1, 2023

DATE UPDATED: 3/14 by JL

***Last Action:***

3-13-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1578 Allison, Steve Health literacy plan

***Companions:*** SB 589 Johnson, Nathan(D) (Identical)
2-17-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Requires the Statewide Health Coordinating Council to develop a long-range plan for improving health literacy in this state that must be updated every two years and submitted to the legislature. Requires the Council to study the economic impact of low health literacy. Requires the Council to identify primary risk factors contributing to low health literacy, examine ways to address literacy, examine the potential to use quality measures in state-funded programs, and identify strategies to expand the use of plain language. Requires the State Health Plan to identify the prevalence of low health literacy among health care consumers and propose cost-effective strategies that also attain better patient outcomes.

TAHP POSITION: Support

TAHP POSITION STATEMENT: An estimated 90 million Americans have low health literacy. Health literacy helps people make healthy choices. People without high healthy literacy may not be able to read food or prescription labels, describe their symptoms to health providers, and understand insurance documents or medical bills. Low health literacy can result in medical errors, increased illness and disability, loss of wages, and compromised public health. The impact is estimated to cost the U.S. up to $236 billion every year.

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1599 Bucy, John Express lane eligibility

***Remarks:*** SUMMARY: Requires HHSC to enroll children who are eligible for CHIP, SNAP, or other programs, as determined by the submission of any eligibility applications.

TAHP POSITION: Support TAHP submitted a card in support 3/16

EFFECTIVE DATES: Sept.1, 2023

TAHP POSITION STATEMENT: The CHIP Reauthorization Act of 2009 (CHIPRA) created an express lane eligibility option for states as an important new avenue to ensure that children eligible for Medicaid or CHIP have a fast and simplified process for having their eligibility determined or renewed.

DATE UPDATED: 3/12 by JL

***Last Action:*** 3-16-23 H Committee action pending House Select on Health Care Reform

HB 1641 Meza, Terry Medicaid expansion for mental illness

***Remarks:*** SUMMARY: Requires Medicaid expansion to individuals with bipolar disorder, dysthymia, schizophrenia, or severe chronic depression and whose family income does not exceed 133% of the federal poverty level, if federal matching funds are available.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1664 Thierry, Shawn Study on maternal mortality morbidity

***Remarks:*** SUMMARY: Requires DSHS and the Texas Maternal Mortality and Morbidity Review Committee (MMMRC) to evaluate maternal mortality and morbidity among Black women in Texas and make recommendations to address disparities. The report must examine rates among Black women in Texas in relation to other races and ethnicities, examine socioeconomic status and education level, assess the impact of SDOH, evaluate the impact to certain health conditions, and examine the impact of implicit biases. The report is due Sept. 1, 2024, but may be combined with the biannual report from the Committee.

TAHP POSITION: Support

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

TAHP POSITION STATEMENT: The 2020 MMMRC Biennial Report found that 89% of pregnancy-related deaths are preventable and racial and ethnic disparities persist in maternal

mortality and morbidity. The 2022 report found that 8 underlying causes of death accounted for 82% of all pregnancy-related deaths among reviewed cases from 2013. Additionally, the 2021 Healthy Texas Mothers and Babies Data Book noted trends related to prevalence of and treatment for maternal depression that highlight similar racial and ethnic disparities. Improving maternal health and addressing the causes of maternal mortality and morbidity are a priority for managed care plans because the majority of maternal deaths from 2012-2015 were to women enrolled in Medicaid.

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Public Health

HB 1686 Oliverson, Tom — Prohibits gender transitioning in Medicaid

***Companions:***

| | | |
|---|---|---|
| SB 14 | Campbell, Donna(R) | (Identical) |
| | 3-16-23 S Committee action pending Senate State Affairs | |
| SB 625 | Campbell, Donna(R) | (Identical) |
| | 2-17-23 S Introduced and referred to committee on Senate State Affairs | |

***Remarks:***

SUMMARY: Prohibits Medicaid and CHIP from covering or providing reimbursement for services that transition a child's biological sex as determined by the child's sex organs, chromosomes, and endogenous profiles. Provides an exception for children who need puberty suppression or blocking drugs for normalizing puberty for a minor experiencing precocious puberty or children with genetic disorders. Prohibits the use of public money to a health care provider, medical school, hospital, physician, or any other entity, organization, or individual that provides or facilitates the provision of a procedure or treatment to a child. Allows for revocation of a providers' license.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Dec. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Public Health

HB 1701 Collier, Nicole — Reasonable Medicaid provider rates

***Remarks:*** SUMMARY: Prohibits MCOs from paying providers confiscatory rates, which are those that don't allow the provider to: recover reasonable operating expenses; realize a reasonable return on costs; and ensure confidence in the provider's continued financial integrity and participation in Medicaid. Allows for contested case hearings. If the provider's contract contains a process for handling provider reimbursement disputes, the provider must first follow the outlined contractual process. However if the provider is dissatisfied with the outcome or the MCO fails to address the contractual process within 45 days, the provider may request a contested case hearing. An amount may not be awarded to a provider that, as a percentage of the provider's average net income before taxes, exceeds the MCO's percentage of net income before taxes that is authorized to be retained by the MCO under the managed care contract, averaged over all financial statistical reporting periods; or that, in the aggregate, exceeds the amount of resources maintained by the MCO to reasonably accommodate program changes at no additional cost to the commission in accordance with the managed care contract.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Judiciary and Civil Jurisprudence

HB 1795 Howard, Donna LEAs as Medicaid providers

***Companions:***

| | | |
|---|---|---|
| HB 3225 | Hinojosa, Gina(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Requires HHSC to reimburse local educational agencies for all health care services covered under Medicaid if the LEA is an enrolled provider and with parental consent for the services. If permitted under federal law, reimbursement based on the random moment time study methodology must occur regardless of whether the service are identified as part of the student's individualized education plan or individualized family service plan, the service is provided by the student's PCP, and there is any charge for the service to the student as a Medicaid recipient or to the community at large. LEAs are limited in using the reimbursement to continue to fund the health care services by the

LEA.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 2/1 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Human Services

HB 1798 Howard, Donna HCBS strategic plan

***Companions:*** SB 663 Perry, Charles(R) (Identical)
2-17-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Requires the development of a strategic plan to provide home and community-based services in Medicaid and CHIP. The plan must include a proposal for rate methodology, an assessment of unmet needs, and access to care standards for each program and must be submitted by Sept. 1, 2024. Every two years, HHSC must produce a report on strategic plan progress. Establishes an HCBS Advisory Committee, which can be a subcommittee of the Medical Care Advisory Committee

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/13 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Human Services

HB 1824 Thierry, Shawn 12 months postpartum

***Companions:*** HB 487 Thompson, Senfronia(D) (Identical)
2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: Builds on HB 133 last session by extending postpartum coverage to 12 months from six months and removes language passed last session in HB 133 that limits eligibility to pregnant women who deliver or experience an involuntary

miscarriage.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

DATE UPDATED: 2/10 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1879 Darby, Drew Expands Medicaid counseling provider types

***Remarks:*** SUMMARY: Expands Medicaid reimbursement to LMSWs, and LPC associates working toward full licensure and requires reimbursement to be 70% as that of LPs or licensed psychiatrists.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/10 by JL

***Last Action:*** 3- 7-23 H Introduced and referred to committee on House Human Services

HB 1890 Jetton, Jacey Hospitals at home

***Remarks:*** SUMMARY: Establishes a hospital at home program for hospitals to provide acute care in a home setting for Medicare recipients. Requires HHSC to adopt rules establishing minimum standards.

POSITION: Neutral

COVERAGE TYPE: Medicare, not Medicaid

EFFECTIVE DATES: Sept. 1, 2023

LAST UPDATED: 3/17 by JL

***Last Action:*** 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

HB 1946 Rosenthal, Jon — Adds Demographic info to Medicaid eligibility

***Remarks:*** SUMMARY: Increases the number of demographic categories for race and ethnic origin and sexual orientation options on Medicaid eligibility applications. Requires HHSC to collect health care information, including disabilities diagnosis, about an individual receiving benefits upon their death. Requires data to be posted online. Allows HHSC to adopt rules necessary for implementation.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

LAST UPDATED: 2/11 by JL

***Last Action:*** 3- 8-23 H Introduced and referred to committee on House Human Services

HB 1958 Thierry, Shawn — Expands Maternal Review Committee

***Remarks:*** SUMMARY: Expands the Texas Maternal Mortality and Morbidity Review Committee to include an MCO and additional provider types. Allows for voluntary and confidential reporting of pregnancy-associated deaths and pregnancy-related deaths. Establishes a work group to establish a secure maternal mortality and morbidity data registry and allows DSHS to establish rules for implementation. Requires a report on the establishment of the registry and any recommendations. Also establishes a doula pilot program in Medicaid and a report of the pilot's outcomes by 2028.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATE: immediately if it receives a two-thirds vote, or Sept. 1, 2023

DATE UPDATED: 2/11 by JL

***Last Action:*** 3- 8-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 1998 Johnson, Julie — Texas Medical Board

***Remarks:*** SUMMARY: This bill would require the TMB to search the National Practitioner Data Bank

(NPDB) monthly and update new disciplinary information as needed. It would also require peer review committees to report to the NPDB and prohibit the TMB from granting a license is a physician had their license revoked in another state.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

***Last Action:*** 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

HB 2025 Oliverson, Tom — Health benefit plan coverage transplant

***Companions:*** SB 1040 Kolkhorst, Lois(R) (Identical)
3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: This bill would prohibit issuers from covering organ transplants if the transplant operation is performed in China or another country known to have participated in organ harvesting, or if the organ was procured by a sale or donation originating in one of those countries. It would allow DSHS to designate additional countries known to have participated in organ harvesting.

TAHP POSITION: Neutral

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC, ERS/TRS/UT, Medicaid

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

DATE UPDATED: 2/13 KS

***Last Action:*** 3- 8-23 H Introduced and referred to committee on House Public Health

HB 2036 Meza, Terry — Reimbursable home-delivered meals

***Remarks:*** SUMMARY: Establishes a new home-delivered meals program, reimbursable at $10 per meal, for individuals in the STAR+PLUS home and community-based services waiver program, community services and supports programs, and area agencies on aging.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 2/11 by JL

***Last Action:*** 3- 8-23 H Introduced and referred to committee on House Human Services

HB 2047 Zwiener, Erin — Medicaid expansion for under 26

***Remarks:*** SUMMARY: Expands Medicaid eligibility for individuals under 26. TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 2/11 by JL

***Last Action:*** 3- 8-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 2124 Gonzalez, Jessica — Medicaid expansion

***Remarks:*** SUMMARY: Expands eligibility to include individuals who entered the US on or after August 22, 1996; and have resided in the US for a period of five years after entering as a qualified alien.

