Legislative Update for 2010-2011

Human Services Committee: **Jane Nelson**, Bob Deuell, Joan Huffman, Robert Nichols, Dan Patrick, Eliot Shapleigh, Carlos Uresti, Royce West, Judith Zaffirini

House Insurance: **John T. Smithee**, Trey Martinez Fischer, Joe Deshotel, Craig Eiland, Kelly Hancock, Todd Hunter, Larry Taylor, Senfronia Thompson

Public Health: **Lois W. Kolkhorst**, Elliot Naishtat, Granet Coleman, John Davis, Veronica Gonzales, Chuck Hopson, Susan King, Jodie Laubenberg, Jim McReynolds, Vicki Truitt, John Zerwas

Committee Meetings

Date	Location	Content
November 23, 2010 9:00 a.m.	Capital Extension Bldg Room E1.030, Austin	The committee will meet jointly with the Senate Health and Human Services Committee to take up the following interim charge: #1 Upon passage of federal legislation relating to reform of the health care industry and heal insurance industry, study the implications of such legislation on Texas, the health care industry and public and private insurance. Study and monitor the implementation of the insurance regulatory changes, changes to high risk pool and any other insurance mandates. Study the health care policy changes and the impact to Medicaid and CHIP programs and the state budget. Assess the impact to all state uninsured and uncompensated care programs and county programs for the uninsured, including county property tax programs to pay for the uninsured. Make recommendations for the efficient implementation of programs.

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
TX82RHB 32/Creighton	11.08.10	Relating to the prohibition of required health insurance coverage. No resident, regardless of whether he has or is eligible for health insurance coverage under any policy or program provided by or through his employer, or a plan sponsored by the state or the federal government, shall be required to obtain or maintain a policy of individual insurance coverage except as required by a court or a governmental agency or department where any individual is named a party in a judicial or administrative proceeding. No provision of this title shall render a resident of this state liable for any penalty, assessment, fee, or fine as a result of his failure to procure or obtain health insurance coverage	September 1, 2011	N/A	Revenue Impact
TX82RHB 210/Alonzo	11.08.10	Relating to the coverage by certain health benefit plans of mammograms performed by certain health care providers. Applies to health benefit plans for individual or group policies. A health benefit plan that provides coverage to a female who is 35 years of age or older must include coverage for an annual screening by low-dose mammography for the presence of occult breast cancer.	September 1, 2011	N/A	Mandated Benefit
HB 28/Guillen	11.08.10	Relating to reimbursement for health care services provided at certain times to persons enrolled in the	September 1, 2011	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
		Medicaid managed care program. Commission shall ensure that a federally qualified health center, physician office, rural health clinic, or municipal health department's public clinic is reimbursed for health care services provided to a recipient outside of regular business hours including weekend or holiday at a rate that is equal to the allowable ate for services during normal business hours.			
HB 70/Martinez	11.08.10	Relating to telemedicine medical services, telehealth services, and home telemonitoring services provided to certain Medicaid recipients	September 1, 2011	N/A	
HB 97/Paxton	11.08.10	Relating to creation of the Health Freedom Act. The power to require an individual to ensure that the individual, and any dependent of the individual is covered by health insurance coverage, or to impose a penalty or sanction for the failure to ensure that coverage, is not found in the Constitution of the US of America and is a power reserved to the people under the ninth amendment and to the several states under the tenth amendment	Immediately after a vote	N/A	
HB 118/McClendon	11.08.10	Relating to requiring the provision of notice by certain hospitals regarding patients' medical records and the disposal of medical records	September 1, 2011	N/A	
HB 124/Legler	11.08.10	Relating to payment for health care services and participation in a health care system.	September 1, 2011	N/A	
HB 194/Walle	11.08.10	Relating to prohibiting the use of credit scoring in certain lines of personal insurance. Concern with underwriting guidelines that are based wholly or partly on the credit information, credit report or credit score of a covered individual	September 1, 2011	N/A	
HB 203/Hughes	11.08.10	Relating to payment for health care services and participation in health care system.	September 1, 2011	N/A	
HB 208/Alonzo	11.08.10	Relating to prohibition of certain insurance discrimination for gender identify or sexual orientation	September 1, 2011	N/A	
HB 210/Alonzo	11.08.10	Relating to the coverage by certain health benefit plans of mammograms performed by certain health care providers female who is 35 years of age or older must include coverage for an annual screening	September 1, 2011	N/A	
HB 286/Lucio III	11.15.10	Relating to the care of elementary and secondary school students with food or other life-threatening allergies.	September 1, 2011	N/A	
HJR 24/Paxton	11.08.10	A Joint Resolution proposing a constitutional amendment relating to the rights of individuals to choose or decline to choose to purchase health insurance coverage	Admitted to voters on November 8, 2011	N/A	
HJR27/Legler	11.08.10	A Joint Resolution proposing a constitutional amendment authorizing certain payment for health care services and prohibiting requiring participation in a health care system	Admitted to voters on November 8, 2011	N/A	
HJR 30/Laubenberg	11.08.10	A Joint Resolution proposing a constitutional amendment authorizing certain payment for health	Admitted to voters on	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
		care services and prohibiting requiring participation in a health care system	November 8, 2011		
SB 120/Uresti	11.08.10	Relating to requiring dental support for a child subject to a child support order. Dental support means periodic payments or a lump-sum payment made under an order to cover dental expenses, including dental insurance coverage, incurred for the benefit of a child.	September 1, 2011	N/A	
SB 155/Huffman	11.08.10	Relating to the eligibility of certain school district employees to participate or be enrolled in certain group health benefit programs. If resignation is effective after the last day of an instruction year is entitled to participate or be enrolled in the uniform group coverage plan or the group health coverage through the earlier of the first anniversary of the date participation in or coverage under the uniform group coverage plan or the group health coverage was first made available to district employees for the last instructional year in which the employee was employed by the district or the last calendar day before the first day of the instructional year immediately following the last instructional year in which the employee was employed by the district	September 1, 2011	N/A	
SB 190/Nelson	11.09.10	Relating to the licensing and regulation of physicians, physician assistants, acupuncturists, and surgical assistants. Amends the Occupations Code to provide that the medical board may not charge a fee to reinstate a license after cancellation for cause. For complaints to the medical board against physicians, the bill adds a seven-year statute of limitation (excepting cases involving a minor). The bill provides that a complaint filed with the medical board by an insurance agent, insurer, pharmaceutical company, or third-party administrator must include the complaint's name and address. The information is to be given to the physician in question within 15 days. The board is given 45 days, rather than 30 to complete a preliminary investigation of a complaint. Expands restrictions on issuing physician licenses to provide that physicians from countries other than the US or Canada whose license was suspended or revoked cannot receive a physician's license in Texas. Allows physicians under disciplinary review by the medical board to request a recording of an informal settlement conference proceeding. <u>Physician Assistants</u>: Amends the Occupations code to provide that the physician's assistant board may conduct license application review as well as disciplinary proceedings during its executive sessions. Removes a provision that allows the physician's assistant board when reviewing an application for a physician's assistant license, to issue a license even though an applicant has had their license revoked,	September 1, 2011	N/A	

