



General Healthcare and the Uninsured Legislative Tracking Chart

Bill #	Author/Sponsor	Companion	Tag	Summary	Status/Date
HB 67	Lucio III		Relating to a medical assistance buy-in program for children with certain developmental disabilities.	Adds Section 32.0249: Medical Assistance Buy-In Program for Children with Developmental Disabilities to the Human Resources Code. Requires HHSC to develop and implement a Medicaid buy-in program as authorized by the 2005 Deficit Reduction Act for children with developmental disabilities whose family incomes do not exceed 300% of FPL. Requires HHSC Commissioner to adopt rules providing for eligibility requirements and premiums/cost-sharing on a sliding scale based on family income.	See SB 187
HB 390	Zerwas	SB 39 by Zaffirini, HB 2005 by McCall	Relating to health benefit plan coverage for routine patient care costs for enrollees participating in certain clinical trials.	<p>Adds Chapter 1379: Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials to Title 8 of the Insurance Code.</p> <p>Defines: enrollee; life-threatening disease or condition: a disease/condition in which the likelihood of death is probable unless the course of the disease is interrupted; and research institution: institution/person/entity conducting a Phase I, II, III, or IV clinical trial.</p> <p>Outlines applicability. Applicability includes state Medicaid program and managed care plans contracting with state to provide health care services to Medicaid recipients.</p> <p>Outlines exclusions. Gives Commissioner rule-making ability to implement chapter.</p> <p>Defines routine patient care costs as the costs of any medically necessary health care service for which benefits are provided under a health benefit plan regardless of enrollment in a clinical trial. Excludes: 1. cost of investigational drug/device not approved by FDA; 2. cost of service which is not a health care service; 3. cost of a service clearly inconsistent with widely accepted/established standards of care for a particular diagnosis; 4. cost associated with managing a clinical trial; and 5. cost of a health care service specifically excluded from coverage under a health benefit plan.</p> <p>Requires health benefit plans to provide benefits for routine patient care costs in connection with phase I-IV clinical trials if trial is conducted in relation to prevention/detection/treatment</p>	See SB 39



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				<p>of life-threatening disease/condition and is approved by: 1. CDC, 2. NIH, 3. FDA, 4. USDoD, 5. USDVA, or 6. an IRB with an agreement with the Office for Human Research Protections of the USDHHS.</p> <p>Explicitly states that a health benefit plan issuer is not required to reimburse the research institution conducting the trial for costs of routine patient care provided unless research institution and health care professionals agree to accept reimbursement under health benefit plan at rates established under plan as payment in full for routine patient care provided. A health benefit plan issuer is not required to provide benefits for services that are part of the subject of the clinical trial and which are customarily paid for by the research institution.</p> <p>Limitations on coverage: benefits are not required to provided outside of plan's provider network unless out-of-network benefits are otherwise provided; and doesn't require plan issuer to provide benefits for services provided outside the state unless otherwise provided under plan.</p> <p>Allows for benefits to be subject to a deductible/coinsurance/copayment, and prohibits cancellation/nonrenewal of a plan solely because an enrollee participates in a clinical trial.</p>	
HB 451	Allen		Relating to health benefit plan coverage for autism spectrum disorder.	Amends Section 1355.015 of the Insurance Code to require insurance coverage to enrollees between 2 years old and 18 years old who are diagnosed with autism spectrum disorder.	6-03-09 Sent to the Governor
HB 492	Zerwas		Relating to the expansion of faith- and community-based health and human services and social services	Adds Chapter 535: Provision of Human Services and Other Social Services Through Faith- and Community-Based Organizations to Title 4 of the Government Code. Purpose is to strengthen the capacity of faith- and community-based organizations to create stronger partnerships between them and state government. Requires HHSC Commissioner and Governor to designate one employee from each HHS agency to serve as a liaison for faith- and community-based organizations. Additionally, delegates serve from: ORCA, TCEQ, TDCJ, TDHCA, TEA, TJPC, TVC, TWC, TYC, and any others. Liaisons are to identify/remove barriers to partnerships, provide information/training, facilitate effective practices, coordinate efforts with	5-30-09 Earliest Effective Date



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			initiatives.	Governor's Office, and attend conferences. Establishes the interagency coordinating group of liaisons to meet periodically, work across state agencies, and promote effective partnerships. Reporting requirements. Establishes a Renewing Our Communities Account to increase the capacity of faith- and community-based organizations to provide services, assist local governmental entities in establishing local offices, and foster better partnerships. Lists uses for account. Reporting requirements. Requires establishment of a task force to make recommendations for strengthening capacity of faith- and community-based organizations. Requires appointment of faith- and community-based organization leaders to serve on renewing our communities account advisory committee.	
HB 497	Zerwas		Relating to a study to determine the effect on the health care infrastructure in this state if the state Medicaid program is abolished or a severe reduction in federal matching money under the program occurs.	As Substituted: Requires HHSC and TDI to conduct a joint study to determine effects on state's health care infrastructure, including delivery mechanisms, if Medicaid program is abolished or federal matching money is severely reduced. Study must address the effect on availability/accessibility to health care services provided under state Medicaid. Requires HHSC and TDI to: 1. identify available health care resources in state (public and private, not funded by Medicaid), 2. identify population groups receiving Medicaid services, and 3. determine effect of abolishment of Medicaid program would have on local service providers and local financing mechanisms. Reporting requirements include a statewide plan for transition of services from Medicaid to a new healthcare delivery system and an analysis of fiscal impact to state of continuing to provide health care services to Medicaid populations if it was abolished or federal matching money was severely reduced. Allows adoption of transition plan as a contingency plan.	5-26-09 Sent to the Governor
HB 582	Dukes		Relating to informing the parents and guardians of certain	Amends Section 1551.159 (Coverage of Dependent Children of Certain Employees) under the Texas Employees Group Benefits Act of the Insurance Code to require establishment of procedures to inform parents whose state employment has been terminated that their child/ren may be eligible for benefits under the child health program or medical assistance program.	05-23-09 G Earliest effective date



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			children about the availability of the child health plan and medical assistance program.		
HB 583	Dukes		Relating to expansion of the electronic eligibility information pilot program operated by the Health and Human Services Commission.	As Substituted: Amends Section 531.02413 (Electronic Eligibility Information Pilot Program) of the Government Code to expand the pilot project to at least one urban area. Areas must possess a functioning safety net provider collaborative organization. Requires HHSC to create a project where regional indigent care networks interface with HHSC through the Texas Integrated Eligibility Redesign System (TIERS) or another state electronic eligibility system. Requires HHSC to automatically import the application info eliminating double data entry. Requires HHSC to review/process applications in a timely manner and work directly with organizations. Requires a monthly statistical report to each safety net provider collaborative organization. Requires HHSC to assess cost-effectiveness/efficiency/benefits of using electronic eligibility information imported from regional indigent care systems and report findings to standing committees in Lege.	5-29-09 Sent to the Governor
HB 591	Donna Howard	SB 476 by Nelson	Relating to staffing, overtime, and other employment protections for nurses.	Adds Chapter 257: Nurse Staffing to Title 4 of the Health and Safety Code. Includes findings of legislature regarding nurse staffing and satisfaction and patient safety. Requires governing bodies of hospitals to develop/implement a written nurse staffing policy including: consideration by nurse staffing committee, a plan based on needs of patient care units and shifts, as a component in setting budget, encouraging nurses to provide input, protecting nurses who provide input from retaliation, and ensuring compliance with HHSC rules. Plan must: reflect established standards, set minimum staffing levels for patient care units, include methods for adjusting staffing plans, and include contingency plans when patient needs exceed resources. Requires each hospital to establish a nurse staffing committee composed of representatives of the types of nursing services provided. Designates chief nursing officer as a voting member of the committee and requires committee to be comprised at least 50% of registered nurses providing direct care at least 50% of the time and are selected by peers. Establishes requirements for committee. Requires annual reporting by hospital to DSHS on: adoption of a nurse staffing policy, establishment of a nurse staffing committee, evaluation of	See SB 476



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				nurse services staffing plan, and nurse-sensitive outcome measures. Adds Chapter 258: Mandatory Overtime for Nurses Prohibited to prevent hospitals from requiring nurses to work overtime and lists exceptions. Prohibits retaliation.	
HB 610	Naishtat		Relating to the establishment of the Legislative Committee on Aging.	Adds Subchapter G: Legislative Committee on Aging to Chapter 161 of the Human Resources Code. Establishes a legislative committee on aging to study issues relating to the aging population in Texas and make recommendations. Committee is composed of 2 members of the senate and one public Lt. Gov appointee and two members of the House and one public Speaker appointee. Committee is required to review recommendations for legislation related to aging population, review effectiveness of regulatory systems, analyze availability/unmet needs, and request reports/info as necessary. Reporting required of: summary of effectiveness of regulatory systems, analysis of state/local services available, analysis of unique needs of aging, and recommendations for legislation.	5-31-09 Sent to the Governor
HB 802	John Davis		Relating to the creation of the lifespan respite services program.	Amends Chapter 161 (DADS) of the Human Resources Code to add Subchapter F: Lifespan Respite Services Program. Defines chronic serious health condition, respite services, and respite services coordinator. Requires DADS to implement a lifespan respite services program. Defines eligibility for program. Prohibits limiting eligibility based on type of chronic serious health condition. Requires DADS to contract with community-based/local government entities to provide respite services or facilitate access to respite services. Requires issuance of RFPs. Defines eligible community-based organizations and local government entities. Allows a respite services coordinator to: maintain a registry of providers, coordinate resources, build partnerships, and implement public awareness activities.	5-26-09 Sent to the Governor
HB 1232	Menendez	SB 1197 by Van de Putte	Relating to establishing a local behavioral health intervention pilot project.	Requires DSHS to establish a local behavioral health intervention pilot project for Bexar County children. Requires a Bexar County local mental health authority to: 1. enter into a MOU with state/local agencies including DSHS/DFPS/TYC/TEA to collaborate in providing early intervention behavioral health services to children, identify children with parental consent who are at risk of placement in alternative behavior management placement, and divert those children identified to a system of care services to reduce gaps/inefficiencies in care; 2. develop best practices for informed consent/confidentiality, uniform behavioral health screening, uniform referral process, early intervention/treatment delivery, and information exchange; 3. identify outcome measures; and 4. ensure provider list is available for children/families on services and issues. Allows local mental health authority with parental consent to disclose	5-26-09 Sent to the Governor



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				information relating to a child, accept information relating to a child, and enter into an MOU to specify the types of information to be shared and protocols for sharing. DSHS can use funds from crisis prevention programs to implement. Reporting requirement from local mental health authority to DSHS.	
HB 1290	Oliveira		Relating to health benefit cover for certain tests for the early detection of cardiovascular disease.	Adds Chapter 1376: Certain Tests for Early Detection of Cardiovascular Disease to Title 8 of the Insurance Code. Requires health benefit plans to cover screening medical coverage, up to \$200, for males between 45 and 76 and females between 45 and 76 who are diabetic or at risk of developing coronary heart disease for noninvasive screenings for atherosclerosis and abnormal artery structure and function every five years.	6-03-09 Sent to the Governor
HB 1322	Hochberg		Relating to the establishment of an on-line resource for teachers of students with special health needs.	Adds Section 21.463: Resources for Teachers of Students with Special Health Needs to the Education Code. Requires TEA with HHSC to establish/maintain a website to provide resources for teachers with students with special health needs. Website must include info about treatment/management of chronic illnesses and impact on well-being or school attendance.	6-03-09 Sent to the Governor
HB 1363	Gutierrez	SB 1817 by Van de Putte	Relating to a voluntary statewide diabetes mellitus registry.	Changes the heading to Chapter 95 of the Health and Safety Code to now read: Diabetes. Adds Subchapter A: Risk Assessment for Type 2 Diabetes. Adds Subchapter B: Diabetes Mellitus Registry. Requires DSHS with public health districts to create/maintain an electronic diabetes mellitus registry to track glycosylated hemoglobin level of each person tested at a clinical lab in the district. Participation by health districts is voluntary and is responsible for the costs of administering program. Requires labs in participating public health districts to submit to district and DSHS results of each glycosylated hemoglobin test. DSHS and district are required to compile results to track: prevalence of diabetes mellitus, level of control, trends of new diagnoses, and health care costs associated with diabetes mellitus; and promote discussion/information programs. Reports/records/information is confidential. Medical/epidemiological information can be released only for statistical purposes preventing identification of individuals/facilities; with the consent of each person identified in the	9-01-09 Earliest Effective Date



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				information; or to promote diabetes mellitus research. Prohibits employee of state/public health district from testifying in civil/criminal/special/other proceeding on records/contents/information about an individual unless advance consent is given. Requires reporting every other year on diabetes mellitus registry including evaluation of the effectiveness of registry and number of public health districts participating.	
HB 1574	Thompson		Relating to the creation of a statewide autism spectrum disorders resource center.	Adds Section 114.013: Autism Spectrum Disorders Resource Center to the Human Resources Code. Requires HHSC to establish an autism spectrum disorders resource center to coordinate resources. Center must be designed to collect/distribute information/research; conduct training/development activities; coordinate with local services; and provide support for affected families.	9-01-09 Earliest Effective Date
HB 1630	Naishtat	SB 2031 by Watson	Relating to the eligibility of certain individuals for child health plan coverage or medical assistance on placement, detention, or commitment in and release from certain facilities or other settings.	Amends Section 62.1013 of the Health and Safety Code and Section 32.0264 of the Human Resources Code to allow children receiving medical assistance or enrolled in the child health plan who are placed/detained/committed in a facility that would result in their loss of eligibility; to have eligibility temporarily suspended during placement and reinstated the date they are released.	5-25-09 Sent to the Governor
HB 1672	Crownover		Relating to the confidentiality of newborn screening	Amends Chapter 33 of the Health and Safety Code to require all reports/records/information from newborn screening information to be confidential. Can only be disclosed for diagnosis/follow-up authorized; with consent; authorized by court order; to ME for autopsy; or to public health programs of DSHS for research purposes and consistent with HIPAA.	5-27-09 Earliest Effective Date



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			information.	De-identified information can be released without consent for statistical purposes; for purposes related to certification/quality assurance; purposes to review/improve screening; research; or quality assurance of equipment and supplies.	
HB 1795	Pierson	SB 1720 by Uresti	Relating to newborn screening and the creation of the Newborn Screening Advisory Committee.	Amends Section 33.011 of the Health and Safety Code mandating DSHS require newborn screening tests for disorders in the core panel and secondary targets of the uniform newborn screening panel. Allows DSHS to require additional screening tests and can exclude cystic fibrosis, galactose epimerase, and galactokinase. Amends Chapter 33 to add Section 33.017: Newborn Screening Advisory Committee. Requires DSHS to establish a Newborn Screening Advisory Committee appointed by DSHS Commissioner. Consists of: health care providers, persons with affected family members, and those involved in delivery of newborn screening services. Committee to advise DSHS on planning/policy/rules/services related to newborn screening/tests. Requires Committee to meet at least 3 times a year.	6-03-09 Sent to the Governor
HB 1879	John Davis	SB 347 by Nelson, HB 2383 by Kolkhorst	Relating to the receipt and release of immunization information by the immunization registry in connection with a disaster.	<p>Adds Section 161.00735: Release and Receipt of Registry Data in Disaster to Chapter 161 of the Health and Safety Code. Allows DSHS to release immunization registry data to appropriate health authorities of other states/localities in the event of evacuation/relocation of TX residents because of a disaster.</p> <p>Allows DSHS to receive immunization information (without obtaining written consent) from health authorities of other state if determined residents have been evacuated/relocated to TX due to disaster.</p> <p>HHSC Commissioner determines length of time information must remain in registry following disaster. Parents/guardians must consent in writing to continued inclusion once time expires. Allows for written request to remove information.</p>	See SB 347
HB 1888	John Davis		Relating to standards required for certain rankings of physicians by health benefit plans.	Prohibits health benefit plan issuers from ranking or classifying into tiers physicians based on performance unless the standards are nationally recognized, are disclosed to each affected physician, and there is a dispute process established.	6-01-09 Sent to the Governor



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HB 1905	Guillen		Relating to studying the costs and benefits of a pilot program for services for adults with autism.	Requires DADS to study costs/benefits of implementing a pilot program to provide services to autistic adults. Requires study to identify: benefit to autistic adults receiving behavioral counseling, employment, home-based care, living arrangements, and medical care; potential number of persons with autism program would serve; agency/agencies to design/administer program; applicable Medicaid waivers; other states actions to provide services; and administrative costs to state. Reporting requirement.	05-08-09 S Received in the Senate - Referred to Senate Health and Human Services <u>*Amended to HB 1575 which passed.</u>
HB 1948	Rios Ybarra		Relating to a public health extension service pilot program.	Adds Chapter 123: Public Health Extension Service to Title 2 of the Health and Safety Code. DSHS is required to establish a public health extension service pilot program in Health Service Region 11 to support local public health and medical infrastructure and promote disease control and biosecurity; and evaluate effectiveness of program for regions of the state vulnerable to bioscurity threats. Establishes program objectives. Reporting requirement and sunset provisions.	05-14-09 H Set on the House Calendar <u>*Amended onto HB 1831 which passed.</u>
HB 1990	McReynolds		Relating to a diabetes self-management training pilot program under the state Medicaid program.	As Substituted: Amends Chapter 531 of the Government Code to require HHSC to establish a pilot program to provide diabetes self-management training services to selected Medicaid recipients. Allows participants to be selected who are Medicaid recipients under fee-for-service/primary care case management; diagnosed with diabetes; and enrolled in Medicaid disease management program. HHSC must ensure: providers of training are certified; assessment of participant is conducted to review medical history/risks; participant receives a minimum of 10 hours of training with a diabetes educator and 3 hours of nutrition education. Yearly, participant receives a minimum of 2 hours of training and 2 hours of nutrition education after initial. Requires participants to have face-to-face interaction with diabetes educator if provided in a group session. Allows repetition of training. Requires pilot program to measure	05-23-09 G Earliest effective date



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				progress with specific health outcomes. Information collected is confidential. Reporting requirement.	
HB 2004	McCall	SB 1884 by Ellis	Relating to a breach of computer security involving sensitive personal information maintained by a state agency or local government.	Adds Chapter 2061: Security Breach Notification by State Agency or Local Government to Title 10 of the Government Code. Requires state agencies or local governments that own/license computerized data including sensitive personal information to disclose any breach of system security to any individual whose personal information was acquired.	5-26-09 Sent to the Governor
HB 2005	McCall	HB 390 by Zerwas, SB 39 by Zaffirini	Relating to health benefit plan coverage for routine patient care costs for enrollees participating in certain clinical trials.	Adds Chapter 1379: Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials to Title 8 of the Insurance Code. Defines: enrollee; life-threatening disease or condition: a disease/condition in which the likelihood of death is probable unless the course of the disease is interrupted; and research institution: institution/person/entity conducting a Phase I, II, III, or IV clinical trial. Outlines applicability. Applicability includes state Medicaid program and managed care plans contracting with state to provide health care services to Medicaid recipients. Outlines exclusions. Gives Commissioner rule-making ability to implement chapter. Defines routine patient care costs as the costs of any medically necessary health care service for which benefits are provided under a health benefit plan regardless of enrollment in a clinical trial. Excludes: 1. cost of investigational drug/device not approved by FDA; 2. cost of service which is not a health care service; 3. cost of a service clearly inconsistent with widely accepted/established standards of care for a particular diagnosis; 4. cost associated with managing a clinical trial; and 5. cost of a health care service specifically excluded from coverage under a health benefit plan. Requires health benefit plans to provide benefits for routine patient care costs in connection with phase I-IV clinical trials if trial is conducted in relation to prevention/detection/treatment of life-threatening disease/condition and is approved by: 1. CDC, 2. NIH, 3. FDA, 4. USDOD,	See SB 39



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				<p>5. USDVA, or 6. an IRB with an agreement with the Office for Human Research Protections of the USDHHS.</p> <p>Explicitly states that a health benefit plan issuer is not required to reimburse the research institution conducting the trial for costs of routine patient care provided unless research institution and health care professionals agree to accept reimbursement under health benefit plan at rates established under plan as payment in full for routine patient care provided. A health benefit plan issuer is not required to provide benefits for services that are part of the subject of the clinical trial and which are customarily paid for by the research institution.</p> <p>Limitations on coverage: benefits are not required to provided outside of plan's provider network unless out-of-network benefits are otherwise provided; and doesn't require plan issuer to provide benefits for services provided outside the state unless otherwise provided under plan. Allows for benefits to be subject to a deductible/coinsurance/copayment, and prohibits cancellation/nonrenewal of a plan solely because an enrollee participates in a clinical trial</p>	
HB 2026	Zerwas	SB 2577 by Mike Jackson	Relating to bariatric surgery coverage for state employees.	As Substituted: Adds Section 1551.225: Bariatric Surgery Coverage to the Insurance Code. Requires board develop a cost-neutral or cost-positive plan for providing under group benefits, bariatric surgery coverage for eligible employees. Board can adopt rules to implement.	See SB 2577
HB 2027	Zerwas	SB 2091 by Harris	Relating to adoption of the Revised Uniform Anatomical Gift Act.	Establishes new guidelines for making anatomical gift donations. Explicitly states who can make and receive a donation and at what point in time on behalf of a family member.	9-01-09 Earliest Effective Date
HB 2055	Guillen		Relating to the Chronic Kidney Disease Task Force.	Amends Section 98.003 of the Health and Safety Code to change the duties of the Chronic Kidney Disease Task Force to: 1. develop a cost-effective plan for prevention, early screening, diagnosis, and management of chronic kidney disease and 2. develop a plan for surveillance and data analysis to assess the impact of chronic kidney disease. Reporting requirement. Extends abolishment date to Sept 1, 2011.	8-31-09 Earliest Effective Date
HB 2064	Smithee	SB 879 by Averitt	Relating to premium	Amends Section 1506.105 (Texas Health Insurance Risk Pool) of the Insurance Code to require discounted premiums to be offered on a sliding scale based on financial need: 1. individuals	01-01-10 Earliest