TAHP POSITION: Neutral

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 2/11 by JL

***Last Action:*** 3- 9-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 2216 Cortez, Philip — 1 year Medicaid continuous eligibility

***Companions:*** SB 1692 Blanco, Cesar(D) (Identical)
3-16-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Requires continuous eligibility for children for the lesser of one year or until the child reaches 19.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 3- 9-23 H Introduced and referred to committee

on House Select on Health Care Reform

**HB 2244** Campos, Liz — Medicaid homelessness pilot

***Companions:*** HB 2469 Campos, Liz (F)(D) (Refiled from 87R Session)

***Remarks:*** SUMMARY: Requires a statewide Texas pathways pilot project in Medicaid to provide individuals experiencing chronic homelessness to receive supportive housing services and other Medicaid services.

TAHP POSITION: Reviewing

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 3- 9-23 H Introduced and referred to committee on House Human Services

**HB 2307** Hull, Lacey — Managed care organizations

***Companions:*** SB 935 Perry, Charles(R) (Identical) 3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Clarifies that the federal share to be paid on managed care recoveries allows MCOs to retain one-half of recoveries identified by the MCO and recovered by the state. The state's share remains the same.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 3-21-23 H Meeting set for 8:00 A.M., E2.030, House Human Services

**HB 2337** Oliverson, Tom — IOP and PHP as Medicaid benefits

***Companions:*** SB 905 Perry, Charles(R) (Identical) 3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Adds intensive outpatient services and partial hospitalization services as Medicaid benefits. These are currently in-lieu-of-services

(ILOS).

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: TAHP supports this bill, however, the bill should be amended to ensure the language aligns with exiting ILOS services in the Uniform Managed Care Manual to ensure there is no misinterpretation of intended covered services. Texas Medicaid lacks intensive facility or clinic-based mental health care coverage. Many of these services are already covered in the private health insurance market but are limited in Medicaid. These programs are designed for individuals whose situations do not need full inpatient care nor the length of stay that is typical of residential treatment. Additionally, these services allow youth to continue living in their homes and community. Streamlining coverage for these services as traditional Medicaid benefits across all MCOs will ensure better access to mental health services and may reduce hospitalization costs that result when no alternatives are available.

DATE UPDATED: 2/26 by JL

***Last Action:*** 3- 9-23 H Introduced and referred to committee on House Human Services

HB 2401 Oliverson, Tom Repeals Medicaid mandatory contracting

***Companions:*** SB 651 Perry, Charles(R) (Identical)
2-17-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Repeals mandatory contracting with non-profit MCOs or hospital districts with an MCO in Medicaid.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediately if it receives a two-thirds vote, or Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Human Services

HB 2404 Johnson, Ann Functional family therapy in Medicaid

***Companions:*** SB 2278 Blanco, Cesar(D) (Identical)

3-10-23 S Filed

***Remarks:*** SUMMARY: Establishes and provides reimbursement for functional family therapy as a Medicaid benefit.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: Texas Medicaid lacks intensive community-based care coverage for youth who are at risk for criminal behavior. These gaps have led to Texas using the state's juvenile justice system as a mental health care provider. Evidence-based prevention and intervention programs like functional family therapy are short-term, high-quality services that can be provided in the community for youth with mild to severe behavior problems. Coverage is available in the private market for these therapies, but the most at-risk youth in need of these services are youth in Medicaid.

DATE UPDATED: 2/24 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Select on Youth Health & Safety

HB 2526 Campos, Liz Personal needs allowance

***Companions:***

| | | |
|---|---|---|
| HB 2121 | Campos, Liz (F)(D) | (Refiled from 87R Session) |

***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 $100 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.

DATE UPDATED: 2/24 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Human Services

HB 2529 Talarico, James Insulin VDP Reporting - Pay for Delay

***Companions:*** SB 241 Perry, Charles(R) (Identical)
3-15-23 S Voted favorably from committee as substituted Senate Health and Human Services

***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 co mplex 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:*** 3-13-23 H Introduced and referred to committee on House Public Health

HB 2587 Howard, Donna Breast and cervical cancer FPL

***Remarks:*** SUMMARY: Establishes a ceiling for breast and cervical cancer services to women with family income of 250% above federal poverty level

standards (currently 200% FPL).

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATE: Immediate if it receives a 2/3 vote, otherwise Sept. 1, 2023

DATE UPDATED: 2/24 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 2638 Johnson, Ann — Multisystemic therapy in Medicaid

***Companions:*** SB 2279 Blanco, Cesar(D) (Identical)
3-10-23 S Filed

***Remarks:*** SUMMARY: Establishes and provides reimbursement for multisystemic therapy as a Medicaid benefit.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: Texas Medicaid lacks intensive community-based care coverage for youth who are in the juvenile justice system. These gaps have led to Texas using the state's juvenile justice system as a mental health care provider. Evidence-based prevention and intervention programs like multisystemic therapy are short-term, high-quality services that can be provided in the community for youth with mild to severe behavior problems. Coverage is available in the private market for these therapies, but the most at-risk youth in need of these services are youth in Medicaid.

DATE UPDATED: 2/24 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Select on Youth Health & Safety

HB 2641 Johnson, Ann — Rapid whole genome sequencing

***Remarks:*** SUMMARY: Allows for the rapid whole genome sequencing of babies under 1 in intensive care with a complex illness in Medicaid as a covered, reimbursable benefit. In these circumstances, also allows for testing of both biological parents. Allows HHSC to establish by rule the reimbursement rate. Allows for utilization review. Allows the sequencing to be use for scientific research if consent is given

or for other clinical uses.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: Addresses the problem of delayed diagnosis of genetic diseases by delivering timely whole genome sequencing, resulting in faster diagnoses, better health outcomes, and decreased cost of care for critically ill newborns.

DATE UPDATED: 3/17 by JL

***Last Action:*** 3-21-23 H Meeting set for 8:00 A.M., E2.030, House Human Services

HB 2727 Price, Four Telemonitoring in Medicaid

***Remarks:*** SUMMARY: Eliminates the requirement that telemonitoring be cost-effective and instead be clinically-effective. Allows for telemonitoring to occur as long as one risk factor is present instead of two and eliminates risk factors indicating a patient is alone or lacks a support system. Requires any provider to establish a plan of care with outcomes and provide the plan to the patient's physician. To the extent possible, allows for women experiencing high-risk pregnancies to receive telemonitoring equipment, which is subject to a PA under rulemaking by HHSC.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Immediately if it receives 2/3 vote, otherwise Sept. 1, 2023

DATE UPDATED: 2/26 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Public Health

HB 2767 Klick, Stephanie HHSC access to PMP for report

***Remarks:*** SUMMARY: Allows HHSC access to the Prescription Monitoring Program (PMP) database for the purpose of producing a federal report required by US HHS. Requires Texas State Board of Pharmacy and HHSC to enter into a limited data-sharing agreement.

TAHP POSITION: Support

TAHP POSITION STATEMENT: HHSC lacks the authority to directly access the PMP and must use a third-party vendor. This limited-use access with produce a cost-savings for the agency.

DATE EFFECTIVE: The agreement must be final by Jan. 1, 2024

DATE UPDATED: 3/17 by JL

***Last Action:*** 3-20-23 H Meeting set for 8:00 A.M., JHR 120, House Public Health

HB 2773 Bucy, John Reimbursement under Medicaid educational

***Companions:***

| | | |
|---|---|---|
| HB 1571 | Lozano, Jose(R) | (Identical) |
| | 3- 3-23 H Introduced and referred to committee on House Human Services | |
| SB 2544 | Blanco, Cesar(D) | (Identical) |
| | 3-10-23 S Filed | |

***Remarks:*** SUMMARY: Requires HHSC to reimburse local educational agencies for all health care services covered under Medicaid if the LEA is an enrolled provider and with parental consent for the services. If permitted under federal law, reimbursement must occur regardless of whether the service are identified as part of the student's individualized education plan or individualized family service plan and the service is provided by the student's PCP.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 2/26 by JL

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Human Services

HB 2797 Bucy, John Health benefit coverage certain procedures

***Remarks:*** SUMMARY: This bill would require issuers that provide coverage for hysterectomy or myomectomy to also cover laproscopic removal of uterine fibroids, including ultrasound guidance and monitoring and radiofrequency ablation.

TAHP POSITION: Oppose

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC, ERS/TRS/University, Medicaid/CHIP

EFFECTIVE DATES:

TAHP POSITION STATEMENT:

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Insurance

HB 2802 Rose, Toni MCO texting

***Companions:*** SB 1127 Blanco, Cesar(D) (Identical)
3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Aligns state law with recent FCC guidance that makes it easier for Medicaid MCOs to text families about enrollment or eligibility renewal. Also establishes in the application that individuals may “opt-out” of receiving texts and emails regarding important health information such as upcoming appointment reminders. Ensures that MCOs do not have to unnecessarily transmit emails and phone numbers they directly receive from their enrollees back to HHSC and receive confirmation from HHSC that the information was received.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid and CHIP

TAHP POSITION STATEMENT: Currently, the option to “opt-in” to texting and email on the eligibility application is confusing. Texans can easily overlook or misunderstand instructions when filling out preferred contact preferences. The process for Medicaid members to receive text communications from their health insurance plan should be as simple and streamlined as possible. At least 21 states allow texting with implied consent with an option to unsubscribe, and most states have implied consent for email as long as there is an unsubscribe option in each email. 83% of Medicaid beneficiaries in the U.S. own a smartphone--used effectively, text messaging can both enhance existing forms of communication to Medicaid families and improve the delivery of the State’s critical safety net programs. The FCC agrees, and in January of 2023 released guidance that allows MCOs to easily text Medicaid families enrolled with them information relating to their enrollment in Medicaid or any upcoming eligibility changes using contact information received from any application for health care coverage or state benefits.

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/26 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Human Services

HB 2873 Howard, Donna Maternal health strategic plan

***Remarks:*** SUMMARY: Requires HHSC to develop and implement a single strategic plan for improving maternal health outcomes within existing programs. The strategic plan must address perinatal depression, hyperemesis gravidarum, and other major pregnancy-related health complications; improve the quality of maternal health care under Medicaid for Pregnant Women, CHIP perinatal; and reduce pregnancy-related deaths. HHSC must produce the strategic plan every two years. Accordingly, the bill repeals duplicative reports on pregnancy-related deaths, severe maternal morbidity, and postpartum depression; the postpartum strategic plan; hyperemesis gravidarum strategic plan; report on statewide initiative to improve the quality of health care in managed care; report on actions to address maternal mortality rates; and report on prenatal and postpartum care through teleservices.