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		suspended, or otherwise subject to disciplinary action in this or another state. Provides that the physician assistant board may issue temporary licenses, as well as postgraduate training permits to an assistant participating in a graduate education program approved by the board. Provides that if a person's license is expired for a year, the license is automatically canceled and cannot be renewed. Also provides that a person whose license was canceled and cannot be renewed. Also provides that a person whose license was canceled for this reason can apply for a new license. Acupuncturists amends the occupations Code to provide that the acupuncture board may conduct license application review as well as disciplinary proceedings during its executive sessions. The board is allowed to issue temporary and training licenses. Surgical Assistants amends the Occupations Code to provide that the medical board may conduct license application review as well as disciplinary proceedings during its executive sessions. Provides that deliberations and records relating these meetings are not open information.			
SB 204/Zaffirini	11.12.10	Relating to insurance coverage for certain devices used in the treatment of diabetes: Diabetes equipment: blood glucose monitors, insulin pumps, insulin infusion, podiatric appliances, test strips visual reading and urine test strips, lancets and lancet devices, insulin and insulin analogs, injections aids, syringes, prescriptive and non-prescriptive oral agents, glucagon emergency kits, insulin pens, insulin pen needles, cartridges for pen injectors, disposable prefilled insulin pens, insulin delivery devices and devices that facilitate insulin therapy and enhance glucose control	September 1, 2011	Applicable This is an amendment to the diabetes statute that has previously included language making that statute applicable to 172 pools at 1358.02(3) of the Insurance Code. This language has been in the statute for several years. To amend we would need to remove 1358.02(3) of the current provision completely.	Exclude Chapter 172 Ensure service are evidence based medicine and medically necessary for covered individual

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
HB 297/Berman	11.16.10	Relating to certain federal health care legislation; imposing penalties; The federal Act is not authorized by the US constitution and violates the constitution's true meaning and intent as expressed by the founders of this country and the ratifiers of the constitution	September 1, 2011	N/A	
HB 309/Menendez	11.17.10	Relating to the establishment of the supportive living facility pilot program; project underwriting pro forma from the permanent or construction lender;	On or after January 13, 2013	N/A	
Tx82RHB297/Berman	11.16.10	Relating to certain federal health care legislation; imposing penalties. The people of the several states comprising US of America created the federal government as their agent for certain enumerated purposes, and nothing more	September 1, 2011	N/A	
HB 335/Shelton	11.22.10	Relating to implementation and requirements of certain healthcare reform laws. A state agency must submit a report described by Subsection (d) of an expenditure incurred in implementing a provision of a federal health care reform law if: the provision: requires a person to purchase health insurance or similar health coverage, requires an employer to provide health insurance or similar health coverage to or for employees, imposes a penalty to an employer who does not provide health insurance or similar health coverage to or for employees, expands eligibility for the state Medicaid program or state child health plan program: creates a health insurance coverage mandate affecting a person; or creates a new health insurance or similar health coverage program that is administered by the state or a political subdivision of this state	September 1, 2011	N/A	
SB 241/Ellis	12.01.10	Relating to HIV and AIDS tests and to health benefit plan coverage. Companion 786 Amends the health and Safety Code to provide that when a health care provider takes a sample of a person's blood as part of a routine medical screening, the provider shall submit the sample for an HIV diagnostic test unless the patient opts out (the bill also requires that the patent be notified ahead of item) Adds a new subchapter (Coverage of Certain Testing Required) to the Insurance code to provide that a health benefit plan may not exclude or deny coverage for the performance of medical tests or procedures to determine HIV infection, regardless of whether the test or medical procedure is related to the primary diagnosis for which the enrollee seeks medical or surgical treatment applies to "standard health benefit plans" under Ch 1507 Insurance Code	September 1, 2011	Technically N/A although 172 may have a like requirement through 1364.101.	Medically necessary coverage and level of service is currently an eligible benefit
HB 28/Guillen		Relating to reimbursement for health care services provided at certain times to persons enrolled in the Medicaid managed care program.	September 1, 2011	N/A	
HB 32/Creighton		Relating to the prohibition of required health insurance coverage.	September 1, 2011	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
HB 70/Martinez		Relating to telemedicine medical services, home telemonitoring service, telehealth services, and home telemonitoring services provided to certain Medicaid recipients. The executive commissioner by rule shall establish a statewide program that permits reimbursement under the state Medicaid program for home telemonitoring services as provided under this section.		N/A	
HB 97/Paxton		Relating to creation of the Health Freedom Act	Effective immediately if it receives a vote of 2/3 of members of elected to each house.	N/A	
HB 118/McClendon		Relating to requiring the provision of notice by certain hospitals regarding patients' medical records. May authorize the disposal of medical records relating to the patient on or after the periods specified in this section.	September 1, 2011	N/A	
HB 124/Legler		Relating to payment for health care services and participation in a health care system.	September 1, 2011	N/A	
HB 144/Laubenberg		Relating to payment for health care services and participation in a health care system.	September 1, 2011	N/A	
HB 194/Walle		Relating to prohibiting the use of credit scoring in certain lines of personal insurance	September 1, 2011	N/A	
HB 203/Hughes		Relating to payment for health care services and participation in a health care system.	September 1, 2011	N/A	
HB 124/Legler		Relating to payment for health care services and participation in a health care system.	September 1, 2011	N/A	
HB 144/Laubenberg		Relating to payment for health care services and participation in a health care system "Direct payment", means payment for health care services provided to an individual or a dependent of the individual that is made by the individual or by the individual's employer, without a public or private third party, other that the employer paying for any portion of the services without a penalty or fine	September 1, 2011	N/A	
HB 208/Alonzo		Relating to prohibition of certain insurance discrimination. May not refuse to insure or provide coverage to an individual due to race, color, religion, national origin, age, gender, marital status, geographic location, sexual orientation or gender identify or expression.	September 1, 2011	N/A	
HB 210/Alonzo		Relating to the coverage by certain health benefit plans of mammograms performed by certain health care providers.	September 1, 2011	N/A	
HB 2086/Lucio		Relating to the care of elementary and secondary school students with food or other life-threatening allergies. Allergy and Anaphylaxis management plan that includes the following: communication, strategies for reducing student's exposure, treatment plan for response	September 1, 2011	N/A	
HB 297/Berman		Relating to certain federal health care legislation, imposing penalties. Tenth amendment to the US	September 1, 2011	N/A	

