

BILL ANALYSIS

C.S.S.B. 2021
By: Miles
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

It has been suggested that local public health entities are a vital part of the health care delivery system in many communities and should continue to play an integral role in improving access to health care for those who may not be able to afford it otherwise. C.S.S.B. 2021 seeks to ease barriers to participation in the Medicaid program by local health departments and certain health service regional offices.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.S.B. 2021 amends the Human Resources Code to require the executive commissioner of the Health and Human Services Commission (HHSC) to establish a separate provider type for local health departments, including health service regional offices acting in the capacity of local health departments, for purposes of enrollment as a provider for and reimbursement under Medicaid. The bill establishes that HHSC is required to implement a provision of the bill only if the legislature appropriates money to HHSC specifically for that purpose. If the legislature does not make such a specific appropriation, HHSC may, but is not required to, implement a provision of the bill using other appropriations that are available for that purpose.

EFFECTIVE DATE

September 1, 2020.

COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE

While C.S.S.B. 2021 may differ from the engrossed in minor or nonsubstantive ways, the following summarizes the substantial differences between the engrossed and committee substitute versions of the bill.

The substitute does not include a requirement for HHSC to require certain managed care organizations to seek participation in the organization's provider network from, and include in its provider network for a certain period, each local health department in an applicable region and each health service regional office acting in the capacity of a local health department in the region.

The substitute includes instead a requirement for the executive commissioner of HHSC to establish a separate provider type for local health departments, including such regional offices, for purposes of enrollment as a provider for and reimbursement under Medicaid.

The substitute does not include a procedural provision regarding managed care contracts.