TAHP POSITION: Support

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/15 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 2903 Martinez Fischer, Trey Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 1062 | Guerra, Bobby(D) | (Identical) |
| | 3- 2-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| SB 125 | Alvarado, Carol(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Provides rulemaking authority to HHSC.

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 3/4 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 2932 Lujan, John — PACE program slots

***Remarks:*** SUMMARY: Appropriates $16.48M for 3 additional PACE program locations. Each location cannot exceed 300 program slots.

TAHP Position: In review

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/4 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Human Services

HB 2933 Dorazio, Mark (F) — Adoptive parents access to medical records

***Remarks:*** SUMMARY: Requires HHSC to coordinate with DFPS to ensure parents adopting through conservatorship can consent to medical treatment and have access to medical records, including any records through Medicaid.

TAHP POSITION: Neutral

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/4 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Human Services

HB 2983 Oliverson, Tom — Food is Medicine pilot

***Companions:*** SB 1675 Johnson, Nathan(D) (Identical) 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Establishes a 5-year food is medicine pilot program with FQHCs or other managed care providers. Eligible individuals are those who have chronic disease, including diabetes, congestive heart failure, chronic pulmonary disease, kidney disease, that is impacted by the individual's diet and limits at least one activity of the individual's daily living; and who experience food insecurity and have at least one chronic health condition directly impacted by the nutritional quality of food that would support treatment and management of the condition. The pilot is limited to no more than 6 service areas and is available to the 10 largest counties and Hidalgo County. Gives HHSC rulemaking authority to establish eligibility criteria.

Requires reporting at three different intervals; the final report must include medical outcomes, a cost analysis, and a recommendation by the agency on next steps.

TAHP POSITION: In review

COVERAGE TYPE: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Human Services

HB 3034 Talarico, James Notice regarding nonemergency ambulance

***Remarks:*** SUMMARY: This bill would require a plan that does not provide coverage for nonemergency services provided by EMS personnel to provide written notice in an explanation of benefits that the plan does not cover nonemergency ambulance or nonemergency health care services provided by EMS personnel.

TAHP POSITION: In review

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC, ERS/TRS/University, Medicaid/CHIP

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 3/8 KS

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Insurance

HB 3077 Jones, Jolanda (F) Medicaid postpartum depression services

***Remarks:*** SUMMARY: Requires screening and treatment for postpartum depression for 12 months following childbirth or a miscarriage in CHIP Perinatal and Medicaid. Gives HHSC rulemaking authority. Also extends Medicaid for Pregnant Women to 12 months for women who give birth or experience a miscarriage.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP Perinatal

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 3119 Smithee, John — OIG third party liability

***Companions:*** SB 1342 Perry, Charles(R) (Identical)
3-16-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: In March 2022, federal third party liability requirements were updated. This bill requires third parties (other than Medicare) to accept the state's "authorization" that the item or service is covered under the state plan as if the authorization were the prior authorization made by the third party for the item or service. It also adds a 60-day timeliness requirement in which the third party must respond to a state's inquiry about a claim, and adds that a third party must agree not to deny a state's claim for failure to obtain prior authorization for the item or service.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-14-23 H Introduced and referred to committee on House Human Services

HB 3214 Howard, Donna — VDP reimbursements

***Companions:*** SB 1619 Perry, Charles(R) (Identical)
3-16-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Prohibits VDP from including any discount price offered for the prescription drug, including a discount offered through a third party discount card, in determining the usual and customary price of a prescription drug for purposes of determining the reimbursement amount.

TAHP POSITION: In review

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Human Services

HB 3226 Allison, Steve — Live Well Texas

***Remarks:*** SUMMARY: Requires HHSC to seek an 1115 waiver for the Live Well Texas program. The program would provide high-deductible coverage for eligible adults between 19-65 with an emphasis on producing better health outcomes,

requiring unemployed individuals to actively seek work, and creating incentives for participants to transition from receiving public assistance benefits to achieving stable employment. The program is not an entitlement program, but HHSC is required to coordinate the program with Medicaid. Eligible individuals must not be eligible for Medicaid or Marketplace Insurance.

TAHP POSITION: Neutral

DATE EFFECTIVE: Immediately if it receives a 2/3 vote, otherwise Sept. 1

DATE UPDATED: 3/15 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 3237 Campos, Liz — Mixed status families outreach for Medicaid

***Companions:***

| | | |
|---|---|---|
| SB 2069 | Menendez, Jose(D) | (Refiled from 87R Session) |
| SB 630 | Menendez, Jose(D) | (Identical) |

2-17-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Requires HHSC to conduct a public outreach and education campaign to educate and inform mixed-status families about eligibility requirements under Medicaid and CHIP.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 3267 Talarico, James — Medicaid buy-in program

***Companions:***

| | | |
|---|---|---|
| HB 4084 | Talarico, James(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Establishes a new Medicaid buy-in program. Requires HHSC to establish rules regarding income eligibility, a requirement that the individual not be eligible for Medicaid and a requirement that the individual not have access to an alternative health plan, including an employer-sponsored plan. The program must be substantially identical to the existing Medicaid buy-in program, except to the extent there may be

differences based on populations served and the plan is not required to include nonmedical transportation services.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Immediately if it receives a 2/3 vote,, otherwise Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 3285 Price, Four VDP digital therapeutics

***Remarks:*** SUMMARY: Creates a new benefit in Medicaid to provide for prescription digital therapeutics, the definition of which will be set by HHSC rulemaking.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Human Services

HB 3286 Klick, Stephanie Step therapy protections under Medicaid

***Companions:*** SB 2201 Hancock, Kelly(R) (Identical)
3- 9-23 S Filed

***Remarks:*** SUMMARY: Establishes step therapy protocols and protections that exist on the commercial market. Requires a process through which a step therapy protocol exception request may be submitted by a provider. Step therapy protocol requires a patient to use a prescription drug or sequence of drugs other than the drug the physician recommends before a MCO provides coverage for the recommended drug. Exceptions include if the drug is contraindicated, will likely cause an adverse reaction, is expected to be ineffective, the patient previously tried the drug and it caused a reaction or was ineffective or had a diminished effect. There are also exceptions if the drug is not in the best interest of the patient or if the member is stable on the drug. MCOs must respond to provider exceptions within 72, or 24 hours if the drug required by step therapy is expecting to cause harm or serious death of the

patient. Finally, the bill requires MCOs to post their preferred drug lists online.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATE: Sept. 1, 2023

TAHP POSITION STATEMENT: Many Texans on Medicaid are required to follow strict step therapy requirements for medications on the state's Medicaid preferred drug list. This restricts their access to necessary medications and can lead to serious health consequences. In contrast, patients in the commercial market have access to mandatory exception processes to step therapy. Health plans in the private market must grant an exception to their step therapy protocol for a patient who is stable on a drug if the change is expected to be ineffective or cause harm to the patient. Unfortunately, Texas Medicaid patients do not have these same protections, and are often forced off of medications that are working for them.

For example, if a patient on Medicaid requires a non-preferred drug that is not on the state's Medicaid preferred drug list, they may have to try and fail on several other medications before being able to access the necessary medication. This process can be time-consuming, expensive, and, in some cases, even dangerous. Furthermore, if a patient is stable on a particular medication, they may still be forced to switch to a different medication simply because it is on the preferred drug list.

This lack of step therapy protections for Texas Medicaid patients creates barriers to accessing necessary medications and can lead to serious health consequences. To address this issue, this bill will add step therapy exceptions protections to the Texas Medicaid program. This will give Medicaid patients the same mandatory exception processes to step therapy as patients in the commercial market, ensuring they have access to the necessary medications they need.

DATE UPDATED: 3/6 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Select on Health Care Reform

HB 3394 Walle, Armando Doula Medicaid benefit

***Companions:*** HB 3725 Thierry, Shawn(D) (Identical)
3- 6-23 H Filed

***Remarks:*** SUMMARY: Establishes doula services as a Medicaid benefit. To be eligible for reimbursement, the doula must be at least 18 years old, have a National Provider Number, be accredited, and complete education and training. If a doula cannot meet the requirements, the doula may submit evidence that the doula has practiced for at least 12 months prior to the claim. Gives HHSC rulemaking authority to determine what doula services are eligible for reimbursement. Allows services to be provided virtually or by phone. Requires HHSC to establish a public statewide registry for doulas. Requires a report from HHSC on cost and utilization information.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/7 by JL

***Last Action:*** 3-15-23 H Introduced and referred to committee on House Human Services

HB 3414 Oliverson, Tom APCD Reforms

***Companions:*** SB 2045 Hancock, Kelly(R) (Identical)
3- 9-23 S Filed

***Remarks:*** SUMMARY: This bill would create "qualified market consultant entities" and "qualified market participant entities" that could access APCD data, in addition to the existing "qualified research entity." An entity that wants to access data would be required to submit an application that includes the sources of all funding, the names of all individuals who will have access to the data, the proposed project and how it will improve access or reduce costs of care, and a statement of what type of entity they are. The Center would review the application, and if it is rejected, would have to state the specific deficiency. If it is not granted in 31 days, the application is considered approved. Qualified research entities would be prohibited from selling or sharing the data, but they could report or publish data that identifies providers and payors.

A qualified market participant would only be allowed to access data of their own patients or enrollees. They would be prohibited from selling or sharing data, and would not be allowed to publicly report or publish any data that identifies a provider or payor.

A qualified market consultant would be able to access all data, but they would not be allowed to sell or share the data, and would not be allowed to publish data that identifies a provider or payor.

The bill would also give appointment power of the APCD advisory committee to the governor rather than the Center and clarify that the Center may not require the submission of data that is not included in a standard claim form.

TAHP POSITION:

COVERAGE TYPES:

EFFECTIVE DATES: Immediate or 9/1/23

TAHP POSITION STATEMENT:

DATE UPDATED: 3/12 KS

***Last Action:*** 3-16-23 H Introduced and referred to committee on House Insurance

HB 3502 Leach, Jeff — Gender transition coverage

***Last Action:*** 3-16-23 H Introduced and referred to committee on House Insurance

HB 3551 Thierry, Shawn — Presumptive eligibility elderly individuals

***Companions:***

| | | |
|---|---|---|
| HB 1988 | Thierry, Shawn(D) | (Refiled from 87R Session) |
| SB 322 | Johnson, Nathan(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Requires HHSC to create a new program within Medicaid that allows for presumptive eligibility based on functional need for medicaid for an individual who requires skilled nursing care but could live in the community with home and community based services. Presumptive eligibility would be for no more than 90 days.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/8 by JL

***Last Action:*** 3-16-23 H Introduced and referred to committee on House Human Services

HB 3566 Bucy, John — Substance and addiction treatment standards

***Last Action:*** 3-16-23 H Introduced and referred to committee on House Insurance

HB 3571 Lujan, John — MCOs as case assistance affiliates

***Companions:*** SB 1695 Blanco, Cesar(D) (Identical)
3-16-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Allows managed care plans to become case assistance affiliates to assist Medicaid and CHIP recipients by providing renewal assistance and benefit case management services. Requires HHSC to adopt rules to implement the program, including requirements for training and certification and the protection of the enrollee's information. Allows for assistance provided to be categorized as administrative expenses.