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		constitution defines the total scope of federal power as that which has been delegated by the people of the several states to the federal government, and all power not expressly delegated to the federal government in the US constitution is reserved to the states respectively			
HB 309/Menendez		Relating to the establishment of the supportive living facility pilot program	September 1, 2011	N/A	
HB 335/Shelton		Relating to implementation and requirements of certain health care reform laws (mandated purchase or employer penalty for not healthcare benefits)	September 1, 2011	N/A	
Paxton		**Joint Resolution** proposing a constitutional amendment relating to the rights of individuals to choose or decline to choose to purchase health insurance coverage		N/A	
Legler		**Joint Resolution** proposing a constitutional amendment authorizing certain payment for health care services and prohibiting requiring participation in a health care system		N/A	
Laubenberg		**Joint Resolution proposing** a constitutional amendment authorizing certain payment for health care services and prohibiting requiring participation in a health care system		N/A	
SB 120/Uresti		Relating to requiring dental support for a child subject to a child support order for access to dental benefits	September 1, 2011	N/A	
SB 155/Huffman		Relating to the eligibility of certain school district employees to participate or be enrolled in certain group health benefit programs	September 1, 2011	N/A	
SB 190/Nelson		Relating to the licensing and regulation of physicians, physician, assistants, acupuncturists, and surgical assistant. On receipt of a complaint, the board may consider a previously investigated complaint to determine whether there is a pattern of practice violating this subtitle.	September 1, 2011	N/A	
SB 204/Zaffirini		Relating to insurance coverage for certain devices used in the treatment of diabetes. Test strips for blood glucose monitors, visual reading and urine test strips, lancets and lancet devices, insulin and insulin analogs, injection aids, syringes, insulin pens, insulin pen needles, cartridges for pen injectors, disposable prefilled insulin pens, insulin delivery devices, and devices that facilitate insulin therapy and enhance glucose control. (Discussion around I-port benefit eligibility but is a device discussion	September 1, 2011	N/A on its face but could be applicable through TDI regulation.	
SB 241/Ellis		Relating to HIV and AIDS tests and to health benefit plan coverage of HIV and AIDS tests. Before taking a sample of a person's blood, a health care provider must verbally informs a person that an HIV test will be performed unless the person opts out of the HIV test. A health benefit plan issuer may not exclude or deny coverage for the performance of medical tests or procedures to determine HIV infection, antibodies to HIV, or infection with any other probable	September 1, 2011	N/A but 172 may be otherwise required to cover 1364.101	

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		causative agent of AIDS, regardless of whether the test or medical procedure is related to the primary diagnosis of the health condition, accident, or sickness for which the enrollee seeks medical or surgical treatment			
HB 419/Villareal		Relating to the automatic enrollment of certain women in the demonstration projects for women's health care services.	August 31, 2011	N/A	
HB 438/Thompson	12.15.10	Relating to health benefit plan coverage for orally administered anticancer medications.	September 1, 2011	N/A but mentioned the Exchange under Chapter 942	
SB 262/Carona	12.15.10	Relating to health benefit plan coverage for orally administered anticancer medications	September 1, 2011	N/A but mentioned the Exchange under Chapter 942	
SB 293/Watson	12.21.10	Relating to telemedicine medical services, telehealth services, and home telemonitoring services provided to certain Medicaid recipients. Telemonitoring services are available only to persons who are diagnosed with one or more conditions described by Section 531.02171 © (4) and who exhibit two or more of the following risk factors: two or hospitalizations in the prior 12 month period, frequent or recurrent emergency room admissions, documented history of poor adherence to ordered medication regiments, documented history of falls in the prior six month period, limited or absent informal support systems, living alone or being home alone for extended periods of time and a documented history of care access challenges	September 1, 2011	Medicaid	
HB 474/Lewis	12.28.10	Relating to eligibility requirements for certain public benefits programs. All applicant for benefits must complete a Form I-(and provide documentation that establishes the applicant's identify and eligibility to work in the US as required by that form to be eligible to receive benefits under any of the following programs: child health plan under Chapter 62 Health and Safety Code, the financial assistance program under Chapter 31, Human Resources Code, the medical assistance program under chapter 32, the nutritional assistance program under chapter 33, Human Resources Code	September 1, 2011	N/A	
HB 503/Walle		Relating to eligibility for children's Medicaid and the child health plan program. The commission shall establish income eligibility levels consistent with Title XXI, Social Security Act (42 U.S.C. Section1397aa et seq.), as amended, and any other applicable law or regulations, and subject to the availability of appropriate money, so that a child who is younger than 19 years of age and whose net family income is at or below 200 percent of the federal poverty level	September 1, 2011	N/A	

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		is eligible for health benefits coverage under the program.			
HB 552/Phillips	1.7.11	Relating to a prohibition on coverage for abortion under health benefit plans offered through a health benefit exchange	September 1, 2011	N/A	
SB 325/Van de Putte	1.10.11	Relating to the automatic enrollment of certain women in the demonstration project for women's health care services. Preventive health and family planning services to include: medical history, physical examinations, health screenings for diabetes, cervical cancer, breast cancer, sexually transmitted diseases, hypertension, cholesterol and tuberculosis, counseling on contraception, provision of contraceptives risk assessment, appropriate referrals	Effect August 31, 2011	N/A	
HB 636/Zerwas	1.13.11	Relating to creation of the Texas Health Insurance Connector. The small employer and individual health benefit plan markets in this state are a fundamental and integral component of the economy of this state that create significant employment and business opportunity, including enabling more than 1.5 million individuals, and 110,000 small businesses with more than 650,000 employees to obtain health benefit plan coverage in 2009. The US Congress exceeded its constitutional authority by passing the Patient Protection and Affordable Care Act, which contained a number of provisions that have the potential to significantly undermine the operations of the small employer and individual health benefit plan markets in this state. The Patient Protection and Affordable Care Act includes an option for a state to create a health insurance exchange to facilitate the purchase of individual and small group health coverage and to provide assistance with enrollment of eligible individuals in qualified health plans in lieu of the federal government operating a health insurance exchange in the State. "Qualified health plan means a health benefit plan that the board has certified under Section 1509.108. " The Board may adopt rules necessary to implement state responsibility in compliance with a federal law or regulation or action of a federal court relating to a person or activity under the purview of the connector if the federal law, regulation or action of the federal court requires a sate to adopt the rules or action by a state to ensure protection of the citizens of the state, the rules will avoid federal preemption of state insurance regulation or the rules will prevent the loss of federal funds to this state. The connector and the department shall cooperate to promote a stable health benefit plan market in this state. At least three of the five board members appointed by the	September 2011	N/A	Heritage Foundation

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		governor must have experience in health care administration, health care economics, or health insurance or be knowledgeable concerning general business or actuarial principles. One of the board members appointed by the governor must represent the interests of health plan consumers in this state, one must represent the interests of small employers in this state, and one must be an enrollee or be reasonably expected to qualify for coverage under a qualified health plan in this state. The connector shall: rule establish procedures consistent with federal law and regulations for the certification, recertification and decertification of health benefit plans as qualified health plans; provide for the operation of a toll-free telephone hotline to respond to requests for assistance; maintain an Internet website through which an enrollee or prospective enrollee may obtain standardized information, locate comparative coverage, assign a rating based on criteria developed by the secretary, standard format for presenting information, eligibility appropriateness for Medicaid, child health plan program or other similar federal, state or local public health benefit program. Make available electronically a calculator to determine the actual cost of coverage after the application of any premium tax credit or cost-sharing subsidy available under federal law, certify that an individual is exempt from the individual responsibility penalty under Section 5000A, Internal Revenue Code of 1986, and notify the secretary of the exemption, establish a navigator program as described by Section 1311(i), provide for processing of applications for coverage under a qualified health plan, the enrollment of persons, establish billing and payment policies for issuers of qualified health plans, engage in marketing and outreach, collect and maintain information concerning qualified health plans, including data concerning enrollment, disenrollment , claims and claim denials.			
HB 813/Gutierrez	1.21.11	Relating to the election of the commissioner of insurance. A person appointed as an associate or deputy commissioner or to hold an equivalent position must have at least five years of experience in the administration of business or government or as a practicing attorney or certified public accountant. At least two years of that experience must be in work related to the position to be held.	January 1, 2013	N/A	
HB 758/Eiland	1.20.11	Relating to certain limitations in health benefit plans and health insurance policies. The insurer is not liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a physician.	September 1, 2011	Yes	Trying to get Chapter 172 excluded