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			discounts for certain participants in the Texas Health Insurance Risk Pool and to related tax credits for health benefits plan issuers.	with income below 200% FPL, premium rates are the standard risk rate; and 2. individuals with income between 200% - 300% FPL, premium rates are 140% of the standard risk rate. Prohibits aggregate premium discount cannot exceed \$20 million for biennium of January 1, 2010 through 12, 31, 2011. Amends Subchapter F, Chapter 1506 of the Insurance Code to allow health benefit plan issuers to take a premium tax credit for discounts granted. Tax credits apply to premium due in calendar year following year of assessment and may be carried over for five consecutive calendar years.	Effective Date
HB 2196	Truitt		Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.	Requires HHSC to establish a workgroup to recommend best practices for integration of health and behavioral health services. Workgroup includes representatives from: DSHS, DADS, DFPS, TDI, a state organization on MHMR centers, a state organization on FQHCs, a state organization on substance abuse providers, state associations on medical and behavioral health professionals, mental health philanthropy, and additional members. Reporting and sunset provisions.	6-03-09 Sent to the Governor
HB 2330	Guillen		Relating to laboratory tests measuring kidney function.	Amends the Health and Safety Code to define serum creatinine test and estimated glomerular filtration rate. Requires labs performing serum creatinine tests on those 18 and older to include estimated glomerular filtration rate.	6-03-09 Sent to the Governor
HB 2383	Kolkhorst	HB 1879 by John Davis, SB 347 by	Relating to the receipt and	As Substituted: Adds Section 161.00735: Release and Receipt of Registry Data in Disaster to Chapter 161 of the Health and Safety Code. Allows DSHS to release immunization registry	See SB 347



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		Nelson	release of immunization information by the immunization registry in connection with a disaster.	data to appropriate health authorities of other states/localities in the event of evacuation/relocation of TX residents because of a disaster. Allows DSHS to receive immunization information (without obtaining written consent) from health authorities of other state if determined residents have been evacuated/relocated to TX due to disaster. HHSC Commissioner determines length of time information must remain in registry following disaster. Parents/guardians must consent in writing to continued inclusion once time expires. Allows for written request to remove information. Requires HHSC Executive Commissioner to make every effort to enter into MOUs with each state Texas residents are likely to evacuate to in a disaster on: release of registry information and receipt and use of information.	
HB 3327	Castro	SB 870 by Lucio	Relating to the duties of the interagency obesity council and the Department of Agriculture relating to health, wellness, and prevention of obesity.	Amends Chapter 114: Interagency Obesity Council of the Health and Safety Code. Creates the Interagency Obesity Council of the TDA Commissioner, DSHS Commissioner, and TEA Commissioner. Allows Council to contract with private/public university to assist in gathering info. Requires Council to review TDA, DSHS, and TEA nutrition programs and create an evidenced-based public health awareness plan. Plan must include: cost estimate for continuing implementation; recommendations on reaching populations that would benefit most; and recommendations on encouraging employers to participate in wellness programs. Requires solicitation from private sector. Requires TDA to study feasibility/practicality/potential benefit with creating a state-endorsed healthy food and beverage designation. Requires TDA if implementation is feasible to identify ways to note the following on qualifying products: serving size; nutrient class; and role of product. Reporting requirement to Governor, Lt. Governor, and Speaker of the House.	See SB 870
SB 6	Duncan		Relating to the creation of the Healthy Texas Program.	As Engrossed in Senate: Amends Title 8 of the Insurance Code to add Chapter 1508. Chapter 1508: Healthy Texas Program Establishes the Healthy Texas Program to: <ol style="list-style-type: none"> 1. provide access to small employer health plans at an affordable price, 2. encourage small employers to offer coverage to employees and dependents, and 3. maximize managed care strategies. Allows TDI Commissioner to adopt rules to implement. Establishes eligibility: small employers are eligible if they did not offer group health benefits on expense-reimbursed or pre-paid basis in last 12 months and at least 30% of eligible employees	05-24-09 H Set on the House Calendar <u>*Amended onto SB 78 which passed</u>



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				<p>receive annual wages equal to or less than 300% FPL. Commissioner is allowed to adjust 12 months to 18 month period and adjust FPL level. Eligible small employers may apply to purchase a qualifying plan if 60% or more of eligible employees elect to participate. Requires employers to:</p> <ol style="list-style-type: none"> 1. pay 50% or more of premium for each covered employee; 2. offer coverage to all eligible employees; and 3. contribute the same % of premium for each covered employee. <p>Employers can elect to pay premium for dependents. Any health plan issuer can participate in program, but Commissioner can limit which issuers can participate and contract on a competitive procurement basis. Does not prohibit regional/local health care programs from participating. Participating health benefit plans must include preexisting condition provisions. Plans issued under program are not subject to state mandates for coverage. Plans can only provide coverage for in-plan services and benefits, emergency care, or other services not available through plan providers. In-plan services/benefits must include: inpatient hospital services, outpatient hospital services, physician services, and prescription drug benefits. Commissioner has oversight for coverage specifications, claims administration, contested case procedures, studies on costs/benefits/utilization, Texas small employer premium stabilization fund, coverage dates, group coverage plans, additional coverage plans, health benefit strategy, funding strategy, and copayment/deductible amounts for prescription drug benefits. Requires small employers to provide written eligibility certification to health benefit plan issuers, and by 90th day before renewal of plan, written certification of continued eligibility. Health benefit plan issuers are required to accept applications for plan coverage from small employers throughout calendar year. TDI Commissioner can limit dates if determined necessary. Initial enrollment period is at least 31 days for employees, and employers may establish waiting periods up to 90 days. Establishes guidelines prohibiting and allowing issuers to deny coverage in certain circumstances. Requires plan issuers to submit reports to TDI. Requires participating issuers to use rating practices and set premiums considering availability of reimbursement from the fund. Establishes guidelines for premium rate development and calculation as well as rate filing and</p>	
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				<p>approval procedures.</p> <p>Establishes the Healthy Texas Small Employer Premium Stabilization Fund Fund is established by TDI from available funds appropriated. Health benefit plan issuers are allowed to receive reimbursement for claims paid for covered individuals. TDI Commissioner has rule making authority to implement and administer fund.</p> <p>Health benefit plan issuers are eligible for reimbursement of 80% of dollar amount of claims paid between \$5000 and \$75000 in one year for an enrollee. Issuers are required to submit a request annually. Commissioner can require submission of claims data. Commissioner must compute total claims reimbursement for all participating issuers in one year. If the total amount requested exceeds funds available, Commissioner provides for pro rata distribution of available funds. If the amount of funds available exceeds distribution, money is carried forward to next calendar year.</p> <p>Reporting requirement of issuers monthly to Commissioner. Commissioner is required to estimate annual cost of total claims reimbursement per covered individuals. Commissioner determines total eligible enrollment under plans by dividing total funds available by estimated individual annual cost. Allows Commissioner to suspend enrollment of new employers and requires notification of insurers of suspension if determined that total enrollment exceeds eligible enrollment.</p> <p>Allows Commissioner to contract with an independent organization to administer fund and establishes guidelines. Allows administrator to purchase stop-loss insurance or reinsurance.</p> <p>Allows Commissioner to develop and implement public education, outreach, and enrollment strategies targeting small employers who do not provide health insurance.</p> <p>Requires rules adoption by TDI Commissioner by January 4, 2010.</p> <p>Requires initial determination on limitation of health benefit plan issuer participation by January 18, 2010.</p> <p>Healthy Texas Program must be fully operational for first annual request for reimbursement by January 1, 2011.</p> <p>Act does not make an appropriation and takes effect only if a specific appropriation is provided in a general appropriations act of the 81st Legislature.</p>	
SB 7	Nelson		Relating to strategies for and	<p>As Amended and Engrossed in Senate: Section 1: Child Health Plan and Medicaid Pilot Programs. Amends Chapter 531 of the Government Code to create the Obesity Prevention Pilot Program.</p>	05-24-09 H Set on the House



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			<p>improvements in quality health care and care management provided through health care facilities and through the child health plan and medical assistance programs.</p>	<p>Requires DSHS to coordinate pilot to decrease obesity in child health plan and Medicaid recipients, improve nutritional choices, and achieve reductions as a result of obesity. Reporting requirement by HHSC including goals and recommendations on continuation. Creates a medical home with primary care providers providing preventive and primary care. Requires HHSC to establish a pilot program to establish medical homes for child health plan and Medicaid enrollees. Reporting requirement. Section 2: Health Care Quality Advisory Committee Amends Chapter 531 of the Government Code to require HHSC to establish a Health Care Quality Advisory Committee to assist the commission with defining best practices and quality performance of health care services. Establishes make up of advisory committee. Committee is to advise commission on measureable goals and criteria for: obesity prevention pilot program, wellness and prevention criteria/best practices, quality of care standards/evidence-based protocols, and any other quality of care standards. Section 3: Uncompensated Hospital Care Data Amends Section 531.551 of the Government Code to implement a hospital audit fee. Requires Commissioner to adopt rules providing for a standard definition of "uncompensated hospital care" that reflects unpaid costs incurred by hospitals and accounts for actual hospital costs and hospital charges and revenue sources. DSHS is to require each hospital to provide uncompensated care data. Allows Commission to withhold Medicaid reimbursements for noncompliance. Allows HHSC to require audited hospitals to pay a fee to offset costs of audit. Section 4: Medical Technology; Electronic Health Information Exchange Program Defines: electronic health record, health information exchange system, and local or regional health information exchange. Requires HHSC to develop an electronic health information exchange system to improve quality/safety/efficiency of services under child health plan and Medicaid. Requires: confidentiality of patient info protected, appropriate IT systems that are interoperable, and system and external IT systems are interoperable. Health info exchange system must be developed with Medicaid IT Architecture initiative. Establishes an Electronic Health Information Exchange System Advisory Committee of between 12 and 15 members to advise on development and implementation of electronic health info exchange system. Requires collaboration with Texas Health Services Authority. Establishes that stage one is to:</p>	<p>Calendar <u>*Section 1 amended onto SB 870 which passed.</u> <u>*Sections 7 and 9 amended onto SB 203 which passed.</u> <u>*Section 3 is partially included in SB 1 which passed.</u> <u>*Section 4 and part of Section 6 were amended onto HB 1218 which passed.</u></p>
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				<p>1. develop and establish a claims-based e-health record for each person under Medicaid;</p> <p>2. submission of complete encounter data for each month with all paid and processed claims from; and</p> <p>3. develop and coordinate electronic prescribing tools for use under child health plan and Medicaid.</p> <p>Establishes stage two includes expansion of system by providing e-health record for each child in child health plan, include lab results information in an e-health record, improve data-gathering capabilities for e-health record, use evidence-based technology to create a unique health profile, and continue to enhance the e-health record created.</p> <p>Establishes in stage three to expand system by developing evidence-based benchmarking tools, and include state agencies and additional providers.</p> <p>Requires HHSC to develop strategies to encourage provider use.</p> <p>Initial reporting required to Senate HHS, House Human Services and House Public Health by January 1, 2011, and subsequent reporting by January 1, 2013.</p> <p>Adds Section 62.060: Health Information Technology Standards to the Health and Safety Code and Section 32.073 to the Human Resources Code to require any health IT used in child health plan program or medical assistance program to conform to national standards.</p> <p>Section 5: Quality-Based Payment Initiatives</p> <p>Adds Subchapter W: Quality-Based Payment Initiatives Pilot Programs for Provision of Health Care Services to Chapter 531 of the Government Code. Defines: pay for performance payment system and pilot program. Allows providers and facilities to submit proposals to HHSC for implementation as pilot programs of quality-based payment initiatives providing incentives to develop health care interventions for child health plan program enrollees/Medicaid recipients. HHSC determines feasibility and cost-effectiveness. HHSC is allowed to implement one or more initiatives to test pay-for-performance payment system alternatives to traditional fee-for-service. Allows Commission to adopt rules to implement. Commissioner with Health Care Quality Advisory Committee approves quality of care standards, evidence-based protocols, and goals. Allows HHSC to contract with entities to assist in determining appropriate payment rates for a pilot program. HHSC Commissioner can increase a payment rate as necessary for inflation. Services must meet quality of care standards required under subchapter. Pilot program terminates September 2, 2013. Reporting requirement.</p>	
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			<p>Section 6: Quality-Based Hospital Payments Adds Subchapter X: Quality-Based Hospital Reimbursed System to Chapter 531 of the Government Code. Defines: potentially preventable complication as harmful/negative outcome occurring after admission to hospital, resulting from care/treatment provided during hospital stay, and could have been prevented; and potentially preventable readmission as return hospitalization within period specified by HHSC resulting from deficiencies in care/treatment provided. Requires HHSC to develop a quality-based hospital reimbursement system, in phases, for paying Medicaid reimbursements.</p> <p>Phase One: Commissioner adopts rules for identifying potential preventable readmissions and collect data on indicators; establish program to provide confidential report to each hospital on performance with respect to preventable readmissions; hospitals have 2 years to adjust practices; and HHSC is required to convert hospital Medicaid reimbursement system to a diagnoses-related groups (DRG) method.</p> <p>Phase Two: Requires HHSC to adjust Medicaid reimbursements based on performance in reducing potentially preventable adverse readmissions.</p> <p>Phase Three: HHSC is required to study feasibility of collecting data on potentially preventable complications and adjusting reimbursements based on performance in reducing. Reporting requirement to Legislature.</p> <p>Section 7: Preventable Adverse Event Reporting. Adds Preventable Adverse Events to Chapter 98 in the Health and Safety Code. Expands advisory panel to 18 members and includes reporting of health care-associated preventable adverse events. Require each health care facility to report specified preventable adverse events. Allows disclosure among certain state agencies info reported. Amends Section 98.111 to prohibit preventable adverse events from being used in a civil action.</p> <p>Section 8: Long-Term Care Incentives. Adds Section 32.0283: Pay-For-Performance Incentives for Certain Nursing Facilities to the Human Resources Code. Defines nursing facility. Requires HHSC commissioner to establish an incentive payment program for nursing facilities to improve quality of care and services to medical assistance recipients. Must adopt outcome-based performance measures. Allows determination of amount of an incentive payment based on performance index. Reporting requirement.</p>	
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				<p>Section 9: Preventable Adverse Event Reimbursement. Adds Section 32.0312: Reimbursement for Services Associated with Preventable Adverse Events to the Human Resources Code. Requires HHSC Commissioner to adopt rules regarding denial/reduction of reimbursement for preventable adverse events in hospitals.</p> <p>Section 10: Patient Risk Identification System. Amends Chapter 311 of the Health and Safety Code to establish a standardized patient risk identification system. Requires DSHS to coordinate with hospitals to develop system where patients with specific medical risks can be identified and communicated to hospital personnel. Requires HHSC commissioner to appoint an ad hoc committee of hospital reps to assist in development. Requires, if necessary, state agencies to get authorization/waiver from federal agency. Act takes effect only if a specific appropriation for the Act is provided in a general appropriations act of the 81st Legislature.</p>	
SB 39	Zaffirini	HB 390 Zerwas, HB 2005 by McCall	Relating to health benefit plan coverage for routine patient care costs for enrollees participating in certain clinical trials.	<p>Adds Chapter 1379: Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials to Title 8 of the Insurance Code. Defines: enrollee; life-threatening disease or condition: a disease/condition in which the likelihood of death is probable unless the course of the disease is interrupted; and research institution: institution/person/entity conducting a Phase I, II, III, or IV clinical trial. Outlines applicability. Applicability includes state Medicaid program and managed care plans contracting with state to provide health care services to Medicaid recipients. Outlines exclusions. Gives Commissioner rule-making ability to implement chapter. Defines routine patient care costs as the costs of any medically necessary health care service for which benefits are provided under a health benefit plan regardless of enrollment in a clinical trial. Excludes: 1. cost of investigational drug/device not approved by FDA; 2. cost of service which is not a health care service; 3. cost of a service clearly inconsistent with widely accepted/established standards of care for a particular diagnosis; 4. cost associated with managing a clinical trial; and 5. cost of a health care service specifically excluded from coverage under a health benefit plan. Requires health benefit plans to provide benefits for routine patient care costs in connection with phase I-IV clinical trials if trial is conducted in relation to prevention/detection/treatment of life-threatening disease/condition and is approved by: 1. CDC, 2. NIH, 3. FDA, 4. USDOD, 5. USDVA, or 6. an IRB with an agreement with the Office for Human Research Protections of</p>	6-01-09 Sent to the Governor



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				<p>the USDHHS. Explicitly states that a health benefit plan issuer is not required to reimburse the research institution conducting the trial for costs of routine patient care provided unless research institution and health care professionals agree to accept reimbursement under health benefit plan at rates established under plan as payment in full for routine patient care provided. A health benefit plan issuer is not required to provide benefits for services that are part of the subject of the clinical trial and which are customarily paid for by the research institution. Limitations on coverage: benefits are not required to provided outside of plan's provider network unless out-of-network benefits are otherwise provided; and doesn't require plan issuer to provide benefits for services provided outside the state unless otherwise provided under plan. Allows for benefits to be subject to a deductible/coinsurance/copayment, and prohibits cancellation/nonrenewal of a plan solely because an enrollee participates in a clinical trial.</p>	
SB 187	Deuell		Relating to a Medicaid buy-in program for certain children with disabilities	<p>Amends Section 531.02444: Medicaid Buy-In Programs for Certain Persons with Developmental Disabilities to the Government Code. Requires HHSC to develop and implement a Medicaid buy-in program as authorized by the 2005 Deficit Reduction Act for children with developmental disabilities whose family incomes do not exceed 300% of FPL. Requires that rules adopted by Commissioner require a monthly premium on a sliding scale based on family income.</p>	09-01-09 G Earliest effective date
SB 282	Nelson		Relating to grant programs to provide nutrition education to children	<p>Adds Section 38.026: Grant Program for Best Practices in Nutrition Education to Chapter 38 of the Education Code. Requires TDA to develop a program awarding grants to public school campuses for best practices in nutrition education. Allows the solicitation/acceptance of gifts/grants/donations from public/private sources. Allows for adoption of rules to administer.</p> <p>Adds Section 33.028: Grant Programs for Nutrition Education to the Human Resources Code. Requires TDA to develop a program to award grants to: 1. participants in the Child and Adult Care Food Program, Head Start program, early childhood education programs to operate nutrition education program for children between 3-5 years old; and 2. community/faith-based incentives providing recreational/social/volunteer/leadership/mentoring/developmental programs to incorporate nutrition education into programs for children younger than 19. Allows TDA to accept gifts/grants/donations and adopt rules as necessary.</p>	6-01-09 Sent to the Governor



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SB 283	Nelson		Relating to the membership and activities of local school health advisory councils.	Amends Section 28.004 of the Education Code. Requires the local board of trustees to appoint a chair/co-chair of the School Health Advisory Councils. Requires Councils to meet at least 4 times a year and requires an annual written report with recommendations on school district's health education curriculum/instruction/related matters; suggested modifications to previous recommendations; and detailed explanation of council's activities between reports. Can submit an initial written report.	6-01-09 Sent to the Governor
SB 343	Nelson		Relating to the creation of an advisory committee to study the retail of health foods in certain underserved areas.	Requires HHSC and TDA to jointly establish an advisory committee to study and provide recommendations to Lege on: 1. areas of state underserved in availability of fresh fruits and vegetables and 2. the impact of limited retail availability on proper nutrition/obesity/chronic illness. Advisory Committee: 8 members, 4 appointed by HHSC and 4 appointed by TDA. Committee selects own presiding officer and is to meet regularly. Requires reporting by Sept. 1, 2010 to Lege on: 1. costs/benefits/feasibility of a statewide financing program to bring fresh food retailers to underserved areas as defined by lack of retail availability and 2. a plan for implementing program. Committee is exempt from Chapter 2110: State Agency Advisory Committees of the Government Code. Committee is abolished Sept. 1, 2011.	6-01-09 Sent to the Governor
SB 347	Nelson	HB 1879 by John Davis, HB 2383 by Kolkhorst	Relating to the receipt and release of immunization information by the immunization registry in connection with a disaster.	Adds Section 161.00735: Release and Receipt of Registry Data in Disaster to Chapter 161 of the Health and Safety Code. Allows DSHS to release immunization registry data to appropriate health authorities of other states/localities in the event of evacuation/relocation of TX residents because of a disaster. Allows DSHS to receive immunization information (without obtaining written consent) from health authorities of other state if determined residents have been evacuated/relocated to TX due to disaster. HHSC Commissioner determines length of time information must remain in registry following	09-01-09 G Earliest effective date



