

## **BILL ANALYSIS**

Senate Research Center  
81R15759 UM-D

H.B. 1990  
By: McReynolds et al. (Duncan)  
Health & Human Services  
5/6/2009  
Engrossed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Currently, self-management training for persons diagnosed with diabetes is not a covered benefit under the Texas Medicaid program. A person newly diagnosed with diabetes receives medication to treat the disease, but not the necessary training to properly use those medications or to make lifestyle changes to adequately manage the disease. Persons newly diagnosed with diabetes often need to learn how and when to administer insulin, how to modify their food preparation and eating habits, and how to develop physical activity programs that complement their medication therapy. Self-management training covers these skills, providing a critical first step towards living a healthy, productive life. The alternative is often poor health management that can result in blindness, amputations, kidney disease, heart disease, and other conditions that place an increasing burden on the state's health care system.

Through a self-management training pilot program, certain Medicaid clients would benefit from licensed clinical specialists and patient education services that meet accepted standards of care. The Health and Human Services Commission has worked with the Texas Diabetes Council to ensure that the services of such a program could be offered without a significant cost to the state.

This bill creates a self-management training pilot program to allow persons with diabetes enrolled in the Medicaid disease management program the opportunity to receive diabetes self-management training through the disease management program.

H.B. 1990 relates to a diabetes self-management training pilot program under the state Medicaid program.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subchapter B, Chapter 531, Government Code, by adding Section 531.0319, as follows:

Sec. 531.0319. DIABETES SELF-MANAGEMENT TRAINING PILOT PROGRAM.

(a) Requires the Health and Human Services Commission (HHSC), notwithstanding Section 32.057 (Contracts for Disease Management Programs), Human Resources Code, or Section 533.009 (Special Disease Management) and to the extent allowed by federal law, to establish a pilot program to provide diabetes self-management training services to selected Medicaid recipients.

(b) Authorizes HHSC to select a person to participate in the pilot program if the person is a recipient of Medicaid under the fee-for-service or primary care case management delivery model; diagnosed with diabetes; and enrolled in a disease management program available to Medicaid recipients.

(c) Requires HHSC, in establishing the pilot program to ensure that:

(1) either a provider of diabetes self-management training under the program is certified to provide the training in accordance with the quality standards for diabetes self-management training services described by the Medicare Benefit Policy Manual, Chapter 15, Section 300, as effective on January 1, 2009, or a certified diabetes educator is hired to provide the training;

(2) an assessment of a potential participant in the program is conducted that includes a review of the person's medical history, risk factors, health status, resource utilization, knowledge and skill level, and cultural barriers to effective diabetes self-management;

(3) a participant is offered a minimum of 10 hours of initial self-management training with a diabetes educator and three hours of initial nutrition education with a registered dietitian or with a diabetes educator if a registered dietitian is not available;

(4) after receipt of the initial self-management training and nutrition education, the participant is offered each year a minimum of two hours of self-management training with a diabetes educator and two hours of nutrition education with a registered dietitian or with a diabetes educator if a registered dietitian is not available;

(5) if diabetes self-management training is provided in group sessions, the participant has direct, face-to-face interaction with the diabetes educator and is offered a sufficient number of individual sessions to meet the participant's cultural and educational needs; and

(6) the participant may repeat all or part of the self-management training as medically necessary, regardless of whether the participant is diagnosed with a new health condition or experiences a change in health status.

(d) Requires HHSC to ensure that the pilot program measures the progress of program participants while enrolled in the program using specific health outcomes for diabetes disease management.

(e) Provides that information collected by HHSC during the pilot program is confidential and may be disclosed only as authorized by this section in a manner that prevents disclosure of individually identifiable information.

(f) Requires HHSC, not later than December 1, 2012, to submit a report to the governor, lieutenant governor, speaker of the house of representatives, standing committees of the legislature with appropriate subject matter jurisdiction, and Texas Diabetes Council regarding the data and outcomes that result from the diabetes self-management training pilot program and any other relevant information as determined by HHSC.

(g) Provides that this section expires September 1, 2013.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such waivers or authorizations are granted.

SECTION 3. Effective date: upon passage or September 1, 2009.