

By: Rose

H.B. No. 4343

Substitute the following for H.B. No. 4343:

By: Noble

C.S.H.B. No. 4343

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the content of an application for Medicaid.

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

4 SECTION 1. Section 32.025, Human Resources Code, is amended
5 by amending Subsection (g) and adding Subsection (h) to read as
6 follows:

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

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

12 (2) for all applicants, a question regarding the
13 applicant's preferences for being contacted that provides the
14 applicant with the option to be contacted~~[, as follows:~~

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

20 (3) language that:

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

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

4 (C) explains the security risks of electronic
5 communication. [~~All preferred methods of contact listed on this~~
6 ~~application will be shared with your managed care organization or~~
7 ~~health plan provider. Please indicate below your preferred methods~~
8 ~~of contact in order of preference, with the number 1 being the most~~
9 ~~preferable method:~~

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

13 ~~[Telephone number: _____~~

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

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

17 ~~[Cellular telephone number: _____~~

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

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

20 ~~[E-mail address: _____~~

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

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

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

27 (2) allow an applicant to change the applicant's

1 preferences in the future, including providing for an option to opt
2 out of electronic communication; and
3 (3) communicate updated information to the managed
4 care organization or health plan provider.

5 SECTION 2. Not later than January 1, 2022, the executive
6 commissioner of the Health and Human Services Commission shall
7 adopt a revised application form for medical assistance benefits
8 that conforms to the requirements of Section 32.025(g), Human
9 Resources Code, as amended by this Act.

10 SECTION 3. If before implementing any provision of this Act
11 a state agency determines that a waiver or authorization from a
12 federal agency is necessary for implementation of that provision,
13 the agency affected by the provision shall request the waiver or
14 authorization and may delay implementing that provision until the
15 waiver or authorization is granted.

16 SECTION 4. This Act takes effect immediately if it receives
17 a vote of two-thirds of all the members elected to each house, as
18 provided by Section 39, Article III, Texas Constitution. If this
19 Act does not receive the vote necessary for immediate effect, this
20 Act takes effect September 1, 2021.