

Amend CSHB 4 (senate committee report) as follows:

(1) In SECTION 5 of the bill, in added Section 533.008(c), Government Code (page 3, line 3), between "Code" and the underlined period, insert ", including updated information provided to the organization in accordance with Section 32.025(h), Human Resources Code".

(2) Strike SECTION 10 of the bill (page 4, lines 38 through 68) and substitute the following:

SECTION 10. Section 32.025, Human Resources Code, is amended by amending Subsection (g) and adding Subsection (h) to read as follows:

(g) The application form, including a renewal form, adopted under this section must include:

(1) for an applicant who is pregnant, a question regarding whether the pregnancy is the woman's first gestational pregnancy; ~~and~~

(2) for all applicants, a question regarding the applicant's preferences for being contacted by a managed care organization or health plan provider that provides the applicant with the option to be contacted~~[, as follows:~~

~~["If you are determined eligible for benefits, your managed care organization or health plan provider may contact you]~~ by telephone, text message, or e-mail about health care matters, including reminders for appointments and information about immunizations or well check visits; and

(3) language that:

(A) notifies the applicant that, if determined eligible for benefits, all preferred contact methods listed on the application and renewal forms will be shared with the applicant's managed care organization or health plan provider;

(B) allows the applicant to consent to being contacted through the preferred contact methods by the applicant's managed care organization or health plan provider; and

(C) explains the security risks of electronic communication. ~~[All preferred methods of contact listed on this application will be shared with your managed care organization or health plan provider. Please indicate below your preferred methods~~

~~of contact in order of preference, with the number 1 being the most preferable method:~~

~~[(1) By telephone (if contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply)? Yes No~~

~~[Telephone number: _____~~

~~[Order of preference: 1 2 3 (circle a number)~~

~~[(2) By text message (a free autodialed service, but your carrier may charge message and data rates)? Yes No~~

~~[Cellular telephone number: _____~~

~~[Order of preference: 1 2 3 (circle a number)~~

~~[(3) By e-mail? Yes No~~

~~[E-mail address: _____~~

~~[Order of preference: 1 2 3 (circle a number)].~~

(h) For purposes of Subsections (g)(2) and (3), the commission shall implement a process to:

(1) transmit the applicant's preferred contact methods and consent to the managed care organization or health plan provider;

(2) allow an applicant to change the applicant's preferences in the future, including providing for an option to opt out of electronic communication; and

(3) communicate updated information to the managed care organization or health plan provider.

(3) In SECTION 11 of the bill, adding transition language (page 5, lines 2 through 5), insert the following appropriately numbered subdivision and renumber subsequent subdivisions of the SECTION accordingly:

() adopt a revised application form for medical assistance benefits that conforms to the requirements of Section 32.025(g), Human Resources Code, as amended by this Act;