TAHP POSITION: Support

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: The new Case Assistance Affiliate program is an enhanced version of the existing Community Partner Program, which connects Texans applying for benefits with community-based organizations that can assist with the application. The new CAA program launched during the pandemic and provides managed care plans and dental contractors with additional tools to assist Texans navigate renewal challenges during the Medicaid unwinding, including the ability to: assist families access the YourTexasBenefits eligibility website, help recipients navigate the redetermination application process, reset passwords, and update contact information. The CAA program can permanently address state workforce challenges at HHSC and help Texans who lack access to or are unfamiliar with eligibility verification documents.

DATE UPDATED: 3/8 by JL

***Last Action:*** 3-16-23 H Introduced and referred to committee on House Human Services

HB 3586 Cole, Sheryl — Coverage provision abortion and contraception

***Companions:*** SB 1623 Eckhardt, Sarah(D) (Identical)

| | | |
|---|---|---|
| | 3-16-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Last Action:*** 3-16-23 H Introduced and referred to committee on House Human Services

**HJR 7** Bucy, John — Medicaid eligibility

***Companions:***

| | | |
|---|---|---|
| HJR 9 | Reynolds, Ron(D) | (Refiled from 87R Session) |
| HJR 23 | Israel, Celia(D) | (Refiled from 87R Session) |
| HJR 24 | Bucy, John(D) | (Refiled from 87R Session) |
| SJR 11 | Zaffirini, Judith(D) | (Refiled from 87R Session) |
| SJR 14 | Johnson, Nathan(D) | (Refiled from 87R Session) |
| HB 132 | Bucy, John(D) | (Enabling) |
| | 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform | |

***Last Action:*** 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform

**HJR 16** Bernal, Diego — Ad valorem tax exemptions certain persons

***Companions:***

| | | |
|---|---|---|
| HJR 14 | Bernal, Diego(D) | (Refiled from 87R Session) |
| HB 144 | Bernal, Diego(D) | (Enabling) |
| | 2-23-23 H Introduced and referred to committee on House Ways and Means | |
| HB 147 | Bernal, Diego(D) | (Enabling) |
| | 2-23-23 H Introduced and referred to committee on House Ways and Means | |

***Last Action:*** 2-28-23 H Introduced and referred to committee on House Ways and Means

**HJR 17** Bernal, Diego — Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HJR 9 | Reynolds, Ron(D) | (Refiled from 87R Session) |

| | | |
|---|---|---|
| HJR 23 | Israel, Celia(D) | (Refiled from 87R Session) |
| HJR 24 | Bucy, John(D) | (Refiled from 87R Session) |
| SJR 11 | Zaffirini, Judith(D) | (Refiled from 87R Session) |
| SJR 14 | Johnson, Nathan(D) | (Refiled from 87R Session) |
| HB 512 | Bernal, Diego(D) | (Enabling) |
| | 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform | |

***Last Action:*** 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform

HJR 117 Reynolds, Ron Proposing constitutional amendment expand

***Companions:***

| | | |
|---|---|---|
| HJR 9 | Reynolds, Ron(D) | (Refiled from 87R Session) |
| HJR 23 | Israel, Celia(D) | (Refiled from 87R Session) |
| HJR 24 | Bucy, John(D) | (Refiled from 87R Session) |
| SJR 11 | Zaffirini, Judith(D) | (Refiled from 87R Session) |
| SJR 14 | Johnson, Nathan(D) | (Refiled from 87R Session) |
| HJR 7 | Bucy, John(D) | (Identical) |
| | 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform | |

***Last Action:*** 3-13-23 H Introduced and referred to committee on House Select on Health Care Reform

SB 1 Huffman, Joan General appropriations bill

***Last Action:*** 2-21-23 S Committee action pending Senate State Affairs

SB 14 Campbell, Donna Prohibitions on provision to children

***Companions:***

| | | |
|---|---|---|
| HB 1686 | Oliverson, Tom(R) | (Identical) |
| | 3- 7-23 H Introduced and referred to committee on House Public | |

| | | |
|---|---|---|
| SB 625 | Health<br>Campbell, Donna(R) | (Identical) |
| | 2-17-23 S Introduced and referred to committee on Senate State Affairs | |

***Remarks:*** SUMMARY: Prohibits Medicaid and CHIP from covering or providing reimbursement for services that transition a child's biological sex as determined by the child's sex organs, chromosomes, and endogenous profiles. Provides an exception for children who need puberty suppression or blocking drugs for normalizing puberty for a minor experiencing precocious puberty or children with genetic disorders. Prohibits the use of public money to a health care provider, medical school, hospital, physician, or any other entity, organization, or individual that provides or facilitates the provision of a procedure or treatment to a child. Allows for revocation of a providers' license.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Dec. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 3-16-23 S Committee action pending Senate State Affairs

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 39 Zaffirini, Judith Medicaid expansion

| | | |
|---|---|---|
| ***Companions:*** HB 132 | Bucy, John(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| SB 71 | Johnson, Nathan(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |
| SJR 6 | Zaffirini, Judith(D) | (Enabling) |

2-15-23 S Introduced and referred to committee on Senate Health and Human Services

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Requires HHSC to produce a report on expanded eligibility. Requires a constitutional amendment.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 11/15 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 71 Johnson, Nathan Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 132 | Bucy, John(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| SB 39 | Zaffirini, Judith(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |
| SJR 10 | Johnson, Nathan(D) | (Enabling) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Requires HHSC to produce a report on expanded eligibility. Requires a constitutional amendment.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 11/15 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 72 Johnson, Nathan Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 226 | Bernal, Diego(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform | |

| | | |
|---|---|---|
| SB 671 | West, Royce(D) | (Identical) |
| | 2-17-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Requires HHSC to produce a report on expanded eligibility. Requires a constitutional amendment.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 11/15 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 73 Johnson, Nathan 12 month postpartum Medicaid coverage

***Remarks:*** SUMMARY: Builds on HB 133 last session by extending postpartum coverage to 12 months from six months and removes language passed last session in HB 133 that limits eligibility to pregnant women who deliver or experience an involuntary miscarriage.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

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

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 74 Johnson, Nathan Medicaid community health worker expenses

| | | |
|---|---|---|
| ***Companions:*** | HB 113 | Ortega, Lina(D) (Identical) |

3-14-23 H Voted favorably from committee on House 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.

DATE UPDATED: 1/11 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 113 Menendez, Jose Medicaid mental health in schools - LMHA

***Companions:***

| | | |
|---|---|---|
| SB 96 | Menendez, Jose(D) | (Refiled from 87R Session) |
| HB 98 | Moody, Joe(D) | (Identical) |

3-20-23 H Meeting set for 2:30 P.M. OR ADJ., E2.026, House Select on Youth Health & Safety

***Remarks:*** SUMMARY: Allows school districts to contract with LMHAs to provide MH services on campus. Requires the LMHA, at parent or guardian request, to provide the student ’s PCP the results of the assessment conducted and any results of services provided. Allows school districts to enroll as Medicaid providers in order to receive Medicaid reimbursement. This is currently allowable under SHARS.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

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

DATE UPDATED: 11/15 by JL

***Last Action:*** 3-15-23 S Committee action pending Senate Education

SB 124 Alvarado, Carol 12 month postpartum Medicaid coverage

***Remarks:*** SUMMARY: Builds on HB 133 last session by extending postpartum coverage to 12 months from 6 months. Removes language passed last session in HB 133 that limits eligibility to pregnant women who deliver or experience an involuntary miscarriage. Requires HHSC to actively seek, apply for, accept, and spend any federal money that is available, including FMAP. Requires the state to provide Medicaid for pregnant women who are lawfully present or lawfully residing in the US.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

DATE UPDATED: 1/17 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 125 Alvarado, Carol Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 1062 | Guerra, Bobby(D) | (Identical) |
| | 3- 2-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| HB 2903 | Martinez Fischer, Trey(D) | (Identical) |
| | 3-14-23 H Introduced and referred to committee on House Select on Health Care Reform | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

**T** SB 134 West, Royce — 12 month postpartum Medicaid coverage

***Companions:***

| | | |
|---|---|---|
| HB 133 | Rose, Toni(D) | (Refiled from 87R Session) |
| HB 146 | Thierry, Shawn(D) | (Refiled from 87R Session) |
| SB 121 | Johnson, Nathan(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Builds on HB 133 last session by extending postpartum coverage to 12 months from six months and retains language passed last session that limits eligibility to pregnant women who deliver or experience an involuntary miscarriage.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2021 (note, exact refile from last session)

TAHP POSITION STATEMENT: How we administer Medicaid pregnancy coverage dramatically affects the overall wellbeing of Texas mothers and infants. Unfortunately, we rank 15th nationally for maternal mortality with even more significant disparities in minority communities. The postpartum period is critical, and longer coverage allows for continued access to essential health services and preventative care, reducing maternal health complications that arise after the 60-day limit. Texas should join the majority of states and extend Medicaid postpartum coverage to a full year.

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

**T** SB 195 Johnson, Nathan — Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 652 | Johnson, Julie(D) | (Identical) |

2-23-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: Requires HHSC to request an 1115 waiver to implement the Live Well Texas program to assist individuals in obtaining health coverage through a program health benefit plan or health care financial assistance. The principal objective of the program is to provide primary and preventative health care through a high deductible program health benefit plans. Requires TDI to provide necessary assistance and monitor the quality of services by health plans. HHSC will select (through competitive bidding) health plan issuers licensed through TDI. Providers must be paid a rate at least equal to Medicare. People eligible for Medicaid are not eligible, and once a person is enrolled they must be disenrolled from Medicaid. Requires HHSC to develop and implement a "gateway to work" program under which HHSC must refer each participant who is unemployed or working less than 20 hours a week to available job search and job training programs.

