

Suspending limitations on conference committee jurisdiction, S.B. No. 2080 (Uresti/McClendon)

By: McClendon

H.R. No. 2966

R E S O L U T I O N

1 BE IT RESOLVED by the House of Representatives of the State of
2 Texas, 81st Legislature, Regular Session, 2009, That House Rule 13,
3 Section 9(a), be suspended in part as provided by House Rule 13,
4 Section 9(f), to enable the conference committee appointed to
5 resolve the differences on Senate Bill 2080, relating to improving
6 the welfare of children in this state by developing strategies for
7 reducing child abuse and neglect and improving child welfare and
8 health, creating the Texas Medical Child Abuse Resources and
9 Education System grant program, and increasing access to the child
10 health insurance program, to consider and take action on the
11 following matter:

12 (1) House Rule 13, Section 9(a)(3), is suspended to permit
13 the committee, in SECTION 3(a) of the bill, to add a new Subdivision
14 (4) and renumber the subsequent subdivisions as appropriate to read
15 as follows:

16 (4) study the effectiveness of the extension of the
17 eligibility for the children's health insurance program for
18 children whose net family income is at or below 300 percent of the
19 federal poverty level on detecting, reducing, and treating child
20 abuse;

21 Explanation: The change is necessary to add to the subjects
22 the task force is required to study.

23 (2) House Rule 13, Section 9(a)(1) is suspended to permit
24 the committee, in SECTION 5(b) of the bill, to strike "August 1,

1 2011" and substitute "October 1, 2010".

2 Explanation: The change is necessary to require the task
3 force to report its findings before the next legislative session.

4 (3) House Rule 13, Section 9(a)(2) is suspended to permit
5 the committee, in SECTION 5(c) of the bill, to strike "and this Act
6 expires".

7 Explanation: The change is necessary to clarify that only
8 the task force is abolished.

9 (4) House Rule 13, Section 9(a)(4) is suspended to permit
10 the committee to add the following:

11 SECTION 7. (a) Subdivision (2), Section 62.002, Health and
12 Safety Code, is amended to read as follows:

13 (2) "Executive commissioner" or "commissioner
14 [~~Commissioner~~]" means the executive commissioner of the Health
15 [~~health~~] and Human Services Commission [~~human services~~].

16 (b) Subsection (b), Section 62.101, Health and Safety Code,
17 is amended to read as follows:

18 (b) The commission shall establish income eligibility
19 levels consistent with Title XXI, Social Security Act (42 U.S.C.
20 Section 1397aa et seq.), as amended, and any other applicable law or
21 regulations, and subject to the availability of appropriated money,
22 so that a child who is younger than 19 years of age and whose net
23 family income is at or below 300 [~~200~~] percent of the federal
24 poverty level is eligible for health benefits coverage under the
25 program. In addition, the commission may establish eligibility
26 standards regarding the amount and types of allowable assets for a
27 family whose net family income is above 250 [~~150~~] percent of the

1 federal poverty level.

2 (c) Subsections (b) and (c), Section 62.102, Health and
3 Safety Code, are amended to read as follows:

4 (b) During the sixth month following the date of initial
5 enrollment or reenrollment of an individual whose net family income
6 exceeds 285 [~~185~~] percent of the federal poverty level, the
7 commission shall:

8 (1) review the individual's net family income and may
9 use electronic technology if available and appropriate; and

10 (2) continue to provide coverage if the individual's
11 net family income does not exceed the income eligibility limits
12 prescribed by Section 62.101 [~~this chapter~~].

13 (c) If, during the review required under Subsection (b), the
14 commission determines that the individual's net family income
15 exceeds the income eligibility limits prescribed by Section 62.101
16 [~~this chapter~~], the commission may not disenroll the individual
17 until:

18 (1) the commission has provided the family an
19 opportunity to demonstrate that the family's net family income is
20 within the income eligibility limits prescribed by Section 62.101
21 [~~this chapter~~]; and

22 (2) the family fails to demonstrate such eligibility.

23 (d) Section 62.151, Health and Safety Code, is amended by
24 adding Subsection (g) to read as follows:

25 (g) In developing the plan, the commission, subject to
26 federal requirements, may choose to provide dental benefits at full
27 cost to the enrollee as an available plan option for a child whose

1 net family income is greater than 200 percent but not greater than
2 300 percent of the federal poverty level.

