

## **BILL ANALYSIS**

Senate Research Center  
77R3328 KKA-D

H.B. 1516  
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Health & Human Services  
5/1/2001  
Engrossed

### **DIGEST AND PURPOSE**

Patients with catastrophic health problems, such as organ transplants or multiple traumas, represent only a small number of the total medical assistance program patient load, but they account for a very large portion of the medical assistance program's expenses. Such patients require multiple, specialized providers of health care and expensive medical procedures. The rapid assignment of a case manager to a patient with catastrophic health problems will likely result in the patient receiving the most appropriate and cost-effective services and may prevent the patient from missing out on needed financial and medical services. Case managers routinely make arrangements with medical facilities, sort out travel and lodging options, contact support groups, and educate patients and their families about the nature of the patient's illness or injury. H.B. 1516 requires the Health and Human Services Commission to develop and implement a catastrophic case management system to be used in providing medical assistance to persons with catastrophic health problems.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Chapter 32B, Human Resources Code, by adding Section 32.053, as follows:

Sec. 32.053. CATASTROPHIC CASE MANAGEMENT. (a) Requires the Health and Human Services Commission or an agency operating part of the medical assistance program (department) to develop and implement a catastrophic case management system (system) to be used in providing medical assistance to persons with catastrophic health problems.

(b) Requires the system to provide for the assignment of a case manager to a recipient of medical assistance with catastrophic health problems that are likely to require the services of multiple, specialized health care providers and result in major medical costs.

(c) Requires the department to identify the services to be provided by a case manager assigned under the system. Requires the services to include assessment of the recipient's needs and coordination of all available medical services and payment options. Authorizes the services to include certain other support services.

(d) Requires the department, not later than January 15 of each odd-numbered year, to report to the legislature on the implementation of the system. Requires the report to include certain information.

SECTION 2. Requires a state agency affected by a provision of this Act to request a waiver or authorization and authorizes the agency to delay implementing that provision until the waiver or authorization is granted, if the agency determines before implementing any provision of this Act that a waiver or authorization from a federal agency is necessary.

SECTION 3. Effective date: September 1, 2001.