LEGISLATIVE BILLS OF INTEREST: FEBRUARY 28, 2017

I. AGENCY RELATED

HB 1387 **Meyer, Morgan**
Relating to the membership, powers, and duties of the Sunset Advisory Commission.

HB 1397 **Phillips, Larry**
Relating to the creation of the Joint Committee to Review the Sunset Advisory Commission.

HB 2446 **Price**
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. [Companion – identical; SB 1021, Nelson]

HB 2447 **Price**
Relating to the composition of the statewide health coordinating council.

HB 2516 **Meyer**
Relating to recovery of damages, attorney's fees, and costs related to frivolous regulatory actions by state agencies.

In brief, the bill allows a claimant to bring an action against a state agency if the state agency takes a regulatory action against the claimant that is frivolous, unreasonable, or without foundation. The claimant may also recover, in addition to all other costs allowed by law or rule, the damages caused by the state agency's frivolous regulatory action, reasonable attorney's fees, and court costs.

SB 670 **Birdwell, Brian**
Relating to the appointment of health and human services agencies' commissioners by the governor.

Amends current law requiring that the Governor shall appoint a health and human services agency commissioner with the advice and consent of the Senate. Adds that appointment expires after two years.

II. TEXAS MEDICAID MANAGED CARE, ACA, ADA & RELATED

HB 1398 **Munoz, Sergio**
Relating to the processing and payment of claims for reimbursement by certain providers under the Medicaid program. [*Sent to members also on February 3, 2017*]

Amends Section 533.005 (a) (7) to read as follows: a requirement that the managed care organization make payment to a physician or provider for health care services rendered to a recipient under a managed care plan on any claim for payment that is received with documentation reasonably necessary for the managed care organization to process the claim [~~:~~
[(~~A~~)] not later than:

(A) ~~[(i)]~~ the 10th day after the date the claim is received if the claim relates to services provided by a nursing facility, intermediate care facility, or group home; and
(B) on average ~~[(ii)]~~ the 15th ~~[30th~~] day after the date the claim is received if the claim, including a claim that relates to the provision of long-term services and supports, is not subject to Paragraph (A)
[~~Subparagraph (i); and [(iii) the 45th day after the date the claim is received if the claim is not subject to Subparagraph (i) or (ii); or~~
[(~~B) within a period, not to exceed 60 days, specified by a written agreement between the physician or provider and the managed care organization~~];

(7-a) a requirement that the managed care organization demonstrate to the commission that the organization pays claims described by Subdivision (7)(B) ~~[(7)(A)(ii)]~~ on average not later than the 15th ~~[21st]~~ day after the date the claim is received by the organization;

(7-b) a requirement that the managed care organization allow a physician or provider to electronically submit documentation necessary for the managed care organization to process a claim for payment for health care services rendered to a recipient under a managed care plan, including additional documentation necessary when the claim is not submitted with documentation reasonably necessary for the managed care organization to process the claim;

HB 1420 **Martinez, Armando**
Relating to the imposition of a late payment penalty against Medicaid managed care organizations that fail to timely pay certain physician and provider claims. [*Sent to members also on February 3, 2017*]

Amends Subchapter A, Chapter 533, Government Code, adding new Sec. 533.00551 to state:

A managed care organization that fails to pay a claim on or before the 15th day after the date the time limit for payment of the claim prescribed by Section 533.005 (a)(7) expires is liable to the physician or provider who submitted the claim for a late payment penalty. A late payment penalty under this section:

(1) is equal to 20 percent of the outstanding claim amount;
(2) must be paid not later than the seventh day after the date the liability for the penalty accrues under this section; and
(3) is in addition to any other penalty or recourse to which the physician or provider may be entitled under a contract with the managed care organization.

HB 2449 **Muñoz, Jr.**
Relating to assignment of health insurance benefits to a physician or health care provider.

Except as provided under subsecton (d), an assignment of benefits by a covered person to a physician or other health care provider authorizes the physician or health care provider to take any action the covered person is authorized to take to recover reimbursement from the insurer for benefits under the health insurance policy or any law or rule applicable to the policy, including an action under: (1) Chapter 541, 542, or 1467; or (2) Chapter 17, Business & Commerce Code.
(d) An assignment of benefits may limit the authority of a physician or health care provider to take one or more specific actions otherwise authorized under Subsection (c).

HB 2500 **Muñoz, Jr.**
Relating to the provision of Medicaid benefits under a fee-for-service delivery model. [*sent also under separate cover on February 28, 2017]*

The bill repeals the Medicaid Managed Care program returning to Fee for Service.

HCR 54 **Reynolds, Ron**
Urging Congress to keep the Patient Protection and Affordable Care Act.

SB 827 **Seliger, Kel**
Relating to procedures for asserting claims under the Americans with Disabilities Act.