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
HB 816/Hunter	1.24.11	Relating to health plan and health benefit plan coverage for abortions. A health benefit plan may provide coverage for abortion only if the coverage is provided to an enrollee separately from other health benefit plan coverage offered by the health benefit plan issuer; an enrollee pays separately from, and in addition to, the premium for other health benefit plan coverage a premium for coverage for abortion an enrollee provides a signature required for abortion, separately and distinct from the signature required for other health benefit plan coverage offered by the health benefit plan issuer. A health benefit plan may provide coverage for an abortion performed when a condition exists, based on the performing physician's good faith clinical judgment that complicates the condition of a pregnant enrollee and necessitates the abortion to avert the enrollee's death.	September 1, 2011	Yes	Trying to get Chapter 172 excluded
SB 440/Lucio	1.28.11	Relating to health benefit plan coverage for autism spectrum disorder under certain health benefit plans.	September 1, 2011	N/A	
HB834/ Hernandez Lunz	1.25.11	Relating to supplemental breast cancer screening. Amends the Insurance code to provide that a physician with a patient about the results of the patient's mammogram shall provide the patient with a copy of the patient's mammogram results and informational materials to help them interpret the results. Adds a new chapter (Supplemental Breast Cancer Screening) to require a health benefit plan that covers mammography (including low-dose mammography) to cover supplemental breast cancer screening (MRI, ultrasound, or any other method determined necessary by the physician for an enrollee if a physician treating or screening the enrollee finds dense breast tissue and additional risk factors for breast cancer. Supplement mammography by detecting breast cancers that may not be visible using only mammography, including: 1) breast MRI; 2)breast ultrasound; 3)any other method determined by a physician, based on patient's specific risk factors.	September 1, 2011	Yes	Request Chapter 172 be exclued
SB 404/Hegar	2.2.11	Relating to health plan and health benefit plan coverage for abortions. Adds a new subtitle to the Insurance code to provide that coverage obtained through a health benefit exchange may not provide coverage for abortions except those necessary to save the life of the mother. Adds a new chapter (Coverage for Abortion Prohibitions and Requirements) to the Insurance Code to provide that a health benefit plan may provide coverage for an abortion only if: 1) the coverage is offered separately from other health benefit plan coverage offered by the issuer; 2) and enrollee pays separately and additionally for abortion coverage; 3) an		Yes	

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		enrollee provides a signature for coverage for abortion separate from that for the rest of the plan. Makes exception for abortions necessary to preserve the life of the mother. The bill requires health benefit plan issuers that provide coverage for abortions to calculate the premium for the coverage so that the premium "fully covers the estimated cost of abortion per enrollee,: and may not consider the savings from services (such as prenatal care, delivery, postnatal care) not delivered because of an abortion; the plan issuer also may not provide a discount to an enrollee for coverage other than coverage for abortion on the basis of the enrollee having abortion coverage. Requires the plan to provide notice of these provisions to enrollees.			
HCR 27/Christian	1.4.11	Expressing opposition to the Patient Protection and Affordable Care Act. Officially expresses the Legislature's opposition to PPACA. Message must be sent to the President and to leaders of Congress.		N/A	
HJR 51/Christian	1.4.11	Proposing a constitutional amendment relating to the rights of individuals to choose or decline to choose to purchase health insurance coverage. HJR 24 Paxton 11.8.10 H Filed. The bill proposes an amendment to the state constitution that would provide that each individual has the right to choose or decline to choose health insurance coverage.		N/A	
HB 786/ Davis, Yvonne		Relating to HIV and AIDS tests and to health benefit plan coverage of HIV and AIDS tests. Companion 241		N/A but 172 may be otherwise required to cover 1364.101	
HB 842/ Davis, John	1.25.11	Relating to telemedicine medical services, telehealth services, and home telemonitoring services provided to certain Medicaid recipients. Companions: HB 70 Martinez and SB 293 Watson Amends the Government Code to provide that the executive commissioner of the health and Human Service Commission shall provide for Medicaid reimbursement for home telehealth and telemonitoring services for people with chronic conditions (e.g. chronic obstructive pulmonary disease, hypertension, and congestive heart failure) who exhibit certain risk factors.		N/A	
HCR 25/ Smith, Todd	12.28.10	Urgin Congress to remove confidentiality mandates for minors from family planning services programs operating under Title X of the Public Health Service Act and Medicaid.		N/A	
HB983/ Menendez		Relating to health insurance coverage for eligible survivors of certain public servants killed in the line of duty. A survivor of an individual listed under	9.1.11	Yes	

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		Section 615.071 who would have been eligible for health insurance benefits during the life of the individual may not be denied health insurance benefits on the ground that the survivor was enrolled in group health insurance with another employer as of the date of the individual's death.			
HB 547/Deuell	2.8.11	Relating to provision by a health benefit plan of prescription drug coverage specified by formulary and to notice to an enrollee of a modification in a small or large employer health benefit plan. A statement regarding the method the issuer uses to determine the prescription drugs to be included in or excluded from a drug formulary; a statement of how often the issuer reviews the contents of each drug formulary and notice that an enrollee may contact the issuer to determine whether a specific drug is included in a particular drug formulary, disclose to an individual on request, no later than the third business day after the date of the request, whether a specific drug is included in a particular drug formulary and notify an enrollee and any other individual who requests information under this section that the inclusion of a drug in a drug formulary does not guarantee that an enrollee's health care provider will prescribe that drug for a particular medical condition or mental illness.	9.2.11	N/A	
HB 1192/Castro	2.8.11	Relating to the requirement and study of insurance coverage for serious emotional disturbances of a child. Serious emotional disturbance of a child means an emotional or behavioral disorder or a neuropsychiatric condition that causes a person's functioning to be impaired in thought, perception, affect, or behavior and that has been diagnosed in a person who is at least three years of age and younger than 17 years of age. The disorder substantially impairs the person's ability in at least two of the following activities or tasks: self care, engaging in family relationships, functioning in school, or functioning in the community. The disorder creates a risk that the person will be removed from the person's home. Must provide medical necessary coverage for a child per calendar year; 45 days of inpatient and 60 visits for outpatient.	9.1.11	N/A	Calendar year maximums on essential benefits is not healthcare reform compliant
HB 1292/ Coleman	2.11.11	Relating to coverage of certain eating disorders as serious illnesses under certain group health benefit plans. Serious Mental Illness means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders (DSM): bipolar disorders (hypomanic, manic,depressive, and	9.1.11	Applicable HB 1292- This is also difficult to amend because our statute that requires poli	Mental Health Parity Check with private carriers

