

BILL ANALYSIS

Senate Research Center
77R9186 CLG-D

C.S.S.B. 616
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Health & Human Services
3/9/2001
Committee Report (Substituted)

DIGEST AND PURPOSE

According to the American Lung Association, more than 401,000 Texas children under the age of 15 suffer from asthma. C.S.S.B. 616 establishes a Medicaid disease management pilot program in counties with a high incidence of children's asthma, for its treatment and study. The pilot program, similar to an existing one for diabetes, applies proven clinical practices, including patient education, technical assistance, and risk management, to ensure the appropriate and cost-effective use of medication and specialized treatments in high-cost, chronic pediatric asthma cases.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Health and Human Services Commission in SECTION 1 (Sec. 531.021912, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 531B, Government Code, by adding Section 531.021912, as follows:

Sec. 531.021912. MEDICAID DISEASE MANAGEMENT PILOT PROGRAM FOR CHILDREN'S ASTHMA. (a) Requires the Health and Human Services Commission (commission) by rule to develop a Medicaid disease management pilot program for children's asthma for implementation in counties, selected by the Texas Department of Health (department), with a high incidence of children's asthma and a high rate of hospital emergency room care for the treatment of children's asthma.

(b) Requires the pilot program to provide continuous care, case management, and asthma education to Medicaid recipients younger than 19 years of age who have been hospitalized or received emergency care services for asthma. Requires the program to also provide health care provider education to ensure the appropriate use of specialized asthma treatments for those recipients. Requires the commission, in developing the program, to consider the disease management pilot programs for Medicaid recipients with asthma operated in Virginia and Florida.

(c) Requires the department to administer the pilot program under the direction of the commission, and the commission and department to implement the program not later than November 1, 2001. Requires the commission and department to use the services of local health care professionals to the extent possible in implementing the program.

(d) Requires the commission, not later than December 1, 2004, to submit a report to the lieutenant governor and the speaker of the house of representatives on the effectiveness, including the cost-effectiveness, of the pilot program. Sets forth information that must be included in the report.

(e) Provides that this section expires September 1, 2005.

SECTION 2. Requires the commission, if before implementing this Act it determines that a waiver or authorization from a federal agency is necessary for implementation, to request the waiver or authorization and authorizes it to delay implementing this section until the waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2001.

SUMMARY OF COMMITTEE CHANGES

SECTION 1. Differs from the original by adding the requirement that the commission and department use the services of local health care professionals in implementing the program.