

Amend CSSB 7 (house committee printing) as follows:

(1) In SECTION 1.01 of the bill, in added Section 531.02417(d), Government Code (page 2, line 24), strike "An" and substitute "Unless the commissioner determines that the assessment is feasible and beneficial, an".

(2) In ARTICLE 1 of the bill, add the following appropriately numbered SECTION to the ARTICLE and renumber subsequent SECTIONS of that ARTICLE accordingly:

SECTION 1.____. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.074 to read as follows:

Sec. 32.074. ACCESS TO PERSONAL EMERGENCY RESPONSE SYSTEM.

(a) In this section, "personal emergency response system" has the meaning assigned by Section 781.001, Health and Safety Code.

(b) The department shall ensure that each Medicaid recipient has access to a personal emergency response system, if necessary, without regard to the recipient's access to a landline telephone.

(3) In SECTION 4.01 of the bill, in added Section 848.052, Insurance Code, immediately following Subsection (d) (page 95, between lines 19 and 20), insert the following:

(d-1) If a health care collaborative includes hospital-based physicians, one member of the board must be a hospital-based physician.

(4) In SECTION 4.01 of the bill, strike added Section 848.053(a)(1), Insurance Code (page 96, line 24), and substitute the following:

(1) two members of the board of directors, of which one member is the hospital-based physician member, if the health care collaborative includes hospital-based physicians; and

(5) In SECTION 4.01 of the bill, after added Section 848.053(b), Insurance Code (page 97, between lines 7 and 8), insert the following:

(c) The compensation advisory committee shall make recommendations to the board of directors regarding all charges, fees, payments, distributions, or other compensation assessed for health care services provided by a physician or health care provider who participates in the health care collaborative.

(d) Except as provided by Subsections (e) and (f), the board of directors and the compensation advisory committee may not use or consider a government payor's payment rates in setting the charges or fees for health care services provided by a physician or health care provider who participates in the health care collaborative.

(e) The board of directors or the compensation advisory committee may use or consider a government payor's payment rates when setting the charges or fees for health care services paid by a government payor.

(f) This section does not prohibit a reference to a government payor's payment rates in agreements with health maintenance organizations, insurers, or other payors.

(g) After the compensation advisory committee submits a recommendation to the board of directors, the board shall formally approve or refuse the recommendation.

(h) For purposes of this section, "government payor" includes:

- (1) Medicare;
- (2) Medicaid;
- (3) the state child health plan program; and
- (4) the TRICARE Military Health System.

(6) In SECTION 4.01 of the bill, strike added Sections 848.103(c) and (d), Insurance Code (page 107, lines 13-21), and substitute the following:

(c) Except as provided by Subsection (d), a health care collaborative may not contract for and accept payment from a governmental or private entity on a prepaid, capitation, or indemnity basis unless the health care collaborative is licensed as a health maintenance organization or insurer. The department shall review a health care collaborative's proposed payment methodology in contracts with governmental or private entities to ensure compliance with this section.

(d) A health care collaborative may contract for and accept compensation on a prepaid or capitation basis from a health maintenance organization or insurer.

(7) In ARTICLE 7 of the bill, add the following appropriately numbered SECTION to the ARTICLE and renumber

subsequent SECTIONS of that ARTICLE accordingly:

SECTION 7.____. Chapter 108, Health and Safety Code, is amended by adding Section 108.0131 to read as follows:

Sec. 108.0131. LIST OF PURCHASERS OR RECIPIENTS OF DATA.
The department shall post on the department's Internet website a list of each entity that purchases or receives data collected under this chapter.

(8) Add the following appropriately numbered SECTION to ARTICLE 11 of the bill and renumber subsequent SECTIONS of that ARTICLE accordingly:

SECTION 11.____. It is the intent of the legislature that the Health and Human Services Commission take any action the commission determines is necessary and appropriate, including expedited and emergency action, to ensure the timely implementation of the relevant provisions of this bill and the corresponding assumptions reflected in **HB 1**, 82nd Legislature, Regular Session (General Appropriations Act), by September 1, 2011, or the effective date of this Act, whichever is later, including the adoption of administrative rules, the preparation and submission of any required waivers or state plan amendments, and the preparation and execution of any necessary contract changes or amendments.

(9) Add the following appropriately numbered ARTICLE to the bill and renumber the subsequent ARTICLES and SECTIONS of the bill accordingly:

ARTICLE _____. IMPROVING NUTRITION AND HEALTH OUTCOMES AMONG RECIPIENTS OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS

SECTION _____.01. The legislature finds that:

(1) Texans are committed to ensuring the health of families and children and understand the importance of the effect preventive health care measures have on population health and the state economy;

(2) consuming healthy foods such as fruits, vegetables, whole grains, fat-free and low-fat dairy products, and seafood and consuming fewer foods with sodium, saturated and trans fats, added sugars, and refined grains are important preventive health care measures; and

(3) public benefits programs that provide recipients

with access to an adequate and nutritional diet should incorporate sound nutritional principles and promote the health and well-being of recipients.

SECTION ____ .02. (a) The executive commissioner of the Health and Human Services Commission shall develop and seek a waiver or other appropriate authorization from the United States secretary of agriculture under Section 17, Food and Nutrition Act of 2008 (7 U.S.C. Section 2026), to make changes to the supplemental nutrition assistance program provided under Chapter 33, Human Resources Code, to improve nutrition and health outcomes among recipients of benefits under the program.

(b) In developing the waiver or other authorization under Subsection (a) of this section, the executive commissioner of the Health and Human Services Commission may consider the feasibility, including the costs and benefits, of:

(1) restricting the purchase of certain food items with minimal nutritional value under the supplemental nutrition assistance program; and

(2) promoting healthy food choices by recipients of benefits under the program.

(c) In developing the waiver or other authorization under Subsection (a) of this section, the executive commissioner of the Health and Human Services Commission shall solicit input from interested persons, including state agencies that administer nutritional assistance programs, nonprofit organizations that administer hunger relief programs, health care providers, nutrition experts, food retailers, and food industry representatives.

(d) As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall apply for and actively pursue the waiver or other authorization as required by Subsection (a) of this section.