3 (e) Section 62.153, Health and Safety Code, is amended by
4 amending Subsections (a) and (c) and adding Subsections (a-1) and
5 (a-2) to read as follows:

6 (a) To the extent permitted under 42 U.S.C. Section 1397cc,
7 as amended, and any other applicable law or regulations, the
8 commission shall require enrollees whose net family incomes are at
9 or below 200 percent of the federal poverty level to share the cost
10 of the child health plan, including provisions requiring enrollees
11 under the child health plan to pay:

- 12 (1) a copayment for services provided under the plan;
13 (2) an enrollment fee; or
14 (3) a portion of the plan premium.

15 (a-1) The commission shall require enrollees whose net
16 family incomes are greater than 200 percent but not greater than 300
17 percent of the federal poverty level to pay a share of the cost of
18 the child health plan through copayments, fees, and a portion of the
19 plan premium. The total amount of the share required to be paid
20 must:

21 (1) include a portion of the plan premium set at an
22 amount determined by the commission that is not more than 2.5
23 percent of an enrollee's net family income;

24 (2) exceed the amount required to be paid by enrollees
25 described by Subsection (a), but the total amount required to be
26 paid may not exceed five percent of an enrollee's net family income;

27 and

1 (3) increase incrementally, as determined by the
2 commission, as an enrollee's net family income increases.

3 (a-2) In establishing the cost required to be paid by an
4 enrollee described by Subsection (a-1) as a portion of the plan
5 premium, the commission shall ensure that the cost progressively
6 increases as the number of children in the enrollee's family
7 provided coverage increases.

8 (c) The [~~If cost-sharing provisions imposed under~~
9 ~~Subsection (a) include requirements that enrollees pay a portion of~~
10 ~~the plan premium, the~~] commission shall specify the manner of
11 payment for any portion of the plan premium required to be paid by
12 an enrollee under this section [~~in which the premium is paid~~]. The
13 commission may require that the premium be paid to the [~~Texas~~
14 ~~Department of~~] Health and Human Services Commission, the [~~Texas~~
15 ~~Department of~~ State Health [~~Human~~] Services, or the health plan
16 provider. The commission shall develop an option for an enrollee to
17 pay monthly premiums using direct debits to bank accounts or credit
18 cards.

19 (f) Section 62.154, Health and Safety Code, is amended by
20 amending Subsection (d) and adding Subsection (e) to read as
21 follows:

22 (d) The waiting period required by Subsection (a) for a
23 child whose net family income is at or below 200 percent of the
24 federal poverty level must:

25 (1) extend for a period of 90 days after the last date
26 on which the applicant was covered under a health benefits plan; and

27 (2) apply to a child who was covered by a health

1 benefits plan at any time during the 90 days before the date of
2 application for coverage under the child health plan.

3 (e) The waiting period required by Subsection (a) for a
4 child whose net family income is greater than 200 percent but not
5 greater than 300 percent of the federal poverty level must:

6 (1) extend for a period of 180 days after the last
7 date on which the applicant was covered under a health benefits
8 plan; and

9 (2) apply to a child who was covered by a health
10 benefits plan at any time during the 180 days before the date of
11 application for coverage under the child health plan.

12 (g) Subchapter D, Chapter 62, Health and Safety Code, is
13 amended by adding Section 62.1551 to read as follows:

14 Sec. 62.1551. TERMINATION OF COVERAGE FOR NONPAYMENT OF
15 PREMIUMS. (a) In this section, "lock-out period" means a period
16 after coverage is terminated for nonpayment of premiums during
17 which a child may not be reenrolled in the child health plan
18 program.

19 (b) The executive commissioner by rule shall establish a
20 process that allows for the termination of coverage under the child
21 health plan of an enrollee whose net family income is greater than
22 200 percent but not greater than 300 percent of the federal poverty
23 level if the enrollee does not pay the premiums required under
24 Section 62.153(a-1).

25 (c) The rules required by Subsection (b) must:

26 (1) address the number of payments that may be missed
27 before coverage terminates;

1 (2) address the process for notifying an enrollee of
2 pending coverage termination; and

3 (3) provide for an appropriate lock-out period after
4 termination for nonpayment.

5 (h) The purpose of this section is to promote child welfare
6 in this state by assisting certain families in this state establish
7 a health care strategy for their children, thereby reducing child
8 abuse and neglect and promoting child welfare.

9 (i) If before implementing any provision of this section a
10 state agency determines that a waiver or authorization from a
11 federal agency is necessary for implementation of that provision,
12 the agency affected by the provision shall request the waiver or
13 authorization and may delay implementing that provision until the
14 waiver or authorization is granted.

15 (j) This section does not make an appropriation. This
16 section takes effect only if a specific appropriation for the
17 implementation of the section is provided in a general
18 appropriations act of the 81st Legislature.

19 Explanation: The change is necessary to expand the
20 qualifications for the children's health insurance program.

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