TAHP POSITION: Neutral

COVERAGE TYPES: Commercial, Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/11 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

T 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 co mplex 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 251 Alvarado, Carol Emergency telemedicine pilot

***Companions:*** HB 617 Darby, Drew(R) (Identical)
3-16-23 H Committee action pending House Select on Health Care Reform

***Remarks:*** SUMMARY: This bill would create an emergency telemedicine pilot project. The project would provide emergency medical services instruction and prehospital care instruction to providers in rural areas.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/3 KS

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 295 Perry, Charles Costs for mental health proceedings

***Companions:*** HB 4085 Spiller, David(R) (Identical)
3- 8-23 H Filed

***Remarks:*** SUMMARY: Allows the state or county to pay the filing fee or other costs associated with a hearing

or proceeding for individuals with mental illness committed to a private mental hospital when emergency detention procedures are initiated or when a court orders mental health services, issues an order for protective custody, or issues an order for temporary mental health services. Expands the circumstances by which the court is required to return/refund court costs to the facility if the facility advanced them if the facility provided treatment for the person under a contract with a local mental health authority or the facility provided treatment for the person and the person is eligible for Medicaid benefits.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/17 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate State Affairs

SB 299 Hall, Bob Hospital liability for non-hospital physicians

***Remarks:*** SUMMARY: This bill would allow physicians who are not a member of the facility medical staff to provide care at the hospital at the patient's request. It would also ensure that the hospital is not liable to a patient or another person for damages resulting from that care.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/20 JB

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 303 Hall, Bob No immunization discrimination in Medicaid

***Remarks:*** SUMMARY: Prohibits providers from refusing to provide services to Medicaid and CHIP recipients who are not vaccinated. Requires HHSC to disenroll providers who do not comply and prohibits provider reimbursement. Gives HHSC rulemaking authority to implement.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 344 Johnson, Nathan Texas State Based Exchange

***Remarks:*** SUMMARY: SB 344 would create the Texas Health Insurance Exchange Authority to implement the Texas Health Insurance Exchange as an American Health Benefit Exchange authorized under the ACA. It authorizes an exchange user fee of up to 3.5 percent, a percentage of which will be set aside to increase subsidies. Subsidies will go to premium assistance and cost-sharing reduction programs. The exchange will cease operations if the ACA is repealed, defunded, or invalidated.

TAHP POSITION: Neutral monitor

COVERAGE TYPES: Commercial

TAHP POSITION STATEMENT: Texas should ensure that any efforts to build on the state's high-performing individual market do not create market instability or coverage disruptions. Texas has made substantial gains in increasing access to insurance coverage in the individual market. The number of Texans with marketplace plans doubled in the last two years, and 15 plans are offering coverage in Texas—a record number. Policies like a state-based exchange or 1332 coverage waiver should not be implemented in a way that would create market instability, increase costs or reduce competition and access. The state should look for reforms in the insurance market that further reduce the uninsured and lower costs.

EFFECTIVE DATES: 9/1/23, with rules adopted not later than 3/1/24.

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 407 Eckhardt, Sarah CHIP birth control coverage

***Companions:***

| | | |
|---|---|---|
| HB 141 | Howard, Donna(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Public Health | |
| SB 2436 | Lamantia, Morgan (F)(D) | (Identical) |
| | 3-10-23 S Filed | |

***Remarks:*** SUMMARY: Requires CHIP to cover prescription contraceptive drugs, supplies, or devices for children under 18 with written content. Prohibits CHIP from covering abortifacients or any other

drug or device that terminates a pregnancy.

TAHP POSITION: Neutral

COVERAGE TYPES: CHIP

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

DATE UPDATED: 1/9 by JL

***Last Action:*** 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

SB 504 Miles, Borris Medicaid block grant - Expansion

***Remarks:*** SUMMARY: Establishes a future mechanism for a block grant funding for Medicaid, which would allow for Medicaid eligible individuals to use subsidies to purchase insurance on the Marketplace. Would allow for any health plan to participate as a managed care plan and establish minimum coverage requirements. Requires a reform of long-term services and supports (limited guidance). Requires HHSC and TDI to implement a program that helps connect low-income Texans with health benefit plan coverage through private market solutions. Requires HHSC to develop and implement customized benefits packages designed to prevent the overutilization of services for individuals receiving home and community - based services. Creates a demonstration project for dually eligible individuals to receive long-term services and supports under both Medicaid and Medicare through a single managed care plan. Requires HHSC to provide housing payment assistance for recipients receiving home and community-based services and supports. Grants rulemaking authority to HHSC for implementation.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 524 West, Royce Statewide IDD Coordinating Council

***Companions:*** HB 729 Rose, Toni(D) (Identical)
3-14-23 H Committee action pending House Human Services

***Remarks:*** SUMMARY: Establishes a statewide intellectual and developmental disability coordinating council to ensure a strategic approach for services. The council must develop a 5-year IDD strategic plan, publish available services and programs, and the number of individuals on the wait lists.

TAHP POSITION: Support

EFFECTIVE DATE: Effective immediately if it receives a 2/3 vote, otherwise Sept. 1, 2023

DATE UPDATED: 3/8 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 550 Johnson, Nathan Medicaid Eligibility Express Lane

***Remarks:*** SUMMARY: Requires HHSC to enroll children who are eligible for CHIP, SNAP, or other programs, as well as any federal programs including WIC or Head Start, as determined by the submission of any eligibility applications.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept.1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 583 Hughes, Bryan OON Out of Pocket Cost Mandate

***Companions:*** HB 1364 Munoz, Sergio(D) (Identical)
3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: This bill would state that a health care provider may not be prohibited from accepting directly from an enrollee full payment for a health care service in lieu of submitting a claim. A health care provider's discounted cash price would be considered full payment. The plan issuer would then be required to apply the charge towards the enrollee's out-of-pocket maximum, unless it was a payment for an uncovered service. The bill would apply to plans despite the fact that they require referrals for specialists, such as HMOs, and plans that do not have out-of-pocket costs, like Medicaid and CHIP. The bill also does not address whether the service is medically necessary or covered, whether it is actually a shoppable service, or

whether the patient is shopping for a lower price.

TAHP POSITION: OPPOSED without guardrails added

COVERAGE TYPES: EPO/PPO, HMO, CC, ERS/TRS/University, Medicaid/CHIP

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

TAHP POSITION STATEMENT: TAHP supports market-driven incentives for patients to choose the lowest cost and highest value health providers. The bill requires any out-of-network health care service to be counted towards a patient's out-of-pocket maximum regardless of whether or not that service was a covered service or provided at a lower cost than the in-network rate. Further, the bill does not consider whether these services are medically necessary or shoppable. TAHP opposes this bill unless guardrails are added that would require the service to be medically necessary, shoppable, and less expensive than it would otherwise be with a network provider. TAHP also opposes the bill unless HMOs, Medicaid, and CHIP, are removed. HMOs require referrals from primary care providers, so allowing a patient to go directly to a specialty provider would undermine the entire purpose of an HMO, making it function like an EPO. Medicaid and CHIP do not have out-of-pocket maximums, so the bill does not make sense in those contexts. TAHP supports encouraging patients to shop for lower cost, medically necessary services and would not oppose legislation that rewards that shopping. However, the bill lacks the necessary guardrails to ensure that the result of the bill is to reward patients that find lower cost services.

DATE UPDATED: 3/7 KS

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 589 Johnson, Nathan Health literacy plan

***Companions:*** HB 1578 Allison, Steve(R) (Identical)
3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: Requires the Statewide Health Coordinating Council to develop a long-range plan for improving health literacy in this state that must be updated every two years and submitted to the legislature. Requires the Council to study the economic impact of low health literacy. Requires

the Council to identify primary risk factors contributing to low health literacy, examine ways to address literacy, examine the potential to use quality measures in state-funded programs, and identify strategies to expand the use of plain language. Requires the State Health Plan to identify the prevalence of low health literacy among health care consumers and propose cost-effective strategies that also attain better patient outcomes.

TAHP POSITION: Support

TAHP POSITION STATEMENT: An estimated 90 million Americans have low health literacy. Health literacy helps people make healthy choices. People without high healthy literacy may not be able to read food or prescription labels, describe their symptoms to health providers, and understand insurance documents or medical bills. Low health literacy can result in medical errors, increased illness and disability, loss of wages, and compromised public health. The impact is estimated to cost the U.S. up to $236 billion every year.

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 625 Campbell, Donna Prohibits gender transitioning in Medicaid

***Companions:***

| | | |
|---|---|---|
| HB 1686 | Oliverson, Tom(R) | (Identical) |
| | 3- 7-23 H Introduced and referred to committee on House Public Health | |
| SB 14 | Campbell, Donna(R) | (Identical) |
| | 3-16-23 S Committee action pending Senate State Affairs | |

***Remarks:*** SUMMARY: Prohibits Medicaid and CHIP from covering or providing reimbursement for services that transition a child's biological sex as determined by the child's sex organs, chromosomes, and endogenous profiles. Provides an exception for children who need puberty suppression or blocking drugs for normalizing puberty for a minor experiencing precocious puberty or children with genetic disorders. Prohibits the use of public money to a health care provider, medical school, hospital, physician, or any other entity, organization, or individual that provides or facilitates the provision of a procedure or treatment to a child. Allows for revocation of a

providers' license.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Dec. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate State Affairs

SB 630 Menendez, Jose Mixed status families outreach for Medicaid

***Companions:***

| | | |
|---|---|---|
| SB 2069 | Menendez, Jose(D) | (Refiled from 87R Session) |
| HB 3237 | Campos, Liz(D) | (Identical) |
| | 3-15-23 H Introduced and referred to committee on House Select on Health Care Reform | |

***Remarks:*** SUMMARY: Requires HHSC to conduct a public outreach and education campaign to educate and inform mixed-status families about eligibility requirements under Medicaid and CHIP.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 634 Menendez, Jose Prohibits PAs for Autoimmune/Chronic Drugs

***Remarks:*** SUMMARY: Prohibits prior authorizations for prescription drugs for chronic or autoimmune disease

TAHP POSITION: Oppose

COVERAGE TYPES: ERS, TRS, Commercial, Medicaid

TAHP POSITION STATEMENT: TAHP opposes blanket prior authorization exemptions, including those for prescription drugs. Prior authorizations are crucial to ensuring that patients receive safe, effective care at a reasonable cost. Texas already has the broadest exemptions to prior authorization in the country including "gold-carding," which exempts providers with a history of safe and appropriate care. Bills that create blanket exemptions to prior authorizations could lead to

patient harm by rewarding providers who don't meet the 90% standard of safe and appropriate care.

Health plans have a comprehensive view of a patient's medication history. That view plus the use of prior authorizations allows health plans to prevent dangerous drug interactions, especially when patients have multiple prescribers.

Prior authorization helps prevent fraud, waste, and abuse. As much as $800 billion is wasted on excessive and unnecessary testing and treatment every year and 65% of physicians themselves have reported that at least 15-30% of medical care is unnecessary. Previous estimates show that eliminating prior authorizations for prescription drugs could cost ERS and TRS a combined $169 million over the next biennium, while Medicaid MCOs estimate an annual cost of over $100 million.

