

**House Bill 109**  
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SECTION 1. Section 62.002(4), 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 child care 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.

Same as House version.

SECTION 2. Subchapter B, Chapter 62, Health and Safety Code, is amended by adding Section 62.056 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.

Same as House version.

(b) The community outreach campaign must include:

(1) outreach efforts that involve school-based health clinics;

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

(3) information regarding the importance of each conservator of a child promptly informing the other

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conservator of the child about the child's health benefits coverage.

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

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

(e) The commission shall ensure that information provided under this section is available in both English and Spanish.

SECTION 3. Section 62.101, Health and Safety Code, is amended by amending Subsections (a) and (b) and adding Subsection (b-1) to read as follows:

(a) A child is eligible for health benefits coverage under the child health plan if the child:

- (1) is younger than 19 years of age;
- (2) is not eligible for medical assistance under the Medicaid program;
- (3) is not covered by a health benefits plan offering adequate benefits, as determined by the commission;

SECTION 3. Section 62.101, Health and Safety Code, is amended by amending Subsection (b) and adding Subsection (b-1) to read as follows:

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(4) has a family income that is less than or equal to the income eligibility level established under Subsection (b); ~~and~~

(5) is determined by the commission to be:

(A) a United States citizen; or

(B) eligible for coverage under Section 62.105; and

(6) satisfies any other eligibility standard imposed under the child health plan program in accordance with 42 U.S.C. Section 1397bb, as amended, and any other applicable law or regulations.

(b) The commission shall establish income eligibility levels consistent with Title XXI, Social Security Act (42 U.S.C. Section 1397aa et seq.), as amended, and any other applicable law or regulations, and subject to the availability of appropriated money, so that a child who is younger than 19 years of age and whose net ~~[gross]~~ family income is at or below 200 percent of the federal poverty level is eligible for health benefits coverage under the program. In addition, the commission may establish eligibility standards regarding the amount and types of allowable assets for a family whose net ~~[gross]~~ family income is above 150 percent of the federal poverty level.

(b-1) The eligibility standards adopted under Subsection (b) related to allowable assets:

(1) must allow a family to own at least \$10,000 in allowable assets; and

(2) may not in calculating the amount of allowable assets under Subdivision (1) consider:

(A) the value of one vehicle that qualifies for an

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exemption under commission rule based on its use;  
(B) the value of a second or subsequent vehicle that qualifies for an exemption under commission rule based on its use if:  
(i) the vehicle is worth \$18,000 or less; or  
(ii) the vehicle has been modified to provide transportation for a household member with a disability;  
(C) if no vehicle qualifies for an exemption based on its use under commission rule, the first \$18,000 of value of the highest valued vehicle; or  
(D) the first \$7,500 of value of any vehicle not described by Paragraph (A), (B), or (C).

SECTION 4. Subchapter C, Chapter 62, Health and Safety Code, is amended by adding Section 62.1011 to read as follows:

Sec. 62.1011. VERIFICATION OF INCOME. The commission shall continue employing methods of verifying the net income of the individuals considered in the calculation of an applicant's net family income. The commission shall verify income under this section unless the applicant reports a net family income that exceeds the income eligibility level established under Section 62.101(b).

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

Sec. 62.102. CONTINUOUS COVERAGE. The

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exemption under commission rule based on its use;  
(B) the value of a second or subsequent vehicle that qualifies for an exemption under commission rule based on its use if:  
(i) the vehicle is worth \$18,000 or less; or  
(ii) the vehicle has been modified to provide transportation for a household member with a disability;  
(C) if no vehicle qualifies for an exemption based on its use under commission rule, the first \$18,000 of value of the highest valued vehicle; or  
(D) the first \$7,500 of value of any vehicle not described by Paragraph (A), (B), or (C).

Same as House version.

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

Sec. 62.102. CONTINUOUS COVERAGE. **(a) Subject**

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commission shall provide that an individual who is determined to be eligible for coverage under the child health plan remains eligible for those benefits until the earlier of:

- (1) the end of a period, not to exceed 12 months, [~~the six-month period~~] following the date of the eligibility determination; or
- (2) the individual's 19th birthday.

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to a review under Subsection (b), the [The] commission shall provide that an individual who is determined to be eligible for coverage under the child health plan remains eligible for those benefits until the earlier of:

- (1) the end of a period not to exceed 12 months, beginning the first day of the month [~~the six-month period~~] following the date of the eligibility determination; or
- (2) the individual's 19th birthday.

(b) During the sixth month following the date of initial enrollment or reenrollment of an individual whose family income exceeds 150 percent of the federal poverty level, the commission shall:

- (1) review the individual's family income and may use electronic technology if available and appropriate; and
- (2) continue to provide coverage if the individual's family income remains within the income eligibility limits prescribed by this chapter.

(c) If, during the review required under Subsection (b), the commission determines that the individual's family income exceeds the income eligibility limits prescribed by this chapter, the commission may not disenroll the individual until:

- (1) the commission has provided the family an opportunity to demonstrate that the family's family income is within the income eligibility limits prescribed by this chapter; and
- (2) the family fails to demonstrate such eligibility.

(d) The commission shall provide written notice of termination of eligibility to the individual not later than

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the 30th day before the date the individual's eligibility terminates.

SECTION 6. Section 62.105, Health and Safety Code, is amended to read as follows:

Sec. 62.105. COVERAGE FOR QUALIFIED ALIENS.

(a) The commission shall provide coverage under the state Medicaid program and under the program established under this chapter to a child who is a qualified alien, as that term is defined by 8 U.S.C. Section 1641(b), if the federal government authorizes the state to provide that coverage. The commission shall comply with any prerequisite imposed under the federal law to providing that coverage.

(b) The commission shall verify that the child meets the requirements of this section by:

(1) accessing the Systematic Alien Verification for Entitlements Program provided by the United States Citizenship and Immigration Services Bureau of the United States Department of Homeland Security;

(2) for a child whose information has not been entered into the Systematic Alien Verification for Entitlements Program with the United States Citizenship and Immigration Services Bureau of the United States Department of Homeland Security, using another procedure used by the commission in determining eligibility for the medical assistance program under Chapter 32, Human Resources Code, to verify the status of a child; or

No equivalent provision.

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(3) if the commission is unable to verify that the child meets the requirements of this section by using the methods under Subdivision (1) or (2), using any other procedure allowed by federal law to verify the status of the child.

SECTION 7. Sections 62.154(a) and (d), 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.

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

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

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

(2) apply to a child who was covered by a health benefits plan at any time during the 90 days before the date of application for coverage under the child health

SECTION 6. Same as House version.

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~~plan [is enrolled under the child health plan, if the date of enrollment is on or before the 15th day of the month; or (2) the first day of the month after which the applicant is enrolled under the child health plan, if the date of enrollment is after the 15th day of the month].~~

SECTION 8. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2007.

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SECTION 7. Same as House version.

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