

[HB 2248](#)

Guerra

Relating to the procedure for adoption by a state agency of rules that may have an adverse economic effect on small businesses and micro-businesses.

Amends the Government Code to add the following requirement: If a state agency is made aware that a proposed rule may have an adverse economic effect on small businesses or micro-businesses after notice of the proposed rule has been published, the agency shall: (1) prepare an economic impact statement and a regulatory flexibility analysis as required under Subsections (c) and (c-1); (2) publish the statement and the analysis in the Texas Register as an amendment to the proposed rule; and (3) provide a copy of the statement and the analysis to the standing committee of each house of the legislature charged with reviewing the proposed rule.

[HB 2331](#)

Dukes, Dawanna

Relating to a pilot program to increase the financial independence of foster children who are transitioning to independent living.

In brief, requires DFPS to establish a pilot program to assist foster children in the conservatorship of DFPS to achieve financial security and independence as the children transition to independent living. It also requires DFPS to enter into an agreement with a credit union or other financial institution to establish savings accounts for foster children who, under an agreement with the department and credit union or other financial institution, participate in the pilot program.

[HB 2335](#)

Miller, Rick

Relating to requiring training in trauma-based care for certain child-care workers and CPS caseworkers.

DFPS shall ensure that each child protective services caseworker who interacts with children on a daily basis receives training in trauma-based care. In addition to other training required by this section, the HHSC executive commissioner by rule shall require an owner, operator, or employee of a day-care center, group day-care home, registered family home, general residential operation, foster group home, or agency foster group home to receive training in trauma-based care.

[HB 2342](#)

Martinez, Armando

Relating to a study on Medicaid managed care.

Requires HHSC to conduct a study on the accuracy of the LBB's estimate that the changes in law made by Chapter 7 (S.B. 7), Acts of the 82nd Legislature, 1st Called Session, 2011, would produce a savings of \$467,628,328 for the state during the fiscal biennium ending August 31, 2013. It further states that in conducting the study, HHSC shall focus on the savings achieved by the changes in law relating to the expansion of Medicaid managed care, particularly with regard to the increase in the number of persons served by and the scope of services provided through Medicaid managed care organizations.

The study must include, for the period beginning March 1, 2012, and ending December 31, 2016, for each Medicaid managed care organization under a contract with the commission: a list of payments made by the Medicaid managed care organization to providers that were more than 30 days late and for each payment, the reason for the delay; and a list of voluntary provider reimbursement rate reductions made by the Medicaid managed care organization and for each reduction, the reason for the reduction.

[HB 2350](#)

Munoz, Sergio

Relating to the provision of health care benefits through a network of physicians or health care providers.

The purpose of this chapter is to prohibit the provision of health care benefits by entities such as insurers and health maintenance organizations through provider networks, preferred providers, or similar arrangements.

[HB 2360](#)

Bonnen, Greg

Relating to amounts charged to an enrollee in a health benefit plan for prescription drugs covered by the plan. [Companion (Identical) to [SB 1076](#) (Schwertner)]

A health benefit plan that covers prescription drugs may not include a provision that requires an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than an amount that the pharmacist or pharmacy providing the prescription drug may retain from: the health benefit plan issuer; or the health benefit plan issuer's pharmacy benefit manager.

[HB 2373](#)

Miller, Rick

Relating to the period for filing a claim for reimbursement for certain ancillary services under the Medicaid program. [Ancillary defined as: a health care service provided or ordered by a physician or other health care provider to supplement or support the evaluation or treatment of a patient, including a diagnostic ultrasound test, laboratory test, cardiac diagnostic test, or radiology service.]

In adopting rules governing the period for filing claims for reimbursement under the medical assistance program, the HHSC executive commissioner shall ensure a provider filing a claim for reimbursement for the provision of an ancillary service to a recipient who is homebound, as defined by rule, or who resides in a **nursing facility** is allowed a period of at least 365 days from the date the ancillary service is provided to file the claim with HHSC, HHSC's designee, a managed care organization, or other person, as appropriate.

[HB 2375](#)

Muñoz, Jr., Sergio

Relating to a report on cost savings attributable to the Medicaid managed care program.

States that: Not later than December 1 of each even-numbered year, HHSC shall submit a written report to the legislature that specifies, for each of the two preceding state fiscal years: the amount of money appropriated to HHSC for the Medicaid managed care program that was not spent; the amount of profit sharing received under Section 533.014; the estimated savings resulting from access to preventive care and improved quality of health care services for recipients; and a comparison of the total cost of providing services to recipients for that state fiscal year with the total cost of providing those services in the preceding state fiscal year, adjusted to eliminate the effects of program enrollment growth.

[HB 2379](#)

Price

Relating to the provision of legal services to the office of inspector general of the HHSC.

[HB 2383](#)

Dukes

Relating to outsourcing a service performed by HHSC or a health and human services agency to a private commercial contractor.

The bill applies to a contract, contract amendment, or contract extension made or proposed to be made between HHSC or a health and human services agency and a **private commercial contractor** only if: a service performed by HHSC or agency at the time the contract is awarded, amended, or extended will be out-sourced under the contract, contract amendment, or contract extension; and the contract, contract amendment, or contract will lead to the loss of 100 or more state employee positions; or has a value of \$10 million or more.