Most importantly, prior authorizations for prescription drugs are safety checks for appropriateness and patient risk based on FDA guidelines and medical guardrails. For example, in response to the number of low-income Texas kids being prescribed dangerous antipsychotic drugs like Seroquel and Risperdal, in 2011 Texas Medicaid begin requiring prescribing doctors to receive a prior authorization from the state to protect these children from drugs with serious side effects.

Prior authorizations for prescription drugs protect patients from opioid abuse and severe drug interactions or reactions. Medical errors, including adverse drug events, are now the third leading cause of death in the United States, leading to more than 3.5 million physician office visits and 1 million emergency department visits each year. Prior authorizations for prescription drugs are an important tool in preventing unnecessary medical care and ensuring patient safety.

DATE UPDATED: 2/17 BH

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 651 Perry, Charles Repeals Medicaid Mandatory Contracting

***Companions:***

| | | |
|---|---|---|
| HB 2401 | Oliverson, Tom(R) | (Identical) |
| | 3-13-23 H Introduced and referred to committee on House Human Services | |

***Remarks:*** SUMMARY: Repeals mandatory contracting with non-profit MCOs or hospital districts with an MCO in Medicaid.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediately if it receives a two-thirds vote, or Sept. 1, 2023

DATE UPDATED: 2/1 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 663 Perry, Charles HCBS strategic plan

***Companions:***

| | | |
|---|---|---|
| HB 1798 | Howard, Donna(D) | (Identical) |
| | 3- 7-23 H Introduced and referred to committee on House Human Services | |

***Remarks:*** SUMMARY: Requires the development of a strategic plan to provide home and community-based services in Medicaid and CHIP. The plan must include a proposal for rate methodology, an assessment of unmet needs, and access to care standards for each program and must be submitted by Sept. 1, 2024. Every two years, HHSC must produce a report on strategic plan progress. Establishes an HCBS Advisory Committee, which can be a subcommittee of the Medical Care Advisory Committee

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/2 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 671 West, Royce Medicaid expansion

***Companions:***

| | | |
|---|---|---|
| HB 226 | Bernal, Diego(D) | (Identical) |
| | 2-23-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| SB 72 | Johnson, Nathan(D) | (Identical) |
| | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |

***Remarks:*** SUMMARY: Expands Medicaid to all individuals eligible under the ACA. Requires HHSC to

produce a report on expanded eligibility. Requires a constitutional amendment.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Jan. 1, 2024

DATE UPDATED: 11/15 by JL

***Last Action:*** 2-17-23 S Introduced and referred to committee on Senate Health and Human Services

SB 731 Hinojosa, Chuy CAF Holds

***Companions:***

| | | |
|---|---|---|
| SB 430 | Hinojosa, Chuy(D) | (Refiled from 87R Session) |

***Remarks:*** SUMMARY: Requires that during a hearing against a provider suspected of fraud, the OIG is required to show probable cause that 1) the threat to integrity is due to an ongoing risk that the fraud could result in a provider or another person receiving an unauthorized benefit of more than $100,000; or 2) the provider's conduct having resulted in a serious threat to the health or safety of recipients or the possibility that the provider's conduct may result in that serious threat at any time.

TAHP POSITION: Neutral

EFFECTIVE DATE: Immediately if it receives a two-thirds vote, or Sept. 1, 2023

DATE UPDATED: 2/11 by JL

***Last Action:*** 3- 1-23 S Introduced and referred to committee on 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 746 Hughes, Bryan Pediatric long-term care access program

***Companions:***

| | | |
|---|---|---|
| HB 1185 | Dean, Jay(R) | (Identical) |
| | 3- 2-23 H Introduced and referred to committee on House Human Services | |

***Remarks:*** SUMMARY: Authorizes Upshur County to collect a mandatory payment from each pediatric long-term care facility in the county to be deposited in a local pediatric long-term care access assurance fund. HB 1185 is specific to Truman Smith. Truman Smith cares for about 100 children of Texas who have the highest skilled nursing needs that cannot be cared for at home or in other settings. HB 1185 would provide state authorization for a Medicaid funding mechanism that is available under federal law, but needs both state and local authorization. In 2019, Texas provided authorized for hospitals in any county that wanted to take advantage: HB 4289 (86R). But that authorization was only for hospitals, not skilled nursing or other medical facilities.

TAHP POSITION: Neutral

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

DATE UPDATED: 1/22 by JL

***Last Action:*** 3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

SB 807 Paxton, Angela 12 month contraception mandate

***Companions:***

| | | |
|---|---|---|
| HB 2651 | Gonzalez, Jessica(D) | (Refiled from 87R Session) |
| HB 916 | Ordaz, Claudia (F)(D) | (Identical) |
| | 3-14-23 H Committee action pending House Insurance | |

***Remarks:*** SUMMARY: This bill would requires a health plan that provides benefits for a prescription contraceptive drug to provide: (1) a three-month supply of the covered drug at one time the first time the enrollee obtains the drug; and (2) a 12-month supply of the covered drug at one time each subsequent time the enrollee obtains the

same drug, regardless of whether the enrollee was enrolled in the health plan the first time she obtained the drug. An enrollee may obtain only one 12-month supply of a covered prescription contraceptive drug during each 12-month period.

TAHP POSITION: Opposed. TAHP will propose an initial 3 month supply and subsequent 6 months supply. If the author accepts this amendment TAHP will be neutral.

COVERAGE TYPES: Commercial, Medicaid

EFFECTIVE DATES: Sept. 1, 2023

MANDATE: Benefit

TAHP POSITION STATEMENT: Creates mandate to cover a 12-month supply of contraceptive drugs at one time. The Insurance Code already mandates coverage for prescription contraceptives for any plan that covers prescription drugs. The Affordable Care Act also already requires most insurance plans to cover prescription contraceptives with no out-of-pocket costs. Additionally, health plans already offer 90-day supplies. TAHP believes there would be a negative fiscal impact to the commercial market due to the expected waste of dispensed but unused drugs, and for coverage of drugs dispensed to participants who receive a 12-month supply but leave the plan and do not pay premiums for the full year. ERS previously estimated this mandate would cost more than $4 million. Based on these numbers, the private commercial market would see a similar impact with increased costs of more than $30 million. These types of mandates significantly drive up the cost of coverage for Texas employers and families.

DATE UPDATED: 2/19 KS

***Last Action:*** 3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

SB 862 Hughes, Bryan Mandates RAC in managed care

***Companions:*** HB 3891 Harrison, Brian(R) (Identical)
3- 7-23 H Filed

***Remarks:*** SUMMARY: Limits the ability of an MCO to audit claims paid by the MCO to one year after the claim was paid. Mandates that the OIG require the fee-for-service (FFS) recovery audit contractor (RAC) to recover any overpayments in managed care not identified by the MCO. The RAC cannot begin to audit managed care claims until after the

MCO audit period has expired. Gives the RAC an additional year to audit claims and then an additional year to recover overpayment.

TAHP POSITION: Oppose

COVERAGE TYPES: Medicaid

TAHP POSITION STATEMENT: This is a vendor bill backed by private equity. The state's current fee-for-service RAC vendor, HMS, was bought by Gainwell last year. Since then, Gainwell has attempted to pass legislation across the country limiting the ability of MCOs to recover overpayments to providers in an effort for private equity to profit from a new revenue stream. Gainwell claims that because FFS recoveries are high and represent a small portion of Medicaid, there must be more to recover in managed care. This is false and reflects Gainwell's lack of familiarity with managed care: managed care is not the pay-and-chase model that FFS is. MCOs apply many strategies to prevent fraud, waste, and abuse not available in FFS, such as front-end claim edits. MCOs are also required by contract to have special investigative units that conduct post-payment reviews. MCO referrals to the OIG also reflect another component of program integrity. The OIG has the ability to request legislation extending the scope of the fee-for-service RAC, but has intentionally declined to do so. Manage care contracts and alternative payment model arrangements MCOs have with providers are far more complex than what the RAC has experience with, which will result in significant provider abrasion, risking network adequacy.

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/18 by JL

***Last Action:*** 3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

T SB 863 Hughes, Bryan ER Verification of Payment Mandate

***Companions:*** HB 4500 Harris, Caroline (F)(R) (Identical)
3- 9-23 H Filed

***Remarks:*** SUMMARY: This bill would require issuers to maintain a website that would allow providers in hospitals or FEMCs to determine whether a patient is covered, whether the issuer will pay the provider for a proposed health service, and any cot sharing requirements for which the patient is responsible.

TAHP POSITION: Oppose

COVERAGE TYPES: EPO, HMO, MEWA, CC, ERS/TRS/UT, Medicaid/CHIP

EFFECTIVE DATES: 1/2/24

DATE UPDATED: 2/19 KS

***Last Action:*** 3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

SB 905 Perry, Charles Medicaid Coverage of IOP and PHP

***Companions:*** HB 2337 Oliverson, Tom(R) (Identical)
3- 9-23 H Introduced and referred to committee on House Human Services

***Remarks:***

SUMMARY: Adds intensive outpatient services and partial hospitalization services as Medicaid benefits. These are currently in-lieu-of-services (ILOS).

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: TAHP supports this bill, however, the bill should be amended to ensure the language aligns with exiting ILOS services in the Uniform Managed Care Manual to ensure there is no misinterpretation of intended covered services. Texas Medicaid lacks intensive facility or clinic-based mental health care coverage. Many of these services are already covered in the private health insurance market but are limited in Medicaid. These programs are designed for individuals whose situations do not need full inpatient care nor the length of stay that is typical of residential treatment. Additionally, these services allow youth to continue living in their homes and community. Streamlining coverage for these services as traditional Medicaid benefits across all MCOs will ensure better access to mental health services and may reduce hospitalization costs that result when no alternatives are available.

DATE UPDATED: 2/26 by JL

***Last Action:*** 3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

SB 935 Perry, Charles OIG federal share of recoveries

***Companions:*** HB 2307 Hull, Lacey(R) (Identical)

3-21-23 H Meeting set for 8:00 A.M., E2.030, House Human Services

***Remarks:*** SUMMARY: Clarifies that the federal share to be paid on managed care recoveries allows MCOs to retain one-half of recoveries identified by the MCO and recovered by the state. The state's share remains the same.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1029 Hall, Bob Public funding gender modification liability

***Remarks:*** SUMMARY: This bill would create strict liability for costs associated with the reversal of gender modification for the physician who provides the treatment and an issuer that covers it. It would also prohibit coverage of gender modification services by public plans.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid/CHIP, TRS/ERS/University

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/22 KS

***Last Action:*** 3-16-23 S Committee action pending Senate State Affairs

SB 1040 Kolkhorst, Lois Organ Transplants in China

***Companions:*** HB 2025 Oliverson, Tom(R) (Identical)
3- 8-23 H Introduced and referred to committee on House Public Health

***Remarks:*** SUMMARY: This bill would prohibit issuers from covering organ transplants if the transplant operation is performed in China or another country known to have participated in organ harvesting, or if the organ was procured by a sale or donation originating in one of those countries. It would allow DSHS to designate additional countries known to have participated in organ harvesting.