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				disaster. Parents/guardians must consent in writing to continued inclusion once time expires. Allows for written request to remove information.	
SB 395	Lucio		Relating to creation of the Early Childhood Health and Nutrition Interagency Council.	As Substituted: Adds Chapter 115: Early Childhood Health and Nutrition Interagency Council to the Health and Safety Code. Requires TDA to establish a seven member council of: 1 rep from HHSC's Office of Program Coordination for Children and Youth, 1 rep from DSHS' Chronic Disease Prevention Branch, 1 rep from DSHS's Supplemental Nutrition Program for WIC, 1 rep from the TWC, 1 rep from TDA, 1 rep from TEA's school health programs, and 1 rep from DFPS' Child Care Licensing Division. Members serve staggered 2 year terms and can be reappointed. Meets 3 times each year and conference calls as necessary. Requires the council to invite stakeholders. Council must research: 1. health of children under 6 in TX as compared to other states, 2. significance of nutrition/physical activity in development of children under 6, and 3. effectiveness of nutrition and physical activity requirements/practices in early childhood care settings. Requires council to review programs administered by each agency which promote health and nutrition in early childhood care settings. Council is required to develop an early childhood nutrition and activity plan to implement over a six year period. Reporting requirements.	6-01-09 Sent to the Governor
SB 476	Nelson	HB 591 by Donna Howard	Relating to staffing, overtime, and other employment protections for nurses.	Adds Chapter 257: Nurse Staffing to Title 4 of the Health and Safety Code. Includes findings of legislature regarding nurse staffing and satisfaction and patient safety. Requires governing bodies of hospitals to develop/implement a written nurse staffing policy including: consideration by nurse staffing committee, a plan based on needs of patient care units and shifts, as a component in setting budget, encouraging nurses to provide input, protecting nurses who provide input from retaliation, and ensuring compliance with HHSC rules. Plan must: reflect established standards, set minimum staffing levels for patient care units, include methods for adjusting staffing plans, and include contingency plans when patient needs exceed resources. Requires each hospital to establish a nurse staffing committee composed of representatives of the types of nursing services provided. Designates chief nursing officer as a voting member of the committee and requires committee to be comprised at least 50% of registered nurses providing direct care at least 50% of the time and are selected by peers. Establishes requirements for committee. Requires annual reporting by hospital to DSHS on: adoption of a nurse staffing policy, establishment of a nurse staffing committee, evaluation of nurse services staffing plan, and nurse-sensitive outcome measures. Adds Chapter 258:	6-01-09 Sent to the Governor



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				Mandatory Overtime for Nurses Prohibited to prevent hospitals from requiring nurses to work overtime and lists exceptions. Prohibits retaliation.	
SB 531	Dan Patrick		Relating to the billing coordination system for claims submitted for payment from the Medicaid Program.	Amends Section 531.02413 of the Government Code to require HHSC if cost-effective and feasible to expand Medicaid billing system to process claims for all other Medicaid health care services in the same manner as acute care services are processed.	6-01-09 Sent to the Governor
SB 652	Zaffirini		Relating to the maintenance of emergency contact and medical information databases by the Texas Department of Public Safety.	<p>Adds Section 521.060: Emergency Contact and Medical Information Databases to Chapter 521 of the Transportation Code. Requires TXDoT to maintain a record of name/address/phone number of an emergency contact in the event the holder is injured/dies. Requires maintenance of any medical information provided to the department or any voluntary health condition information. Records are confidential and may be disclosed only to a police officer authorized to obtain information and only for the purpose of making contact with the named individual to report injury/death of holder, learning nature of medical information, or learning health conditions that may impede communications with peace officer.</p> <p>Requires forms to allow applicants to provide information and requires TXDoT to maintain website forms and procedures so holder of driver's license can add emergency contact/medical information or amend/delete emergency contact/medical information.</p>	6-01-09 Sent to the Governor
SB 705	Nelson		Relating to the Medicaid consolidated waiver program and other Medicaid long-term care waiver programs.	<p>Adds Section 161.077: Long-term Care Medicaid Waiver Programs to Chapter 161 of the Human Resources Code.</p> <p>Requires the streamline and administration/delivery of services through Section 1915(c) waiver programs. Requires DADS to implement following initiatives: 1. reduce forms in administering programs; 2. revise manuals/training curricula; 3. consolidating authorization systems; 4. eliminating unnecessary physician signature requirements; 5. standardizing individual service plan processes; and 6. initiatives to increase efficiencies.</p>	6-01-09 Sent to the Governor



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				Repeals Section 531.0219 of the Government Code concerning the consolidated waiver program. Requires DADS and HHSC to determine which other Section 1915(c) programs consolidated waiver participants are eligible for and transfer them without breaks in service.	
SB 870	Lucio	HB 3327 by Castro	Relating to the duties of the interagency obesity council and the Department of Agriculture relating to health, wellness and prevention of obesity.	Amends Chapter 114: Interagency Obesity Council of the Health and Safety Code. Creates the Interagency Obesity Council of the TDA Commissioner, DSHS Commissioner, and TEA Commissioner. Allows Council to contract with private/public university to assist in gathering info. Requires Council to review TDA, DSHS, and TEA nutrition programs and create an evidenced-based public health awareness plan. Plan must include: cost estimate for continuing implementation; recommendations on reaching populations that would benefit most; and recommendations on encouraging employers to participate in wellness programs. Requires solicitation from private sector. Requires TDA to study feasibility/practicality/potential benefit with creating a state-endorsed healthy food and beverage designation. Requires TDA if implementation is feasible to identify ways to note the following on qualifying products: serving size; nutrient class; and role of product. Reporting requirement to Governor, Lt. Governor, and Speaker of the House.	6-03-09 Sent to the Governor
SB 879	Averitt	HB 2064 by Smithee	Relating to premium discounts for certain participants in the Texas Health Insurance Risk Pool and to related tax credits for health benefit issuers.	Amends Section 1506.105 (Texas Health Insurance Risk Pool) of the Insurance Code to require discounted premiums to be offered on a sliding scale based on financial need: 1. individuals with income below 200% FPL, premium rates are the standard risk rate; and 2. individuals with income between 200% - 300% FPL, premium rates are 140% of the standard risk rate. Prohibits aggregate premium discount cannot exceed \$20 million for biennium of January 1, 2010 through 12, 31, 2011. Amends Subchapter F, Chapter 1506 of the Insurance Code to allow health benefit plan issuers to take a premium tax credit for discounts granted. Tax credits apply to premium due in calendar year following year of assessment and may be carried over for five consecutive calendar years.	See HB 2064
SB 891	Nelson		Relating to the public school physical	Amends Section 28.002 of the Education Code to require physical education curricula to be sequential/developmentally appropriate/designed to enable students to develop motor/self-management/other skills necessary to participate in physical activity throughout life. Requires	6-01-09 Sent to the Governor



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			education curriculum.	each district to establish specific objectives and goals. Requires SBOE to identify essential knowledge/skills that: 1. emphasize knowledge/skills for lifetime; 2. consistent with national physical education standards; 3. requires weekly that 50% of PE time is actual physical activity; 4. students have an opportunity to choose among types of activity; 5. offers cooperative/competitive games; 6. meets needs of all levels; 7. takes into account gender/cultural differences; 8. teaches self-management/movement; 9. teaches cooperation; 10. promotes student participation; and 11. allows PE classes to be enjoyable. Amends Chapter 25 of the Education Code to require student/teacher ratios for PE classes are comparable to other areas of curriculum.	
SB 892	Nelson		Relating to inclusion in a public school campus improvement plans of an evaluation of the campus coordinated health program.	Amends Section 11.253 of the Education Code to require each campus improvement plan to additionally include evaluations of the coordinated health program.	5-29-09 Sent to the Governor
SB 1171	Nichols		Relating to certain health-related reports, records, and information.	Amends Section 81.046 of the Health and Safety Code to include reports, records and information received from any source, including federal agencies/other states furnished to public health districts, health authority, local health department, or DSHS relating to cause of diseases/health conditions are confidential. Allows release of information additionally to medical personnel treating the individual, state agencies in TX or other state, health authority or local health department in TX or another state, federal, county or district courts.	6-01-09 Sent to the Governor
SB 1197	Van de Putte	HB 1232 by Menendez	Relating to establishing a local behavioral health intervention	Requires DSHS to establish a local behavioral health intervention pilot project for Bexar County children. Requires a Bexar County local mental health authority to: 1. enter into a MOU with state/local agencies including DSHS/DFPS/TYC/TEA to collaborate in providing early intervention behavioral health services to children, identify children with parental consent who are at risk of placement in alternative behavior management placement, and divert those	See HB 1232



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			pilot project.	children identified to a system of care services to reduce gaps/inefficiencies in care; 2. develop best practices for informed consent/confidentiality, uniform behavioral health screening, uniform referral process, early intervention/treatment delivery, and information exchange; 3. identify outcome measures; and 4. ensure provider list is available for children/families on services and issues. Allows local mental health authority with parental consent to disclose information relating to a child, accept information relating to a child, and enter into an MOU to specify the types of information to be shared and protocols for sharing. DSHS can use funds from crisis prevention programs to implement. Reporting requirement from local mental health authority to DSHS.	
SB 1257	Averitt	HB 2750 by Eiland	Relating to the regulation of certain market conduct activities of certain life, accident, and health insurers and health benefit plan issuers.	Article 1: Cancellation of Health Benefit Plan Establishes bad faith or unfair/deceptive acts for health benefit plan issuers. Prohibits cancellation of plans on basis of misrepresentation/preexisting condition except as provided. Establishes process. Allows affected individuals to appeal to an independent review organization. Allows cancellation for preexisting conditions if within preceding 18 month period, individual received was advised to seek medical advice/diagnosis/care for a condition that affects the risks and is undertaken with intent to deceive. Article 2: Medical Loss Ratios Prohibits insurers from maintaining a medical loss ratio less than 72%. Medical loss ratios are public information. Article 3: Premium Rate Increases for Small Employer Health Benefit Plans Establishes a complaint resolution process. Makes changes to adjustment rates. Article 4: Standardized Processing of Certain Health Benefit Plan Claims Establishes requirements for standardizing processing of health benefit claims. Prohibits insurers from subjecting a modifier 51-exempt CPT code to multiple procedure logic. Article 5: Physician Ranking by Health Benefit Plan Issuers Prohibits issuers from distributing to public ranking/comparison/tiers of physicians unless: standards are disclosed to doctors prior to evaluation, data is available to physician to verify before distribution, and issuer provides due process. Establishes physician's rights at a hearing. Article 6: Regulation of Secondary Market in Certain Physician and Provider Discounts Requires registration of contracting agents. Prohibits contracting agents from transferring a physician/provider contracted discounted fee unless authorized by contractual agreement. Requires notification of each physician/provider of payors/agents authorized to access discounted fees. Identification cards must include third party entity/contracting agent information responsible for paying claims. Includes ambulatory surgical center in definition of institutional provider. Alters definition of physician. Prohibits insurers/third-party	05-08-09 H Referred to House Committee on House Insurance <u>*Language on physician ranking included in SB 1888 which passed.</u>



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				administrator from accessing a discounted fee unless notice has been provided to health care providers.	
SB 1403	Averitt		Relating to changing the Texas Health Insurance Risk Pool to the Texas Health Insurance Pool, and to the operation of that pool.	Amends the Insurance Code to rename the Texas Health Insurance Risk Pool as the Texas Health Insurance Pool. Prohibits dependents/individuals from obtaining coverage until they have been legal TX residents for 30 days and a US citizen for 3 years. Pool coverage excludes charges/expenses incurred before the first anniversary of effective date of coverage. Requires pool to subtract from exclusion period, 180 days and waiting period.	5-29-09 Sent to the Governor
SB 1720	Uresti	HB 1795 by Pierson	Relating to newborn screening and the creation of the Newborn Screening Advisory Committee.	Amends Section 33.011 of the Health and Safety Code mandating DSHS require newborn screening tests for disorders in the core panel and secondary targets of the uniform newborn screening panel. Allows DSHS to require additional screening tests and can exclude cystic fibrosis, galactose epimerase, and galactokinase. Amends Chapter 33 to add Section 33.017: Newborn Screening Advisory Committee. Requires DSHS to establish a Newborn Screening Advisory Committee appointed by DSHS Commissioner. Consists of: health care providers, persons with affected family members, and those involved in delivery of newborn screening services. Committee to advise DSHS on planning/policy/rules/services related to newborn screening/tests. Requires Committee to meet at least 3 times a year.	See HB 1795
SB 1817	Van de Putte	HB 1363 by Gutierrez	Relating to a voluntary statewide diabetes mellitus registry.	Changes the heading to Chapter 95 of the Health and Safety Code to now read: Diabetes. Adds Subchapter A: Risk Assessment for Type 2 Diabetes. Adds Subchapter B: Diabetes Mellitus Registry. Requires DSHS with public health districts to create/maintain an electronic diabetes mellitus registry to track glycosylated hemoglobin level of each person tested at a clinical lab in the district. Participation by health districts is voluntary and is responsible for the costs of administering program. Requires labs in participating public health districts to submit to district and DSHS results of each glycosylated hemoglobin test. DSHS and district are required to compile results to track: prevalence of diabetes mellitus, level of control, trends of new diagnoses, and health care costs associated with diabetes mellitus; and promote discussion/information programs. Reports/records/information is confidential. Medical/epidemiological information can be released only for statistical purposes preventing	See HB 1363



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				identification of individuals/facilities; with the consent of each person identified in the information; or to promote diabetes mellitus research. Prohibits employee of state/public health district from testifying in civil/criminal/special/other proceeding on records/contents/information about an individual unless advance consent is given. Requires reporting every other year on diabetes mellitus registry including evaluation of the effectiveness of registry and number of public health districts participating.	
SB 1884	Ellis	HB 2004 by McCall	Relating to a breach of computer security involving sensitive personal information maintained by a state agency or local government.	Adds Chapter 2061: Security Breach Notification by State Agency or Local Government to Title 10 of the Government Code. Requires state agencies or local governments that own/license computerized data including sensitive personal information to disclose any breach of system security to any individual whose personal information was acquired.	See HB 2004
SB 2031	Watson	HB 1630 by Naishtat	Relating to the eligibility of certain individuals for child health plan coverage or medical assistance on placement, detention, or commitment in and release from certain facilities or	Amends Section 62.1013 of the Health and Safety Code and Section 32.0264 of the Human Resources Code to allow children receiving medical assistance or enrolled in the child health plan who are placed/detained/committed in a facility that would result in their loss of eligibility; to have eligibility temporarily suspended during placement and reinstated the date they are released.	See HB 1630



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			other settings.		
SB 2091	Harris	HB 2027 by Zerwas	Relating to adoption of the Revised Uniform Anatomical Gift Act.	Establishes new guidelines for making anatomical gift donations. Explicitly states who can make and receive a donation and at what point in time on behalf of a family member.	See HB 2027
SB 2421	Deuell	HB 1672 by Crownover	Relating to the confidentiality of newborn screening information.	Amends Chapter 33 of the Health and Safety Code to require all reports/records/information from newborn screening information to be confidential. Can only be disclosed for diagnosis/follow-up authorized; with consent; authorized by court order; to ME for autopsy; or to public health programs of DSHS for research purposes and consistent with HIPAA. De-identified information can be released without consent for statistical purposes; for purposes related to certification/quality assurance; purposes to review/improve screening; research; or quality assurance of equipment and supplies.	See HB 1672
SB 2577	Mike Jackson	HB 2026 by Zerwas	Relating to bariatric surgery coverage for state employees.	Adds Section 1551.225: Bariatric Surgery Coverage to the Insurance Code. Requires board develop a cost-neutral or cost-positive plan for providing under group benefits, bariatric surgery coverage for eligible employees. Board can adopt rules to implement.	6-01-09 Sent to the Governor
HB 5	Crownover	SB 544 by Ellis	Relating to the elimination of smoking in all workplaces and public places.	Adds Chapter 169: Smoking Prohibited in Public Places and Places of Employment to Title 2 of the Health and Safety Code. Provides definitions. State law preempts local ordinances unless the local ordinance restricts smoking to a greater degree. Requires DSHS to conduct education on this chapter. Prohibits smoking in a public place, a place of employment, or a seated area at an outdoor event. Lists exceptions. Owners/managers/operators of public places must post notices of no smoking. Prevents retaliation against employees who comply or report violations of chapter. Violations of chapter are Class C misdemeanors punishable by up to \$50, violations for employers/operators/managers of public places are Class C misdemeanors with fines up to \$100. Multiple convictions increase penalty amounts.	05-08-09 H Voted favorably from committee as substituted House State Affairs
HB 191	Alonzo		Relating to the coverage by	Adds Section 1356.102: Choice of Provider; Prior Approval to the Insurance Code. Requires health benefit plans providing coverage for low-dose mammography to allow enrollees to have	2/12/09 Referred to



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			certain health benefit plans of mammograms performed by certain health care providers.	a covered mammogram performed by a physician/provider selected by the enrollee. Allows plan to require prior approval for mammograms covered by physician/provider other than enrollee's primary care provider.	House Insurance
HB 490	Jackson		Relating to indigent health care.	Pertains to DSHS public health region 3. Creates a regional health care systems review committee to study the implications of implementing regional health care service to address indigent health care. Committee is comprised of: 1. each legislator with territory in Region 3, 2. each county commissioner in Region 3, 3. county judge in region, and 4. ED of each public/nonprofit hospital system in Region 3. Committee is tasked with determining whether a regional system to provide indigent care should be offered, whether additional counties should participate, and review funding/financing options. Reporting requirement. Sunsets section Sept. 1, 2011. Amends eligibility requirements under Section 61.0045 of the Health and Safety Code: Indigent Health Care and Treatment Act. Raises minimum eligibility standard to 25% FPL. Requires uniform reporting requirements to extend to hospital districts. Requires reporting to DSHS by county of eligibility standards, application procedures, and statement of total amount of county funds expended for indigent health care services in teh previous year. Raises the limitation of county liability to \$35,000. Repeals county's ability to contract with DSHS to perform eligibility services.	03-31-09 H Committee action pending House Public Health
HB 505	McClendon		Relating to the creation of the health benefit plan innovations program in the Texas Department of Insurance.	Adds Chapter 525: Health Benefit Plan Innovations Program to Title 5 of the Insurance Code. Requires TDI to develop/implement a health benefit plan innovations program to study uninsured in TX. Program must collect data on number, age, and demographics of uninsureds in TX; identify reasons why individuals are uninsured; examine effectiveness of programs in other states at reducing number of uninsureds; monitor health benefit market and determine access to products; and make recommendations to Lege.	03-10-09 H Committee action pending House Insurance
HB 506	Donna Howard	SB 424 by Van de Putte	Relating to the establishment	Requires DSHS and TEA to jointly implement for the 09-10 school year a school-based influenza vaccination pilot program using both killed and live attenuated vaccines in: 1. a	02-18-09 H Introduced



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			and implementation of a school-based influenza vaccination pilot program.	<p>school district with a student population of 50,000 or more at least 85% economically disadvantaged in a home-rule municipality of more than 1.1 million; 2. a school district with a student population less than 5% economically disadvantaged in a municipality between 600,000 and 1 million; and 3. two school districts selected by the Texas Immunization Stakeholder Working Group including 1 at least 90% economically disadvantaged in a county of 50,000 or less and 1 at least 90% economically disadvantaged located in a county on the border.</p> <p>Requires the Working Group to establish a subcommittee of: TPS, TAFP, each school district participating in pilot program, state Medicaid medical director, and each local health department in the area of participation.</p> <p>Requires data collection and reporting to Lege of: costs/benefits of implementation, barriers to implementation, fiscal impact of implementing a statewide school-based influenza vaccination program, and an analysis of program's impact on private practice physicians who administer influenza vaccination in state.</p>	and referred to committee on House Public Health
HB 532	Anchia		Relating to the preexisting condition exclusion period under the Texas Health Insurance Risk Pool	Amends Section 1506.155 of the Insurance Code to reduce from one year to 90 days, the exclusion for pre-existing conditions in the Texas Health Insurance Risk Pool.	02-18-09 H Introduced and referred to committee on House Insurance
HB 535	Anchia		Relating to the provision of a preference in state purchasing decisions for vendors that provide health	Amends Chapter 2155 of the Government Code by adding Section 2155.454: Preference for Vendors that Provide Health Benefits Coverage. Requires Comptroller and state agencies procuring goods/services to give preference to vendors who provide health benefits coverage at least equivalent to a standard health benefit plan offered under Chapter 1507 of the Insurance Code to each full-time employee and dependent. Requires vendor to pay 100% of premiums for each full-time employee and 75% for each dependent, the goods/services must meet state quality/quantity, and cost of goods/services do not exceed cost.	04-27-09 H Reported favorably from committee on House State Affairs



