

BILL ANALYSIS

Senate Research Center

S.B. 1057
By: Nelson
Health & Human Services
3/22/2013
As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

S.B. 1057 is intended to encourage enrollment in private insurance coverage and to ensure that the state is the payor of last resort for healthcare.

The Department of State Health Services (DSHS) already strives to be the payor of last resort in administering its safety net programs, but there is no effort to ensure that individuals applying to those programs do not have access to private coverage. The new health insurance exchange that is being established by the federal government next year in accordance with the Affordable Care Act will allow some individuals who are eligible for DSHS programs to receive those services through a private insurer rather than relying on the state.

S.B. 1057 requires DSHS to educate low-income individuals applying for health services about the availability of coverage and subsidies through the health insurance exchange and requires individuals who are applying to receive services through DSHS to certify that they do not have access to private insurance that covers those services

As proposed, S.B. 1057 amends current law relating to information about private health care insurance coverage and the health insurance exchange for individuals applying for certain Department of State Health Services programs and services.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Sections 1001.080 and 1001.081, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter D, Chapter 1001, Health and Safety Code, by adding Sections 1001.080 and 1001.081, as follows:

Sec. 1001.080. HEALTH INSURANCE COVERAGE INFORMATION. (a) Defines "individual's legally authorized representative" in this section.

(b) Provides that this section applies to a health or mental health program or service provided by the Department of State Health Services (DSHS) or under a DSHS program that DSHS anticipates will be impacted by a health insurance exchange as defined by Section 1001.081(a), including:

- (1) community primary health care services provided under Chapter 31 (Primary Health Care);
- (2) women's and children's health services provided under Chapter 32 (Maternal and Infant Health Improvement);
- (3) services for children with special health care needs provided under Chapter 35 (Children With Special Health Care Needs);

- (4) epilepsy program assistance provided under Chapter 40 (Epilepsy);
- (5) hemophilia program assistance provided under Chapter 41 (Hemophilia);
- (6) kidney health care services provided under Chapter 42 (Kidney Health Care);
- (7) human immunodeficiency virus infection and sexually transmitted disease prevention programs and services provided under Chapter 85 (Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus Infection);
- (8) immunization programs provided under Chapter 161 (Public Health Provisions);
- (9) programs and services provided by the Rio Grande State Center under Chapter 252 (Intermediate Care Facilities for the Mentally Retarded);
- (10) mental health services for adults provided under Chapter 534 (Community Services);
- (11) mental health services for children provided under Chapter 534;
- (12) the NorthSTAR Behavioral Health Program provided under Chapter 534;
- (13) programs and services provided by community mental health hospitals under Chapter 552 (State Hospitals);
- (14) programs and services provided by state mental health hospitals under Chapter 552; and
- (15) any other health or mental health program or service designated by DSHS.

(c) Prohibits DSHS, subject to Subsection (d), from providing a health or mental health program or service described in Subsection (b), unless the individual applying to receive the program or service submits to DSHS on the form prescribed by DSHS a statement by the individual or the individual's legally authorized representative attesting that the individual does not have access to private health care insurance coverage that provides benefits for the services provided under the program or service.

(d) Authorizes DSHS to waive the prohibition under Subsection (c) for an individual or for a mental health program or service described in Subsection (b) if DSHS determines that the program or service is necessary during a crisis or emergency.

(e) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to adopt rules necessary to implement this section.

Sec. 1001.081. HEALTH INSURANCE EXCHANGE INFORMATION. (a) Defines "health insurance exchange" and "individual's legally authorized representative" in this section.

(b) Requires DSHS to develop informational materials regarding health care insurance coverage and subsidies available under a health insurance exchange.

Requires that the informational materials be in English and in Spanish, and to the extent possible, in other languages.

(c) Requires DSHS to distribute the informational materials developed under Subsection (b) to an individual or the individual's legally authorized representative who applies to receive a health or mental health program or service described in Section 1001.080(b), and has an income above 100 percent of the federal poverty level.

(d) Requires the executive commissioner to adopt rules necessary to implement this section.

SECTION 2. Requires DSHS, as soon as practicable after the effective date of this Act, to prescribe the form required by Section 1001.080, Health and Safety Code, as added by this Act.

SECTION 3. Requires DSHS, not later than June 1, 2014, to make available the informational materials required by Section 1001.081, Health and Safety Code, as added by this Act.

SECTION 4. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 5. Effective date: upon passage or September 1, 2013.