TAHP Position: Neutral

COVERAGE TYPES: EPO/PPO, HMO, MEWA, CC, ERS/TRS/UT, Medicaid

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

DATE UPDATED: 2/22 KS

***Last Action:*** 3- 3-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1113 Hughes, Bryan PDL carve-out

***Companions:*** HB 1283 Oliverson, Tom(R) (Identical)
3- 3-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: Permanently carves out the management of the PDL by MCOs. TAHP POSITION: Oppose

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

TAHP POSITION STATEMENT: SB 1113 is inconsistent with Select House Committee on Health Care Reform's recommendation to "Ensure that Medicaid prescription drugs maintain continuity of care for members who move between managed care plans and minimizes administrative burden for physicians." Under a permanent carve out, physicians and patients experience significant hurdles with non-medical switching and prior authorizations. While Texans in commercially insured products have step therapy protections, Medicaid enrollees do not.

TAHP opposes any further delays in the PDL carve-in. Pharmaceutical companies have already delayed this implementation for 10 years through heavy lobbying. It is crucial that Texas prioritize improving patient care and saving taxpayer dollars over protecting Pharma profits. Further delays will continue to harm health outcomes and timely access to prescription drugs, negatively impact efforts to modernize and improve patient outcomes, and substantially increase Medicaid costs for taxpayers.

It is worth noting that prior to 2011, Medicaid drug costs in Texas were out of control, almost doubling in a decade and growing more than 6.5% on average each year. In response, the legislature passed SB 7, which carved prescription drug coverage into managed care in order to slow the rapid growth in Medicaid drug spending. This measure was successful in reducing drug cost

growth in Texas Medicaid by 50%.The second step in this process, allowing managed care organizations (MCOs) to develop formularies and PDLs, was originally scheduled for 2013 but has been repeatedly delayed due to pharmaceutical company lobbying. A Center for Public Integrity and NPR investigation found that these companies have a history of successfully lobbying state Medicaid drug boards in order to boost their profits and waste taxpayer dollars. Under the current system, the state chases rebate dollars from big drug companies, resulting in a formulary that is heavily reliant on brand name drugs rather than cheaper generics. This creates administrative burdens for physicians, pharmacists, and insurers, and leads to frustrations and delays in access to necessary prescription drugs for patients. It is clear that the current system is not working for Texas patients, doctors, or taxpayers. But patients really suffer. Medicaid families lack consumer protections that exist in the commercial market. Patients are routinely forced off of medications when they are stable and physicians are put through excessive administrative burdens. In testimony, physicians have called the state's formulary "nonsensical", "counterintuitive", and "just nuts". Allowing MCOs to fully manage the PDL will provide a more stable drug benefit that better reflects what physicians routinely prescribe and pharmacists stock. It will also give MCOs the tools they need to control costs and improve health outcomes, as is done in the private market and in Medicare.

Texas patients deserve better access to prescription drugs, and it is crucial that we prioritize their needs and well-being. By supporting the planned implementation of full PDL management by MCOs, we can save taxpayer dollars, improve patient care, and modernize our Medicaid system.

DATE UPDATED: BH 2/26

***Last Action:*** 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1127 Blanco, Cesar MCO texting

***Companions:*** HB 2802 Rose, Toni(D) (Identical)
3-14-23 H Introduced and referred to committee on House Human Services

***Remarks:*** SUMMARY: Aligns state law with recent FCC guidance that makes it easier for Medicaid MCOs to text families about enrollment or eligibility renewal. Also establishes in the application that

individuals may “opt-out” of receiving texts and emails regarding important health information such as upcoming appointment reminders. Ensures that MCOs do not have to unnecessarily transmit emails and phone numbers they directly receive from their enrollees back to HHSC and receive confirmation from HHSC that the information was received.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid and CHIP

TAHP POSITION STATEMENT: Currently, the option to “opt-in” to texting and email on the eligibility application is confusing. Texans can easily overlook or misunderstand instructions when filling out preferred contact preferences. The process for Medicaid members to receive text communications from their health insurance plan should be as simple and streamlined as possible. At least 21 states allow texting with implied consent with an option to unsubscribe, and most states have implied consent for email as long as there is an unsubscribe option in each email. 83% of Medicaid beneficiaries in the U.S. own a smartphone--used effectively, text messaging can both enhance existing forms of communication to Medicaid families and improve the delivery of the State’s critical safety net programs. The FCC agrees, and in January of 2023 released guidance that allows MCOs to easily text Medicaid families enrolled with them information relating to their enrollment in Medicaid or any upcoming eligibility changes using contact information received from any application for health care coverage or state benefits.

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/26 by JL

***Last Action:*** 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1139 Schwertner, Charles Prudent Layperson Mandate

***Companions:*** HB 1236 Oliverson, Tom(R) (Identical)
3-21-23 H Meeting set for 8:00 A.M., E2.014, House Insurance

***Remarks:*** SUMMARY: This bill amends the "prudent layperson" definition of "emergency care" in the Insurance Code to add "regardless of the final diagnosis of the conditions,...." The bill would also make a coverage determination of the Prudent Layperson standard subject to the current UR

review process.

TAHP POSITION: Oppose, negotiating

COVERAGE TYPES: Commercial and Medicaid

EFFECTIVE DATES: D, I, or R after 1/1/24

TAHP POSITION STATEMENT: TAHP opposes this bill as filed because the bill would create a definition of prudent layperson that is inconsistent with new federal rules, prohibits investigating claims for fraud, and inappropriately uses a medical necessity process to review a person's decision to seek emergency care.

Under the "prudent layperson standard" a person gets to decide based on their own judgment if they are having a medical emergency. Essentially, if you believe you need emergency care, that can't be questioned and that goes for your insurance coverage as well. In 2021, new rules clarified the prudent layperson standard, how it applies to emergency care coverage, and what rules health plans have to follow. The rules clarified that a patient's final diagnosis can't solely be used to deny a claim for emergency care. That's a reasonable approach, but HB 1236 goes much further and stops state investigators and health insurers from rooting out fraud by saying that an investigator can't look at a pattern of upcoding or outlier billing to flag claims for a case by case review. Texas Medicaid uses diagnosis codes to stop this bad behavior and save taxpayer dollars for years. In, 2021, a "data led initiative" by the OIG resulted in nearly $20 million in fines for inappropriate ER billing.

Upcoding is one type of billing abuse that happens when an emergency care staffing company falsely claims a higher severity code for a patient than what should apply. ER firms have a choice of 5 levels of severity to apply to a patient's bills. The highest severity codes should only be used for the most complicated patients and are reimbursed at significantly higher rates. A recent study found that the proportion of emergency room visits billed as "high intensity" that don't result in a hospitalization grew from 4.8% in 2006 to 19.2% in 2019. Under the legislation, a health plan or state investigator couldn't use a pattern of unusual upcoding to further investigate those claims. Federal law doesn't prevent this type of fraud protection and Texas is ground zero for fraudulent emergency care claims through freestanding ERs. For example, freestanding ERs routinely provided non-emergency, asymptomatic COVID testing throughout the pandemic and then billed insurers and patients as if the care was an emergency.

That's fraud and this bill would interfere in going after this abuse.

DATE UPDATED: 2/3/23 JB, 2/22/23 BH

***Last Action:*** 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1149 Menendez, Jose Mandates 24/7 Telephone Access for PAs/UR

***Companions:*** HB 756 Johnson, Julie(D) (Identical)
2-28-23 H Introduced and referred to committee on House Insurance

***Remarks:*** SUMMARY: This bill expands the hours during which issuers must have appropriate personnel available to receive requests for payment verification and requests for preauthorization to 24 hours a day and 365 days a year, including weekends and legal holidays. Currently, issuers must have personnel available 6am to 6pm, Monday through Friday, and 9am to 12pm on weekends and holidays, and outside of those hours be able to respond to requests within 24 hours.

TAHP POSITION: Oppose

COVERAGE TYPES: EPO/PPO, HMO

EFFECTIVE DATES: 9/1/23

TAHP POSITION: Requiring Texas health plans to have personnel available for prior authorization and payment verification requests 24/7, including weekends and holidays, has several negative consequences. Requiring 24/7 availability for prior authorization and payment verification responses is inconsistent with provider availability and cr eates unnecessary and costly administrative burden. For example, one of the state's largest health plans received just 6% of PA requests after regular business hours (including holidays) in 2022, showing there is very little demand for after-hours verification. Additionally, Texas already has some of the shortest prior authorization time frames in the country, with a requirement that they be processed in less than 3 calendar days compared to most states' 14 days. Furthermore, Texas already has the broadest exemptions to prior authorization in the country, including "gold-carding," which exempts providers with a history of safe and appropriate care. Hospitals and providers also do not staff utilization review after hours. Moreover, there is no evidence to suggest that this requirement would improve patient outcomes or reduce healthcare costs, making it a potentially unnecessary burden on the healthcare

system. Instead, a better solution would be to follow the federal government's recommended reforms to implement electronic prior authorizations, which could reduce costs and streamline the process, making it easier for providers to obtain necessary approvals. For pharmacy authorizations, around 60% of new prior authorizations are already received electronically, suggesting that there may be limited additional value in requiring health plans to have a 24/7 phone line for receiving new authorizations. By requiring the use of electronic prior authorizations, Texas could stay up to date with current best practices and provide a more effective and efficient prior authorization system for patients and providers. This approach could improve the overall quality and availability of healthcare in the state while reducing costs for both health plans and patients.

New mandates and overregulation hinder innovation, increase costs, and often provide no additional value for Texans and Texas employers. Employers and families bear the additional expense through increasingly unaffordable premiums. This is particularly true for small employers who have limited resources to absorb added costs. Moreover, families face increasingly unaffordable premiums as a result of overregulation.

Texas is already one of the most heavily regulated states when it comes to health care, ranking third in the nation for regulations that go beyond the federal requirements of the Affordable Care Act (ACA). As a result, small business owners in Texas consistently rank the cost of health insurance as their single biggest problem since 1986. Additionally, approximately three-quarters of Texas employers oppose legislative mandates that interfere with how they design employee benefits. Instead, they want more flexibility to contain costs and provide the best coverage for their employees. Furthermore, TAHP opposes expensive mandates like this that raise costs for employers and families but do not apply to elected officials' personal health insurance and their employees' coverage through ERS. Texas legislators should not force costly regulations and mandates on employees and families when they are not willing to pay for it with their personal coverage.

