

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 73
By: Miles
Health & Human Services
3/26/2021
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

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. 73 seeks to ease barriers to participation in the Medicaid program by local health departments and certain health service regional offices.

C.S.S.B. 73 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 public health entities which include local health departments, local health units, and public health districts, 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 also includes the Nelson amendment.

C.S.S.B. 73 amends current law relating to providing access to local public health entities and certain health service regional offices under Medicaid.

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 32.003, Human Resources Code, by adding Subdivisions (2), (3), (3-a), (3-b), and (5) to define "health service regional office," "local health department," "local health unit," "local public health entity," and "public health district" for Chapter 32 (Medical Assistance Program).

SECTION 2. Amends Section 32.024, Human Resources Code, by adding Subsection (11), to require the executive commissioner of the Health and Human Services Commission (HHSC) to establish a separate provider type for a local public health entity, including a health service regional office acting in the capacity of a local public health entity, for purposes of enrollment as a provider for and reimbursement under the medical assistance program.

SECTION 3. Amends Section 32.101(2), Human Resources Code, to redefine, in Subchapter C (Medical Assistance Program Provider Database), "health care provider" to include, among those licensed or otherwise authorized to provide a health care service in Texas, a local public health entity or a health service regional office acting in the capacity of a local public health entity in a public health region. Makes nonsubstantive changes.

SECTION 4. Requires HHSC and the Department of State Health Services (DSHS) to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. Provides that, if the legislature does not appropriate money specifically for that purpose, HHSC and DSHS are authorized, but are not required, 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, 2022.