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			benefits to employees.		
HB 584	Dukes		Relating to health benefits coverage for certain persons under the child health plan, medical assistance, and other programs.	Amends Section 62.101 of the Health and Safety Code to increase the eligibility under the child health plan to family incomes at or below 300% FPL. Adds Chapter 65: Demonstration Project to Provide Health Benefits Plan Coverage to Certain Parents to Title 2 of the Health and Safety Code. Requires HHSC commissioner to implement a demonstration project to provide health coverage to: parents of children in medical assistance program or indigent health care program, has a net family income equal or less than 300% of FPL, is not eligible for medical assistance, and is not covered by a benefits plan offering adequate benefits. Project must qualify for federal funding and be substantively identical to the how the child health plan is administered. Requires individuals to pay 100% of premium and deductibles/cost-sharing. Project must include provisions to prevent crowd-out. Amends Section 32.024 of the Human Resources Code to eliminate stipulation "subject to appropriated state funds" for medically needy program and requires minimum level of services as were provided during 2002-2003 biennium. Amends Section 32.0261 of the Human Resources Code to extend the eligibility period for the child health plan to one year from six months. Requires HHSC Commissioner to develop a strategic plan to intensify community outreach/education and reduce paperwork/administrative eligibility determination burdens.	03-19-09 H Committee action pending House Human Services
HB 620	John Davis		Relating to behavioral health services for children and establishment of the Children's Behavioral Health Council.	Moves some responsibilities from HHSC to the Children's Behavioral Health Council regarding the Texas Integrated Funding Initiative pilot project. Adds Section 531.425: Children's Behavioral Health Council to the Government Code. Creates the council to provide a coordinated, comprehensive, interagency approach to behavioral health services. Council includes one representative from: HHSC, DSHS, DFPS, DADS, DARS, TEA, TCOOMMI, TJPC, and TYC. Council elects their own chair. Council is to: develop/implement coordinated state policies to improve behavioral health of children, develop a system for planning/budget, develop system to track/report spending, administer state grants for development of local systems of care, develop a plan to support expansion of services, provide technical assistance, design an integrated funding structure, and assess provision of behavioral health services to children. Establish a Children's Behavioral Health Advisory Committee to assist the council. Requires the council to design an integrated cross-agency funding structure for the provision of behavioral health services to children. Requires HHSC to maximize funding for home and community-based services for children with severe emotional disturbances.	03-10-09 H Committee action pending House Public Health



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HB 647	Dukes	SB 23 Zaffirini, SB 349 by Shapleigh, HB 843 by Martinez, HB 2199 by Marquez, HB 2204 Gonzales	Relating to the period of continuous eligibility for the medical assistance program.	Amends Section 32.0261 of the Human Resources Code to change eligibility for the Medical Assistance Program for children under 19 to yearly instead of 6 months.	03-19-09 H Committee action pending House Human Services
HB 676	Eiland		Relating to the eligibility for the child health plan.	Amends Section 62.101 of the Health and Safety Code (Eligibility for Coverage Under the Child Health Plan) to increase the eligibility requirements for families from 200% to 300% FPL. Amends Section 62.102 to increase from 105% to 285% FPL those families whose net family income will be reviewed after 6 months of enrollment.	03-19-09 H Committee action pending House Human Services
HB 678	Farrar		Relating to health benefit plan coverage for reconstructive surgery following mastectomy.	Amends Section 1357.002 of the Insurance Code (Applicability of Subchapter to Reconstructive Surgery Following Mastectomy) to require coverage from all standard health benefit plans to cover reconstructive surgery following mastectomies.	02-18-09 H Introduced and referred to committee on House Insurance
HB 743	Dukes		Relating to health benefits coverage for certain persons under the child health plan and other programs.	Amends Section 62.101 of the Health and Safety Code (Eligibility for Coverage Under the Child Health Plan) to increase the eligibility requirements for families from 200% to 300% FPL. Adds Chapter 65: Demonstration Project to Provide Health Benefits Plan Coverage to Certain Parents to Title 2 of the Health and Safety Code. Does not establish and entitlement. Requires HHSC Commissioner to seek a waiver for a demonstration project to provide health benefits to individuals who: 1. are the parent of a child in the medical assistance program or the child health plan for low-income children; 2. net family income of 300%FPL or less; 3. is not eligible for medical assistance; and 4. is not covered by a health benefits plan.	03-19-09 H Committee action pending House Human Services



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				<p>Project must qualify for federal funding and be substantively identical to the administration of the child health plan program.</p> <p>HHSC can require payment of 100% of plan premium and deductibles/coinsurance/cost-sharing.</p> <p>Benefits must be similar to those in child health plan program.</p> <p>Project must include provisions to prevent crowd-out.</p>	
HB 744	Dukes		Relating to the restoration of the medically needy program under the state Medicaid program.	Amends Section 32.024(i) of the Human Resources Code to require the medically needy program under Medicaid to serve recipients, including adults, at the same level as was provided in 2003.	05-04-09 H Reported from committee as substituted House Human Services
HB 745	Dukes	SB 1189 by West	Relating to a strategic plan for the child health plan and medical assistance programs.	Requires HHSC Commissioner by September 1, 2010 to develop a strategic plan for community outreach/education on child health plan/Medicaid programs and reduce paperwork involved with eligibility determination/enrollment. HHSC is required to implement the program by Sept. 1, 2011.	03-19-09 H Committee action pending House Human Services
HB 787	Cohen		Relating to eligibility for the child health plan.	Amends Section 62.101 of the Health and Safety Code to increase the family income threshold from 200% FPL to 300% FPL for eligibility in the Child Health Plan program. Amends Section 62.102 to require only those enrollees with an FPL over 285% to have a review at 6 months.	03-19-09 H Meeting set for 10:30 A.M. OR FINAL ADJ., E...House Human Services
HB	Villarreal		Relating to	Amends Chapter 151 of the Family Code: Rights and Duties in Parent-Child Relationship to	02-23-09 H



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804			authorizing a power of attorney for the medical care and education of a child.	add Subchapter B: Power of Attorney for Medical Care and Education of Child. Power of attorney under subchapter is only effective if at least one parent has power of attorney for medical care/education and neither parent is able to make decisions regarding care. Allows a person to execute power of attorney appointing another person as an agent to make decisions regarding medical care and education of a child. Explicitly defines form to be used. Exempts from criminal/civil liability people/school/health care provider who acts in good faith reliance on power of attorney for medical care or enrollment in school. Provides for termination of power of attorney.	Introduced and referred to committee on House Judiciary and Civil Jurisprudence
HB 814	Farabee		Relating to the registration and regulation of certain collection facilities and certified collectors that provide collection services in this state.	Adds Subtitle B: Department Functions and Chapter 1051: Collection Facilities and Certified Collectors to Title 12 (Health and Mental Health) of the Health and Safety Code. Defines: certified collector and collection facility. Collection Services means the provision to a school/agency/employer of services to collect hair/saliva/urine/sweat/bodily specimens for drug/alcohol testing or for testing at an instrumented initial testing facility or FDA point of collection test. Lists exemptions. Allows DSHS rulemaking authority to administer chapter and prescribe fees to cover costs. Prohibits DSHS from adopting rules restricting advertising/competitive bidding by registrant except to prohibit false/misleading/deceptive practices. Prohibits owning/operating a facility in TX which performs collection services unless they are registered. Requires DSHS to issue certificates of registrations provided registrants prove training and certification by national certifying organizations. Certificates are valid for 2 years. Establishes process for renewal. Requires registrants to participate in continuing education. Outlines procedures for denial of certificates/disciplinary action/investigation of complaints/probation/penalties/hearing procedures.	03-03-09 H Committee action pending House Public Health
HB 843	Martinez	HB 647 by Dukes, SB 23 by Zaffirini, SB 349 by Shapleigh, HB 2199 by Marquez, HB 2204 by Gonzales	Relating to the period of continuous eligibility for the medical assistance	Amends Section 32.0261 of the Human Resources Code to change eligibility for the Medical Assistance Program for children under 19 to yearly instead of 6 months.	03-19-09 H Committee action pending House Human



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			program.		Services
HB 845	Martinez	SB 30 by Zaffirini	Relating to the restoration of the medically needy program under the state Medicaid program.	Amends Section 32.024(i) of the Human Resources Code to reinstate the medically needy program for pregnant women, children, and caretakers with high medical expenses to the same level that services were provided under the program during the 2002-2003 biennium.	02-23-09 H Introduced and referred to committee on House Appropriations
HB 862	Naishtat		Relating to eligibility for the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase eligibility for the child health plan for families with net income from 200% FPL to 300% FPL. Allows HHSC to establish eligibility regarding assets for families with net family income above 250% FPL (previously was 150%). Eliminates 6 month eligibility review. Adds Subchapter F: Buy-In Option to require HHSC to develop/implement a buy-in option for families with net income over 300% FPL. Designates rulemaking authority to HHSC to establish eligibility requirements, require deductibles/copay, and establish a waiting period. Contains crowd-out provisions.	03-19-09 H Committee action pending House Human Services
HB 864	Bohac		Relating to the extension of credit to an individual who incurs debt for necessary medical treatment.	Amends Section 341.401(a) of the Finance Code to prevent authorized lenders to deny an individual an extension of credit because they have incurred debt for medical treatment for a life-threatening condition.	02-23-09 H Introduced and referred to committee on House Pensions/Investments/Financial Services
HB 868	Farabee		Relating to health benefit plan coverage for certain	Amends Section 1355.001 of the Insurance Code to include anorexia nervosa and bulimia nervosa in the definition of serious mental illnesses. Amends Section 1355.007: Small Employer Coverage to require group health benefit plan issuers to small employers to provide coverage of depression in childhood and adolescence and anorexia nervosa and bulimia	04-21-09 H Committee action pending



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			mental disorders.	nervosa. Requires Sunset Commission before September 1, 2014 to conduct a study to determine utilization of changes in health benefit plan coverage, and impact of changes on cost.	House Insurance
HB 892	Villarreal	SB 594 by Van de Putte	Relating to the Women's Health Program.	As Substituted: Adds Section 531.095: Implementation of Measures to Achieve Caseload and Cost-Savings Estimates to the Government Code. Requires HHSC to implement effective education/outreach/other measures to increase participation and cost savings in order to attain state and federal cost-savings and reduced rates of unintended pregnancies in waiver applications to CMMS. Prohibits commission from decreasing level of programs/services to reduce number of unintended pregnancies/lower STD rates. Amends Section 32.0248 (Demonstration of Women's Health Care Project) of the Human Resources Code to require DSHS to identify women eligible to participate in demonstration project following pregnancies. DSHS is required to modify administrative procedures to ensure continuous eligibility, and must require any entity providing information/services to participants in medical assistance programs to provide specific information to potentially eligible women.	04-23-09 H Reported from committee as substituted House Human Services
HB 893	Villarreal	SB 593 by Van de Putte	Relating to the expansion of services provided under the child health plan program for certain adolescents.	Amends Section 62.151 of the Health and Safety Code to require HHSC ensure enrolled adolescents 16 years of age or older with at least one child have access to family planning services except abortion/emergency contraception services as a covered benefit.	02-23-09 H Introduced and referred to committee on House Public Health
HB 1066	Naishtat	SB 781 by Watson	Relating to eligibility to participate in the Texas Health Insurance Risk Pool by individuals whose employers	Amends Subchapter D: Pool Coverage and Benefits of Texas Health Insurance Risk Pool of Chapter 1506 of the Insurance Code to state that individuals are not ineligible for pool coverage simply because the individual's employer participates in a Code or the individual receives health care services/benefits under the program.	02-24-09 H Introduced and referred to committee on House Insurance



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			participate in certain regional or local health care programs.		
HB 1077	Chisum		Relating to the operation of health care sharing ministries.	<p>Adds Subtitle K: Noninsurance Health Coverage to Title 8 of the Insurance Code.</p> <p>Defines "Health care sharing ministry".</p> <p>Chapter 76 of the Health and Safety Code (Discount Health Care Programs) does not apply to a health care sharing ministry.</p> <p>OAG has jurisdiction over health care sharing ministries to ensure compliance, prevent/prosecute deceptive trade, and consumer protection.</p> <p>Exempts members of ministry from risk or promises to pay financial/medical need of other members.</p> <p>Designates requirements for notices on applications for membership.</p> <p>Allows health care sharing ministries to provide sharing of bills of members when experience a disability, and health counseling/education/resources.</p> <p>Section 101.051(b)(7) of the Insurance Code and section 76.002 of the Health and Safety Code do not apply to health care sharing ministries operated under Chapter 1680.</p>	02-24-09 H Introduced and referred to committee on House Insurance
HB 1080	Chris Turner		Relating to eligibility for the child health program.	Amends Section 62.002(4) of the Health and Safety Code to include in the definition of "net family income" child support expenses.	03-19-09 H Committee action pending House Human Services
HB 1121	Bolton		Relating to group health benefit plan coverage for certain mental illnesses.	Amends Section 1355.003 of the Insurance Code to make subchapter (Group Health Benefit Plan Coverage for Certain Serious Mental Illnesses and Other Disorders) applicable to Texas Employees Group Benefits Act and Uniform Insurance Benefits Act for Employees of the University of Texas System and the Texas A&M University System.	02-25-09 H Introduced and referred to committee on House Insurance



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HB 1176	Crownover		Relating to the creation of a voluntary consumer-directed health plan for certain individuals eligible to participate in the insurance coverage provided under the Texas Employees Group Benefits Act and their dependents.	Adds Subchapter J: State Consumer-Directed Health Plan to Chapter 1551 of the Insurance Code. Defines: high deductible health plan, participant, and qualified medical expense. Establishes a state consumer-directed health plan. Requires Board of Trustees to establish health savings accounts; finance/purchase high deductible health plans; and provide eligible participants information on option to participate in health plan. Allows Board of Trustees to give individuals the option to participate in basic coverage plan or option of waiving basic plan for participation in state consumer-directed plan. Designates qualifications for the account administrator. Choosing to waive basic plan coverage to participate in state consumer-directed health plan will enroll them in a high deductible health plan as well as qualifying them to receive a contribution to a health savings account. Participants are entitled to obtain coverage for dependents in state consumer-directed health plan. Requires issuance of identification cards to each participant. Outlines requirements of state's contribution: to a high deductible plan state will pay amount necessary of cost of coverage which does not exceed amount for full or part-time employee covered by basic coverage; and any remainder after payment of coverage to the participant's health savings account. Outlines state contributions for dependents. Requires participants to cover amounts exceeding state contribution. Board of Trustees has exclusive authority to determine eligibility. Requires Board to adopt rules. Allows disclosure of individual's records to administer state consumer-directed health plan to the extent allowed under federal law.	04-16-09 H Reported favorably from committee on House Pensions/Investments/Financial Services
HB 1200	Sylvester Turner	HB 2206 by Gonzales	Relating to eligibility for the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase the income eligibility net family income from 200% to 300% of the federal poverty level.	03-19-09 H Committee action pending House Human Services
HB 1246	John Davis		Relating to the provision of a preference in certain government purchasing	Amends Section 44.031 of the Education Code to include in school district contracting decisions and Section 2155.074 of the Government Code to include in state agency contracting decisions whether a vendor provides health care benefits/health savings benefits to employees. Adds Section 44.0421 to the Education Code and Section 2155.454 to the Government Code: Preference for Vendors That Provide Health Care Benefits or Equivalent Health Savings Benefits. Requires school districts, the Comptroller, and state agencies procuring	04-21-09 H Reported from committee as substituted



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			decisions for vendors or contractors that provide health care benefits or equivalent health savings benefits to employees.	goods/services to give preference to vendors who provide health care benefits/savings benefits to employees if the goods/services meet specifications and the cost does not exceed the cost of similar good provided by other vendors. Contracts must include terms allowing the district to terminate the contract at any time the vendor does not continue to provide benefits.	House State Affairs
HB 1276	Chisum	SB 842 by Averitt	Relating to the operation of health care sharing organizations.	Adds Subtitle K: Noninsurance Health Coverage to Title 8 of the Insurance Code. Allows a health care sharing organization to: 1. act as a facilitator for participants between financial/medical-related needs participants and participants with ability to assist; 2. notify participants of sharing amounts; 3. establish qualifications of participating in health sharing arrangements; 4. limit financial/medical needs eligible for payment; 5. cancel participant's participation; and 6. provide written monthly statements to participants listing total dollar amount of qualified needs submitted and actual dollar amount assigned for sharing. Requires notice to be distributed with each application for participation. Establishes duties of a health care sharing organization. Chapter 76 of the Health and Safety Code: Discount Programs does not apply to health sharing organizations. Health Sharing Organizations are exempt from insurance laws and TDI Commissioner oversight. AG has jurisdiction over. Requires annual independent auditing of payment among participants. Allows organization to contract to facilitate the operation of the organization.	03-17-09 H Committee action pending House Insurance
HB 1329	Rose	SB 841 by Averitt, HB 1699 by Martinez, HB 4662 by Lucio III	Relating to the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase the net family income eligibility level for the child health program to 300% FPL and increases the assets eligibility standards to net family income above 250% FPL. Amends Section 62.102 of the Health and Safety Code to increase the net family income subject to six month review to 285% FPL. Amends Section 62.151 of the Health and Safety Code to allow HHSC to provide dental benefits at full cost to enrolled children with net family income between 200% and 300% FPL. Amends Section 62.153 of the Health and Safety Code to require cost sharing for enrollees with net family incomes at or below 200% FPL. Requires enrollees with net family income between 200% and 300% FPL to share costs of plan at a greater percentage that families below 200%	03-19-09 H Committee action pending House Human Services



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				FPL, but not more than 5% of net family income and cost sharing portion must increase incrementally as enrollee's net family income increases. Amends Section 62.154 of the Health and Safety Code to require the waiting period for children with net family incomes below 200% to be 90 days after last coverage date and apply to a child who was covered at any time by a plan during 90 days before application for child health plan coverage. Waiting period for children with net family incomes of between 200% and 300% is 180 days after last coverage date. Adds Subchapter F: Buy-In Option to Chapter 62 of the Health and Safety Code. Requires HHSC Commissioner to develop/implement buy-in option for children with net family incomes over 300% FPL to purchase health benefits coverage. Contains provisions to prevent crowd-out. Establishes a point of service copayment	
HB 1379	Yvonne Davis	SB 877 by Ellis	Relating to the provision of HIV and AIDS tests and to health benefit plan coverage of HIV and AIDS tests.	Adds Section 85.090 to the Health and Safety Code to require health care providers taking sample of blood for routine medical screening to submit it for an HIV diagnostic test unless person opts out. Requires provider to verbally inform person that an HIV test will be performed unless person opts out. HHSC rule making authority. Amends Section 32.024 of the Human Resources Code to require HHSC Commissioner to adopt rules requiring DSHS to provide HIV test to medical assistance recipients. Adds Subchapter D: Coverage of Certain Testing Required to Chapter 1364 of the Insurance Code to prohibit health benefit plan issuers from excluding/denying coverage for medical tests/procedures to determine HIV/AIDS. Amends Section 1507.004 and 1507.054 of the Insurance Code to require standard health benefit plans to include coverage for tests/procedures to determine HIV/AIDS.	05-06-09 H Committee action pending House Public Health
HB 1380	Yvonne Davis		Relating to health benefit plan coverage of HIV and AIDS tests.	Amends Section 32.024 of the Human Resources Code to require HHSC to adopt rules to require DSHS to provide an HIV test to medical assistance recipients. Adds Subchapter D: Coverage of Certain Testing Required to Chapter 1364 of the Insurance Code to prohibit health benefit plan issuers from excluding/denying coverage for testing/procedures for HIV/AIDS. Amends Section 1507.004 and 1507.054 of the Insurance Code to require standard health benefit plans to cover testing/procedures for HIV/AIDS.	03-02-09 H Introduced and referred to committee on House Public Health
HB 1381	Yvonne Davis		Relating to the provision of HIV and AIDS tests.	Amends Chapter 85 of the Health and Safety Code to require health providers drawing blood as part of routine medical screening to submit it for an HIV diagnostic test unless the person opts out of the test. Allows HHSC Commissioner to adopt rules to implement.	03-02-09 H Introduced and referred to



