

1-1 By: Manuel, et al. (Senate Sponsor - Hancock) H.B. No. 4666
 1-2 (In the Senate - Received from the House May 8, 2025;
 1-3 May 8, 2025, read first time and referred to Committee on Health &
 1-4 Human Services; May 23, 2025, reported favorably by the following
 1-5 vote: Yeas 8, Nays 0; May 23, 2025, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
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 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to certain reports required to be prepared or submitted by
 1-20 or in collaboration with the Health and Human Services Commission
 1-21 or submitted to the governor or a member of the legislature under
 1-22 the Health and Safety Code.

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

1-24 SECTION 1. The heading to Section 523.0154, Government
 1-25 Code, is amended to read as follows:

1-26 Sec. 523.0154. DATA ANALYSIS UNIT; ANNUAL REPORTS
 1-27 [~~QUARTERLY UPDATE~~].

1-28 SECTION 2. Section 523.0154(d), Government Code, is amended
 1-29 to read as follows:

1-30 (d) Not later than December 1 of each year [~~the 30th day~~
 1-31 ~~following the end of each calendar quarter~~], the data analysis unit
 1-32 shall provide:

1-33 (1) a report [~~an update~~] on the unit's activities and
 1-34 findings to the governor, the lieutenant governor, the Legislative
 1-35 Budget Board, the speaker of the house of representatives, the
 1-36 chair of the Senate Finance Committee, the chair of the House
 1-37 Appropriations Committee, and the chairs of the standing committees
 1-38 of the senate and house of representatives having jurisdiction over
 1-39 Medicaid; and

1-40 (2) a report of any anomalies identified by the unit
 1-41 under Subsection (a)(3) to the commission's office of the inspector
 1-42 general.

1-43 SECTION 3. The heading to Section 532.0453, Government
 1-44 Code, is amended to read as follows:

1-45 Sec. 532.0453. CONTINUED IMPLEMENTATION OF CERTAIN
 1-46 INTERVENTIONS AND BEST PRACTICES BY PROVIDERS; BIENNIAL
 1-47 [~~SEMIANNUAL~~] REPORT.

1-48 SECTION 4. Section 532.0453(b), Government Code, is amended
 1-49 to read as follows:

1-50 (b) Each even-numbered year, the [~~The~~] commission shall
 1-51 [~~semiannually~~] prepare and submit to the legislature a report that
 1-52 contains a summary of the commission's efforts under this section
 1-53 and Section 532.0451(b).

1-54 SECTION 5. Section 542.0054, Government Code, is amended to
 1-55 read as follows:

1-56 Sec. 542.0054. BIENNIAL [~~ANNUAL~~] REPORT ON IMPLEMENTATION.

1-57 (a) Not later than September 30 of each even-numbered year, the
 1-58 commission, in collaboration with the advisory committee, shall
 1-59 prepare and submit to the legislature a report that includes:

1-60 (1) an assessment of the implementation of the system
 1-61 required by this chapter, including appropriate information

2-1 regarding the provision of acute care services and long-term
 2-2 services and supports to individuals with an intellectual or
 2-3 developmental disability under Medicaid;

2-4 (2) recommendations regarding implementation of and
 2-5 improvements to the system redesign, including recommendations
 2-6 regarding appropriate statutory changes to facilitate the
 2-7 implementation; and

2-8 (3) an assessment of the effect of the system on:
 2-9 (A) access to long-term services and supports;
 2-10 (B) the quality of acute care services and
 2-11 long-term services and supports;
 2-12 (C) meaningful outcomes for Medicaid recipients
 2-13 using person-centered planning, individualized budgeting, and
 2-14 self-determination, including an individual's inclusion in the
 2-15 community;

2-16 (D) the integration of service coordination of
 2-17 acute care services and long-term services and supports;
 2-18 (E) the efficiency and use of funding;
 2-19 (F) the placement of individuals in housing that
 2-20 is the least restrictive setting appropriate to an individual's
 2-21 needs;

2-22 (G) employment assistance and customized,
 2-23 integrated, competitive employment options; and
 2-24 (H) the number and types of fair hearing and
 2-25 appeals processes in accordance with federal law.

2-26 (b) This section expires on the second anniversary of the
 2-27 date the commission completes implementation of the transition
 2-28 required under Section 542.0201.

2-29 SECTION 6. Sections 542.0119(a) and (b), Government Code,
 2-30 are amended to read as follows:

2-31 (a) The commission, in collaboration with the advisory
 2-32 committee and pilot program work group, shall review and evaluate
 2-33 the progress and outcomes of the pilot program and submit, as part
 2-34 of the ~~annual~~ report required under Section 542.0054, a report on
 2-35 the pilot program's status that includes recommendations for
 2-36 improving the pilot program.

