



The Texas Association of Health Plans
TAHP TRACKED BILLS - HUMAN SERVICES

03-17-2023 - 07:23:27

Select All

Deselect All

T HB 54

Thompson, Senfronia

Personal needs allowance

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

TAHP POSITION: Support

EFFECTIVE DATES: Sept. 1, 2023

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

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

DATE UPDATED: 3/7 by JL

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

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

T HB 113

Ortega, Lina

Medicaid community health worker expenses

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

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

instead of an administrative expense.

TAHP POSITION: Support

COVERAGE TYPES: Medicaid

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

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

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

DATE UPDATED: 3/7 by JL

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

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

 HB 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 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 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

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

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 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 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 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 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

T 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

T 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

T 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

T 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

T 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 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 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 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 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 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 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 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: In review

COVERAGE TYPES: Medicaid

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/26 by JL

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

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 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
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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 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

T 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

T 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 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

T 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

T 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 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

	All	Track
Total Bills:	40	40

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

Add to Track

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