Amend CSHB 2123 (house committee report) by striking all below the enacting clause and substituting the following:

SECTION 1. Section 437.212, Government Code, is amended by amending Subsections (f) and (g) and adding Subsections (g-1), (g-2), and (g-3) to read as follows:

- (f) A member of the state military forces [volunteer in the Texas State Guard] who is not a full-time or part-time state employee and who has been on state active duty or on state training or other duty for more than 60 [90] days is, notwithstanding Section 1551.1055, Insurance Code, eligible to participate in the state group benefits program under Chapter 1551, Insurance Code, to purchase health or dental insurance coverage, subject to the following requirements:
- (1) the participant must be a member of the <u>state</u> <u>military forces</u> [<u>Texas State Guard</u>] at the time of enrollment in the group benefits program;
- (2) the participant must pay the full cost of health or dental insurance coverage under the group benefits program [and may not receive a state contribution for premiums]; and
- (3) an application under this subsection for group benefit health or dental insurance coverage must be submitted in accordance with procedures established by the Employees Retirement System of Texas.
- (g) The adjutant general and the Employees Retirement System of Texas shall coordinate and consult to implement the benefits program provided by Subsection (f) and shall adopt a memorandum of understanding to establish:
- (1) the procedures that a member of the <u>state military</u>

 <u>forces</u> [Texas State Guard] may use to elect to participate in the state group benefits program; and
- (2) an appropriate method to annually confirm continuing eligibility to participate in the group benefits program.
- (g-1) A member of the state military forces described by Subsection (f) is eligible to receive a stipend to be paid by the department in an amount to be determined by the department under Subsection (g-3) for each month following the 60th day that the

member:

- (1) is on state active duty or on state training or other duty; and
- (2) subject to verification by the adjutant general as provided by Section 437.2121, pays the full cost of health or dental insurance coverage under:
 - (A) the state group benefits program;
- (B) a government-funded health or dental insurance plan; or
- (C) a private or nongovernmental health or dental insurance plan for which the member is required to pay premiums.
- to receive a stipend under Subsection (g-1) must notify the adjutant general of the member's health or dental insurance coverage by submitting the authorization form specified by Section 437.2121. The adjutant general may adopt rules to implement and administer this subsection, including rules that prescribe the procedure a member must follow to submit an executed authorization form and the amount of time a member has to submit the authorization form. The comptroller may consult with the adjutant general to adopt rules governing the manner in which an eligible member may receive a stipend.
- may not exceed the amount of the member's TRICARE premium or an amount equal to that premium to be applied toward the member's private or nongovernmental insurance plan. A stipend paid to a member of the Texas State Guard or other member of a military force organized under state law may not exceed the amount of the member's health or dental insurance plan premium determined by the premium amount associated with the state group benefits program or an amount equal to that premium to be applied toward the member's private or nongovernmental insurance plan.

SECTION 2. Subchapter E, Chapter 437, Government Code, is amended by adding Section 437.2121 to read as follows:

Sec. 437.2121. AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION. (a) A member of the state military forces who meets the eligibility requirements under Section 437.212(g-1) may

not receive a stipend under that section unless the member submits to the adjutant general the authorization form specified by this section. The adjutant general must verify that the member has paid the full cost of the member's health or dental insurance coverage before the department may issue a stipend to the member.

- (b) The authorization form specified by this section may not be altered or modified. A member who alters or modifies the authorization form, or who revokes an executed authorization, may not receive a stipend to which the member may otherwise be eligible until 60 days following receipt by the adjutant general of a newly executed authorization form.
- (c) The authorization form required by this section shall be in the following form and shall be construed in accordance with the Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164):

AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

- A. I, _______ (name of state military forces member or authorized representative), hereby authorize _______ (name of health or dental insurance coverage provider to whom the authorization form is directed) to obtain and disclose (within the parameters set out below) the protected health information described below for the purpose of verifying that ______ (name of state military forces member), as a member of the state military forces called to state active duty or on state training or other duty for more than 60 days, is eligible for a stipend as provided by Section 437.212, Government Code.
- B. The health information to be obtained, used, or disclosed extends to and includes the verbal as well as the written and is specifically described as all records documenting payment of health or dental insurance coverage premiums by _____ (name of state military forces member), including information related to the eligibility for coverage, dates of coverage, billing, payments received, and termination of coverage.
- <u>C. The persons or class of persons to whom the health</u>
 information of ______ (state military forces member) will be
 disclosed or who will make use of said information are:
 - 1. The adjutant general of the state military forces;

- 2. Any agent, contractor, or staff of the state military forces, including secretarial, clerical, accounting, information technology, or administrative staff, designated by the adjutant general to assist with the determination of eligibility for a stipend or the processing or issuing of stipends;
 - 3. The comptroller;
- 4. Any agent, contractor, or staff of the comptroller designated by the comptroller to assist with the determination of eligibility for a stipend or the processing or issuing of stipends.
- $\underline{\text{D.}}$ This authorization shall expire on the discharge of the member from the state military forces.
- E. I understand that, without exception, I have the right to revoke this authorization by providing written notice to a person or class of persons designated by the adjutant general. I further understand the consequence of any such revocation as set out in Section 437.2121, Government Code.
- F. I understand that the signing of this authorization is not a condition for continued treatment, payment, enrollment, or eligibility for health plan benefits.
- G. I understand that information used or disclosed under this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

Signature of state military forces member/representative	<u>5</u>
<u>Date</u>	
Name of state military forces member/representative	
Description of representative's authority	

SECTION 3. This Act takes effect January 1, 2016.