In brief, the proposed bill states that: Before awarding, amending, or extending a contract to which this subchapter applies, HHSC or a health and human services agency, as applicable, shall perform a cost analysis comparing HHSC's or agency's costs of performing the service to be outsourced to the costs of outsourcing the service as provided by this section. The council, in making a determination under Section 2162.102(a), shall perform a cost analysis comparing HHSC's or agency's costs of performing a service to the costs of outsourcing the service as provided by this section.

[HB 2397](#)

Muñoz, Jr., Sergio

Relating to the termination by an insurer of a contract with a preferred provider.

[HB 2409](#)

Raney

Relating to wage requirements for **community rehabilitation programs (CRP)** participating in the purchasing from people with disabilities program.

- Amends Chapter 122, Human Resources Code and applies to a CRP that operates under this Chapter and that pays workers with disabilities employed by the program wages that are less than the federal minimum wage under Section 6, Fair Labor Standards Act of 1938 (29 U.S.C. Section 206).
- Requires TWC to assist a CRP in developing a plan to increase the wages paid to its workers with disabilities to the federal minimum wage not later than September 1, 2019.
- Requires each CRP, to the maximum extent possible, to ensure that each worker with a disability remains employed by the program after the program increases the wages paid to those employees in accordance with the plan developed under Subsection (b).
- If a CRP **is not able** to employ all workers with a disability after the program increases the wages paid to those employees to the federal minimum wage, the CRP shall work with TWC and any other governmental entity to seek for and obtain any job training that may be suitable for those former employees to find other employment that pays at least the federal minimum wage.
- A CRP may not participate in the program administered under this chapter unless each worker with a disability employed by the program is paid at least the federal minimum wage under Section 6, Fair Labor Standards Act of 1938 (29 U.S.C. Section 206).

[HB 2415](#)

Price

Relating to standards for mental health services provided to certain individuals with IDD.

HHSC, by rule shall develop standards for the adequate provision of quality mental health services to individuals with IDD and co-occurring mental health conditions, including substance use conditions, who are residing in department facilities; and quality **community-based MH services** through a local MHA to individuals with IDD and co-occurring mental health conditions, including substance use conditions. Among other requirements, the rules shall emphasize the importance of trauma-informed care.

[HJR 84](#)

Swanson

Proposing a constitutional amendment authorizing the legislature to provide for legislative review or approval of state agency rules. [Companion (identical); [SJR 32](#) (Taylor, Van) – parallels to some extent [HB 2017](#) also by Swanson.]

Allows the legislature by general law to provide for legislative review or approval of rules adopted by agencies in the executive department. The law may: prescribe procedures regarding rules; prescribe conditions for rules to take effect; provide for suspension, repeal, or expiration of rules; or delegate powers to either legislative house, including committees in those houses. A general law enacted under this section must provide that only an elected member of the legislature may participate in the approval of rules adopted by agencies in the executive department.

[SB 1021](#)

Nelson

Relating to a report on the consolidation of the health and human services system, including advisory committees within the system, and the re-creation of the Texas system of care framework.

Re-enacts the Texas system of care framework and requires that: Not later than July 31, 2018, the HHSC executive commissioner shall submit to the Health and Human Services Transition Legislative Oversight Committee a report that includes: (1) the latest information available on HHSC's progress in transferring and consolidating the administrative support services functions of the health and human services system as mandated by Subchapter A-1, Chapter 531, Government Code; and (2) recommendations on: whether to abolish each statutory advisory committee that considers issues related to the health and human services system; and for an advisory committee for which abolishment is recommended, whether to reestablish the advisory committee by rule, consolidate the advisory committee with another advisory committee, or permanently discontinue the advisory committee in any form.

[SB 1049](#)

Uresti, Carlos

Relating to safety requirements of assisted living facilities (**ALFs**).

Amends Chapter 247, Health and Safety Code adding, among other requirements, that: At least twice each year, HHSC shall issue a technical memorandum providing guidance on the interpretation of minimum life safety code standards prescribed under this chapter and by HHSC rule. The technical memorandum must include guidance regarding any new standard proposed or adopted by HHSC that is essential to the safety of the residents of an ALF and not otherwise required by this chapter. HHSC must also seek input from stakeholders and experts in the development of the memorandum.

[SB 1050](#)

Watson, Kirk

Relating to the sale of real property on which a state supported living center is located.

If HHSC, DADS, or another state agency or entity offers for sale real property owned by the state on which a SSLC is located, the real property must be offered for sale to the city and county in which the real property is located before the real property is offered for sale to the general public. If the city or county purchases the real property, the purchase price may not be less than market value. The proposed law may not be construed as requiring HHSC, DADS, or another state agency or entity to offer real property owned by the state on which a SSLC is located to the city and county in which the real property is located before offering the real property for sale to a state agency.

[SB 1063](#)

Perry, Charles

Relating to the investigation of an anonymous report of suspected abuse or neglect of a child (DFPS)

Legislative Bills of Interest: February 26, 2017

[SB 1076](#)

Schwertner, Charles.

Relating to amounts charged to an enrollee in a health benefit plan for prescription drugs covered by the plan. [Companion (Identical) to [HB 2360](#) (Bonnen)]

A health benefit plan that covers prescription drugs may not include a provision that requires an enrollee to make a payment for a prescription drug at the point of sale in an amount greater than an amount that the pharmacist or pharmacy providing the prescription drug may retain from: the health benefit plan issuer; or the health benefit plan issuer's pharmacy benefit manager.

[SCR 24](#)

Perry

Urging the United States Congress to continue joint federal-state funding of Texas Medicaid while transferring administration of the program to the Texas Legislature.