III. LONG TERM CARE SERVICES AND SUPPORTS, MEDICAID ELIGIBILITY & RELATED

HB 2454 **Klick**
Relating to the provision of a **nursing facility** quality-based payment incentives program and a program to increase direct care staff and wages under Medicaid.

SB 687 **Uresti, Carlos**
Relating to the collection and use of certain information relating to child abuse and neglect and the provision of prevention and early intervention services.

SB 1130 **Hinojosa**
Relating to the creation and administration of a reinvestment allowance for certain long-term care facilities. **Applies to NHs.**

SB 1132 **Hinojosa**
Relating to temporary continuation of medical assistance for certain individuals with IDD. [*sent also under separate cover on February 28, 2017]*

The bill specifies that HHSC shall continue to provide medical assistance to an individual with an intellectual or developmental disability after the expiration of the period for which the individual was certified as eligible for medical assistance if the individual:

(1) receives services through a program authorized under Section 1915(c), Social Security Act (42 U.S.C. Section 1396n(c));
(2) receives basic attendant and habilitation services under the STAR + PLUS Medicaid managed care program; or
(3) resides in an ICF/IID facility.

It further states that HHSC shall continue to provide medical assistance under Subsection (a) until the earlier of: the end of the 90-day period following the date on which the individual's eligibility period expired; or the date the individual is otherwise recertified as eligible or determined ineligible for medical assistance after having reapplied for the assistance.

IV. BEHAVIORAL HEALTH

HB 1758 **Price, Four**
Relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization.

Though not inclusive, the bill specifies requirements related to the provision of BH services stating that:

- A provider in the provider network of a MCO that contracts with HHSC to provide behavioral health services under Section 533.00255 may contract with the MCO to provide targeted case management and psychiatric rehabilitative services to children, adolescents, and their families.
- HHSC rules and guidelines concerning contract and training requirements applicable to the provision of behavioral health services may apply to a provider that contracts with a MCO under Subsection (a) only to the extent those contract and training requirements are specific to the provision of targeted case management and psychiatric rehabilitative services to children, adolescents, and their families.
- HHSC rules and guidelines applicable to a provider that contracts with a MCO under may not require the provider to provide a behavioral health crisis hotline or a mobile crisis team that operates 24 hours per day and seven days per week. This subsection does not prohibit a MCO that contracts with the HHSC to provide behavioral health services under Section 533.00255 from specifically contracting with a provider for the provision of a behavioral health crisis hotline or a mobile crisis team that operates 24 hours per day and seven days per week.
- HHSC rules and guidelines applicable to a provider that contracts with a MCO under Subsection (a) may not require the provider to provide services not covered under Medicaid.

SB 817 **Watson, Kirk**
Relating to certain mental health screenings under the Texas Health Steps program.

V. MEDICAL (PHYSICIAN, NURSING, PHARMACY, ETC.)

SB 654 **Seliger,Kel**
Relating to the participation of an advanced practice registered nurse as a primary care or network provider for certain governmental and other health benefit plans. [Companion (Identical) HB 1225 by Smithee which was previously sent to members.]

In brief, states that "For purposes of Subsection (a)(13), an advanced practice registered nurse may be included as a primary care provider in a managed care organization's provider network regardless of whether the physician supervising the advanced practice registered nurse is in the provider network. This subsection may not be construed as authorizing a managed care organization to supervise or control the practice of medicine as prohibited by Subtitle B, Title 3, Occupations Code.

SB 680 **Hancock, Kelly**
Relating to step therapy protocols required by a health benefit plan in connection with prescription drug coverage. [Companion (identical) HB 1464 by G. Bonnen]

SB 681 **Hancock, Kelly**
Relating to licensing and authority of advanced practice registered nurses. [Companion (identical) HB 1415 by Klick]

SB 697 **Buckingham, Dawn**
Relating to health benefit coverage for prescription drug synchronization.

VI. GUARDIANSHIP

SB 667 **Zaffirini,Judith**.
Relating to establishing a guardianship compliance program.

SB 1096 **Zaffirini**
Relating to guardianships; authorizing a fee.

VII. EMPLOYMEN & EDUCATION

HB 2510 **Longoria**
Relating to employer retaliation against employees who seek recovery of unpaid wages by filing a wage claim with the Texas Workforce Commission.

Among other things, amends Subchapter B., Chapter 61 of the Labor Code to add: An employer may not suspend or terminate the employment of or in any other manner discipline, discriminate against, or retaliate against an employee who in good faith seeks to recover wages owed to the employee by filing a wage claim under Subchapter D.

SB 1111 **Rodríguez**
Relating to the employment of certain persons with disabilities.

The bill applies to an individual with a disability that qualifies for an employment preference under this chapter if the individual is eligible to receive supported employment services from TWC or through a **Section 1915(c) Medicaid waiver program**.

SB 1116 **Lucio**
Relating to a study regarding the costs of educating students with disabilities in public schools.