

1-1 By: Sparks, Perry S.B. No. 855
1-2 (In the Senate - Filed January 22, 2025; February 13, 2025,
1-3 read first time and referred to Committee on Health & Human
1-4 Services; April 7, 2025, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 7, Nays 0;
1-6 April 7, 2025, sent to printer.)

1-7	COMMITTEE VOTE				
1-8		Yea	Nay	Absent	PNV
1-9	Kolkhorst	X			
1-10	Perry	X			
1-11	Blanco	X			
1-12	Cook	X			
1-13	Hall	X			
1-14	Hancock	X			
1-15	Hughes	X			
1-16	Miles			X	
1-17	Sparks			X	

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 855 By: Perry

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

1-21 relating to the authority of certain medical consenters to assume
1-22 financial responsibility for certain out-of-network medical care
1-23 provided to children in foster care.

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

1-25 SECTION 1. Chapter 266, Family Code, is amended by adding

1-26 Section 266.0043 to read as follows:

1-27 Sec. 266.0043. ASSUMPTION OF FINANCIAL RESPONSIBILITY BY

1-28 MEDICAL CONSENTERS. (a) In this section:

1-29 (1) "Health care provider" means an individual who is

1-30 licensed, certified, or otherwise authorized to provide health care

1-31 services in this state. The term does not include a pharmacy.

1-32 (2) "Managed care plan" has the meaning assigned by

1-33 Section 540.0001, Government Code.

1-34 (3) "Medicaid" and "Medicaid managed care

1-35 organization" have the meanings assigned by Section 521.0001,

1-36 Government Code.

1-37 (4) "Medicaid managed care plan" means a managed care

1-38 plan offered by a Medicaid managed care organization.

1-39 (5) "Medical consenter" means a person authorized to

1-40 consent to medical care for a foster child under Section

1-41 266.004(b).

1-42 (6) "Out-of-network provider" means a health care

1-43 provider who is not included in the provider network of the Medicaid

1-44 managed care plan in which a foster child is enrolled.

1-45 (7) "Pharmacy" has the meaning assigned by Section

1-46 551.003, Occupations Code.

1-47 (b) Notwithstanding any other law, a medical consenter

1-48 other than the department may assume financial responsibility for

1-49 medical care, including behavioral health services, provided to a

1-50 foster child by an out-of-network provider engaged by the medical

1-51 consenter on behalf of the child. For purposes of this section,

1-52 assuming financial responsibility may include the medical

1-53 consenter enrolling the child in a health insurance plan.

1-54 (c) The department is not liable for the cost of medical

1-55 care described by Subsection (b), unless a court orders the

1-56 department to cover the cost of the medical care.

1-57 (d) This section may not be construed to:

1-58 (1) limit or restrict a foster child's access to

1-59 Medicaid benefits, including in-network benefits provided under

1-60 the Medicaid managed care program;

(2) change or limit the rights of parents of children in the temporary managing conservatorship of the department; or
 (3) limit a court's authority to order the department to assume financial responsibility for the cost of services provided to a foster child by an out-of-network provider.

(e) Not later than the 10th business day after the date medical care for which a medical consentor assumes financial responsibility under this section is provided, the medical consentor shall notify, in the form and manner prescribed by the department, the child's caseworker of the provision of that care. The department shall ensure the child's health passport includes records of the medical care provided under this section.

SECTION 2. Subchapter Q, Chapter 540, Government Code, is amended by adding Section 540.0807 to read as follows:

Sec. 540.0807. ACCESS TO CARE PAID FOR BY CERTAIN MEDICAL CONSENTORS. (a) A Medicaid managed care organization may not take adverse action to prevent or discourage a recipient from accessing health care and related services and benefits in accordance with Section 266.0043, Family Code.

(b) A STAR Health program managed care contract between a Medicaid managed care organization and the commission must require that the organization comply with Subsection (a).

(c) This section may not be construed to confer liability on a Medicaid managed care organization for the cost of health care and related services and benefits described by Section 266.0043(b), Family Code.

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 4. This Act takes effect September 1, 2025.

* * * * *