2-37 (b) Not later than September 1, 2026, the commission, in
 2-38 collaboration with the advisory committee and pilot program work
 2-39 group, shall prepare and submit to the legislature a written report
 2-40 that evaluates the pilot program based on a comprehensive
 2-41 analysis. The analysis must:

2-42 (1) assess the effect of the pilot program on:
 2-43 (A) access to and quality of long-term services
 2-44 and supports;

2-45 (B) informed choice and meaningful outcomes
 2-46 using person-centered planning, flexible consumer-directed
 2-47 services, individualized budgeting, and self-determination,
 2-48 including a pilot program participant's inclusion in the community;

2-49 (C) the integration of service coordination of
 2-50 acute care services and long-term services and supports;

2-51 (D) employment assistance and customized,
 2-52 integrated, competitive employment options;

2-53 (E) the number, types, and dispositions of fair
 2-54 hearings and appeals in accordance with federal and state law;

2-55 (F) increasing the use and flexibility of the
 2-56 consumer direction model;

2-57 (G) increasing the use of alternatives to
 2-58 guardianship, including supported decision-making agreements as
 2-59 defined by Section 1357.002, Estates Code;

2-60 (H) achieving the best and most cost-effective
 2-61 funding use based on a pilot program participant's needs and
 2-62 preferences; and

2-63 (I) attendant recruitment and retention;

2-64 (2) analyze the experiences and outcomes of the
 2-65 following systems changes:

2-66 (A) the comprehensive assessment instrument
 2-67 described by Section 533A.0335, Health and Safety Code;

2-68 (B) the 21st Century Cures Act (Pub. L.
 2-69 No. 114-255);

3-1 (C) implementation of the federal rule adopted by
3-2 the Centers for Medicare and Medicaid Services and published at 79
3-3 Fed. Reg. 2948 (January 16, 2014) related to the provision of
3-4 long-term services and supports through a home and community-based
3-5 services (HCS) waiver program under Section 1915(c), 1915(i), or
3-6 1915(k) of the Social Security Act (42 U.S.C. Section 1396n(c),
3-7 (i), or (k));

3-8 (D) the provision of basic attendant and
3-9 habilitation services under Section 542.0152; and

3-10 (E) the benefits of providing STAR+PLUS Medicaid
3-11 managed care services to individuals based on functional needs;

3-12 (3) include feedback on the pilot program based on the
3-13 personal experiences of:

3-14 (A) individuals with an intellectual or
3-15 developmental disability and individuals with similar functional
3-16 needs who were pilot program participants;

3-17 (B) families of and other persons actively
3-18 involved in the lives of individuals described by Paragraph (A);
3-19 and

3-20 (C) comprehensive long-term services and
3-21 supports providers who delivered services under the pilot program;

3-22 (4) be incorporated in the ~~[annual]~~ report required
3-23 under Section 542.0054; and

3-24 (5) include recommendations on:

3-25 (A) a system of programs and services for the
3-26 legislature's consideration;

3-27 (B) necessary statutory changes; and

3-28 (C) whether to implement the pilot program
3-29 statewide under the STAR+PLUS Medicaid managed care program for
3-30 eligible individuals.

3-31 SECTION 7. Section 542.0151(b), Government Code, is amended
3-32 to read as follows:

3-33 (b) The commission, in collaboration with the advisory
3-34 committee, shall analyze the outcomes of providing acute care
3-35 Medicaid benefits to individuals with an intellectual or
3-36 developmental disability under a model described by Subsection
3-37 (a). The analysis must:

3-38 (1) include an assessment of the effects of the
3-39 delivery model on:

3-40 (A) access to and quality of acute care services;
3-41 and

3-42 (B) the number and types of fair hearing and
3-43 appeals processes in accordance with federal law;

3-44 (2) be incorporated into the ~~[annual]~~ report to the
3-45 legislature required under Section 542.0054; and

3-46 (3) include recommendations for delivery model
3-47 improvements and implementation for the legislature's
3-48 consideration, including recommendations for needed statutory
3-49 changes.

3-50 SECTION 8. Section 543A.0003(a), Government Code, is
3-51 amended to read as follows:

3-52 (a) The commission shall include aggregate, nonidentifying
3-53 data collected using the quality-based outcome measure described by
3-54 Section 543A.0002(b) in the ~~[annual]~~ report required by Section
3-55 543A.0008. The commission may include the data in any other report
3-56 required by this chapter.

3-57 SECTION 9. The heading of Section 543A.0008, Government
3-58 Code, is amended to read as follows:
3-59 Sec. 543A.0008. BIENNIAL ~~[ANNUAL]~~ REPORT.

3-60 SECTION 10. Section 543A.0008(a), Government Code, is
3-61 amended to read as follows:

3-62 (a) The commission shall submit to the legislature and make
3-63 available to the public in each even-numbered year a ~~[an annual]~~
3-64 report on:

3-65 (1) the quality-based outcome and process measures
3-66 developed under Sections ~~[Section]~~ 543A.0002 and 543A.0003,
3-67 including measures based on each potentially preventable event; and

3-68 (2) the progress of implementing quality-based
3-69 payment systems under Section 543A.0004 and other payment

4-1 initiatives under this chapter.

4-2 SECTION 11. Chapter 1, Health and Safety Code, is amended by
4-3 adding Section 1.006 to read as follows:

4-4 Sec. 1.006. REPORTS. Notwithstanding any other law, each
4-5 report that is required by this code to be submitted to the governor
4-6 or a member of the legislature must be submitted not later than
4-7 December 1 of the year that the report is due.

4-8 SECTION 12. If before implementing any provision of this
4-9 Act a state agency determines that a waiver or authorization from a
4-10 federal agency is necessary for implementation of that provision,
4-11 the agency affected by the provision shall request the waiver or
4-12 authorization and may delay implementing that provision until the
4-13 waiver or authorization is granted.

4-14 SECTION 13. This Act takes effect immediately if it
4-15 receives a vote of two-thirds of all the members elected to each
4-16 house, as provided by Section 39, Article III, Texas Constitution.
4-17 If this Act does not receive the vote necessary for immediate
4-18 effect, this Act takes effect September 1, 2025.

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