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		mixed; depression in childhood and adolescence, major depressive disorders (single episode or recurrent), obsessive-compulsive disorder; paranoid and other psychotic disorders; schizo-affective disorders (bipolar or depressive), schizophrenia; and anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified.		tical subdivisions to cover serious mental illness (1355.151(1)(a)) adopts the 1355.001 (1) definition of serious mental illness. We would need to change 1355.151(1)(a) to state as follows: "In this section, "serious mental illness" has the meaning assigned by Section 1355.001, <u>except for (1) (h).</u>	
HB 1321/Allen		Relating to health benefit plan coverage for certain children diagnosed with autism spectrum disorder. At a minimum, a health benefit plan must provide coverage as provided by this section to an enrollee who is diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee completes 17 years of age.	9.1.11	N/A	
HB 1310/Smithee		Relating to the office of public insurance counsel's authority to initiate a hearing on or object to insurance rates or rate filings.	9.1.11	N/A	
HB 1295/Shelton		Relating to a pilot project to increase enrollee access to primary care services and simplify enrollment procedures under the child health plan program.	9.1.11	N/A	
HB 1264/Craddick		Relating to establishing a separate provider type for prosthetic and orthotic providers under the medical assistance program.	9.1.11	N/A	
HB 1295/Shelton		Relating to a pilot project to increase enrollee access to primary care services and simplify enrollment procedures under the child health plan program.	9.1.11	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
HB1295/Shelton		Relating to a pilot project to increase enrollee access to primary care services and simplify enrollment procedures under the child health plan program.	9.2.11	N/A	
HB 1266/ Coleman		Relating to licensing of advanced practice registered nurses and the authority of those nurses to prescribe and order prescription drugs. Advanced practice registered nursing by a nurse practitioner, nurse anesthetist, nurse-midwife or clinical nurse specialist. The board may grant prescribing and ordering authority in accordance with this chapter through the issuance of an advanced practice registered nursing license to a registered nurse approved by the board to practice as an advanced practice registered nurse. The delegating physician reviews at least 10% of the medical charts, including through electronic review of the charts from a remote location	9.1.11	N/A	
HB 1253/Smithee		Relating to notice to an enrollee of a modification in a small or large employer health benefit plan. The modification occurs at the time of coverage renewal; the modification is effective uniformly among all small or large employers covered by that health benefit plan.	9.1.11	N/A	Administrative Wok
HB 1157/Hancock		Relating to the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association.	9.1.11	N/A	
HB 983/ Menendez		Relating to health insurance coverage for eligible survivors of certain public servants killed in the line of duty. A survivor of an individual listed under Section 615.071 who would have been eligible for health insurance benefits during the life of the individual may not be denied health insurance benefits on the ground that the survivor was enrolled in group health insurance with another employers as of the date of the individual's death. The surviving spouse is entitled to purchase or continue to purchase health insurance coverage until the date the surviving spouse becomes eligible for federal Medicare benefits.	9.1.11	Yes	
HB 705/ J Davis of Harris	1.18.11	Relating to certain prohibited practice concerning the payment of copayments and deductibles under health benefit plans; providing a civil penalty and for injunctive relief. Duty to collect copayment or deductible; certain waivers prohibited unless enrollee demonstrates special financial need or hardship.	9.1.11	yes	
HB 85/Simpson	11.8.10	Relating to the State's or a state governmental entity's provision of support for the performance of an abortion or abortion-related service.	9.1.11	maybe	
SB 554/Carona	2.8.11	Relating to contracts between dentist and health maintenance organizations or insurers. A contract between an insurer and a dentist may not limit the fee the dentist may charge for services for which a	9.1.11	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
		patient's employee benefit plan or health insurance policy does not provide a benefit or reimbursement, including a service that exceeds the annual or lifetime maximum limit of the plan or policy or that is provided during a waiting period.			
SB 521/Carona	2.3.11	Relating to the operation of certain managed care plans with respect to health care providers. A HMO organization may not terminate participation of a physician or provider solely because the physician or provider informs enrollee of the full range of physicians and providers available	9.1.11	N/A	
SB 441/ Lucio, Davis	1.28.11	Relating to coverage for autism spectrum disorder under certain health benefit plans.	9.1.11	N/A	
HB 914/Hancock	1.26.11	Relating to the applicability of certain laws to open enrollment charter schools. An open-enrollment charter school is a local governmental entity as defined by Section 271.151, Local Government Code, and is subject to liability on a contract as provided by Subchapter I Chapter 271. Local Government Code, and only in the manner that liability is provided by that subchapter for a school district.	9.1.11	Yes	Support the bill
HB 1468/ Hernandez Luna	2.17.11	Relating to the child health plan program. The commission shall establish income eligibility levels consistent with Title XXI, Social Security Act 943 U.S.C Section 1397aa et seq.), as amended and any other applicable law or regulations, and subject to the availability of appropriated money so that a child who is younger than 19 years og age and whose net family income is at or below 300 percent of the federal poverty level is eligible for health benefits coverage under the program.	9.1.11	N/A	
HB 1478/Woolley	2.17.11	Relating to the extension of the women's health program demonstration project. A woman eligible under Subsection (b) to participate in the demonstration project may receive appropriate preventive health and family planning services, including: Medical history recording and evaluation, physical examinations, health screenings, including screening for: diabetes, cervical cancer, breast cancer, sexually transmitted diseases, hypertension, cholesterol tuberculosis	8.31.11	N/A	
HJR 69/Kolkhorst	1.20.11	Applying to the Congress of the US to call a convention to propose an amendment to the US Constitution providing that the power to regulate health and education is reserved to the states. Provides that education and health care are solely within the purview of state lawmaking.	9.1.11	N/A	
SB 515/Patrick	2.3.11	Relating to required individual health insurance coverage. Adds a new chapter to the Insurance Code to provide that health insurance coverage cannot be required (except for University students or court ordered coverage) and lack of it cannot be penalized.	9.1.11	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
HB 755/Cook	1.20.11	Relating to eligibility of certain dependents for coverage under the state employee group benefits program. Amends Ch 1551 Insurance Code (Texas Employees Group Benefits Act) to provide that a dependent can get coverage under the Act regardless of age if the dependent lives with the dependendee and, on the date that the dependee became eligible to participate in the group benefits program, the dependent was enrolled as such in health benefits coverage under Chapters 1575 (public school employees group benefits program), 1579 (public school employees uniform group health coverage), or 1601 (health benefits for UT and A&M system employees	9.1.11	N/A	
HB 762/Lozano	1.20.11	Relating to establishing a pill splitting program to reduce health plan costs for certain public employees. Amends the Insurance Code chapters concerning benefits for public employees, public school employees, and UT and A&M employees to create a voluntary pill splitting program for enrolles under the Act that includes copayment reductions and requires the enrollee to personally split eligibile prescription pills. Texas Pharmacy Board to set rules on which pills can be split.	9.1.11	N/A	
HB 871/Davis	1.25.11	Relating to indigent health care services provided by a county. Amends the Health and Safety Code to include a physical and occupational therapy services as basic health services for purposes of providing indigent care.	9.1.11	N/A	
HB 1255/Strama	2.10.11	Relating to programs, services, and information related to women's health, family planning and human sexuality. Companions SB 585 Amends the Human Resources Code (Medical Assistance) to extend an existing pilot program to expand access to preventive health and family planning services for women for another two years.	9.1.11	N/A	
HB 1257/ Kolkhorst	2.10.11	Relating to the application and verification of eligibility for certain public benefits Programs. Amends the Government Code to require that the Texas Integrated Eligibility Redesign System (TIERS) be designed such that a person can't access public benefits until lawful presence is established. Provides that an application form for public benefits may NOT contain a statement that children of parents unlawfully present but who are themselves lawfully present are eligible for benefits, as well as information related to voter registration.	9.1.11	N/A	
HB 1320/ Laubenberg	2.14.11	Realting to the period of continuous eligibility for the child health plan program. Amends the Health and Safety Code to provide that CHIP benefits expire at 6	9.1.11	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
		months from the eligibility determination date, and repeals provisions that allow the eligibility to be renewed if the child's family's income continues to be below the income limit.			
HB 1362/ Laubenberg	2.15.11	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 qualified dependents. Amends Ch 1551 Insurance Code (Texas Employees Group Benefits Act) to create a state consumer-directed health plan for enrollees under the Act (state employees) that includes health savings accounts and high-deductible health plans.	9.1.11	N/A	
SB 423/Lucio	1.28.11	Relating to health insurance for eligible survivors of certain public servants killed in the line of duty. Companions HB 983 Menendez (identical 1.28.11 filed. Adds a new section to Ch 615 to allow an eligible survivor who did not purchase or receive health benefits through a deceased officer's coverage on or before the officer's death to apply for health insurance benefits or coverage before Sept 1, 2012 and be treated in all ways as an eligible survivor.	9.1.11	Yes	
SB 574/ Van de Putte	2.9.11	Relating to the requirement and study of insurance coverage for serious emotional disturbance of a child. Companions HB 1192 Castro/2.8.11 filed (identical)The bill would require that group health plans coverage "serious emotional disturbance of a child" However, because it does not add this definition of "serious mental illness," it does not apply to 172 or self-funded cities. Amends Sec 1355.001 Insurance Code (Benefits for Certain Mental Disorders: Definitions) to define serious emotional disturbance of a child (SED) for the purpose of the chapter to provide that a health plan covered SED at the same level and with the same conditions (cost-sharing, etc), as serious mental illnesses 9SMI). The Insurance Department (TDI) must conduct a study on SED claims and associated costs to health plans, and report the study to state leaders.	9.1.11	N/A	
SB 591	2.14.11	Relating to the office of public insurance counsel's authority to initiate a hearing on or object to insurance rates or rate filings. Companions: HB 1310 Smithee filed 2.14.11, amends the Insurance Code to allow the Office of Public Insurance Council (OPUC) to require the Insurance commissioner to order an administrative hearing to consider any matter related to insurance rates or rate filings. Removes a requirement that OPUC object to a rate filing within 30 days of the rate filing. 2.10.11 filed	9.11.11	N/A	
SB 611/Rodriguez	2.11.11	Relating to the child health plan program. Amends Ch 62 Healthand Safety Code (CHIP) to provide that	9.1.11	N/A	

