

By: Averitt

S.B. No. 67

A BILL TO BE ENTITLED

AN ACT

relating to eligibility for and the administration of the child health plan program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subdivision (4), Section 62.002, Health and Safety Code, is amended to read as follows:

(4) "Net ~~[Gross]~~ family income" means the ~~[total]~~ amount of income established for a family after reduction for offsets for expenses such as child care and work-related expenses, in accordance with standards applicable under the Medicaid ~~[without consideration of any reduction for offsets that may be available to the family under any other]~~ program.

SECTION 2. Subchapter B, Chapter 62, Health and Safety Code, is amended by adding Sections 62.056 and 62.057 to read as follows:

Sec. 62.056. COMMUNITY OUTREACH CAMPAIGN; TOLL-FREE HOTLINE. (a) The commission shall conduct a community outreach and education campaign to provide information relating to the availability of health benefits for children under this chapter. The commission shall conduct the campaign in a manner that promotes enrollment in, and minimizes duplication of effort among, all state-administered child health programs.

(b) The community outreach campaign must include:

(1) outreach efforts that involve school-based health

1 clinics; and

2 (2) a toll-free telephone number through which
3 families may obtain information about health benefits coverage for
4 children.

5 (c) The commission shall contract with community-based
6 organizations or coalitions of community-based organizations to
7 implement the community outreach campaign and shall also promote
8 and encourage voluntary efforts to implement the community outreach
9 campaign. The commission shall procure the contracts through a
10 process designed by the commission to encourage broad participation
11 of organizations, including organizations that target population
12 groups with high levels of uninsured children.

13 (d) The commission may direct that the Department of State
14 Health Services perform all or part of the community outreach
15 campaign.

16 Sec. 62.057. REGIONAL ADVISORY COMMITTEES. (a) The
17 commission shall appoint regional advisory committees to provide
18 recommendations on the operation of the child health plan program.

19 (b) The advisory committees, to the extent possible, must be
20 composed of representatives of:

21 (1) hospitals;

22 (2) insurance companies and health maintenance
23 organizations eligible to offer the health benefits coverage under
24 the child health plan;

25 (3) primary care providers;

26 (4) consumer advocates, including advocates for
27 children with special health care needs;

1 (5) parents of children who are enrolled in the child
2 health plan;

3 (6) rural health care providers;

4 (7) specialty health care providers, including
5 pediatric providers;

6 (8) community-based organizations that provide
7 community outreach under Section 62.056; and

8 (9) state agencies.

9 (c) The commission shall establish the regional advisory
10 committees, consistent with Subsection (b), in regions of this
11 state in a manner that ensures geographic representation.

12 (d) In implementing this section, the commission may use
13 other regional advisory structures, augmented to ensure the
14 representation required by Subsection (b), to the extent necessary
15 to avoid duplication of administrative activities.

16 (e) The advisory committees shall meet at least quarterly
17 and are subject to Chapter 551, Government Code.

18 (f) Section 2110.008, Government Code, does not apply to the
19 advisory committees.

20 SECTION 3. Subsection (b), Section 62.101, Health and
21 Safety Code, is amended to read as follows:

22 (b) The commission shall establish income eligibility
23 levels consistent with Title XXI, Social Security Act (42 U.S.C.
24 Section 1397aa et seq.), as amended, and any other applicable law or
25 regulations, and subject to the availability of appropriated money,
26 so that a child who is younger than 19 years of age and whose net
27 [~~gross~~] family income is at or below 200 percent of the federal

1 poverty level is eligible for health benefits coverage under the
2 program. ~~[In addition, the commission may establish eligibility~~
3 ~~standards regarding the amount and types of allowable assets for a~~
4 ~~family whose gross family income is above 150 percent of the federal~~
5 ~~poverty level.]~~

6 SECTION 4. Subsection (b), Section 62.1015, Health and
7 Safety Code, is amended to read as follows:

8 (b) A child of an employee of a charter school, school
9 district, other educational district whose employees are members of
10 the Teacher Retirement System of Texas, or regional education
11 service center may be enrolled in health benefits coverage under
12 the child health plan. A child enrolled in the child health plan
13 under this section~~+~~