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					committee on House Public Health
HB 1418	Rose		Relating to health benefit plan coverage for the diagnosis and treatment of eating disorders.	Amends Title 8 of the Insurance Code to add Chapter 1375: Diagnosis and Treatment of Eating Disorders. Requires health benefit plans to provide coverage for diagnosis of eating disorders. Must provide coverage for at least: 60 days of inpatient treatment and 60 visits for outpatient treatment. Prohibits inclusion of a lifetime limitation, and requires inclusion of the same amount of limitations, deductibles, copayments, and coinsurance factors for eating disorders as included for physical illness.	03-02-09 H Introduced and referred to committee on House Insurance
HB 1436	Burnam		Relating to depositing revenue received by this state from undocumented immigrants to the indigent emergency medical services and preventable health care reimbursement fund.	Adds Subchapter D: Indigent Emergency Medical Services and Preventative Health Care Reimbursement Fund to the Health and Safety Code. Establishes the fund as a dedicated account in general revenue. Requires the Comptroller to annually deposit the first \$424.7 million of revenue not otherwise dedicated to credit of the fund. The fund can be appropriated only to provide state assistance or reimburse a governmental entity/hospital district for emergency medical services/preventative health services/other health care services provided to indigent persons not reimbursed by Medicaid/other public funding.	03-02-09 H Introduced and referred to committee on House Public Health
HB 1514	Deshotel	SB 1491 by Williams	Relating to the definition of supplemental environmental projects.	Amends Section 7.067 of the Water Code to include in the definition of "supplemental environmental project" one that provides free screenings for early detection of breast or prostate cancer.	03-18-09 H Committee action pending House



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					Environmental Regulation
HB 1541	Sylvester Turner	SB 1252 by Zaffirini	Relating to improving application and eligibility determination processes and efficiencies for certain benefits programs.	Amends Chapter 531 of the Government Code to define "benefits program" as: child health program, financial assistance program, medical assistance program, and food stamp program. Requires HHSC to improve effectiveness of community outreach efforts with respect to benefits program by: 1. increasing the capacity of existing outreach efforts implemented through community-based organizations; and 2. establish a partnership with stakeholders to provide outreach and application assistance. Partnership must include entities that contract with HHSC to perform child health plan/medical assistance eligibility determination/enrollment, community-based organizations, health benefit plan provider, consumer advocates, etc. Adds Subchapter M-1: Eligibility Determination Streamlining and Improvement to the Government Code. Requires HHSC Commissioner to adopt rules for benefits programs: 1. methodology for establishing minimum levels of eligibility determination staff/qualifications/caseloads; and 2. eligibility determination procedures enhancing efficiencies/eliminating administrative requirements. Must be feasible to achieve a goal of processing at least 95% of applications within time requirements. Requires HHSC Commissioner to develop a corrective action plan for application/eligibility recertification determination under certain circumstances for 3 consecutive months. Requires adoption of call resolution standards and processes for receiving/resolving issues/complaints. Amends Section 32.0261 to extend the eligibility for the medical assistance program from 6 months to a year.	05-04-09 H Reported from committee as substituted House Human Services
HB 1556	Oriz		Relating to local public health and public safety alerts	Adds Subchapter I: Local Public Health and Public Safety Alerts to Chapter 418 of the Government. Requires DPS to develop a system for municipalities/counties to issue local public health and public safety alerts. DPS director is the statewide coordinator and is required to adopt rules/issue directives to implement alert system. Requires TXDoT to cooperate in implementation and establish a plan for providing relevant information. Allows emergency management directors to notify DPS if they receive notice from health authority or local law enforcement of verified threats to public health. DPS, on requires of emergency management director will activate alert system.	05-07-09 S Received in the Senate - Referred to Senate Transportation and Homeland Security



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HB 1625	Naishtat		Relating to the exclusion of certain resources in determining eligibility for the financial assistance, medical assistance, and food stamp program.	Amends Sections 31.032, 32.0265, and 33.014 of the Human Resources Code to exclude from eligibility determination for medical assistance, financial assistance, and food stamps a motor vehicle allowance.	03-19-09 H Committee action pending House Human Services
HB 1699	Martinez	HB 1329 by Rose, SB 841 by Averitt, HB 4662 by Lucio III	Relating to the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase the net family income eligibility level for the child health program to 300% FPL and increases the assets eligibility standards to net family income above 250% FPL. Amends Section 62.102 of the Health and Safety Code to increase the net family income subject to six month review to 285% FPL. Amends Section 62.151 of the Health and Safety Code to allow HHSC to provide dental benefits at full cost to enrolled children with net family income between 200% and 300% FPL. Amends Section 62.153 of the Health and Safety Code to require cost sharing for enrollees with net family incomes at or below 200% FPL. Requires enrollees with net family income between 200% and 300% FPL to share costs of plan at a greater percentage that families below 200% FPL, but not more than 5% of net family income and cost sharing portion must increase incrementally as enrollee's net family income increases. Amends Section 62.154 of the Health and Safety Code to require the waiting period for children with net family incomes below 200% to be 90 days after last coverage date and apply to a child who was covered at any time by a plan during 90 days before application for child health plan coverage. Waiting period for children with net family incomes of between 200% and 300% is 180 days after last coverage date. Adds Subchapter F: Buy-In Option to Chapter 62 of the Health and Safety Code. Requires HHSC Commissioner to develop/implement buy-in option for children with net family incomes over 300% FPL to purchase health benefits coverage. Contains provisions to prevent crowd-out. Establishes a point of service copayment	03-19-09 H Committee action pending House Human Services
HB	Martinez	SB 796 by Hinojosa	Relating to the	Adds Section 531.0226: Study Regarding Comprehensive Substance Abuse Treatment to the	03-03-09 H



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1708			provision and evaluation of comprehensive substance abuse treatment under the state Medicaid program.	Government Code. Requires HHSC to conduct a study regarding the cost-effectiveness of providing comprehensive substance abuse treatment to Medicaid recipients over 21 years old. Requires Commission to identify/use specific outcome measures over three consecutive years: year before treatment, year during treatment, and year after treatment. Study must include following outcome measures: 1. average annual cost per recipient of treatment under Medicaid (including inpatient services/pharmaceutical/ancillary services); 2. average annual cost per recipient of comprehensive substance abuse treatment; and 3. average annual # per recipient of inpatient days, ER visits, and outpatient visits. Requires evaluating cost/utilization trends of Medicaid recipients at least 21 years old with no evidence of substance abuse disorders for the same period of time. Requires HHSC to evaluate cost/utilization trends to determine if provision of comprehensive substance abuse treatment through Medicaid program results in an increase in overall Medicaid spending. Reporting requirement. If provision results in an increase in overall Medicaid spending, HHSC can discontinue providing those services and recommend the repeal of Section 32.024(ff) of the Human Resources Code. Adds Subsection ff to the Human Resources Code: requires DSHS to provide comprehensive substance abuse treatment under the medical assistance program to qualified individuals who are 21 or older and have a substance abuse disorder. Comprehensive treatment includes: assessment, residential detoxification, outpatient detoxification, methadone maintenance, residential services, specialized residential services for women, outpatient chemical dependency counseling and any other necessary services.	Introduced and referred to committee on House Public Health
HB 1742	Raymond	Very Similar to SB 1733 by West	Relating to coverage for prostate cancer screenings for men 40 years of age or older.	Amends Section 1362.003 of the Insurance Code to require coverage of prostate cancer screening for men 40 and older.	03-31-09 H Committee action pending House Insurance
HB 1744	Jim Jackson		Relating to employer liability for the cost of health care services provided to	Amends Section 61.007 of the Health and Safety Code (Indigent Healthcare Treatment Act) to additionally require applicants to submit the name and address of their employer. Adds Subchapter D: Employer Responsibility for Certain Employees to Chapter 61 of the Health and Safety Code. Section applies to illegal aliens who would otherwise qualify as eligible residents of the district in which services were provided. Employers who knowingly employ illegal aliens are liable to the district for the cost of services	03-03-09 H Introduced and referred to committee on House



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			certain indigent employees.	provided. Allows county/public hospital/hospital district to bring and action to recover costs.	Public Health
HB 1769	Sylvester Turner		Relating to the child health plan program.	Amends Section 62.101 of the Health and Safety Code to raise the net family income level to 300% of FPL. Amends Section 62.151 of the Health and Safety Code to allow HHSC to provide dental benefits for net family incomes between 200 and 300% FPL. Amends Section 62.153 of the Health and Safety Code to require enrollees with net family income below 200% FPL to pay copayment, enrollment fee, or portion of premium. Requires enrollees with net family income between 200 and 300% FPL to share costs. Allows for progressive increase with number of children provided coverage increases in one family. Establishes separate waiting periods for net family income levels. Allows for buy in options. Requires provisions to prevent crowd-out. Requires HHSC to establish point-of-service copayments.	03-19-09 H Committee action pending House Human Services
HB 1847	Lucio III		Relating to a requirement that certain health benefit plans cover certain mental disorders.	Amends 1355.002 of the Insurance Code to require chapter to apply to basic plans under Chapter 1575: Texas Public School Employees Group Benefits Program and Chapter 1579: Texas School Employees Uniform Group Health Coverage. Requires plans to provide coverage to enrollees between the ages of 2 and 11 diagnosed with autism spectrum disorder.	03-04-09 H Introduced and referred to committee on House Insurance
HB 1903	Bolton		Relating to eligibility for and administration of the child health plan program.	Amends Section 62.002 of the Health and Safety Code to allow for net family income to be offset for child care and work-related expenses. Amends Section 62.101 of the Health and Safety Code to repeal the language allowing HHSC to establish eligibility standards on amount and type of allowable assets for family net income above 150% FPL. Repealer language to eliminate six month review for income levels over 185% FPL.	03-19-09 H Committee action pending House Human Services
HB 1932	Thompson	SB 815 by Watson	Relating to consumer labeling requirements	As Substituted: Statement of finding that health care coverage is one of the most important purchases for consumers, yet comparison information is difficult to find and is complicated. A standard labeling requirement is necessary for consumers to make health benefit plan purchases. Adds Subchapter K: Required Labeling for Health Benefit Plan to Chapter 541 of the Insurance	04-28-09 H Recommended for Local and Consent



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			for certain health benefit plans.	Code. Defines: direct losses incurred, direct losses paid, direct premiums earned, enrollee, covered days for inpatient mental health, and insurance facts label. Requires written communication to contain an insurance facts label: 1. document of issuer to advertise plan; 2. written communication from issuer to enrollee; and 3. written communication from issuer to potential enrollee. Requires link to website address and phrase "Check our label at" on: 1. TV/radio ad; 2. billboard ad; 3. ad published/posted on web; and 4. nonwritten media. Insurance facts labels must include box outline with a white background; be not less than 3 inches by 2 inches; be enclosed by a 1/2 point box rule; and separate all lines of text by 2 points. Describes font requirements and placement, placement of issuer name, and disclaimer placement. Label must include the following headings: Monthly Premium, Percent of Expense Paid by Plan In-Network, Percent of Expense Paid by Plan Out-of-Network, Annual Out-of-Pocket Expense (est.), Your Total Annual Cost (est.), Justified Complaints, Premium to Direct Patient Care Ratio, Expected Profit, and Benefit Levels. Defines Headings. Required Subheadings under Benefit Levels: Annual Deductible, Annual Family Deductible, Annual In-Network Deductible, Annual Out-of-Network Deductible, Out-of-Pocket Maximum, Office Visit Copayment, Office Copayment, Prescription Copayment, Lifetime Maximum Benefit, Emergency Room Visit Copayment, Covered Days for INpatient mental health, Outpatient Surgery Copayment, and Inpatient Cost Sharing. Allows Commissioner to adopt rules as necessary. Violations of subchapter are unfair and deceptive acts/practices.	Calendar
HB 1938	Villarreal		Relating to the exclusion of certain college savings plan assets and benefits from eligibility determination for certain public assistance programs.	Amends Chapter 62 of the Health and Safety Code to prohibit HHSC from considering in family income requirements, assets held in or right to receive payments from: prepaid tuition programs, funds under Subchapter G of the Education Code including savings trust accounts; or qualified tuition programs.	03-19-09 H Committee action pending House Human Services
HB	Villarreal	SB 694 by Ellis	Relating to	Adds Section 151.4241: Limitation on Amounts of Reimbursements and Discounts to the Tax	03-09-09 H



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2043			certain reimbursements and discounts provided for collecting sales and use taxes.	Code. Allows taxpayers who prepay to withhold 1.25% of the prepayment amount and taxpayers to withhold 1/2 % of the taxes due. The sum cannot be more than \$10,000 each fiscal year. Requires Comptroller to calculate the difference between the proceeds which would be collected absent this limitation and the amount taxpayers actually deduct/withhold applying limitation and deposit: 1. amount equal to greatest taxpayer contributions in one fiscal year as section existed January 1, 2009, between September 1, 1999, and August 31, 2009 to Grants for the Excellence, Access, and Success Program under the Education Code; and 2. the remainder to: 1/2 to the children's health insurance program account for the child health plan program and 1/2 to the medical assistance account for the medical assistance program.	Introduced and referred to committee on House Ways and Means
HB 2182	Zerwas		Relating to the disposition of fees collected for certain specialty license plates.	Requires \$22 from each fee for Donate Life Texas license plates to be used to pay costs of Glenda Dawson Donate Life-Texas Registry.	04-02-09 H Committee action pending House Transportation
HB 2190	Veasey		Relating to an adult diabetes education program in certain county hospital systems and hospital districts.	Establishes an adult diabetes education program in Chapter 1001 of the Health and Safety Code. Allows DSHS to assist hospital districts and county hospital systems in counties of populations of more than 100,000. Requires participating districts/systems to make program available in English and Spanish using TDC curriculum and make it available in county. Requires TDC to develop curriculum emphasizing life choices.	5-19-09 S Received in the Senate - Referred to Senate Health and Human Services
HB 2197	John Davis		Relating to the implementation of a quality improvement initiative in the Medicaid program.	Amends Chapter 32 of the Human Resources Code to allow HHSC to implement a quality improvement initiative to improve quality of care to medical assistance recipients. Allows initiative to include: disease management outcomes measurement system for recipients with chronic diseases; pay-for-performance reimbursement for acute and long-term care services from nursing facilities; expanding evidence-based standards; and developing use of a medical home. Requires HHSC to study cost-effectiveness, assess implementation, and determine requirements for implementation. Prohibits implementation unless study and assessment expect	03-09-09 H Introduced and referred to committee on House Public



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				cost-effectiveness and positive effect on quality of care.	Health
HB 2199	Marquez	HB 647 by Dukes, HB 843 by Martinez, HB 2204 by Gonzales, SB 23 by Zaffirini, SB 349 by Shapleigh	Relating to the period of continuous eligibility for the medical assistance program.	Amends Section 32.0261 of the Human Resources Code to change eligibility for the Medical Assistance Program for children under 19 to yearly instead of 6 months.	03-19-09 H Committee action pending House Human Services
HB 2200	Marquez		Relating to eligibility for and administration of the child health plan program.	Makes changes to Section 62 of the Health and Safety Code regarding the child health plan. Allows for net family income to include offsets for work-related expenses. Increases the net family income eligibility level to 300% FPL. Eliminates assets standards. Eliminates review period for eligibility. Requires benefits to include at least those in House Public Health CHIP Interim Report in 76th Session. Requires cost-sharing. Creates a buy-in option. Establishes provisions to prevent crowd-out. Repealer language.	03-19-09 H Committee action pending House Human Services
HB 2203	Isett	SB 1007 by Hegar	Relating to the continuation and operation of the Texas Department of Insurance and the operation of certain insurance programs.	Insurance Sunset Bill. Article 1: General Provisions Adds to the duties of the department to protect and ensure the fair treatment of consumers and ensure fair competition. New sunset date is September 1, 2021. Defines trade association. Prohibits person from being TDI executive director or executive/administrative employees if they or their spouse is an officer/paid consultant of a trade association or is a lobbyist. Establishes a complaint process at TDI. Requires TDI to use technology to improve ability to perform functions. Establishes negotiated rulemaking and alternative dispute resolution. Article 2: Certain Advisory Boards, Committees, and Councils Requires commissioner to adopt rules regarding purpose, structure, and use of advisory committees. Repealer language: HMO Solvency Surveillance Committee; Advisory Committee on Health IT; Windstorm Building Code Advisory Committee; Technical Advisory Committee on Claims Processing; and Fireworks Advisory Council. Article 3: Regulation of Preferred Provider Organizations Establishes a separate chapter for regulating independent preferred provider organizations. Chapter does not apply to self-funded health benefit plans exempt from regulation as a welfare benefit. Requires a certificate of authority. Article 4 - Rate Regulation Requires filing of personal automobile insurance and residential property insurance claims information. Requires commissioner to disprove a rate by 30 days after filing if does not comply, if a rate is not disproved by 30 days, it is considered approved. Allows TDI to request	04-14-09 H Committee action pending House Insurance



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				additional information concerning rate filing. Requires TDI to make best practices for rate development information available to public. Article 5: State Fire Marshal's Office Requires TDI to prescribe an inspection fee charged by each marshal. Article 6: Title Insurance Requires association to pay expenses incurred by the department. Requires annual auditing of title insurance agents. Article 7: Texas Windstorm Insurance Association Gives Commissioner rulemaking authority. Changes composition of board of directors. Allows association to charge fees for inspections. Requires establishment of an inspection program. Requires filing of supplemental rate information. Article 8: Electronic Transactions Regulated entities must conduct business electronically. Commissioner has rule making authority to implement.	
HB 2204	Gonzales	HB 647 by Dukes, HB 843 by Martinez, HB 2199 by Marquez, SB 23 by Zaffirini, SB 349 by Shapleigh	Relating to the period of continuous eligibility for the medical assistance program.	Amends Section 32.0261 of the Human Resources Code to change eligibility for the Medical Assistance Program for children under 19 to yearly instead of 6 months.	03-19-09 H Committee action pending House Human Services
HB 2206	Gonzales	HB 1200 by Sylvester Turner	Relating to eligibility for the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase the income eligibility net family income from 200% to 300% of the federal poverty level.	03-19-09 H Committee action pending House Human Services
HB 2362	Farias		Relating to an electronic diagnostic database for rural physicians.	Requires DSHS to create an electronic database to assist rural physicians in diagnosing rare/unusual illnesses. Database must be searchable on patient's symptoms, test results, or medical history.	03-10-09 H Introduced and referred to committee on House Public Health
HB	Sylvester		Relating to	Amends the Health and Safety Code to require HHSC to include in conducting the	03-19-09 H



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2376	Turner		eligibility for and strengthening outreach activities under the child health plan program.	outreach/education campaign on child health programs: prioritizing enrollment for those with net family income below 200% FPL. Requires HHSC to partner with stakeholders who contract with Commission for eligibility determination/enrollment to provide supplemental outreach. As soon as HHSC determines that 80% or more Texas children eligible for health benefits coverage are enrolled, allows inclusion of children with net family income below 300%. Eliminates six month evaluation.	Committee action pending House Human Services
HB 2388	Hernandez		Relating to the child health plan program.	Amends the Health and Safety Code to raise the income eligibility for net family income to 300% FPL, and the assets test to net family income above 250%FPL. Raises the six month review to income over 285%. Requires cost sharing for net family incomes at or below 200% FPL. Requires copayments/fees/premiums for enrollees between 200% and 300% FPL. Creates a buy-in option. Establishes provisions to discourage crowd-out.	03-19-09 H Committee action pending House Human Services
HB 2426	Gattis		Relating to the creation of the office of inspector general and the appointment of deputy inspector generals at the Health and Human Services Commission, Youth Commission, Department of Criminal	Adds Chapter 422 to Title 4 of the Government Code creating an Office of Inspector General subject to sunset in 2021. Office applies only to HHSC, TYC, TDCJ, TEA, and TXDoT. Prohibits interference from Governor, Legislature, or state agency. Requires Office to enter into a service level agreement with each agency establishing performance standards. Governor appoints IG for two year terms.	05-11-09 H Reported from committee as substituted House State Affairs



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			Justice, Education Agency, and DoT.		
HB 2686	Shelton		Relating to a pilot project to increase enrollee access to primary care services and simplify enrollment procedures under the child health plan program.	Amends Chapter 62 of the Health and Safety Code to create a pilot project. Requires HHSC to establish a 2 year pilot in one or more Medicaid Service Areas to: increase child health plan enrollee access to primary care services and simplify child health plan enrollment procedures. Requires: establishment of reimbursement rates for primary care services provided in lower-cost medical settings; waiving copayment requirement; identify CPT codes; use an alternative application for child health plan coverage written at 6th grade reading level; and require enrollment services providers to reduce application processing delays. Enrollees remain eligible until the earlier of 24 months, until they turn 19, or when the pilot expires. Requires HHSC to perform review at 12 months instead of 6, and provide a point of service contact in each county to assist with applications. Reporting requirement.	04-29-09 H Reported from committee as substituted House Public Health
HB 2710	Coleman		Relating to indigent health care services provided by a county.	Amends 61.028 of the Health and Safety Code to require counties to additionally provide physical and occupational therapy services as a basic health care service.	5-27-09 Set on Senate Intent Calendar
HB 2713	Coleman		Relating to health benefit plan coverage for acute or chronic medical conditions.	Amends Title 8 of the Insurance Code to prohibits plans from limiting the maximum lifetime benefit for acute or chronic medical condition to less than \$5 million.	03-17-09 H Introduced and referred to committee on House Insurance
HB 2750	Eiland	SB 1257 by Averitt	Relating to the regulation of certain market conduct	Article 1: Cancellation of Health Benefit Plan Establishes bad faith or unfair/deceptive acts for health benefit plan issuers. Prohibits cancellation of plans on basis of misrepresentation/preexisting condition except as provided. Establishes process. Allows affected individuals to appeal to an independent review organization. Allows cancellation for	05-05-09 H Committee action pending



