

HEALTH CARE & THE 86TH LEGISLATIVE SESSION

There were many accomplishments during the 86th Legislative Session in a number of critical areas. Unfortunately, state leaders largely ignored health care, an issue in dire need of legislative action. There were some victories, which are outlined below, but the lack of Medicaid expansion will continue to negatively impact our state and the [19 percent of Texans](#) who lack insurance coverage.

IMPROVED CARE & PATIENT PROTECTIONS

As a lawmaker, real life situations shared with my office often inspire legislation. That was the case with [HB 3041](#), a bill I filed that passed into law for patients with chronic illnesses. The bill allows doctors to request a renewal of a pre-authorization up to 60 days before an existing pre-authorization expires.

Prior to this law, insurers would require a provider to wait until a pre-authorization expires before a renewal could be requested. As a result, patients' medication or treatments could be delayed. This new law will help ensure that there is no lapse in treatment for Texans with cancer, multiple sclerosis, Lupus and other chronic illnesses.

Surprise medical billing impacts many Texans, especially those who need emergency services and are unable to research which providers are “in network” prior to receiving care. The law created by [SB 1264](#) requires insurance companies and health care providers to negotiate a fair price for their services. Before SB 1264, patients that couldn't pay these out-of-network bills held the burden of navigating the complicated process of bill negotiation and mediation requests. The new law shifts the responsibility of price negotiation from the consumer to insurance companies and healthcare providers. This mediation process [resolves 90% of surprise bills](#) and saves patients money.

Another source of surprise medical bills among Texans are freestanding emergency rooms. New legislation ([HB 2041](#)) increases transparency for patient billing practices by requiring freestanding ER's to clearly disclose in writing their accepted in-network health plans as well as any additional fees patients may be charged.

Lastly, in response to surprise billing, [SB 1037](#) ensures that the credit of Texans who are unable to pay an out-of-network bill or who are delayed in paying is not negatively impacted.

TEXAS REMAINS IN LAST PLACE IN COVERAGE & OTHER MISSED OPPORTUNITIES

Texas started the 140-day legislative session with the highest rate and number of uninsured in the nation, and we ended it with the highest number and rate of uninsured in the nation.

In order to address our state's dire need for increased access to affordable health care coverage, House Democrats voted unanimously in support of an amendment to the two-year state budget that would have allowed for the expansion of Medicaid. Unfortunately, the measure was defeated, blocking affordable health insurance coverage for an estimated one million Texas adults.

As a result, our state continues to miss out on billions in federal Medicaid funds each year that would help provide coverage for over one million working Texas adults. Not only does this impact the lives of those who cannot afford care, but it also impacts the well-being of our local and state economies, our hospitals, medical providers, and the overall cost of health care for all Texans.

In addition to not expanding Medicaid, the Legislature also failed to pass several pieces of common-sense legislation that would have extended Medicaid coverage for women after they have given birth. Currently, women are eligible to remain on Medicaid for two months post-partum. These measures would have extended that coverage to one year, in line with a recommendation by the Texas Maternal Mortality and Morbidity Task Force. The House approved this measure, but it did not receive consideration in the Senate.

Although there were some reforms made to the Medicaid managed care system that covers many of our most vulnerable Texas children, the new laws don't go far enough and more must be done to ensure they receive the care they need. Additionally, several measures to increase the number of insured children failed to receive consideration beyond the committee level.