

By: Averitt, et al.

S.B. No. 841

A BILL TO BE ENTITLED

AN ACT

relating to the child health plan program.

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

SECTION 1. Subdivision (2), Section 62.002, Health and Safety Code, is amended to read as follows:

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

SECTION 2. Subsection (b), Section 62.101, Health and Safety Code, is amended to read as follows:

(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 family income is at or below 300 [~~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 family income is above 250 [~~150~~] percent of the federal poverty level.

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

(b) During the sixth month following the date of initial

1 enrollment or reenrollment of an individual whose net family income
2 exceeds 285 [~~185~~] percent of the federal poverty level, the
3 commission shall:

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

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

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

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

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

19 SECTION 4. Section 62.151, Health and Safety Code, is
20 amended by adding Subsection (g) to read as follows:

21 (g) In developing the plan, the commission, subject to
22 federal requirements, may choose to provide dental benefits at full
23 cost to the enrollee as an available plan option for a child whose
24 net family income is greater than 200 percent but not greater than
25 300 percent of the federal poverty level.

26 SECTION 5. Section 62.153, Health and Safety Code, is
27 amended by amending Subsections (a) and (c) and adding Subsections

1 (a-1) and (a-2) to read as follows:

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

8 (1) a copayment for services provided under the plan;

9 (2) an enrollment fee; or

10 (3) a portion of the plan premium.

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

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

20 (2) exceed the amount required to be paid by enrollees
21 described by Subsection (a), but the total amount required to be
22 paid may not exceed five percent of an enrollee's net family income;
23 and

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

26 (a-2) In establishing the cost required to be paid by an
27 enrollee described by Subsection (a-1) as a portion of the plan

1 premium, the commission shall ensure that the cost progressively
2 increases as the number of children in the enrollee's family
3 provided coverage increases.

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

15 SECTION 6. Section 62.154, Health and Safety Code, is
16 amended by amending Subsection (d) and adding Subsection (e) to
17 read as follows:

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

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

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

26 (e) The waiting period required by Subsection (a) for a
27 child whose net family income is greater than 200 percent but not

1 greater than 300 percent of the federal poverty level must:

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

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

8 SECTION 7. Subchapter D, Chapter 62, Health and Safety
9 Code, is amended by adding Section 62.1551 to read as follows:

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

15 (b) The executive commissioner by rule shall establish a
16 process that allows for the termination of coverage under the child
17 health plan of an enrollee whose net family income is greater than
18 200 percent but not greater than 300 percent of the federal poverty
19 level if the enrollee does not pay the premiums required under
20 Section 62.153(a-1).

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

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

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

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

1 SECTION 8. If before implementing any provision of this Act
2 a state agency determines that a waiver or authorization from a
3 federal agency is necessary for implementation of that provision,
4 the agency affected by the provision shall request the waiver or
5 authorization and may delay implementing that provision until the
6 waiver or authorization is granted.

7 SECTION 9. This Act does not make an appropriation. This
8 Act takes effect only if a specific appropriation for the
9 implementation of the Act is provided in a general appropriations
10 act of the 81st Legislature.

11 SECTION 10. This Act takes effect September 1, 2009.