

1-1 By: Buckingham S.B. No. 1376
 1-2 (In the Senate - Filed March 6, 2017; March 16, 2017, read
 1-3 first time and referred to Committee on Health & Human Services;
 1-4 April 10, 2017, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 8, Nays 0; April 10, 2017,
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 1376 By: Buckingham

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to a joint interim study regarding the state's response to
 1-22 modifications to federal health care laws.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. CREATION OF JOINT INTERIM COMMITTEE. (a) A
 1-25 joint interim committee is created to study the ability in this
 1-26 state to effectively respond and adapt to and implement significant
 1-27 modifications to federal health care laws, regulations, and
 1-28 requirements.

1-29 (b) The joint interim committee is composed of:

1-30 (1) six members of the senate appointed by the
 1-31 lieutenant governor; and

1-32 (2) six members of the house of representatives
 1-33 appointed by the speaker of the house of representatives.

1-34 (c) The lieutenant governor and speaker of the house of
 1-35 representatives shall each designate a co-chair from among the
 1-36 joint interim committee members.

1-37 (d) The joint interim committee shall convene at the joint
 1-38 call of the co-chairs.

1-39 (e) The joint interim committee may adopt rules necessary to
 1-40 carry out the committee's duties under this section.

1-41 (f) The joint interim committee has all other powers and
 1-42 duties provided to a special or select committee by the rules of the
 1-43 senate and house of representatives, by Subchapter B, Chapter 301,
 1-44 Government Code, and by policies of the senate and house committees
 1-45 on administration.

1-46 SECTION 2. INTERIM STUDY RELATING TO THE STATE'S ABILITY TO
 1-47 RESPOND TO MODIFICATION OF FEDERAL HEALTH CARE LAWS. (a) The
 1-48 joint interim committee shall study the ability in this state to
 1-49 respond and adapt to and implement significant modifications to
 1-50 federal health care laws, regulations, and requirements.

1-51 (b) The committee shall collaborate with the Health and
 1-52 Human Services Commission, the Texas Department of Insurance, and
 1-53 other appropriate agencies to conduct a comprehensive, data-driven
 1-54 readiness review to:

1-55 (1) analyze the potential impact of modifications to
 1-56 federal health care laws, regulations, and requirements on:

1-57 (A) state, county, and local governments and
 1-58 other public entities; and

1-59 (B) health care providers, hospitals, health
 1-60 benefit plans, and other private organizations and individuals in

2-1 this state;

2-2 (2) identify changes to state laws, regulations, and

2-3 requirements necessary to access or manage federal funding:

2-4 (A) from:

2-5 (i) Medicaid;

2-6 (ii) Medicare; or

2-7 (iii) a block grant funding system

2-8 established by the federal government; or

2-9 (B) authorized by a waiver issued under Section

2-10 1115 of the federal Social Security Act (42 U.S.C. Section 1315);

2-11 (3) identify legislative reforms and executive

2-12 rulemaking necessary to comply with modified federal health care

2-13 laws, regulations, and requirements; and

2-14 (4) review and assess the potential impact of proposed

2-15 federal and state policies and reforms on:

2-16 (A) overall affordability of health care

2-17 services;

2-18 (B) health care cost containment goals;

2-19 (C) patient access to physical, behavioral, and

2-20 mental health care, especially in rural or underserved areas;

2-21 (D) health care delivery systems in this state;

2-22 (E) patient outcomes;

2-23 (F) reimbursement rates to health care

2-24 providers; and

2-25 (G) workforce shortages.

2-26 (c) The joint interim committee shall prepare a report

2-27 reflecting the study required under Subsection (a) of this section

2-28 that includes proposed reforms to improve the ability in this state

2-29 to respond and adapt to and implement significant modifications to

2-30 federal health care laws, regulations, and requirements. The joint

2-31 interim committee shall include in the report recommendations of

2-32 specific statutory and regulatory changes that appear necessary

2-33 from the committee's study.

2-34 SECTION 3. COMMITTEE FINDINGS AND PROPOSED REFORMS.

2-35 (a) Not later than December 1, 2018, the joint interim committee

2-36 created under Section 1 of this Act shall submit to the lieutenant

2-37 governor, the speaker of the house of representatives, and the

2-38 governor the report prepared under Section 2 of this Act.

2-39 (b) Not later than the 60th day after the effective date of

2-40 this Act, the lieutenant governor and speaker of the house of

2-41 representatives shall appoint the members of the joint interim

2-42 committee in accordance with Section 1 of this Act.

2-43 SECTION 4. ABOLITION OF COMMITTEE. The joint interim

2-44 committee created under Section 1 of this Act is abolished and this

2-45 Act expires January 20, 2019.

2-46 SECTION 5. EFFECTIVE DATE. This Act takes effect

2-47 immediately if it receives a vote of two-thirds of all the members

2-48 elected to each house, as provided by Section 39, Article III, Texas

2-49 Constitution. If this Act does not receive the vote necessary for

2-50 immediate effect, this Act takes effect September 1, 2017.

2-51 * * * * *