DATE UPDATED: 2/27 KS

***Last Action:*** 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1220 Zaffirini, Judith First episode psychosis mandate

***Companions:*** HB 4713 Plesa, Mihaela (F)(D) (Identical)
3-10-23 H Filed

***Remarks:*** SUMMARY: This bill would define "first episode psychosis" as the initial onset of psychosis caused by medical and neurological conditions, serious mental illness, or substance abuse. It would require group health benefit plans to provide coverage, based on medical necessity as determined by a stakeholder group, to an individual who is younger than 26 and who is diagnosed with first episode psychosis. The issuer must include coverage for all generally recognized services, including coordination of specialty care, assertive community treatment, and peer support services. The plan would be required to reimburse providers of coordinated specialty care and assertive community care using a bundled payment model. If requested by an issuer on or after 3/1/29, the department would be required to contract with an independent third party to perform an analysis of the impact of the requirement of covering team-based treatment models described by the bill. If the analysis finds that premiums increased by more than one percent, issuers are not required to comply. The bill would also establish a workgroup of providers and issuers to determine medical necessity criteria and a coding solution for these services. The department will adopt rules by 1/1/24.

TAHP POSITION: Oppose

COVERAGE TYPES: EPO/PPO, MEWA, Medicaid, ERS/TRS

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

MANDATE:

TAHP POSITION STATEMENT:

UPDATED:

***Last Action:*** 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1239 Lamantia, Morgan (F) FFS reimbursement rates for eye care

***Companions:*** HB 3778 Hernandez, Ana(D) (Identical)
3- 7-23 H Filed

***Remarks:*** SUMMARY: Eliminates the ability for MCOs to negotiate rates in managed care for eye care providers and requires providers be reimbursed at

a rate that is at least equal to the Medicaid fee-for-service rate.

TAHP POSITION: Oppose

COVERAGE: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

TAHP POSITION STATEMENT: Medicaid managed care rate setting is efficient, saves money, and is accountable. The financial protections currently built into contracts have resulted in more than $5 billion of savings. Texas is one of the few states which require MCOs to assume all the financial downside risk (losses) and share profits and savings to the state. MCOs take on full financial risk— if in any given year a plan incurs losses, that plan absorbs those losses. Reverting to a fee-for-service rate setting process stifles the cost effectiveness that Texas managed care plans provide.

DATE UPDATED: 3/6 by JL

***Last Action:*** 3- 9-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1342 Perry, Charles — OIG third party liability

***Companions:*** HB 3119 Smithee, John(R) (Identical)
3-14-23 H Introduced and referred to committee on House Human Services

***Remarks:*** SUMMARY: In March 2022, federal third party liability requirements were updated. This bill requires third parties (other than Medicare) to accept the state's "authorization" that the item or service is covered under the state plan as if the authorization were the prior authorization made by the third party for the item or service. It also adds a 60-day timeliness requirement in which the third party must respond to a state's inquiry about a claim, and adds that a third party must agree not to deny a state's claim for failure to obtain prior authorization for the item or service.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1411 Miles, Borris — End stage renal Medicaid coverage

***Remarks:*** SUMMARY: Provides Medicaid coverage for individuals who have endstage renal disease and is eligible for Medicaid because of an emergency medical condition.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1458 Miles, Borris Newborn Medicaid ID

***Companions:*** HB 4476 Campos, Liz(D) (Identical)
3- 9-23 H Filed

***Remarks:*** SUMMARY: Requires HHSC to provide annual written notice to providers stating that when a newborn child of a woman receiving Medicaid has not been assigned a Medicaid ID number, the provider may use the mother's ID when filing for reimbursement. The notice must encourage providers to inform pregnant moms of this information. Requires a hospital, birthing center, physician, nurse midwife, or midwife to provide eligibility information in English and Spanish.

TAHP POSITION: Support

EFFECTIVE DATE: DSHS must include the informational materials by Dec. 1, 2023 and providers are required to comply Jan. 1, 2024

TAHP POSITION STATEMENT: It is estimated that roughly 70,000 newborns whose mothers receive Medicaid are not enrolled in Medicaid upon birth. These children are eligible for benefits, but not enrolled.

DATE UPDATED: 3/16 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1496 Johnson, Nathan Using exchange data for CHIP eligibility

***Remarks:*** SUMMARY: Repeals language in statute that prohibits accepting Medicaid eligibility determinations from the exchange. Allows HHSC to automatically enroll children in CHIP if income information used for the exchange indicated

eligibility.

TAHP POSITION: Neutral

COVERAGE TYPES: CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 3/6 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1619 Perry, Charles VDP reimbursements

***Companions:*** HB 3214 Howard, Donna(D) (Identical)
3-15-23 H Introduced and referred to committee on House Human Services

***Remarks:*** SUMMARY: Prohibits VDP from including any discount price offered for the prescription drug, including a discount offered through a third party discount card, in determining the usual and customary price of a prescription drug for purposes of determining the reimbursement amount.

TAHP POSITION: Neutral

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/8 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1621 Kolkhorst, Lois E-Verify for all employers

***Companions:*** HB 3846 Toth, Steve(R) (Identical)
3- 7-23 H Filed

***Remarks:*** SUMMARY: Requires all employers in the state to use E-Verify for new employees. Prohibits the state from contracting with vendors or subcontractors that do not use e-Verify.

TAHP POSITION: In review

EFFECTIVE DATES: Sept. 1, 2023. State agencies who contract with vendors have until Oct. 1, 2023 to establish procedures.

DATE UPDATED: 3/8 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Business and Commerce

SB 1623 Eckhardt, Sarah — Coverage provision abortion and contraception

***Companions:*** HB 3586 Cole, Sheryl(D) (Identical)
3-16-23 H Introduced and referred to committee on House Human Services

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1666 Parker, Tan (F) — Continuity of care

***Companions:*** HB 3985 Raney, John(R) (Identical)
3- 8-23 H Filed

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1669 Lamantia, Morgan (F) — Newborn Medicaid ID study

***Companions:*** HB 4253 Campos, Liz(D) (Identical)
3- 8-23 H Filed

***Remarks:*** SUMMARY: Requires HHSC to conduct a study to assess whether it is providing Medicaid coverage to infants born to mothers on Medicaid, in compliance with federal guidelines and requirements.

TAHP POSITION: Neutral

EFFECTIVE DATES: The study must be submitted by Sept. 1, 2024

DATE UPDATED: 3/8 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1675 Johnson, Nathan — Food is Medicine pilot

***Companions:*** HB 2983 Oliverson, Tom(R) (Identical)
3-14-23 H Introduced and referred to committee on House Human Services

***Remarks:*** SUMMARY: Establishes a 5-year food is medicine pilot program with FQHCs or other managed care providers. Eligible individuals are those who have chronic disease, including diabetes, congestive heart failure, chronic pulmonary disease, kidney disease, that is impacted by the individual's diet and limits at least one activity of the individual's daily living; and who experience food insecurity and have at least one chronic health condition directly impacted by the nutritional quality of food that would support treatment and management of

the condition. The pilot is limited to no more than 6 service areas and is available to the 10 largest counties and Hidalgo County. Gives HHSC rulemaking authority to establish eligibility criteria. Requires reporting at three different intervals; the final report must include medical outcomes, a cost analysis, and a recommendation by the agency on next steps.

TAHP POSITION: In review

COVERAGE TYPE: Medicaid

EFFECTIVE DATE: Sept. 1, 2023

DATE UPDATED: 3/5 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1692 Blanco, Cesar Medical assistance program

***Companions:*** HB 2216 Cortez, Philip(D) (Identical)
3- 9-23 H Introduced and referred to committee on House Select on Health Care Reform

***Remarks:*** SUMMARY: Requires continuous eligibility for children for the lesser of one year or until the child reaches 19.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/19 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1694 Blanco, Cesar Medicaid vagus nerve stim therapy

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1695 Blanco, Cesar MCOs as case assistance affiliates

***Companions:*** HB 3571 Lujan, John(R) (Identical)
3-16-23 H Introduced and referred to committee on House Human Services

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1696 Blanco, Cesar Family member attendants and wages

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SB 1715 Perry, Charles Family health aides in Medicaid

***Companions:***

| | | |
|---|---|---|
| HB 3807 | Klick, Stephanie(R) | (Identical) |
| | 3- 7-23 H Filed | |

***Remarks:*** SUMMARY: Requires HHSC to enable a parent, legal guardian, or family member of a STAR Kids recipient receiving private duty nursing services to provide those services as a licensed health aide. The family member must become licensed as a health aide and requires HHSC to establish a training aide program. The family member must be employed by the home and community support services agency that employs the nurse providing private duty nursing services to the member. Services must be performed under supervision. Gives HHSC rulemaking authority. Requires HHSC to establish a registry of licensed family health aides. Reimbursement is subject to an enhanced reimbursement rate of a certified nursing assistant.

COVERAGE TYPE: Medicaid

EFFECTIVE DATE: HHSC must implement the program by Sept. 1, 2024

TAHP POSITION STATEMENT: In review

DATE UPDATED: 3/8 by JL

***Last Action:*** 3-16-23 S Introduced and referred to committee on Senate Health and Human Services

SJR 6 Zaffirini, Judith Proposing constitutional amendment expand

***Companions:***

| | | |
|---|---|---|
| HJR 9 | Reynolds, Ron(D) | (Refiled from 87R Session) |
| HJR 23 | Israel, Celia(D) | (Refiled from 87R Session) |
| HJR 24 | Bucy, John(D) | (Refiled from 87R Session) |
| SJR 11 | Zaffirini, Judith(D) | (Refiled from 87R Session) |
| SJR 14 | Johnson, Nathan(D) | (Refiled from 87R Session) |
| HJR 7 | Bucy, John(D) | (Identical) |

| | | |
|---|---|---|
| | 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| ***Last Action:*** | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | |

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| SJR 10 | Johnson, Nathan | Medicaid Expansion constitutional amendment |

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|---|---|---|---|
| ***Companions:*** | HJR 9 | Reynolds, Ron(D) | (Refiled from 87R Session) |
| | HJR 23 | Israel, Celia(D) | (Refiled from 87R Session) |
| | SJR 11 | Zaffirini, Judith(D) | (Refiled from 87R Session) |
| | SJR 14 | Johnson, Nathan(D) | (Refiled from 87R Session) |
| | HJR 7 | Bucy, John(D) | (Identical) |
| | | 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| | HJR 17 | Bernal, Diego(D) | (Identical) |
| | | 2-28-23 H Introduced and referred to committee on House Select on Health Care Reform | |
| ***Last Action:*** | 2-15-23 S Introduced and referred to committee on Senate Health and Human Services | | |

| | All | Track |
|---|---|---|
| **Total Bills:** | 182 | 182 |

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

Add to Track