

## **BILL ANALYSIS**

Senate Research Center  
86R28749 KFF-F

C.S.S.B. 2021  
By: Miles  
Health & Human Services  
4/24/2019  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Interested parties contend that local public health entities are a vital part of the health care delivery system in communities and should continue to play an intricate role in improving access to health care to those that may not be able to afford it otherwise. Currently, 21 local health departments (LHD) participate in the DSRIP 1115 Waiver with tremendous success. With the success that LHDs have had under the waiver program, interested parties would want a provider type designation for LHDs, while mandating contractual agreements with managed care organizations.

S.B. 2021 amends Section 533 of the Government Code to provide access to LHDs and certain health services regional offices under the Medicaid managed care program. Interested parties contend that LHDs have experienced success as direct providers for Medicaid, however, there are significant barriers to participate as part of MCO provider networks, which S.B. 2021 is trying to address. (Original Author's/Sponsor's Statement of Intent)

C.S.S.B. 2021 amends current law relating to providing access to local health departments and certain health service regional offices under the Medicaid managed care program.

### **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 Section 533.001, Government Code, by adding Subdivisions (3-a) and (3-b) to define "health service regional office" and "local health department" for purposes of this chapter (Medicaid Managed Care Program).

SECTION 2. Amends Section 533.006(a), Government Code, to add each local health department in the region and each health service regional office acting in the capacity of a local health department in the region to a list of entities from which managed care organizations that contract with the Health and Human Services Commission (HHSC) to provide health care services to recipients in a region are required by HHSC to seek participation in the organization's networks and makes nonsubstantive and conforming changes.

SECTION 3. (a) Requires HHSC to require, in a contract between HHSC and a managed care organization under Chapter 533, Government Code, that is entered into or renewed on or after the effective date of this Act, that the managed care organization comply with Section 533.006 (Provider Networks), Government Code, as amended by this Act.

(b) Requires HHSC to seek to amend contracts entered into with managed care organizations under Chapter 533, Government Code, before the effective date of this Act to require those managed care organizations to comply with Section 533.006, Government Code, as amended by this Act. Provides that to the extent of a conflict between that section and a provision of a contract with a managed care organization entered into before the effective date of this Act, the contract provision prevails.

SECTION 4. Provides that HHSC is required to implement a provision of this Act only if the legislature appropriates money to HHSC specifically for that purpose. Authorizes, but does not require, HHSC, if the legislature does not appropriate money specifically for that purpose, to implement a provision of this Act using other appropriations that are available for that purpose.

SECTION 5. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 6. Effective date: September 1, 2020.