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			activities of certain life, accident, and health insurers and health benefit plan issuers.	preexisting conditions if within preceding 18 month period, individual received was advised to seek medical advise/diagnosis/care for a condition that affects the risks and is undertaken with intent to deceive. Article 2: Medical Loss Ratios Prohibits insurers from maintaining a medical loss ratio less than 72%. Medical loss ratios are public information. Article 3: Premium Rate Increases for Small Employer Health Benefit Plans Establishes a complaint resolution process. Makes changes to adjustment rates. Article 4: Standardized Processing of Certain Health Benefit Plan Claims Establishes requirements for standardizing processing of health benefit claims. Prohibits insurers from subjecting a modifier 51-exempt CPT code to multiple procedure logic. Article 5: Physician Ranking by Health Benefit Plan Issuers Prohibits issuers from distributing to public ranking/comparison/tiers of physicians unless: standards are disclosed to doctors prior to evaluation, data is available to physician to verify before distribution, and issuer provides due process. Establishes physician's rights at a hearing. Article 6: Regulation of Secondary Market in Certain Physician and Provider Discounts Requires registration of contracting agents. Prohibits contracting agents from transferring a physician/provider contracted discounted fee unless authorized by contractual agreement. Requires notification of each physician/provider of payors/agents authorized to access discounted fees. Identification cards must include third party entity/contracting agent information responsible for paying claims. Includes ambulatory surgical center in definition of institutional provider. Alters definition of physician. Prohibits insurers/third-party administrator from accessing a discounted fee unless notice has been provided to health care providers.	House Insurance
HB 2834	Marquez		Relating to an eligibility determination system for the child health plan and Medicaid programs operated by state employees.	Statement of finding that the state should not renew contracts with call centers and instead should focus resources/efforts into local office-based eligibility determination system. Requires HHSC to ensure all child health plan and medical assistance program applications/certifications to be processed by state employees. Allows operation of a call center only if it is cost-effective and must be staffed by state employees. Amends Chapter 531 of the Government Code to implement an intake system for child health plan and Medicaid with trained state employees. Prohibits contracting with private entities. Repealer language.	04-09-09 H Meeting set for 10:30 A.M. or final Adj., E...House Human Services



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HB 2905	Dukes		Relating to the office of inspector general for the Health and Human Services Commission.	Adds Subchapter R: Inspector General to Chapter 531 of the Government Code. Establishes an independent inspector general's office to investigate fraud and abuse in provision/funding of health and human services, enforce state law relating to protecting the public, and prevention of crime related to HHS services. Office is administratively attached to HHSC. Requires establishment of performance standards through a service level agreement. OIG operates independently from and is not an employee of HHSC. Governor appoints inspector general to serve 2 year term. Grants rule making authority to inspector general. Allows employment of a physician as medical review officer. Allows OIG to evaluate activity/operation of any HHS agency/provider/person related to fraud/waste/abuse in state-funded program. Allows OIG to issue subpoenas and engage state auditor. Subject to exceptions, all information/material compiled by OIG during review is confidential. Requires final report of each review. Allows assessment of administrative/civil penalties. Conforming language.	04-23-09 H No action taken in Committee - House Human Services
HB 2962	Coleman		Relating to eligibility for and administration of the child health plan and Medicaid programs.	Amends Chapter 531 of the Government Code to require HHSC to take all necessary action to modify enrollment/retention for the child health plan and Medicaid to ensure that TX receives federal performance bonus payments available. Requires HHSC for children younger than 19: 1. to maintain 12 month eligibility; 2. liberalize asset test requirements; 3. eliminate personal interview requirements; 4. use the same application for child health plan and Medicaid; and 5. use automatic processes for recertifying eligibility. Includes work related expenses as an offset for net family income. Increases income eligibility to 300% FPL. Requires child health plan to provide coverage at the level of 2003. Creates a buy-in option, cost-sharing, and crowd out provisions. Repealer language.	05-19-09 S Received in the Senate - Referred to Senate Finance
HB 2974	Coleman		Relating to personnel, employment, and other human resources functions of the Health and Human Services	Amends the Government Code to state HHSC commissioner has authority/responsibility for personnel/employment policies and human resource functions at HHSC but not over other HHS agencies. Prohibits contracting with a private entity for human resource functions. Requires DSHS, DFPS, DARS, and DADS to establish human resources divisions for recruiting/hiring.	04-02-09 H Committee action pending House Human Services



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			Commission and health and human services agencies.		
HB 3066	Gonzales	SB 1083 by Huffman	Relating to access to certain confidential patient information within the Department of State Health Services.	Amends Section 108.013 (Confidentiality and General Access to Data) to substitute DSHS for the Texas Health Care Information Council to allow data to be used/accessed by DSHS. Allows DSHS to disclose data not included in public use data to any program within DSHS with approval by the IRB. Information is still subject to confidentiality provisions. Lists provisions which don't apply to disclosure of data to department. Nothing in section authorizes disclosure of physician identifying data. Amends Section 108.0135 of the Health and Safety Code to substitute institutional review board for scientific review panel. Adds Section 108.0026 to transfer duties from Council to DSHS. Repeals definition of Texas Health Care Information Council.	03-17-09 H Introduced and referred to committee on House Public Health
HB 3286	Rose		Relating to the child health plan program.	Allows HHSC to adopt rules expanding benefits including: new eligibility standards, rules to expand scope of services offered, rules to eliminate waiting periods, and rules to expand marketing and outreach for the program.	03-18-09 H Introduced and referred to committee on House Human Services
HB 3299	Kolkhorst	SB 289 by Nelson	Relating to ensuring that health information technology used in the medical assistance and child health	Amends Chapter 32 of the Human Resources Code and Chapter 62 of the Health and Safety Code. Defines "health information technology" as that used to improve quality/safety/efficiency of clinical practice including core function of an e-health record/e-medical record/computerized physician order entry/e-prescribing/clinical decision support technology. Requires HHSC to ensure health information technology used in medical assistance program or child health plan conforms to Healthcare Information Technology Standards Panel of ANSI standards.	03-18-09 H Introduced and referred to committee on House Public Health



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			plan programs conforms to certain standards.		
HB 3300	Kolkhorst	SB 287 by Nelson	Relating to the use of electronic prescribing data transmission systems under the state Medicaid program.	Amends Section 531.02411 of the Government Code to require HHSC to develop/implement a plan to encourage increased use by Medicaid providers of medical technology for electronic prescribing. Establishes goal of September 1, 2014 to demonstrate a specific % increase in use of e-prescribing by Medicaid providers. Requires reporting on plan by January 1, 2010 and implementation/results reporting by January 1, 2011 and 2013. Subsection expires September 1, 2014.	03-24-09 H Rereferred to Committee on House Public Health
HB 3301	Kolkhorst	SB 286 by Nelson	Relating to a health passport for Medicaid recipients.	As Substituted: Adds Section 531.096: Health Passport to Chapter 531 of the Government Code. Requires HHSC with physicians and providers experienced with electronic health records to develop/provide a health passport for each person receiving acute care under Medicaid through a managed care plan and is not provided a health passport under another TX law. Passports for children required as soon as possible after September 1, 2009. Can begin with selected categories of children and then expand to additional children and adults. Information on health passports must be in an electronic format using HHSC's existing computer resources. Requires Commissioner to adopt rules on information required on passport which can include: 1. name/address of each person's physicians/health care providers; 2. record of each physician/provider visit including routine checkups; immunization record; known health/allergy problems; medications prescribed; and available health history deemed important by physician. Requires system to be secure and maintain confidentiality of person's health records. Requires HIPAA compliance on disclosures. Requires HHSC to provide training/instruction regarding use of health passport. Requires passport info to be available for 90 days when a person loses Medicaid eligibility. Requires coordination with health passports/procedures for children in foster care to ensure	04-08-09 H Committee action pending House Public Health



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				transferability.	
HB 3326	Castro	SB 871 by Lucio	Relating to health risk assessments of state employees.	Amends Section 664.061 of the Government Code to reduce the hours available of additional leave to state employees to four hours from eight for an employee who receives a physical exam. Allows state agencies and higher education institutions to allow four hours of leave to employees who complete online health risk assessment tools. Amends Section 1551.061 of the Insurance Code to require the Board of Trustees to submit a written report which includes a population-based summary of health risk assessments and an evaluation of the ERS System's weight management programs.	03-18-09 H Introduced and referred to committee on House Public Health
HB 3354	Naishtat		Relating to elimination of an assets limit for purposes of determining eligibility for a Medicare savings program.	Amends Chapter 531 of the Government Code to prohibit HHSC from limiting the amount of an applicant's assets in determining eligibility for a Medicare savings program.	03-18-09 H Introduced and referred to committee on House Public Health
HB 3474	Coleman		Relating to indigent health care.	Requires HHSC commissioner to adopt rules relating to improving indigent health care services including: contracts for provision of services, requiring health care facilities to implement indigent health care program, expanding eligibility, maximizing available funding, utilizing private funding, increasing spending with matching funds, expanding services, increasing access to preventative treatment and vaccinations, developing incentives, regulations for FQHCs to assist, outcome-based performance standards, educational programs, improving communication, utilizing existing resources, and identifying best practices.	03-19-09 H Introduced and referred to committee on House Public Health
HB 3793	Morrison		Relating to establishing a health and wellness initiative program to	Amends the Insurance Code to require health and wellness initiative programs to be established for State Employees, public school employees, and UT System and Texas A&M System employees. Programs should: 1. include early detection incentives, no smoking campaigns, and plans to match an individual to a clinical trial; 2. encourage participants to get a second opinion and visit a certified NCI; 3. provide a \$100 wellness benefit for undergoing screening; and 4. be available to covered individuals in a uniform program regardless of health history. Requires	03-23-09 H Introduced and referred to committee on House



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			reduce health plan costs for certain public employees.	each system to establish a website for the program.	Insurance
HB 3860	Herrero		Relating to community outreach to increase awareness of the availability of health benefits coverage under the child health plan program.	Requires HHSC to strengthen child health plan outreach and focus on increasing parents' awareness of coverage. Requires HHSC to strengthen community outreach with private local businesses and community-based organizations.	03-23-09 H Introduced and referred to committee on House Human Services
HB 3931	Guillen		Relating to the provision of exercise equipment to certain recipients of medical assistance.	Amends Section 32.024 of the Human Resource Code to require DSHS to reimburse medical assistance recipients with diagnosed diabetes for purchase/rental of exercise equipment.	03-23-09 H Introduced and referred to committee on House Public Health
HB 4278	Herrero		Relating to the child health plan program.	Amends Chapter 62 of the Health and Safety Code to increase the eligibility level for child health plan program to those with net family income of 300% FPL or below. Increases assets eligibility standards to 250% FPL. Increases six month review standard to those with net family income exceeding 285% FPL. Increases allowable assets to \$20,000. Requires HHSC to establish a full-cost buy-in program.	04-09-09 H Committee action pending House Human Services
HB	Rose	SB 2396 by Nelson	Relating to the	Abolishes each reporting requirement of a health and human services agency under state law if	04-27-09 H



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4378			repeal of obsolete or redundant reporting requirements of health and human services agencies.	Governor, Lt. Governor, Speaker, Senate HHS, House Human Services and House Public Health determine report is no longer required or redundant of other reporting. Does not abolish reports required by federal law. Requires HHSC Commissioner to identify reports to be considered and publish list on Texas Register.	Reported from committee as substituted House Human Services
HB 4552	Naishtat		Relating to authorizing the use of General Revenue in certain circumstances for Medical Assistance Waiver Programs.	Amends Section 32.058: Limitation on Certain Medical Assistance Waiver Programs to require the department to use general revenue funds to provide services to a person receiving medical assistance waiver program services. Department is authorized to use GR funds if: 1. projected 12 month costs exceed individual cost limit; 2. federal funds are not available; and 3. department determines person's health/safety cannot be protected within cost limit and there is no available arrangement to do so. Prohibits expenditure of funds if it would affect federal compliance. Requires department to employ utilization management/review to ensure scope and level of services comply with federal cost-effectiveness requirements. Does not establish an entitlement to services or GR funding for services.	05-12-09 H Reported from committee as substituted House Human Services
HB 4571	Zerwas	SB 2004 by Van de Putte	Relating to a statewide electronic health records bank.	Adds Chapter 183: Health Records Board to the Health and Safety Code. Requires DSHS to create board of 7 members: HHSC, THSA, and Governor's appointees from: Licensed hospital, physician's organization, health insurer, consumer advisory board, and academic research institution. Board is required to develop a plan of operation for enabling an electronic health infrastructure, improving consumer safety, and facilitate implementation of a bank to enable the secure exchange of health info between health care providers. Bank must be web-based, accessible through a card, allow providers and public to share health info, comply with HIPAA, operate securely, is interoperable, allows electronic communication with medical home, and enhances health care quality. HHSC Commissioner has final review/amendment authority before implementation. Allows individuals to enroll in bank, consumer owns entire health record created.	03-26-09 H Introduced and referred to committee on House Public Health
HB 4587	Pitts		Relating to providing	Amends Chapter 531 of the Government Code to require ERS with HHSC to develop a brochure to distribute to state employees about the availability of dependent child coverage and	03-31-09 H Meeting



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			information to state employees regarding the availability of Medicaid and other health benefits coverage for their children.	medical assistance. Brochure must include eligibility chart and pricing information and phone numbers for ERS and HHSC to obtain additional information. Requires state agencies to provide employees with brochure at specific times.	cancelled for 04/01/09 House Appropriations
HB 4630	Lucio III	SB 2113 by Lucio	Relating to the state employee wellness program.	Amends the Government Code to additionally require the state wellness coordinator to create an online questionnaire on agency policies regarding leave time for health assessments, exercise, physical exams. Requires state agencies to create worksite wellness policy updated annually.	03-26-09 H Introduced and referred to committee on House State Affairs
HB 4662	Lucio III	HB 1329 by Rose, HB 1699 by Martinez, SB 841 by Averitt	Relating to the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase the net family income eligibility level for the child health program to 300% FPL and increases the assets eligibility standards to net family income above 250% FPL. Amends Section 62.102 of the Health and Safety Code to increase the net family income subject to six month review to 285% FPL. Amends Section 62.151 of the Health and Safety Code to allow HHSC to provide dental benefits at full cost to enrolled children with net family income between 200% and 300% FPL. Amends Section 62.153 of the Health and Safety Code to require cost sharing for enrollees with net family incomes at or below 200% FPL. Requires enrollees with net family income between 200% and 300% FPL to share costs of plan at a greater percentage that families below 200% FPL, but not more than 5% of net family income and cost sharing portion must increase incrementally as enrollee's net family income increases. Amends Section 62.154 of the Health and Safety Code to require the waiting period for children with net family incomes below 200% to be 90 days after last coverage date and apply to a child who was covered at any time by a plan during 90 days before application for child health plan coverage. Waiting period for children with net family incomes of between 200% and 300% is 180 days after last coverage	03-26-09 H Introduced and referred to committee on House Human Services



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				date. Adds Subchapter F: Buy-In Option to Chapter 62 of the Health and Safety Code. Requires HHSC Commissioner to develop/implement buy-in option for children with net family incomes over 300% FPL to purchase health benefits coverage. Contains provisions to prevent crowd-out. Establishes a point of service copayment	
HJR 125	Eiland	SJR 21 by Watson	Ensuring that this state receives the maximum federal funding available under the child health plan program.	<p>Constitutional Amendment establishing that out of the first money coming in to the treasury each fiscal year that is not otherwise appropriated by the constitution, the lesser of the following is to be used for administration/operation of the child health plan program: 1. amount necessary to obtain maximum federal match, or 2. amount necessary to establish an income eligibility limit with net family income of 300% FPL.</p> <p>Section expires when the federal matching program/child health plan program authorized by federal law ends or September 1, 2023, whichever is earlier.</p> <p>The next available money not otherwise appropriated beginning September 1, 2011 and 2012 is to go towards establishing an income eligibility limit for 250% FPL. Expires September 1, 2013.</p> <p>Next available money not otherwise appropriated beginning September 1, 2010, is to go toward establishing an income eligibility limit at net family income of 200%. Expires September 1, 2011.</p>	03-23-09 H Introduced and referred to committee on House Appropriations
SB 8	Nelson		Relating to the administration, powers, and duties of the Texas Health Services Authority	<p>As Substituted: Amends Section 182 of the Health and Safety Code dealing with the Texas Health Services Authority.</p> <p>Adds to the responsibilities of the Texas Health Services Authority the responsibility to make recommendations to improve the quality of health care funded by both public and private payors and to increase accountability and transparency.</p> <p>Defines:</p> <ol style="list-style-type: none"> 1. clinical integration as a network of practitioners implementing an active and ongoing program to evaluate/modify practice patterns to control costs and ensure quality. 2. global payments are compensation paid to a practitioner/facility for providing/arranging a defined set of covered services to participating persons. Compensation is based on predetermined payment. 3. health care facility is a hospital/emergency clinic/outpatient clinic/birthing 	05-25-09 H Set on the House Calendar



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				<p>center/ambulatory surgical center.</p> <p>Additionally defines health care practitioner, and payor.</p> <p>Corporation is additionally established to research/develop/support/promote strategies (including those based on nationally recognized organizations) to improve quality of health care and increase accountability/transparency through voluntary implementation of: evidence-based best practice standards, performance measures, improved payment methodologies, and streamlined administrative processes.</p> <p>Corporation is administratively tied to HHSC and CSSB 8 lists responsibilities of HHSC with regards to the Texas Health Services Corporation.</p> <p>Expands corporation's governing board to 15 including: 5 appointed by Governor, 5 appointed by Governor from a list provided by Speaker, and 5 appointed by Lt. Governor. Includes ex officio/non-voting members: DSHS Commissioner, HHSC Commissioner, TDI Commissioner, ERS ED, TRS ED, and HHSC state Medicaid director. Requires board to meet at least once a quarter and establishes that meetings are open to the public and the board must provide notice. Board is required to hire a medical advisor, physician licensed to practice in Texas.</p> <p>Requires the Board to establish an advisory committee on technology and an advisory committee on evidence-based best practices and quality of care. Allows the board to establish additional advisory committees as necessary. Requires appointees to the advisory committees to be individuals with significant experience and at least one member with practical experience, and who represent both public and private sectors and affected groups.</p> <p>Eliminates from general powers a duties the requirement that the corporation identify standards for streamlining health care administrative functions.</p> <p>Requires corporation to research/develop/support/promote:</p> <ol style="list-style-type: none"> 1. evidence-based best practice standards for practitioners/facilities, 2. strategies to encourage adherence to evidence-based best practices, 3. performance measures to evaluate quality of care, 4. standards for reporting results of performance measures and comparing, 5. recommendations for disseminating results to public, 6. standards for technology to collect information, 7. strategies for using existing resources, 	
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				<p>8. strategies to facilitate exchange of health care info and interoperability and standardization,</p> <p>9. recommendations to encourage clinical integration,</p> <p>10. alternative payment methodologies for payors,</p> <p>11. standards for streamlining health care administrative functions across payors, and</p> <p>12. recommendations for streamlining health care administrative functions such as lab results, diagnostic imaging and prescription histories/patient identification/enrollee status/status of plan contracted practitioners.</p> <p>Requires board to examine existing standards/guidelines/strategies/methodologies created by nationally recognized organizations and those used in federal Medicare program.</p> <p>Adds Section 182.1015: Studies on Payment Methodologies. Requires corporation to conduct or contract for a study to develop payment incentives and increase access to primary care. Must evaluate proposals that:</p> <ol style="list-style-type: none"> 1. reward primary care practitioners for retention, 2. encourage spending appropriate time with each patient, 3. reward for monitoring patients/follow-up care, 4. provide incentives for 24-hour availability to reduces unnecessary ER visits, and 5. improve access to primary care. <p>Corporation must conduct or contract for a study on risk-adjusted episodes of care and must:</p> <ol style="list-style-type: none"> 1. evaluate payment methodologies and 2. identify high-cost, frequently performed procedures. <p>Both above studies must:</p> <ol style="list-style-type: none"> 1. examine: <ol style="list-style-type: none"> a. payment methodologies of nationally recognized organizations; b. payment methodologies promoting evidence-based best practices; and c. payment methodologies used by federal Medicare system, and 2. include recommendations on achieving maximum practitioner, facility, and payor participation. <p>Reporting requirement to Legislature on summary of results of studies conducted and recommendations.</p> <p>Repeals Section 182.102 of the Health and Safety Code: Prohibited Acts of the Texas Health</p>	
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				Services Authority.	
SB 10	Duncan		Relating to adoption of alternative payment method pilot programs for the provision of health care services to certain state employees and certain active and retired public school employees.	<p>As Engrossed in Senate: Amends Chapters 1551 (ERS Active Employees), 1575 (TRS Retirees), and 1579 (TRS Active Employees) of the Insurance Code to add a new chapter: Alternative Payment Method Pilot Program for the Provision of Health Care Services. Defines alternative payment system, blended payment system, clinical integration, episode-based bundled payment system, global payment system, participating enrollee, pay-for-performance payment system, pilot program, and plan year. Requires Board to develop/implement a pilot program in which physicians/health care providers are compensated under an alternative payment system. Pilot is to test alternatives to traditional fee-for-service payments.</p> <p>Allows for adoption of rules/plans/procedures to contract. Participation can be limited to one/more regions or one/more organized physician/hospital/provider networks. Pilot must be operated for at least one year.</p> <p>Requires Board to support of nationally recognized quality of care standards and evidence-based best practices to ensure high-quality and effective health care services. Requires support of policies promoting clinical integration of health care providers.</p> <p>Payment system in pilot must ensure:</p> <ol style="list-style-type: none"> 1. availability of primary care providers and 2. payment to providers under alternative payment system with appropriate compensation. <p>Allows contracting with entities to assist in determining rates. Allows board to increase rate for inflation.</p> <p>Requires pilot requirements to include procedures allowing enrollees to provide input into operation of program including:</p> <ol style="list-style-type: none"> 1. availability/quality of health care received through pilot; 2. efficiency of provision of health care; and 3. costs incurred by enrollee for health care. <p>Coverage under pilot must meet quality of care standards under basic coverage plan.</p> <p>Reporting requirement.</p>	05-23-09 H Reported from committee as substituted House Public Health
SB 23	Zaffirini	SB 349 by Shapleigh, HB 647 by Dukes,	Relating to the period of	Amends Section 32.0261 of the Human Resources Code to change eligibility for the Medical Assistance Program for children under 19 to yearly instead of 6 months.	2/10/09 Referred to



