

BILL ANALYSIS

C.S.H.B. 1633
By: Geren
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

It is commonly understood that active military personnel in the United States are provided health insurance. In fact, coverage and health benefits are provided to military personnel and their families through the TRICARE health network.

TRICARE is similar to many other healthcare networks. In certain areas of the state, the TRICARE network is lacking in physician participation. This issue can be especially problematic when a military family is in need of a medical specialist.

When the network of providers serving military personnel and their families is incomplete, these individuals are forced into the healthcare system with little or no means for payment. Due to gross income and number of dependents, these military families often meet the eligibility requirements for state Medicaid.

Currently, a 45 day waiting period is typical for individuals applying for state Medicaid. Upon approval for Medicaid services, benefits are granted retroactively. However, during the 45 day waiting period, an applicant is required to pay medical costs out of pocket.

CSHB 1633 attempts to alleviate the financial burden on military families waiting to be approved for Medicaid. The bill expedites the approval process for families in this circumstance. It also allows military personnel to receive immediate benefits if they present military identification and proof of enrollment in Medicaid in another state.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

CSHB 1633 requires the executive commissioner of the Health and Human Services Commission to adopt rules to develop and implement an expedited process for determining eligibility for and enrollment in the medical assistance program for active duty military personnel or the spouse or dependent of that person. The process developed must allow for the presentation of an applicant's military identification and proof of Medicaid enrollment in another state to qualify that person for immediate treatment through the medical assistance program.

If in implementing any provision of this act a waiver or authorization from a federal agency is required, the state agency affected by the provision is required to request the waiver or authorization and is authorized to delay implementing that provision until the waiver authorization is granted.

EFFECTIVE DATE

This Act takes effect September 1, 2007.

COMPARISON OF ORIGINAL TO SUBSTITUTE

The original bill required the executive commissioner of the Health and Human Services Commission to ensure that documentation and verification procedures used in determining

eligibility certification and need for medical assistance for military personnel or the spouse or dependent of that person are expedited in the same manner as the procedures used to determine and certify emergency medical assistance eligibility.

The substitute removes the provision in the original bill, which mirrors the medical assistance eligibility process for military personnel to the eligibility process for emergency military assistance. CSHB 1633 requires the executive commissioner of the Health and Human Services Commission to develop and implement an expedited process for enrollment in the medical assistance program for active military personnel, their spouses and dependents.

CSHB 1633 also differs from the original in that it allows military personnel to receive immediate benefits if they present military identification and proof of enrollment in Medicaid in another state.