

BILL ANALYSIS

C.S.H.B. 322
By: Dukes
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

In order to be eligible for federal Supplemental Security Income (SSI), disabled patients may have to wait for up to two years while their application is pending. While they wait for SSI benefits, local healthcare providers are forced to absorb the cost for treating disabled patients. In order to investigate a means for reducing the wait time for receiving federal reimbursement for mental health and other disability assistance, the Health and Human Services Commission (HHSC) will conduct a study to determine the cost and benefits of providing presumptive eligibility for Medicaid to each person who: (1) meets the income and asset limits for SSI benefits; (2) does not receive the benefits; and (3) meets the disability requirements. With presumptive eligibility, patients who meet the requirements for SSI disability can receive Medicaid benefits as soon as possible instead of waiting for up to two years to be approved. Moreover, local healthcare providers can be reimbursed for their services right away.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 322 requires the Health and Human Services Commission (HHSC) to conduct a study to determine the costs and benefits to the State of Texas for providing presumptive eligibility for Medicaid for those who apply for Supplemental Security Income (SSI) benefits and appear to meet the income and asset limits for those benefits while their application is being processed.

The study is required to examine administrative and other costs associated with providing presumptive eligibility as well as benefits to the state, counties, and cities for implementing presumptive eligibility. These benefits are derived from allowing people access to health care services through Medicaid providers rather than local hospital emergency rooms and receiving additional federal Medicaid funds that would be available to this state if the presumptive eligibility were provided.

The substitute requires the HHSC to submit a report on the costs and benefits of providing presumptive eligibility for Medicaid to persons described above to the governor, lieutenant governor, the speaker of the house of representatives, and the presiding officers of the standing committees of the senate and house of representatives with primary jurisdiction over the Medicaid program by October 1, 2008. The report must also describe legislation that would be necessary to provide presumptive eligibility to those persons.

EFFECTIVE DATE

September 1, 2007.

COMPARISON OF ORIGINAL TO SUBSTITUTE

The substitute amends language in the original bill to make the statute consistent with federal law and to avoid the appearance that State officials are evaluating eligibility for a federal program, which would be unlawful, by deleting language after "eligibility for Medicaid to each person who" in SECTION 1. The substitute adds new language to cite relevant federal requirements for a State to implement presumptive eligibility, which include that the person: 1)

appears to meet the income and asset limits for Supplemental Security Income (SSI) benefits under 42 U.S.C. Section 1381 et seq.; 2) does not receive those benefits; and 3) is disabled, provided that the process for determining whether the person is disabled meets the requirements of 42 C.F.R. 435.540 and 435.541.