

HEALTH AND SAFETY CODE

TITLE 2. HEALTH

SUBTITLE C. PROGRAMS PROVIDING HEALTH CARE BENEFITS AND SERVICES

CHAPTER 76. FEDERALLY QUALIFIED HEALTH CENTER PRIMARY CARE ACCESS
PROGRAM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 76.001. PURPOSES. The purposes of this chapter are to:

(1) increase access to primary care services at federally qualified health centers for low-income or at-risk individuals;

(2) improve the health of the employees of participating employers and their families by improving access to health care;

(3) contribute to economic development by assisting small businesses in remaining competitive through employment of a healthy workforce and provision of health care benefits that attract employees; and

(4) encourage innovative solutions for providing and funding health care services and benefits for participating employees.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. [2193](#)), Sec. 1, eff. May 19, 2023.

Sec. 76.002. DEFINITIONS. In this chapter:

(1) "Department of insurance" means the Texas Department of Insurance.

(2) "Employee" means an individual who is employed by an employer for compensation. The term includes a partner of a partnership and a proprietor of a sole proprietorship.

(3) "Federally qualified health center" has the meaning assigned by 42 U.S.C. Section 1396d(1)(2)(B).

(4) "Program" means a primary care access program a federally qualified health center establishes and operates under this chapter.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. 2193), Sec. 1, eff. May 19, 2023.

SUBCHAPTER B. PRIMARY CARE ACCESS PROGRAM

Sec. 76.051. ESTABLISHMENT AND OPERATION OF PROGRAM.

(a) A federally qualified health center may establish and operate a primary care access program for the provision of primary care services and benefits directly to the employees of participating employers and their dependents within the service area of the federally qualified health center.

(b) A program operated under this chapter shall, within the service area of the federally qualified health center and to the extent practicable:

(1) reduce the number of individuals who lack access to primary care services;

(2) reduce the cost of primary care services for small business employers and their employees;

(3) promote preventive care and reduce the incidence of preventable health conditions, such as heart disease, cancer, diabetes, and low birth weight in infants;

(4) promote efficient and collaborative delivery of primary care services;

(5) serve as a model for the innovative use of health information technology; and

(6) provide fair payment rates for participating health care providers.

(c) A federally qualified health center may require that participating employees and dependents obtain primary health care services provided under a program only from health care providers at the federally qualified health center.

(d) A federally qualified health center that operates a program under this subchapter is not subject to regulation by the department of insurance as an insurer or health maintenance organization.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. 2193), Sec. 1, eff. May 19, 2023.

Sec. 76.052. PARTICIPATION BY EMPLOYERS; SHARE OF COST.

(a) A federally qualified health center may establish program participation criteria for employers, employees of the employer, and the employees' dependents.

(b) A federally qualified health center may:

(1) require participating employers and their employees to pay a share of the premium or other cost of the primary care services;

(2) contract with a health foundation or other nonprofit organization to support payment of the employer's or employee's share under Subdivision (1); and

(3) screen employees and their dependents for eligibility to enroll in other state programs and for federal subsidies in the health insurance marketplace.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. 2193), Sec. 1, eff. May 19, 2023.

Sec. 76.053. FUNDING. (a) In addition to grants awarded under Subchapter C, a federally qualified health center may accept gifts, grants, or donations from any source to administer and finance the program.

(b) A federally qualified health center shall actively solicit gifts, grants, and donations to:

(1) fund primary care services and benefits provided under the program; and

(2) reduce the cost of participation in the program for employers and their employees.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. 2193), Sec. 1, eff. May 19, 2023.

SUBCHAPTER C. PRIMARY CARE ACCESS GRANT PROGRAM

Sec. 76.101. GRANT PROGRAM. (a) The department of insurance, in collaboration with the commission, shall establish and administer a grant program to award grants to federally qualified health centers operating a program under this chapter.

(b) In awarding a grant under this section, the department of insurance shall consider whether the program will accomplish the purposes of this chapter and meet the objectives established under Section 76.051(b).

(c) The department of insurance shall establish performance objectives for a grant recipient and monitor whether the recipient meets those objectives.

(d) In addition to money appropriated by the legislature, the department of insurance may accept gifts, grants, or donations from any source to administer and finance the grant program.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. 2193), Sec. 1, eff. May 19, 2023.

Sec. 76.102. REPORT. Not later than December 1 of each even-numbered year, the department of insurance and the commission shall jointly submit to the governor, the lieutenant governor, and the speaker of the house of representatives a report:

(1) evaluating the success of the program in accomplishing the purposes of this chapter; and

(2) recommending any legislative or other action necessary to facilitate or improve the program.

Added by Acts 2023, 88th Leg., R.S., Ch. 108 (S.B. 2193), Sec. 1, eff. May 19, 2023.