14 ~~[(1)]~~ participates in the same manner as any other
15 child enrolled in the child health plan~~+, and~~

16 ~~[(2) is subject to the same requirements and~~
17 ~~restrictions relating to income eligibility, continuous coverage,~~
18 ~~and enrollment, including applicable waiting periods, as any other~~
19 ~~child enrolled in the child health plan].~~

20 SECTION 5. Section 62.102, Health and Safety Code, is
21 amended to read as follows:

22 Sec. 62.102. CONTINUOUS COVERAGE. The commission shall
23 provide that an individual who is determined to be eligible for
24 coverage under the child health plan remains eligible for those
25 benefits until the earlier of:

26 (1) the end of a [the six-month] period, not to exceed
27 12 months, following the date of the eligibility determination; or

(2) the individual's 19th birthday.

SECTION 6. Subsection (b), Section 62.153, Health and Safety Code, is amended to read as follows:

(b) Cost-sharing [~~Subject to Subsection (d), cost-sharing~~] provisions adopted under this section shall ensure that families with higher levels of income are required to pay progressively higher percentages of the cost of the plan.

SECTION 7. The heading to Section 62.154, Health and Safety Code, is amended to read as follows:

Sec. 62.154. [~~WAITING PERIOD,~~] CROWD OUT.

SECTION 8. Subsections (a), (b), and (d), Section 62.154, Health and Safety Code, are amended to read as follows:

(a) To the extent permitted under Title XXI of the Social Security Act (42 U.S.C. Section 1397aa et seq.), as amended, and any other applicable law or regulations, the child health plan must include a waiting period and [~~the child health plan~~] may include copayments and other provisions intended to discourage:

(1) employers and other persons from electing to discontinue offering coverage for children under employee or other group health benefit plans; and

(2) individuals with access to adequate health benefit plan coverage, other than coverage under the child health plan, from electing not to obtain or to discontinue that coverage for a child.

(b) A child is not subject to a waiting period adopted under Subsection (a) if:

(1) the family lost coverage for the child as a result

of:

(A) termination of employment because of a layoff or business closing;

(B) termination of continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (Pub. L. No. 99-272);

(C) change in marital status of a parent of the child;

(D) termination of the child's Medicaid eligibility because:

(i) the child's family's earnings or resources increased; or

(ii) the child reached an age at which Medicaid coverage is not available; or

(E) a similar circumstance resulting in the involuntary loss of coverage;

(2) the family terminated health benefits plan coverage for the child because the cost to the child's family for the coverage exceeded 10 percent of the family's net income; or

(3) ~~[the child has access to group-based health benefits plan coverage and is required to participate in the health insurance premium payment reimbursement program administered by the commission; or~~

~~[(4)]~~ the commission has determined that other grounds exist for a good cause exception.

(d) The waiting period required by Subsection (a) must:

(1) extend for a period of 90 days after [+]

1 ~~[(1)]~~ the last date on ~~[first day of the month in]~~
2 which the applicant was covered under a health benefits plan; and

3 (2) apply to a child who was covered by a health
4 benefits plan at any time during the 90 days before the date of
5 application for coverage under the child health plan ~~[is enrolled~~
6 ~~under the child health plan, if the date of enrollment is on or~~
7 ~~before the 15th day of the month; or~~

8 ~~[(2) the first day of the month after which the~~
9 ~~applicant is enrolled under the child health plan, if the date of~~
10 ~~enrollment is after the 15th day of the month].~~

11 SECTION 9. Subsections (c) and (d), Section 62.155, Health
12 and Safety Code, are amended to read as follows:

13 (c) In selecting a health plan provider, the commission:

14 (1) may give preference to a person who provides
15 similar coverage under the Medicaid program; and

16 (2) shall provide for a choice of at least two health
17 plan providers in each metropolitan ~~[service]~~ area.

18 (d) The commissioner may authorize an exception to
19 Subsection (c)(2) if there is only one acceptable applicant to
20 become a health plan provider in the metropolitan ~~[service]~~ area.

21 SECTION 10. Subsection (d), Section 62.153, Health and
22 Safety Code, is repealed.

23 SECTION 11. This Act takes effect September 1, 2007.