

1-1 By: González of El Paso, et al. H.B. No. 25
 1-2 (Senate Sponsor - Zaffirini, Miles)
 1-3 (In the Senate - Received from the House April 16, 2019;
 1-4 April 17, 2019, read first time and referred to Committee on Health
 1-5 & Human Services; May 9, 2019, reported adversely, with favorable
 1-6 Committee Substitute by the following vote: Yeas 9, Nays 0;
 1-7 May 9, 2019, sent to printer.)

1-8 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-9				
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	X			

1-19 COMMITTEE SUBSTITUTE FOR H.B. No. 25 By: Miles

1-20 A BILL TO BE ENTITLED
 1-21 AN ACT

1-22 relating to a pilot program for providing services to certain women
 1-23 and children under the Medicaid medical transportation program.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Subchapter B, Chapter 531, Government Code, is
 1-26 amended by adding Section 531.024141 to read as follows:

1-27 Sec. 531.024141. PILOT PROGRAM FOR PROVIDING MEDICAL
 1-28 TRANSPORTATION PROGRAM SERVICES TO PREGNANT WOMEN AND NEW MOTHERS.

1-29 (a) In this section:

1-30 (1) "Demand response transportation services" means
 1-31 medical transportation program services that are provided by
 1-32 dispatching a transportation service provider's vehicle in
 1-33 response to a request from a client or by a shared one-way trip.

1-34 (2) "Managed transportation organization" has the
 1-35 meaning assigned by Section 533.00257.

1-36 (3) "Medicaid managed care organization" means a
 1-37 managed care organization as defined by Section 533.001 that
 1-38 contracts with the commission under Chapter 533 to provide health
 1-39 care services to Medicaid recipients.

1-40 (4) "Medical transportation program" has the meaning
 1-41 assigned by Section 531.02414.

1-42 (b) The commission, in collaboration with the Maternal
 1-43 Mortality and Morbidity Task Force established under Chapter 34,
 1-44 Health and Safety Code, shall develop and, not later than September
 1-45 1, 2020, implement a pilot program in at least one health care
 1-46 service region, as defined by Section 533.001, that allows for a
 1-47 managed transportation organization that participates in the pilot
 1-48 program to arrange for and provide medical transportation program
 1-49 services to:

1-50 (1) a woman who is enrolled in the STAR Medicaid
 1-51 managed care program during the woman's pregnancy and after she
 1-52 delivers; and

1-53 (2) the child of a woman described by Subdivision (1)
 1-54 who accompanies the woman.

1-55 (c) A managed transportation organization that participates
 1-56 in the pilot program shall:

1-57 (1) arrange for and provide the medical transportation
 1-58 program services described by Subsection (b) in a manner that does
 1-59 not result in additional costs to Medicaid or the commission;

1-60 (2) arrange for and provide demand response

2-1 transportation services, including, to the extent allowed by law,
2-2 through a transportation network company as defined by Section
2-3 2402.001, Occupations Code, to a woman described by Subsection (b)
2-4 if:

2-5 (A) the request for transportation services is
2-6 made during a period of time determined by commission rules before
2-7 the woman requires transportation in order to receive a covered
2-8 health care service; or

2-9 (B) the woman receiving medical transportation
2-10 program services needs to travel directly to and from a location to
2-11 receive a covered health care service and cannot be a participant in
2-12 a shared trip; and

2-13 (3) ensure that the managed transportation
2-14 organization and the managed care organization through which a
2-15 woman described by Subsection (b) receives health care services
2-16 effectively share information and coordinate services for the
2-17 woman.

2-18 (d) In developing the pilot program, the commission shall
2-19 ensure that a managed transportation organization participating in
2-20 the pilot program provides medical transportation services in a
2-21 safe and efficient manner.

2-22 (e) Not later than December 1, 2020, the commission shall
2-23 report to the legislature on the implementation of the pilot
2-24 program.

2-25 (f) The commission shall evaluate the results of the pilot
2-26 program and determine whether the program:

2-27 (1) is cost-effective;

2-28 (2) improves the efficiency and quality of services
2-29 provided under the medical transportation program; and

2-30 (3) is effective in:

2-31 (A) increasing access to prenatal and postpartum
2-32 health care services;

2-33 (B) reducing pregnancy-related complications;
2-34 and

2-35 (C) decreasing the rate of missed appointments
2-36 for covered health care services by women enrolled in the STAR
2-37 Medicaid managed care program.

2-38 (g) Not later than December 1, 2022, the commission shall
2-39 submit a report to the legislature on the results of the pilot
2-40 program. The commission shall include in the report a
2-41 recommendation regarding whether the pilot program should
2-42 continue, be expanded, or terminate.

2-43 (h) The executive commissioner:

2-44 (1) shall adopt rules specifying the number of days or
2-45 hours before transportation services are needed that a request for
2-46 the services must be made for purposes of Subsection (c)(2)(A); and

2-47 (2) may adopt other rules to implement this section.

2-48 (i) This section expires September 1, 2023.

2-49 SECTION 2. If before implementing any provision of this Act
2-50 a state agency determines that a waiver or authorization from a
2-51 federal agency is necessary for implementation of that provision,
2-52 the agency affected by the provision shall request the waiver or
2-53 authorization and may delay implementing that provision until the
2-54 waiver or authorization is granted.

2-55 SECTION 3. This Act takes effect September 1, 2019.

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