

BILL ANALYSIS

Senate Research Center
81R10382 SJM-F

S.B. 1305
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State Affairs
3/23/2009
As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, the Hemophilia Assistance Program (program) is available to male Texas residents, 21 years of age or older, with a diagnosis of hemophilia and with an income below 200 percent of the federal poverty level, but who do not qualify for Medicaid. The program provides up to \$25,000 annually to participants for blood clotting treatments, with the program allowed to spend up to \$300,000 total each year. Eleven men statewide are eligible to receive program assistance.

As proposed, S.B. 1305 authorizes the Department of State Health Services (DSHS) to assist an eligible person in obtaining insurance providing premium payment assistance. The bill also authorizes DSHS to contract with certain nonprofit entities to make an insurance payment on behalf of an eligible person.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

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 Section 41.002, Health and Safety Code, by adding Subsections (d) and (e), as follows:

(d) Authorizes the Texas Department of Health (TDH), instead of providing financial assistance under Subsection (c), to assist an eligible person in obtaining insurance by providing premium payment assistance. Authorizes TDH, in providing the premium payment assistance, to contract with a nonprofit entity that is exempt from federal taxation to make an insurance purchase on behalf of an eligible person.

(e) Provides that for purposes of Section 1506.153 (Ineligibility for Coverage), Insurance Code, a medically eligible person for whom a third party nonprofit entity makes an insurance purchase in accordance with a contract entered into under Subsection (d) is not, as a result of that purchase, an individual whose premiums are paid for or reimbursed under a government-sponsored program or by a government agency or health care provider.

SECTION 2. Effective date: September 1, 2009.