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		HB 843 by Martinez, HB 2199 by Marquez, HB 2204 by Gonzales	continuous eligibility for the medical assistance program.		Senate Health and Human Services
SB 30	Zaffirini	HB 845 by Martinez	Relating to restoration of the medically needy program under the state Medicaid Program	Amends Section 32.024(i) of the Human Resources Code to reinstate the medically needy program for pregnant women, children, and caretakers with high medical expenses to the same level that services were provided under the program during the 2002-2003 biennium.	2/10/09 Referred to Senate Finance
SB 107	Ellis		Relating to the creation of the Health Benefit Plan Security Program	<p>Adds Chapter 1510: Texas Health Benefit Plan Security Act to Title 8 of the Insurance Code. Outlines definitions. Contains HIPAA protection. Allows Commissioner to adopt rules to implement.</p> <p>Establishes the Health Benefit Plan Security Program to provide comprehensive/affordable health care coverage to eligible individuals and employees of small employers and their dependents. Requires TDI to determine and develop specifications for coverage provided through the program; establish admin/accounting procedures; develop/implement a plan to publicize program; arrange for coverage through contracts with one/more qualified health benefit plan issuers; and develop a high-risk pool for enrollees.</p> <p>Allows TDI to: enter into contracts with 3rd parties to implement/operate program; take legal actions to avoid improper claim payment/recover errors; establish/administer a revolving loan fund to assist providers in purchasing hardware/software to implement; apply for/receive funds; and conduct studies/analyses related to health care/costs/quality. Requires annual auditing.</p> <p>Requires TDI through the program to provide health benefit plan coverage through one/more issuers by Sept. 1, 2010 by: 1. issuing RFPs from plan issuers; 2. requiring participating issuers to offer at least one plan complying with minimum requirements; and 3. making payments to issuers providing coverage. Allows TDI to set rates for administration/underwriting gains;</p>	2/10/09 Referred to Senate State Affairs



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				<p>require quality improvement/disease prevention/disease management/cost containment provisions in contracts; administer continuation benefits for individuals from employers with 20 or more employees with coverage through the program ; and administer/contract plans under Section 125 of the IRS Code of 1986.</p> <p>Requires establishment of a high-risk pool if the total cost of health care services exceeds \$100,000 in any 12 month period or if enrollee has been diagnosed with one of listed diseases. Requires development of appropriate disease management protocols and procedures.</p> <p>Establishes requirements for participating health benefit plan issuers. Allows participation by individuals and small employers. Establishes premiums, costs, and contributions. Requires certification by small employers of enrolled employees' hours and lack of other coverage. Establish sliding scale subsidies based on income less than 300% FPL and who are not eligible for Medicaid.</p>	
SB 135	Ellis		<p>Relating to the creation and publication of cancer incidence maps by the Department of State Health Services.</p>	<p>Adds Section 82.0051: Cancer Incidence Maps to the Health and Safety Code. Requires DSHS to collect and develop statistical data on the incidence of particular types of cancer and plot the data on cancer incidence maps.</p> <p>Requires DSHS to detect statistical anomalies and identify cancer clusters. Requires posting of maps on website and annual updates to maps. Requires quarterly reporting to Governor, Lt. Gov and Speaker and annual reporting to Legislature.</p> <p>Requires draft report by 180th day after bill's effective date to include: 1. scientific strengths/limitations of statistical cancer incidence mapping as related to recognition/prevention/cure/control; 2. appropriate use/publication of cancer incidence maps; and 3. implementation of safeguards to prevent misuse of cancer incidence mapping. Requires by 90th day after initial report is submitted, DSHS to post the incidences of lung cancer and breast cancer. By 180th day, incidences of colorectal cancer, prostate cancer, and all types of cancer in the aggregate.</p>	<p>02-10-09 S Introduced and referred to committee on Senate Health and Human Services</p>



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SB 286	Nelson	HB 3301 by Kolkhorst	Relating to a health passport for Medicaid recipients	<p>As Substituted: Adds Section 531.096: Health Passport to Chapter 531 of the Government Code. Requires HHSC with physicians and providers experienced with electronic health records to develop/provide a health passport for each person receiving acute care under Medicaid through a managed care plan and is not provided a health passport under another TX law.</p> <p>Passports for children required as soon as possible after September 1, 2009. Can begin with selected categories of children and then expand to additional children and adults.</p> <p>Information on health passports must be in an electronic format using HHSC's existing computer resources.</p> <p>Requires Commissioner to adopt rules on information required on passport which can include: 1. name/address of each person's physicians/health care providers; 2. record of each physician/provider visit including routine checkups; immunization record; known health/allergy problems; medications prescribed; and available health history deemed important by physician.</p> <p>Requires system to be secure and maintain confidentiality of person's health records. Requires HIPAA compliance on disclosures. Requires HHSC to provide training/instruction regarding use of health passport.</p> <p>Requires passport info to be available for 90 days when a person loses Medicaid eligibility. Requires coordination with health passports/procedures for children in foster care to ensure transferability.</p>	05-18-09 H Postponed on second reading until 8:00 a.m., Friday, May 22, 2009.
SB 287	Nelson	HB 3300 by Kolkhorst	Relating to the use of electronic prescribing data transmission systems under the state	Amends Section 531.02411 of the Government Code to require HHSC to develop/implement a plan to encourage increased use by Medicaid providers of medical technology for electronic prescribing. Establishes goal of September 1, 2014 to demonstrate a specific % increase in use of e-prescribing by Medicaid providers. Requires reporting on plan by January 1, 2010 and implementation/results reporting by January 1, 2011 and 2013. Subsection expires September 1, 2014.	05-22-09 H Reported favorably from committee on House Public Health



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			Medicaid program.		
SB 289	Nelson	HB 3299 by Kolkhorst	Relating to ensuring that health information technology used in the medical assistance and child health plan programs conforms to certain standards.	Amends Chapter 32 of the Human Resources Code and Chapter 62 of the Health and Safety Code. Defines "health information technology" as that used to improve quality/safety/efficiency of clinical practice including core function of an e-health record/e-medical record/computerized physician order entry/e-prescribing/clinical decision support technology. Requires HHSC to ensure health information technology used in medical assistance program or child health plan conforms to Healthcare Information Technology Standards Panel of ANSI standards.	05-22-09 H Reported from committee as substituted House Public Health
SB 344	Nelson		Relating to the establishment of an advisory committee to study the acceptance at farmers markets of food stamps and benefits under the women, infants and children supplemental food program.	<p>Requires HHSC and TDA to establish an advisory committee to study/provide recommendations to Lege regarding the acceptance/use of food stamps/WIC program benefits at farmers' markets in Texas.</p> <p>Committee is 9 members: 4 appointed by TDA - 2 representing urban famers markets and 2 representing rural farmers markets/roadside stands; and HHSC appointing 5 members - 2 advocacy group representatives for WIC recipients, 2 advocacy group representatives for food stamp recipients, and 1 representative of staff at WIC program clinics.</p> <p>Requires regular meetings as necessary.</p> <p>Advisory committee will study costs/benefits of allowing food stamp/WIC participants use program benefits at farmers' markets to purchase fresh/local produce; determine feasibility/cost of providing handheld scanners to market vendors for EBT cards; determine methods of marketing/outreach; study funding; and other advisory duties as requested by HHSC/TDA.</p> <p>TDA to provide administrative support. Requires reporting to LEGE by Sept. 1, 2010. Chapter</p>	05-23-09 H Reported favorably from committee on House Public Health



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				2110 does not apply. Committee is abolished Sept. 1, 2011.	
SB 349	Shapleigh	SB 23 Zaffirini, HB 647 by Dukes, HB 843, HB 2199 by Marquez, HB 2204 by Gonzales	Relating to the period of continuous eligibility for the medical assistance program.	Amends Section 32.0261 of the Human Resources Code to change eligibility for the Medical Assistance Program for children under 19 to yearly instead of 6 months.	2/11/09 Referred to Senate Health and Human Services
SB 350	Shapleigh		Relating to the application for and continuation of certain health benefit plan coverage; providing a civil penalty.	<p>Adds Chapters 1217: Application for Health Benefit Plan Coverage and 1218: Cancellation or Rescission of Health Benefit Plan Coverage to Title 8 of the Insurance Code. States that agents assisting applicants have a duty to assist in providing answers to health questions accurately/completely and attest to application that information is complete and accurate and applicant has been told risks of providing inaccurate information. Subjects agents to civil penalty up to \$10K. Allows AG/DA to bring action to recover penalty.</p> <p>Individual health benefit plans that intend to cancel/rescind policy due to application information must offer opportunity to obtain new coverage with equal benefits to other individuals covered under policy, and is allowed to offer coverage to an individual to remain covered at a revised premium rate.</p> <p>Prohibits Health Plan issuers from declining to issue/impose pre-existing condition exclusions on individuals who retain/obtain new coverage under this chapter.</p> <p>Requires written notice of cancellation/rescinding of policy and offer of coverage.</p>	04-29-09 H Referred to House Committee on House Insurance
SB 424	Van de Putte	HB 506 by Donna Howard	Relating to the establishment and implementation of a school-based influenza	Requires DSHS and TEA to jointly establish/implement a school-based flu vaccination pilot program using live and killed vaccines. School districts for pilot include: 1. districts with a population of 50,000 or more, 85% economically disadvantaged, and is in a home-rule municipality with a pop more than 1.1 million; 2. school districts with a student population less than 5% economically disadvantaged in a municipality with population of more than 600,000 and less than 1 million; and 3. two school districts selected by the Texas Immunization Stakeholder Working Group, one with 90% economically disadvantaged in county with pop of	05-22-09 H Reported from committee as substituted House



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			vaccination pilot program.	50,000 or less and one with 90% economically disadvantaged in county on international border. Requires Working Group to establish pilot program subcommittee of TX Pediatric Society, TAFP, each school district participating in pilot program, state Medicaid director, and each local health department serving area participating school districts are in. Reporting requirements.	Public Health
SB 544	Ellis	HB 5 by Crownover	Relating to the elimination of smoking in all workplaces and public places.	Adds Chapter 169: Smoking Prohibited in Public Places and Places of Employment to Title 2 of the Health and Safety Code. Provides definitions. State law preempts local ordinances unless the local ordinance restricts smoking to a greater degree. Requires DSHS to conduct education on this chapter. Prohibits smoking in a public place, a place of employment, or a seated area at an outdoor event. Lists exceptions. Owners/managers/operators of public places must post notices of no smoking. Prevents retaliation against employees who comply or report violations of chapter. Violations of chapter are Class C misdemeanors punishable by up to \$50, violations for employers/operators/managers of public places are Class C misdemeanors with fines up to \$100. Multiple convictions increase penalty amounts.	05-20-09 S Placed on the Senate Intent Calendar
SB 556	Hinojosa		Relating to requirements for certain contracts with physicians and health care providers.	Adds Chapter 1459: Requirements for Certain Contracts with Physicians and Health Care Providers. Defines: edit, health benefit plan issuer, health care contract, health care provider, health care contractor, line of business, physician, and procedure code. Defines material change as one to a contract which decreases physician's/health care provider's payment, increases expense or adds coverage. Lists specific exclusions of applicability. Prohibits health care contractors from reimbursing physicians/health care providers on discounted basis for covered services, unless: 1. they have directly contracted with the physician/provider and the physician/provider agrees in writing to terms of contracts and to provide coverage; 2. contractor has contracted with a PPO and the PPO has contracted directly with physician/provider and physician/provider agrees in writing to contract terms and has prior	02-23-09 S Introduced and referred to committee on Senate State Affairs



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				<p>notice of specific payors; or 3. health care contractor has contracted with another entity and entity contracted with provider, physician/provider agrees in writing to contract, and health care contractor has provided notice of right to access contract rate.</p> <p>Lists what must be included by health care contractor in notice of contractor's right to reimburse on a discounted fee basis.</p> <p>Allows with 60 days notice, physician/provider to decline to provide service under health care contract to new patients.</p> <p>Lists enforcement of chapter.</p> <p>Lists requirements for notice of changes to contract.</p> <p>Allows material change to a contract to be implemented only if health care contractor provides written notice 90 days before effective date of change. If physician/provider objects to material change by 30th day after notice, change does not take effect.</p> <p>Requires each health care contract to contain a summary of disclosure, lists specific information required in disclosure. Requires disclosure of compensation information.</p>	
SB 577	Shapleigh		Relating to the child health care program.	<p>Amends Section 62.101 of the Health and Safety Code to increase eligibility for the child health plan from 200% FPL to 300% FPL and increases the thresholds for allowable assets from 150%FPL to 250% FPL. Amends Section 62.102 to increase the threshold for six month reviews from families net income exceeds \$185% FPL to net income exceeding 285% FPL.</p> <p>Amends Section 62.151 to allow HHSC to choose not to include dental benefits for child whose family's net income is between 200% and 300% FPL.</p> <p>Requires cost sharing for enrollees with family net incomes at or below 200% of FPL. Enrollees with net family income between 200% and 300% FPL, amount of cost-sharing must exceed that by those under 200%FPL and equal highest amount under federal law but not exceeding 5% of the net family income. Cost sharing amount increases with number of enrollees in one family. Changes waiting period requirements: net family income at or below</p>	02-23-09 S Introduced and referred to committee on Senate Health and Human Services



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				<p>200% FPL = 90 days, net family income between 200%FPL and 300%FPL = 180 days.</p> <p>Adds Subchapter F: Buy-In Option. Requires HHSC to develop and implement a buy-in option for children with family net income over 300% FPL to purchase benefits coverage available under child health plan program. Must establish cost-sharing provisions and includes provision to discourage crowd-out. Includes lock-out provision to discourage de-selection of coverage when children are healthy. If one child in an eligible family enrolls in the buy-in option, all eligible children in family must enroll.</p>	
SB 593	Van de Putte	HB 893 by Villarreal	Relating to the expansion of services provided under the child health plan program for certain adolescents.	Amends Section 62.151 of the Health and Safety Code to require HHSC ensure enrolled adolescents 16 years of age or older with at least one child have access to family planning services except abortion/emergency contraception services as a covered benefit.	02-23-09 S Introduced and referred to committee on Senate Health and Human Services
SB 594	Van de Putte	HB 892 by Villarreal	Relating to the Women's Health Program.	<p>Amends Section 32.0248 (Demonstration of Women's Health Care Project) of the Human Resources Code to require DSHS to provide increased marketing/outreach to maximize enrollment/utilization by potentially eligible women in the demonstration project. Requires DSHS to identify potentially eligible women for participation following pregnancies for which they received benefits through the medical assistance program. Requires benefits to begin as soon as medical assistance program benefits cease. Establishes a rebuttable presumption that a contracting physician is not liable if a participant does not seek medical care against medical advice.</p> <p>Requires DSHS with a health plan and hospital in Bexar County to develop an outreach pilot program to assist women in establishing eligibility. Outreach includes: initial screening, and information about benefits available. Allows hospitals/health plans participating in outreach pilot program contracting with an entity providing information/services to medical assistance program to modify information/services. Outreach pilot program is required to include monitoring/evaluation/reporting of costs/benefits and problems encountered. Sunsets September 1, 2011.</p>	04-28-09 S Committee action pending Senate Health and Human Services



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SB 614	Shapleigh		Relating to preexisting condition provisions in individual accident and health insurance policies.	Amends Section 1201.152 of the Insurance Code to regulate a pre-existing condition provision. Preexisting condition provisions apply only to coverage for a disease/condition for which medical advice/diagnosis/care/treatment was recommended and received six months before the effective date or the first day of any waiting period. Prohibits preexisting condition provisions from applying to expenses incurred on/after the first anniversary of the initial effective coverage date. Eliminates Coverage Under Simplified Application Form. Requires TDI Commissioner to adopt a policy provision governing coverage for preexisting conditions which must contain the provision as listed above.	02-23-09 S Introduced and referred to committee on Senate State Affairs
SB 694	Ellis	HB 2043 by Villarreal	Relating to certain reimbursement and discounts provided for collecting sales and use taxes.	<p>Adds Section 151.4241: Limitation on Amounts of Reimbursements and Discounts to the Tax Code. Allows taxpayers who prepay to withhold 1.25% of the prepayment amount and taxpayers to withhold 1/2 % of the taxes due. The sum cannot be more than \$10,000 each fiscal year.</p> <p>Requires Comptroller to calculate the difference between the proceeds which would be collected absent this limitation and the amount taxpayers actually deduct/withhold applying limitation and deposit: 1. amount equal to greatest taxpayer contributions in one fiscal year as section existed January 1, 2009, between September 1, 1999, and August 31, 2009 to Grants for the Excellence, Access, and Success Program under the Education Code; and 2. the remainder to: 1/2 to the children's health insurance program account for the child health plan program and 1/2 to the medical assistance account for the medical assistance program.</p>	02-23-09 S Introduced and referred to committee on Senate Finance
SB 781	Watson	HB 1066 by Naishtat	Relating to eligibility to participate in the Texas Health Insurance Risk Pool by individuals whose employers participate in	Amends Subchapter D: Pool Coverage and Benefits of Texas Health Insurance Risk Pool of Chapter 1506 of the Insurance Code to state that individuals are not ineligible for pool coverage simply because the individual's employer participates in a Code or the individual receives health care services/benefits under the program.	03-26-09 S Committee action pending Senate State Affairs



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			certain regional or local health care programs.		
SB 796	Hinojosa	HB 1708 by Martinez	Relating to the provision and evaluation of comprehensive substance abuse treatment under the state Medicaid program.	Adds Section 531.0226: Study Regarding Comprehensive Substance Abuse Treatment to the Government Code. Requires HHSC to conduct a study regarding the cost-effectiveness of providing comprehensive substance abuse treatment to Medicaid recipients over 21 years old. Requires Commission to identify/use specific outcome measures over three consecutive years: year before treatment, year during treatment, and year after treatment. Study must include following outcome measures: 1. average annual cost per recipient of treatment under Medicaid (including inpatient services/pharmaceutical/ancillary services); 2. average annual cost per recipient of comprehensive substance abuse treatment; and 3. average annual # per recipient of inpatient days, ER visits, and outpatient visits. Requires evaluating cost/utilization trends of Medicaid recipients at least 21 years old with no evidence of substance abuse disorders for the same period of time. Requires HHSC to evaluate cost/utilization trends to determine if provision of comprehensive substance abuse treatment through Medicaid program results in an increase in overall Medicaid spending. Reporting requirement. If provision results in an increase in overall Medicaid spending, HHSC can discontinue providing those services and recommend the repeal of Section 32.024(ff) of the Human Resources Code. Adds Subsection ff to the Human Resources Code: requires DSHS to provide comprehensive substance abuse treatment under the medical assistance program to qualified individuals who are 21 or older and have a substance abuse disorder. Comprehensive treatment includes: assessment, residential detoxification, outpatient detoxification, methadone maintenance, residential services, specialized residential services for women, outpatient chemical dependency counseling and any other necessary services.	05-23-09 H Set on the House Calendar
SB 805	Nelson		Relating to incentive payments for certain nursing facilities providing services under	Adds Section 32.0283: Performance-Based Incentives for Certain Nursing Facilities to the Human Resources Code. Requires HHSC Commissioner to establish an incentive program for nursing facilities designed to motivate continuing improvement in provision of quality care to medical assistance recipients. Program must: 1. specify participation is voluntary; 2. provide incentive payments to facilities which meet/exceed performance thresholds; and 3. offer distinct incentives. Requires adoption of performance measures for incentive payments: quality of care,	03-04-09 S Introduced and referred to committee on Senate Health and