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
		net family income for the purpose of the program includes offsets for child support payments. Extends income eligibility ceiling from net family income of 200 percent of the federal poverty level (FPL) to 300% FPL; extends ceiling up to which the Health and Human Services Commission may establish eligibility standards regarding amount and types ofallowable assets from 150% FPL to 250% FPL. Family income requirements must exclude college savings plans. A family must be allowed to own at least $20,000 in allowable assets. Enrollees allowed under the new ceilings must pay a share of CHIP costs, and termination of coverage for nonpayment is allowed. Adds a new section the Health and Safety Code to provide that HHSC shall apply the prospective payment system established under the federal Social Security Act in providing CHIP coverage for rural health clinic services and federally-qualified health center services. Adds a new subchapter to Ch 62 to provide a buy-in option for children with net family incomes between 3005 and 400% FPL. Requires HHSC to improve community outreach related to CHIP. Amends Ch 531 Government Code to require HHSC, in the event that existing eligibility determination programs are accurate less that 90% of the time for three consecutive months, to establish a corrective action plan.			
SB 620/Nelson	2.11.11	Relating to the reporting of health care-associated infections and preventable adverse events. Amends Ch 98 (Reporting of Health Care-Associated Infections and Preventable Adverse Events to repeal Sec 98.104 Health and Safety Code (Alternative for Reporting Surgical Site Infections). Allows the Health and Human Services Commission to designate a federal agency to receive adverse event reports.	9.1.11	N/A	
SB 622/Nelson	2.11.11	Relating to the privacy of protected health information and personal information; providing civil and criminal penalties. Amends Ch 181 Health and Safety Code (Medical Records Privacy) to do the following (per Sen. Nelson's press release): prohibit the sale of protected health information; increase criminal penalties for theft of medical records, breach of computer security, and health care fraud, including Medicaid fraud, that involves stolen health information; increase the civil penalties the Texas Attorney General may assess for violations of the Texas Medical Privacy Act; require health care providers to provide a person's health record in an electronic format within five days of the request; and require the Texas Attorney General to maintain	9.1.11	N/A	

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		a website providing information about consumer privacy rights and complaint procedures.			
SB 717/Harris	2.15.11	Relating to the purpose and duties of the Council on Children and Families. Amends the Government Code relating to the Council on Children and Families to add to the council's mission the promotion of sharing information regarding children and their families among state agencies.	9.1.11	N/A	
HB 1535/Eiland	2.18.11	Relating to the participation of this state in the Surplus Lines Insurance Multi-State Compliance compact. To improve coordination of regulatory resources and expertise between State insurance departments and other State agencies, as well as State surplus lines. To adopt uniform rules to provide for Premium Tax payment, reporting, allocation, data collection and dissemination for Non-Admitted Insurance of Multi-State Risks and Single-State Risks. The Compacting States hereby create and establish a joint public agency known as the "Surplus Lines Insurance Multi-State Compliance Compact Commission. Need uniform clearinghouse transactions data reporting requirements for all information reported to the clearinghouse.	9.1.11	N/A	
HB 1512/Dutton	2.18.11	Relating to an electronic record of eligibility for Medicaid benefits.	9.1.11	N/A	
SB 775/Zaffirini	2.18.11	Relating to establishing a participant directed Medicaid waiver pilot program which allows Medicaid recipients who participate in any Section 1915 © waiver program to have greater choice, direction, and control over the Medicaid benefits they receive than is available under the consumer direction models offered under Section 531.051. The pilot program must be operated in rural area and one urban area of the State, be in operation for at least four years and offer consumer directed service options.	9.1.11	N/A	
HB 1534/Eiland	2.18.11	Relating to regulation of certain health care provider network contract arrangements. Disclosure to each third party all relevant terms, limitations, and conditions necessary to comply with the provider network contract	9.1.11	N/A could apply to network	
SB 797/Nelson	2.18.11	Relating to objective assessment processes for acute nursing services and certain other services provided under the Medicaid program.	9.1.11	N/A	
SB 798/Nelson	2.18.11	Relating to the amounts of administrative penalties assessed or imposed against certain health facilities. The effect of the penalty on the hospital's ability regarding previous violations, seriousness of violations and threat to the health, safety or rights of the hospital's patients.	9.1.11	N/A	
SB 827/Patrick		Relating to the child health plan and medical assistance programs. The department may not reimburse a provider under the medical assistance	9.1.11	N/A	

