

1-1 By: Averitt S.B. No. 1682
1-2 (In the Senate - Filed March 9, 2007; March 21, 2007, read
1-3 first time and referred to Committee on Health and Human Services;
1-4 April 17, 2007, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 9, Nays 0; April 17, 2007,
1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1682 By: Zaffirini

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to the enrollment of certain children and recipients of
1-11 medical assistance in group health benefit plans.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subsection (a), Section 1207.002, Insurance
1-14 Code, is amended to read as follows:

1-15 (a) A group health benefit plan issuer shall permit an
1-16 individual who is otherwise eligible for enrollment in the plan to
1-17 enroll in the plan, without regard to any enrollment period
1-18 restriction, on receipt of written notice from the Health and Human
1-19 Services Commission [~~or a designee of the commission stating~~] that
1-20 the individual is:

1-21 (1) a recipient of medical assistance under the state
1-22 Medicaid program and is a participant in the health insurance
1-23 premium payment reimbursement program under Section 32.0422, Human
1-24 Resources Code; or

1-25 (2) a child eligible for [~~enrolled in~~] the state child
1-26 health plan under Chapter 62, Health and Safety Code, and eligible
1-27 to participate [~~is a participant~~] in the health insurance premium
1-28 assistance program under Section 62.059, Health and Safety Code.

1-29 SECTION 2. Section 1207.003, Insurance Code, is amended to
1-30 read as follows:

1-31 Sec. 1207.003. EFFECTIVE DATE OF ENROLLMENT. (a) Unless
1-32 enrollment occurs during an established enrollment period,
1-33 enrollment in a group health benefit plan under Section 1207.002
1-34 takes effect on:

1-35 (1) the eligibility enrollment date specified in the
1-36 written notice from the Health and Human Services Commission under
1-37 Section 1207.002(a); or

1-38 (2) the first day of the first calendar month that
1-39 begins at least 30 days after the date written notice or a written
1-40 request is received by the plan issuer under Section 1207.002(a) or
1-41 (b), as applicable.

1-42 (b) Notwithstanding Subsection (a), the individual must
1-43 comply with a waiting period required under the state child health
1-44 plan under Chapter 62, Health and Safety Code, or under the health
1-45 insurance premium assistance program under Section 62.059, Health
1-46 and Safety Code, as applicable.

1-47 SECTION 3. Subsection (b), Section 1207.004, Insurance
1-48 Code, is amended to read as follows:

1-49 (b) Notwithstanding any other requirement of a group health
1-50 benefit plan, the plan issuer shall permit an individual who is
1-51 enrolled in the plan under Section 1207.002(a)(2), and any family
1-52 member of the individual enrolled under Section 1207.002(c), to
1-53 terminate enrollment in the plan not later than the 60th day after
1-54 the date on which the individual provides a written request to
1-55 disenroll from the plan because the individual [~~satisfactory proof~~
1-56 ~~to the issuer that the child is~~] no longer wishes to participate [~~a~~
1-57 ~~participant~~] in the health insurance premium assistance program
1-58 under Section 62.059, Health and Safety Code.

1-59 SECTION 4. This Act takes effect September 1, 2007.

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