

## **BILL ANALYSIS**

Senate Research Center

H.B. 103  
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Health & Human Services  
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Engrossed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Approximately 70 percent of college students in Texas have full health coverage through either parent's insurance or an employee benefits package. Even though these students have insurance, the university health centers typically refuse to bill private insurance companies for students who receive their care or medicine.

H.B. 103 requires that a student health center at an institution of higher education with a student enrollment of more than 5,000 accept and process a patient's private health insurance for all care administered by the health center. This bill creates a model of financial self-sufficiency by mandating that these health centers fund their own needs without relying upon increased student fees or state funding.

H.B. 103 amends current law relating to the operation of certain health benefit plans through student health centers of certain institutions of higher education.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends the heading to Section 51.953, Education Code, to read as follows:

Sec. 51.953. STUDENT HEALTH CENTER.

SECTION 2. Amends Section 51.953, Education Code, by adding Subsections (c), (d), (e), (f), (g), and (h), as follows:

(c) Requires that a student health center of an institution of higher education with a total student enrollment of more than 8,000 students in one or more semesters of the preceding academic year assist a student or other person entitled to obtain health care services through the health center in receiving benefits under a health benefit plan in which the student or other person is an enrollee by filing or having a claim filed with the issuer of the health benefit plan on behalf of the student or other person. Authorizes the institution to contract with a third-party billing service to provide the assistance required by this subsection.

(d) Authorizes an institution of higher education, on behalf of the institution's student health center, to contract with a health benefit plan issuer that engages in the business of insurance in the health service region established by the Department of State Health Services in which the institution is located to provide a health benefit plan under which health care services are provided to students or other persons entitled to obtain health care services through the student health center who are covered by the plan.

(e) Requires an institution of higher education to enter into contracts with at least three of the largest health benefit plan issuers that engage in the business of insurance in the health service region established by the Department of State Health Services in which the institution is located under which the institution's student health center serves as a preferred provider under the preferred provider benefit plans operated by the issuers; or

operates as a provider of in-network coverage under the health maintenance organizations operated by the issuers.

(f) Authorizes an institution of higher education to authorize the institution's student health center to accept a student's medical services fee, as charged by the institution under Chapter 54 (Tuition and Fees), as payment toward a copayment, a deductible, or a charge for a service not covered by the student's health benefit plan.

(g) Requires that money received by the student health center as a result of a claim filed by or on behalf of a student through a health benefit plan be retained for use by the student health center.

(h) Requires the governing board of an institution of higher education, not later than January 15 of each year, to report to the legislature the amount of the following sources of income for funding the institution's student health center:

(1) money received from student fees and charges;

(2) money received from the operation of the student health center's pharmacy;

(3) money received as a result of a claim filed by or on behalf of the institution's student health center under a health benefit plan sponsored by or administered on behalf of the institution; and

(4) money received as a result of a claim filed by or on behalf of the institution's student health center under a health benefit plan other than a plan sponsored by or administered on behalf of the institution.

SECTION 3. Effective date: September 1, 2009.