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		program for a nonmedically indicated cesarean section or labor induction performed at a hospital on a woman earlier than the 39th week of gestation. Electronic visit verification system. If it is cost effective, the department shall implement an electronic Visit verification system under appropriate Medicaid programs administered by the department that allows providers to electronically verify and document basic information relating to the delivery of services which include: Provider name, recipient's name, the date and time the provider begins and ends the delivery of services and the location of service delivery			
HB 1605/Guillen	2.22.11	Relating to the use of telemonitoring in the medical assistance program. "Telemonitoring" means the use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, and information across distance. Telemonitoring includes the use of technologies such as telephones, facsimile machines, e-mail systems, text messaging systems, and remote patient monitoring devices to collect and transmit patient data for monitoring and interpretation	9.1.11	N/A	
HB 1644/Zerwas	2.22.11	Relating to health benefit plan coverage for certain tests for the early detection of cardiovascular disease in certain children.	9.1.11	N/A	
HB 1645/Zerwas	2.22.11	Relating to efficiencies and cost-savings in the health and human services and other related regulatory agencies, including the state medical assistance and child health plan programs. Leveraging all options for program flexibility and funding, including working with other states and the federal Department of Health and Human Services, to increase program efficiency, accountability and sustainability: quality based payments, Neonatal ICU, emergency room visits, minimize client cost sharing including co-payments, federal matching funds through a statewide transportation broker or federal waiver, RBRVS fee schedule, modify inpatient and outpatient reimbursements, promote telemedicine technology, managed care model,	9.1.11	N/A	
HB 1653/Alonzo	2.22.11	Relating to the inclusion of optometrists, therapeutic optometrists, and ophthalmologists in the health care provider networks of Medicaid managed care organizations.	9.1.11	N/A	
HB 1657/ Yvonne Davis	2.22.11	Relating to the reporting of health care associated infections. A report made under this section must specify whether the infection resulted in the death of the patient.	9.1.11	N/A	
SB 846/ Dan Patrick		Relating to the scope of practice of advanced practice nurses at certain sites serving medically underserved populations.	9.1.11	N/A	
SB 848/		Relating to ambulatory surgical centers and to the	9.1.11	N/A	

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Dan Patrick		provision of services at those centers by certain designated physician groups. Limited health services means health services not requiring a medical diagnosis or the prescription of therapeutic or corrective measures. The term includes immunizations, well child care, tuberculosis control, wellness screenings, epidemiologic investigations and routine prenatal care.			
SB 859/Dunan, Nelson, Hegar		Relating to small and large employer health group cooperatives. The provisions of this subchapter relating to guaranteed issuance of plans, to rating requirements, and to mandated benefits that are applicable to small employers apply to eligible single-employee businesses that are members of the health group cooperative.	9.1.11	N/A	
SB 874/Fraser		Relating to establishing a separate provider type for prosthetic and orthotic providers under the medical assistance program. The department shall establish a separate provider type for prosthetic and orthotic providers for purposes of enrollment as a provider of and are imbursement under the medical assistance program. The department may not classify prosthetic and orthotic providers under the durable medical equipment provider type.	9.1.11	N/A	Companion Bill 1264
HB 1716/Garza	2.23.11	Relating to regulations on certain complementary and alternative health care services. In this chapter, "complementary and alternative health care services" means the broad domain of complementary and alternative health methods, healing therapies, treatments and services: acupressure, anthroposophy, aromatherapy,		N/A	
HB 1720/John Davis	2.23.11	Relating to improving health care provider accountability and efficiency under the child health plan and Medicaid programs. Reimbursement claims for certain Medicaid or CHIP services involving supervised providers. Fraud and Abuse recovery by certain persons; retention or recovered amounts.		N/A	
HB 1744/Allen	2.24.11	Relating to health benefit plan coverage for certain children diagnosed with autism spectrum disorder. The health benefit plan must provide coverage under this section to the enrollee for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan developed by that physician in consultation with the enrollee's parent or guardian. Services my included: evaluation and assessment services, applied behavior analysis, speech therapy, occupational therapy, physical therapy and therapy to develop appropriate social, emotional, and interpersonal skills or medications or nutritional supplements used to address symptoms of autism spectrum disorder	9.1.11	N/A	
HB 1766/ Crownover	2.24.11	Relating to the creation of a voluntary consumer-directed health plan for certain individuals eligible to	9.1.11	N/A	

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		participate in the insurance coverage provided under the Texas Employees Group Benefits Act and their qualified dependents.			
HB 1772/ Larry Taylor	2.24.11	Relating to the regulation of certain exclusive provider benefit plans. POS, Non-Network System, PPO, Exclusive Provider Benefit Plan. The insured's coinsurance applicable to payment to non-preferred providers may not exceed 50% of the total covered amount applicable to the medical or health care services.	9.1.11	N/A	
HB 1777/Lozano	2.24.11	Relating to requiring dental support for a child subject to a child support order. Child support means administrative or court actions to establish paternity, establish, modify, or enforce child support, medical support or dental support*	9.1.11	N/A	
HB/1826/ McClendon	2.24.11	Relating to the use of unapproved or disapproved insurance or health maintenance organization forms. It is an unfair method of competition or an unfair or deceptive act or practice in the business of insurance to deny or limit coverage or benefits on the basis of language contained in a document for which form approval is required under Subchapter C, chapter 1271, or Chapter 1701, or Chapter 2301 if the forma has not been approved under Chapter 1271	9.1.11	N/A	
HB 1875/Kolkhorst		Relating to the repeal of certain health programs, task forces, and councils, and to the review of certain health programs, councils, and divisions under the Texas Sunset Act. Plan and Direct the Medicaid program in each agency that operates a portion of the Medicaid program, including the management of the Medicaid managed care system and the development, procurement, management, and monitoring of contracts necessary to implement the Medicaid managed care system	9.1.11	N/A	
SB 969/Nelson		Relating to the establishment of the Public Health Funding and Policy Advisory Committee within the Department of State Health Services. At least semiannually, make formal recommendations to the department on the use of funds available exclusively to local health departments to perform core public health functions and on the allocation of the available funds throughout this state.	9.1.11	N/A	
SB 967/Nelson		Relating to the use of telemonitoring in the medical assistance program. Telemonitoring means the use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, and the information across distance. Telemonitoring includes the use of technologies such as telephones, facsimile machines, e-mail systems, text messaging systems and remote patient monitoring devices to collect and transmit patient data for monitoring and interpretation.	9.1.11	N/A	
SB 961/Uresti		Relating to the authority of physicians and physician	9.1.11	N/A	

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		assistants to form certain entities. Physicians licensed under Subtitle C, Title 3, Occupations Code, and physician assistants licensed under chapter 204, Occupations Code, may form a corporation to perform a professional service that falls within the scope of practice of those practitioners			
SB 996/Nichols		Relating to establishing a pill splitting program to reduce health plan costs for certain public employees. Pill splitting means dividing an eligible prescription pill to obtain a prescribed dose. The trustee by rule shall design and establish a voluntary pill splitting program. The program must include a copayment reduction incentive for individuals covered by the group program who participate in the pill splitting program. A list of eligible prescription pills and educational materials developed under Section 554.0055, Occupations Code, available to all persons covered by a health benefit plan under a uniform program.	9.1.11	N/A	TML IEBP does not offer a pill splitting option
HB 2024/ McClendon	3.1.11	Relating to the creation of the health benefit plan innovations program in the Texas Department of Insurance. The department shall develop and implement a health benefit plan innovations program to study the number of uninsured individuals in this state, the reasons those individuals are uninsured, and possible solutions that would expand access to affordable health benefit plan coverage in this state.	9.1.11	N/A	
HB 1951/ Taylor of Galveston	3.1.11	Relating to the continuation and operation of the Texas Department of Insurance and the operation of certain insurance programs; imposing administrative penalties. Regulate the business of insurance in this state, administer the workers' compensation system of this state, ensure that this code and other laws regarding insurance and insurance companies are executed, protect and ensure the fair treatment of consumers and ensure fair competition in the insurance industry in order to foster a competitive market. Implement appropriate oversight committees and open meeting guidelines.	9.1.11	N/A	
SB 644/Hegar	2.14.11	Relating to the continuation and operation of the Texas Department of Insurance and the operation of certain insurance programs; imposing administrative penalties. Regulate the business of insurance in this state, administer the workers' compensation system of this state, ensure that this code and other laws regarding insurance and insurance companies are executed, protect and ensure the fair treatment of consumers and ensure fair competition in the insurance industry in order to foster a competitive market. Implement appropriate oversight	9.1.11	N/A	