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			the medical assistance program.	quality of life, direct-care staff stability, recipient and family satisfaction, employee satisfaction, regulatory compliance, level of person-centered care, and the number of occupied Medicaid beds. Requires commissioner to: 1. establish a performance threshold to determine eligibility for incentive payment for each performance measure; 2. allocate points/payment values to each performance measure and award incentive payments based on allocations; and 3. determine eligible facilities for incentive payments on quarterly basis. To be eligible for incentive payments, facilities must meet/exceed performance thresholds in at least two adopted performance measures. Establishes incentive rate as at least one % up to 5% of average medical assistance nursing facility base rate reimbursement. Allows commissioner if cost-effective/feasible to contract with a person to provide data collection, data analysis, and nursing facility performance reporting. Establishes qualifications for person under contract. Requires commissioner to inform consumers via the web of actual/comparative performance of each nursing facility participating in program and develop a performance rating index updated quarterly.	Human Services
SB 815	Watson	HB 1932 by Thompson	Relating to consumer labeling requirements for certain health benefit plans.	Statement of finding that health care coverage is one of the most important purchases for consumers, yet comparison information is difficult to find and is complicated. A standard labeling requirement is necessary for consumers to make health benefit plan purchases. Adds Subchapter K: Required Labeling for Health Benefit Plan to Chapter 541 of the Insurance Code. Defines: direct losses incurred, direct losses paid, direct premiums earned, enrollee, and insurance facts label. Requires written communication to contain an insurance facts label: 1. document of issuer to advertise plan; 2. written communication from issuer to enrollee; and 3. written communication from issuer to potential enrollee. Requires link to website address and phrase "Check our label at" on: 1. TV/radio ad; 2. billboard ad; 3. ad published/posted on web; and 4. nonwritten media. Insurance facts labels must include box outline with a white background; be not less than 3 inches by 2 inches; be enclosed by a 1/2 point box rule; and separate all lines of text by 2 points. Describes font requirements and placement, placement of issuer name, and disclaimer placement. Label must include the following headings: Monthly Premium, Percent of Expense Paid by Plan In-Network, Percent of Expense Paid by Plan Out-of-Network, Annual Out-of-Pocket Expense (est.), Your Total Annual Cost (est.), Justified Complaints, Premium to Direct Patient Care Ratio, Expected Profit, and Benefit Levels. Defines Headings. Required Subheadings under Benefit Levels: Annual Deductible, Annual Family Deductible, Annual In-Network Deductible, Annual Out-of-Network Deductible, Out-	05-08-09 H Referred to House Committee on House Insurance



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				of-Pocket Maximum, Office Visit Copayment, Prescription Copayment, Lifetime Maximum Benefit, Emergency Room Visit Copayment, Number of Electric Wheelchairs per Lifetime, Outpatient Surgery Copayment, Inpatient Cost Sharing, and Number of Justified Complaints. Allows Commissioner to adopt rules as necessary. Violations of subchapter are unfair and deceptive acts/practices.	
SB 841	Averitt	HB 1329 by Rose, HB 1699 by Martinez	Relating to the child health plan program.	Amends Section 62.101 of the Health and Safety Code to increase the net family income eligibility level for the child health program to 300% FPL and increases the assets eligibility standards to net family income above 250% FPL. Amends Section 62.102 of the Health and Safety Code to increase the net family income subject to six month review to 285% FPL. Amends Section 62.151 of the Health and Safety Code to allow HHSC to provide dental benefits at full cost to enrolled children with net family income between 200% and 300% FPL. Amends Section 62.153 of the Health and Safety Code to require cost sharing for enrollees with net family incomes at or below 200% FPL. Requires enrollees with net family income between 200% and 300% FPL to share costs of plan at a greater percentage that families below 200% FPL, but not more than 5% of net family income and cost sharing portion must increase incrementally as enrollee's net family income increases. Amends Section 62.154 of the Health and Safety Code to require the waiting period for children with net family incomes below 200% to be 90 days after last coverage date and apply to a child who was covered at any time by a plan during 90 days before application for child health plan coverage. Waiting period for children with net family incomes of between 200% and 300% is 180 days after last coverage date. Adds Subchapter F: Buy-In Option to Chapter 62 of the Health and Safety Code. Requires HHSC Commissioner to develop/implement buy-in option for children with net family incomes over 300% FPL to purchase health benefits coverage. Contains provisions to prevent crowd-out. Establishes a point of service copayment	05-25-09 H Set on the House Calendar
SB 842	Averitt	HB 1276 by Chisum	Relating to the operation of health care sharing organizations.	Adds Subtitle K: Noninsurance Health Coverage to Title 8 of the Insurance Code. Allows a health care sharing organization to: 1. act as a facilitator for participants between financial/medical-related needs participants and participants with ability to assist; 2. notify participants of sharing amounts; 3. establish qualifications of participating in health sharing arrangements; 4. limit financial/medical needs eligible for payment; 5. cancel participant's participation; and 6. provide written monthly statements to participants listing total dollar amount of qualified needs submitted and actual dollar amount assigned for sharing. Requires notice to be distributed with each application for participation. Establishes duties of a health	05-23-09 H Set on the House Calendar



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				care sharing organization. Chapter 76 of the Health and Safety Code: Discount Programs does not apply to health sharing organizations. Health Sharing Organizations are exempt from insurance laws and TDI Commissioner oversight. AG has jurisdiction over. Requires annual independent auditing of payment among participants. Allows organization to contract to facilitate the operation of the organization.	
SB 871	Lucio	HB 3326 by Castro	Relating to health risk assessments of state employees.	Amends Section 664.061 of the Government Code to reduce the hours available of additional leave to state employees to four hours from eight for an employee who receives a physical exam. Allows state agencies and higher education institutions to allow four hours of leave to employees who complete online health risk assessment tools. Amends Section 1551.061 of the Insurance Code to require the Board of Trustees to submit a written report which includes a population-based summary of health risk assessments and an evaluation of the ERS System's weight management programs.	05-22-09 H Reported favorably from committee on House Public Health
SB 877	Ellis	HB 1379 by Yvonne Davis	Relating to the provision of HIV and AIDS tests and to health benefit plan coverage of HIV and AIDS tests.	Adds Section 85.090 to the Health and Safety Code to require health care providers taking sample of blood for routine medical screening to submit it for an HIV diagnostic test unless person opts out. Requires provider to verbally inform person that an HIV test will be performed unless person opts out. HHSC rule making authority. Amends Section 32.024 of the Human Resources Code to require HHSC Commissioner to adopt rules requiring DSHS to provide HIV test to medical assistance recipients. Adds Subchapter D: Coverage of Certain Testing Required to Chapter 1364 of the Insurance Code to prohibit health benefit plan issuers from excluding/denying coverage for medical tests/procedures to determine HIV/AIDS. Amends Section 1507.004 and 1507.054 of the Insurance Code to require standard health benefit plans to include coverage for tests/procedures to determine HIV/AIDS.	03-09-09 S Introduced and referred to committee on Senate Health and Human Services
SB 901	Deuell		Relating to regulation of health benefit plans.	Amends Title 8 of the Insurance Code to add Chapter 1220: Health Benefit Plan Legislative Oversight Committee. Creates a health benefit plan legislative oversight committee of 7 members: 1. chair of Senate State Affairs and chair of House Insurance; 2 Senators appointed by Lt. Gov.; 3. 2 Representatives appointed by Speaker; and 4. Public insurance counsel. Committee is to receive information about rules proposed by TDI to health benefit plans; monitor progress of plan reform; review recommendations for legislation; and review necessity of having TDI examine market conduct of issuers. Reporting requirement before each session with analysis of problems and recommendations of legislative action to address them. Adds Subtitle K: Ratemaking in General to Title 8 of the Insurance Code. Requires health benefit	03-09-09 S Introduced and referred to committee on Senate State Affairs



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				<p>plan issuers to notify each person responsible for paying any part of an individual's premium/charge of a rate increase of at least 10% greater than the less of: 1. total premium under preceding 12 months; or 2. total premium/charge of individual's coverage during period preceding renewal date. TDI Commissioner is to require each issuer to file quarterly information relating to changes in losses/premiums/other charges for coverage and market share. Quarterly reporting by commissioner to legislature. Establishes excessive, inadequate, unfairly discriminatory rates. Establishes considerations for issuers in setting rates. Requires filing of rates with Commissioner who has rulemaking authority to determine the information included in filings. Establishes filing requirements for issuers with less than 5% of the market. Establishes a procedure for disapproval of rates in rate filings. Filings made are open to public inspection.</p>	
SB 1007	Hegar	HB 2203 by Isett	<p>Relating to the continuation and operation of the Texas Department of Insurance and the operation of certain insurance programs.</p>	<p>Insurance Sunset Bill. Article 1: General Provisions Adds to the duties of the department to protect and ensure the fair treatment of consumers and ensure fair competition. New sunset date is September 1, 2021. Defines trade association. Prohibits person from being TDI executive director or executive/administrative employees if they or their spouse is an officer/paid consultant of a trade association or is a lobbyist. Establishes a complaint process at TDI. Requires TDI to use technology to improve ability to perform functions. Establishes negotiated rulemaking and alternative dispute resolution. Article 2: Certain Advisory Boards, Committees, and Councils Requires commissioner to adopt rules regarding purpose, structure, and use of advisory committees. Repealer language: HMO Solvency Surveillance Committee; Advisory Committee on Health IT; Windstorm Building Code Advisory Committee; Technical Advisory Committee on Claims Processing; and Fireworks Advisory Council. Article 3: Regulation of Preferred Provider Organizations Establishes a separate chapter for regulating independent preferred provider organizations. Chapter does not apply to self-funded health benefit plans exempt from regulation as a welfare benefit. Requires a certificate of authority. Article 4 - Rate Regulation Requires filing of personal automobile insurance and residential property insurance claims information. Requires commissioner to disprove a rate by 30 days after filing if does not comply, if a rate is not disproved by 30 days, it is considered approved. Allows TDI to request additional information concerning rate filing. Requires TDI to make best practices for rate development information available to public. Article 5: State Fire Marshal's Office Requires TDI to prescribe an inspection fee charged by each marshal. Article 6: Title Insurance Requires association to pay expenses incurred by the department. Requires annual auditing of title</p>	<p>05-23-09 H One-hour notice to bring up out of its regular order was intended by Rep. Dunnam, however, the bill number was misstated and a point of order was sustained.</p>



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				insurance agents. Article 7: Texas Windstorm Insurance Association Gives Commissioner rulemaking authority. Changes composition of board of directors. Allows association to charge fees for inspections. Requires establishment of an inspection program. Requires filing of supplemental rate information. Article 8: Electronic Transactions Regulated entities must conduct business electronically. Commissioner has rule making authority to implement.	
SB 1083	Huffman	HB 3066 by Gonzales	Relating to access to certain confidential patient information within the Department of State Health Services	Abolishes the Texas Health Care Information Council and transfers duties to DSHS. Allows DSHS to disclose data not included in public use data to any program within DSHS with approval by the IRB. Lists provisions which don't apply to disclosure of data to department.	05-23-09 H Set on the House Calendar
SB 1189	West	HB 745 by Dukes	Relating to a strategic plan for the child health plan and medical assistance programs.	Requires HHSC Commissioner by September 1, 2010 to develop a strategic plan for community outreach/education on child health plan/Medicaid programs and reduce paperwork involved with eligibility determination/enrollment. HHSC is required to implement the program by Sept. 1, 2011.	03-13-09 S Introduced and referred to committee on Senate Health and Human Services
SB 1217	Shapiro		Relating to the creation of an autism program to provide services to children with autism	Requires DSHS to provide services for children between 3 and 8 years old diagnosed with autism spectrum disorder to facilitate independent living skills.	05-23-09 H Set on the House Calendar



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			spectrum disorder.		
SB 1252	Zaffirini	HB 1541 by Sylvester Turner	Relating to improving application and eligibility determination processes and efficiencies for certain benefits programs.	Amends Chapter 531 of the Government Code to define "benefits program" as: child health program, financial assistance program, medical assistance program, and food stamp program. Requires HHSC to improve effectiveness of community outreach efforts with respect to benefits program by: 1. increasing the capacity of existing outreach efforts implemented through community-based organizations; and 2. establish a partnership with stakeholders to provide outreach and application assistance. Partnership must include entities that contract with HHSC to perform child health plan/medical assistance eligibility determination/enrollment, community-based organizations, health benefit plan provider, consumer advocates, etc. Adds Subchapter M-1: Eligibility Determination Streamlining and Improvement to the Government Code. Requires HHSC Commissioner to adopt rules for benefits programs: 1. methodology for establishing minimum levels of eligibility determination staff/qualifications/caseloads; and 2. eligibility determination procedures enhancing efficiencies/eliminating administrative requirements. Must be feasible to achieve a goal of processing at least 95% of applications within time requirements. Requires HHSC Commissioner to develop a corrective action plan for application/eligibility recertification determination under certain circumstances for 3 consecutive months. Requires adoption of call resolution standards and processes for receiving/resolving issues/complaints. Amends Section 32.0261 to extend the eligibility for the medical assistance program from 6 months to a year.	03-13-09 S Introduced and referred to committee on Senate Health and Human Services
SB 1287	West		Relating to certain health-related reports, records, and information.	Amends the Health and Safety Code to allow AIDS test results to additionally be released to county or district courts to comply with rules on control and treatment.	4/07/09 Not heard in Senate Health and Human Services
SB 1434	Watson		Relating to the administration of and eligibility for the child health plan	Requires the LBB and HHSC each year to determine anticipated number of enrollees and estimated state cost per enrollee in child health plan program for following biennium. Anticipated average number of enrollees must be based on income eligibility level, number of enrollees in current biennium, historical data, and state demographic data. Estimated state cost per enrollee must be based on statewide cost trends, historical data, and anticipated maximum federal allotment. Requires appropriation to be made regardless of availability. Prohibits HHSC	03-17-09 S Introduced and referred to committee on Senate



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			program.	from establishing assets eligibility standards. Increases net family income eligibility to 250% FPL effective September of 2011. Increases net family income eligibility to 300% FPL effective September of 2013.	Finance
SB 1491	Williams	HB 1514 by Deshotel	Relating to the definition of supplemental environmental projects.	Amends Section 7.067 of the Water Code to include in the definition of "supplemental environmental project" one that provides free screenings for early detection of breast or prostate cancer.	4/07/09 Committee Action pending Senate Natural Resources
SB 1527	Shapleigh		Relating to the creation of an electronic medical record for certain individuals enrolled in the Medicaid or child health plan program.	Requires HHSC Commissioner to adopt rules on creation/use of electronic medical records for each enrollee in the Medicaid or child health plan.	03-17-09 S Introduced and referred to committee on Senate Health and Human Services
SB 1733	West	Very Similar to HB 1742 by Raymond	Relating to coverage for prostate cancer screenings for men 40 years of age or older.	Amends Section 1362.003 of the Insurance Code to require coverage of prostate cancer screening for men 40 and older.	03-20-09 S Introduced and referred to committee on Senate State Affairs
SB 2004	Van de Putte	HB 4571 by Zerwas	Relating to a statewide electronic health records bank.	Adds Chapter 183: Health Records Board to the Health and Safety Code. Requires DSHS to create board of 7 members: HHSC, THSA, and Governor's appointees from: Licensed hospital, physician's organization, health insurer, consumer advisory board, and academic research institution. Board is required to develop a plan of operation for enabling an electronic health infrastructure, improving consumer safety, and facilitate implementation of a bank to enable the	03-24-09 S Introduced and referred to committee



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				secure exchange of health info between health care providers. Bank must be web-based, accessible through a card, allow providers and public to share health info, comply with HIPAA, operate securely, is interoperable, allows electronic communication with medical home, and enhances health care quality. HHSC Commissioner has final review/amendment authority before implementation. Allows individuals to enroll in bank, consumer owns entire health record created.	on Senate Health and Human Services
SB 2013	Hinojosa		Relating to interoperable health information technology.	Adds Chapter 183: Interoperable Health Information Technology to the Health and Safety Code. Requires state to facilitate adoption of health IT and the development of a statewide interoperable health IT network. Network may be funded from general appropriations.	03-24-09 S Introduced and referred to committee on Senate Health and Human Services
SB 2113	Lucio	HB 4630 by Lucio III	Relating to the state employee wellness program.	Amends the Government Code to additionally require the state wellness coordinator to create an online questionnaire on agency policies regarding leave time for health assessments, exercise, physical exams. Requires state agencies to create worksite wellness policy updated annually.	03-31-09 S Introduced and referred to committee on Senate State Affairs
SB 2370	Uresti		Relating to eligibility of certain dependents for health insurance coverage.	Increases the age of eligibility of unmarried children to remain on a parent's insurance policy to 29.	03-31-09 S Introduced and referred to committee on Senate State Affairs
SB 2383	Shapleigh		Relating to universal health	Adds Title 13: Universal Health Coverage for Texans to the Health and Safety Code. Establishes the Texas Health Coverage Agency to administer system. Subject to sunset in September 1, 2019. Commissioner is appointed by Governor. Establishes powers and duties of	03-31-09 S Introduced and referred



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			coverage for Texans.	<p>commissioner. Commissioner appoints system officers. Establishes a Health Coverage Policy Board of 11 members, and a Health Coverage Advisory Committee of 22. Establishes an Office of Patient Advocacy to represent the public, consumers, and assist patients in obtaining health care services. Creates an Inspector General appointed by the Commissioner and an office of health care planning. Creates an office of health care quality and a chief medical officer. Establishes partnerships for health program to improve health through community health initiatives. Creates health care planning regions with a regional director and medical officer. Creates an office of transition assistance to help individuals who lose employment, advise on implementation, and make recommendations. Creates the Health Coverage Fund from funds collected from health care, federal funds, and other funds allocated under law. Premiums collected each year must be sufficient to cover fund's costs. Requires the establishment of a reserves fund. Allows commissioner to implement a system to self-insure against shortfalls. Allows implementation of cost containment procedures. Requires commissioner to seek federal funding. Establishes budget for system components. Requires fee-for-service providers to choose representatives to negotiate reimbursement rates on their behalf. Requires Commissioner to establish competitive bidding process. Creates a health care premium commission of 14 members to determine costs of providing health care coverage and develop premium structure. Requires reporting from premium commission to Legislature. Requires commission to apply for funding from federal government, state government, medical assistance program, and Medicare. Establishes federal preemption provisions. Creates eligibility requirements and determinations. Requires services to be covered for medically necessary health care services at at least the level under the state Medicaid program. Prohibits coverage for long-term care. Commissioner sets rates for services. Lists covered benefits, including: inpatient/outpatient health facility services, diagnostic imaging and lab services, durable medical equipment, rehabilitative care, prescription drugs on preferred drug list, nonformulary prescription drugs under standard established by commissioner, mental/behavioral health care, ER, among others. Lists services not covered. Establishes cost-sharing provisions.</p>	to committee on Senate State Affairs
SB 2396	Nelson	HB 4378 by Rose	Relating to the repeal of obsolete or redundant	Abolishes each reporting requirement of a health and human services agency under state law if Governor, Lt. Governor, Speaker, Senate HHS, House Human Services and House Public Health determine report is no longer required or redundant of other reporting. Does not abolish reports required by federal law. Requires HHSC Commissioner to identify reports to be	05-23-09 H Set on the House Calendar



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			reporting requirements of health and human services agencies.	considered and publish list on Texas Register.	
SJR 21	Watson	HJR 125 by Eiland	Ensuring that this state receives the maximum federal funding available under the child health plan program.	<p>Constitutional Amendment establishing that out of the first money coming in to the treasury each fiscal year that is not otherwise appropriated by the constitution, the lesser of the following is to be used for administration/operation of the child health plan program: 1. amount necessary to obtain maximum federal match, or 2. amount necessary to establish an income eligibility limit with net family income of 300% FPL.</p> <p>Section expires when the federal matching program/child health plan program authorized by federal law ends or September 1, 2023, whichever is earlier.</p> <p>The next available money not otherwise appropriated beginning September 1, 2011 and 2012 is to go towards establishing an income eligibility limit for 250% FPL. Expires September 1, 2013.</p> <p>Next available money not otherwise appropriated beginning September 1, 2010, is to go toward establishing an income eligibility limit at net family income of 200%. Expires September 1, 2011.</p>	03-13-09 S Introduced and referred to committee on Senate Finance