BILL ANALYSIS

Senate Research Center

C.S.S.B. 162
By: Barrientos
Health & Human Services
2-28-97
Committee Report (Substituted)

DIGEST

Currently, Texas does not have a program dedicated to the prevention and treatment of diabetes. Diabetes is the sixth leading cause of death in Texas. According to the Texas Department of Health, more than 865,000 Texans have diabetes, and experts believe that twice as many cases may exist undetected. Studies show that the disease disproportionally affects Hispanics, African Americans, women, and older people. S.B. 162 will provide for the development and implementation of a diabetes care program in selected counties with a high incidence of diabetes and diabetes death rates. This bill will also provide for the education of the public about diabetes.

PURPOSE

As proposed, C.S.S.B. 162 provides for the development and implementation of a diabetes care program. This bill also provides for the education of the public about diabetes.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the Health and Human Service Commission in ARTICLE 1 (SECTION 1.02(a)) and to the Texas Department of Insurance in ARTICLE 2 (Section 3(a), Article 21.53, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

ARTICLE 1. TEXAS DIABETES CARE PILOT PROGRAM

SECTION 1.01. Defines "commission," "council," and "program."

SECTION 1.02. Requires the Health and Human Services Commission (commission), by rule, to develop a Texas Diabetes Care Program for initial implementation in counties, selected by the commission, with a high incidence of and a high death rate from diabetes. Requires the program to provide continuous care to Medicaid recipients who have diabetes-related conditions. Requires the commission, in developing the program, to consider the program operated in 1993 and 1994 in Maryland. Requires the Texas Diabetes Council (council) to administer the program under the direction of the commission. Requires the commission and the council to implement the program not later than November 1, 1997, except as provided by Section 1.04 of this article.

SECTION 1.03. Requires the commission to submit an interim written report, not later than September 1, 1998, to the lieutenant governor and the speaker of the house of representatives on the effectiveness, including cost-effectiveness, of the program. Requires the commission to submit a final written report, not later than September 1, 1999, to the lieutenant governor and the speaker of the house of representatives on the effectiveness, including the cost-effectiveness, of the program.

SECTION 1.04. Requires the commission, if before implementing this article the commission determines that a waiver or authorization from a federal agency is necessary for implementation, to request the waiver or authorization. Authorizes the commission to delay implementing this section until the waiver or authorization is granted.

SECTION 1.05. Provides that this article expires September 1, 2001.

ARTICLE 2. BENEFITS FOR DIABETES CARE PROVIDED UNDER HEALTH BENEFIT PLANS

SECTION 2.01. Amends Chapter 21E, Insurance Code, by adding Article 21.53D, as follows:

Art. 21.53D. GUIDELINES FOR DIABETES CARE

Sec. 1. DEFINITIONS. Defines "enrollee" and "health benefit plan."

Sec. 2. SCOPE OF ARTICLE. Provides that this article applies only to certain health benefit plans that provide benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness. Sets forth the plans to which this article does not apply.

Sec. 3. DIABETES CARE GUIDELINES. Requires the Texas Department of Insurance (department), by rule, in consultation with the council, to adopt minimum standards for care provided to enrollees with diabetes. Requires each health benefit plan to provide benefits for the care required by the minimum standards adopted. Prohibits the benefits required under this article to be subject to a deductible, coinsurance, or copayment requirement that exceeds the applicable deductible, coinsurance, or copayment applicable to other similar benefits provided under the plan.

SECTION 2.02. Requires the Texas Department of Insurance, in consultation with the council, to adopt minimum standards of care required under Article 21.53D, Insurance Code, as added by this Act, not later than September 1, 1998.

SECTION 2.03. Provides that application of Article 21.53D, Insurance Code, as added by this Act, is prospective to January 1, 1999.

ARTICLE 3. DIABETES INFORMATION AND EDUCATION

SECTION 3.01. Amends Chapter 103, Health and Safety Code, by amending Section 103.017, and adding Section 103.0175, as follows:

Sec. 103.017. PUBLIC AWARENESS AND TRAINING. Requires the strategy developed under Subsection (a) to include a plan under which the council provides public awareness information through businesses, civic organizations, and similar entities. Makes conforming and nonsubstantive changes.

Sec. 103.0175. MATERIALS FOR SCHOOL-BASED AND SCHOOL-LINKED CLINICS. Requires the council, in consultation with the department, to develop and make available materials that provide information about diabetes to be distributed to students and the parents of students by health clinics at public primary or secondary schools.

SECTION 3.02. Amends Section 28.002, Education Code, by adding Subsection (k), to require the State Board of Education, in consultation with the department and the council, to develop a diabetes education program that a school district may use in the health curriculum under Section 28.002(a)(2)(B), Education Code.

ARTICLE 4. EFFECTIVE DATE; EMERGENCY

SECTION 4.01. Effective date: September 1, 1997.

SECTION 4.02 Emergency clause.

SUMMARY OF COMMITTEE CHANGES

Amends SECTION 1.01, to delete the word "pilot" from Texas Diabetes Care Pilot Program.

Requires the Health and Human Services program to develop a Texas Diabetes Care Program for initial implementation, rather than for implementation, in certain counties. Requires the program to provide care to Medicaid recipients who have diabetes-related conditions, rather than Medicaid recipients who have been hospitalized for diabetes-related conditions. Makes a nonsubstantive change.