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		committees and open meeting guidelines.			
HB 1479/ Morrison	2.17.11	Relating to the coverage by health benefit plans of expenses or procedures that violate certain religious convictions.	9.1.11	Yes	
HB 1398/Farias	3.1.11	Relating to federal funding for personal responsibility education programs under PPACA each year through FY 2014	9.1.11	N/A	
HJR 24/Paxton	2.21.11	Proposing a constitutional amendment relating to the rights of individuals to choose or decline to choose to purchase health insurance coverage. to choose health insurance coverage.	9.1.11	N/A	The bill proposes an amendment to the State constitution that would provide that each individual has the right to choose or decline
HJR 27/Legal	2.21.11	Proposing a constitutional amendment authorizing certain payment for health care services and prohibiting requiring participation in a health care system. Companions HJR 30/Laubenberg	9.1.11	N/A	Would propose a constitutional amendment that would prohibit the state, an agency of the state or a health care system from requiring a person to require an individual to purchase health insurance for themselves or their employees.
HB 1393/Hancock	3.1.11	Relating to the operation of certain managed care plans with respect to health care providers. Amends the Insurance Code to provide that a health maintenance organization (HMO) cannot terminate participation of a physician or provider solely because the provider informs an enrollee of the full range of physicians and providers available to the enrollee, including out-of-network providers or otherwise require a provider to not provide such information.	9.1.11	N/A	
HB 1405/Smithee	3.1.11	Relating to provision by a health benefit plan of prescription drug coverage specified by formulary. Require the plans now covered under the chapter to provide notice if the plan uses drug formularies and details about the formulary, as well as requirements that a prescription drug covered under the plans	9.1.11	N/A	

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		formulary be maintained under the next plan year even if the formulary changes.			
SB 7	2.17.11	Relating to strategies for and improvements in quality of health care provided through and care management in the child health plan and medical assistance programs designed to achieve healthy outcomes and efficiency. From Nelson's Office: Senate Bill 7 re-focuses the payment system for Medicaid and the Children's Health Insurance Program to discourage waste and abuse and to encourage health outcomes for clients.	9.11	N/A	Personal Health Engagement
SB 8/Nelson	2.17.11	Relating to improving the quality and efficiency of health care. From Nelson's Office: Senate Bill 8 re-names and re-aligns the health Care Policy Council into the Texas Institute of Health Care Quality and efficiency, giving it a new mission of improving outcomes for state employees, teachers and others.	9.1.11	N/A	
SB 760/760	2.17.11	Relating to the term of interlocal contracts. SB 760 Interlocall agreements are the legal instruments that create the Pools and make a governmental entity a member of the Pool. Some attorneys are of the opinion that the Interlocal Cooperation Act may be interpreted to limit interlocal agreements to one year. There is no provision in the Act that directly says that. There is a provision that directly says that the agreement may be renewed annually and that payments under the agreement must be from current revenues. These provisions could mean that the agreements must be limited to one year.		Yes	
SB 1084/ Wentworth	3.2.11	Relating to regulations on certain complementary and alternative health care services: acupressure, anthroposophy, aromatherapy, cranial sacral therapy, culturally traditionally healing practices, detoxification practices and therapies, energetic healing, polarity therapy, folk practices, healing practices using food, food supplements, nutrients, and the physical forces of ehat, cold, water, touch, and light, Gerson therapy, colostrums therapy, healing touch, herbology or herbalism, homeopathy, nondiagnostic iridology, bodywork, meditation, mind-body healing practices, naturopathy, noninvasive instrumentalities and traditional oriental practices such as gigong energy healing		N/A	
HB 2336/Smithee	2.4.11	Relating to payment of and disclosures related to certain ambulatory surgical center charges. Payment of OON ambulatory surgical center charges. An insurer must use a charge-based methodology that complies with this subchapter for computing a payment for a service provided by an out-of-network ambulatory surgical center if the ambulatory surgical center submits a claim for payment that includes a certification of the maximum usual and customary charge for the service determined by a database provider. If an OON ambulatory surgical center	9.1.11	N/A	

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		submits a claim for payment of a charge that includes certification from a database provider indicating that the billed charge is a usual and customary charge, the insurer shall pay the billed charge minus any portion of the charge that is the insured's responsibility under the preferred provider benefit plan			
HB 2300/ Coleman	3.4.11	Relating to health benefit plan coverage for an enrollee with certain mental disorders. Autism spectrum disorder means a neurobiological disorder that includes autism, Asperger's syndrome, or pervasive developmental disorder. A group health benefit plan must provide coverage for the diagnosis and treatment of a mental disorder under the same terms and conditions as coverage provided for the diagnosis and treatment of a physical disorder.	9.1.11	Yes	
HB 233/ Hardcastle	3.4.11	Relating to the practice of telemedicine. A telemedicine provider may provide telemedicine medical services in this state only if the provider is licensed in this state with the recipient of the services, advises the patient to see a physician or other heatlh care professional in person within a reasonable time fif the patient's symptoms do not improve, provides only services that are medically indicated, adopts protocols to prevent fraud and abuse, does not violate state or federal laws relating to patient privacy, does not treat chronic pain with a controlled substance listed on Schedule II, III, IV, or V, at a site other than a site normally used for the provision of medical care and practices the same standard of care as in a traditional clinical setting.	9.1.11	N/A	
HB 2244/Zerwas	3.4.11	Relating to expanding the use of funding for promotoras patient health navigators and community health workers in this state. Cost benefit analysis.	9.1.11	N/A	
HB 2270/Castro	3.4.11	Relating to health benefit plan coverage for early childhood intervention services. Audiology, developmental services, early identification, screening and assessment, family counseling, family education, nursing services, psychological services, service coordination, social work services, vision services and assistive technology services and devices. A health benefit plan must provide coverage for rehabilitative and habilitative therapies provided to a child determined to be necessary.	9.1.11	N/A	
HB 2245/Zerwas	34.11	Relating to physician incentive programs to reduce hospital emergency use for non-emergent conditions by Medicaid recipients.	9.1.11	N/A	
HB 2228/ Coleman	3.4.11	Relating to health benefit plan coverage for certain physical injuries that are self-inflicted by a minor.	9.1.11	Yes	
HB 2230/Anchia	3.4.11	Relating to group health insurance coverage for persons wrongfully imprisoned. A person entitled to compensation under Subsection (a) is also entitled to group health insurance from the county in which the	9.1.11	N/A	

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		offense that was the subject of the wrongful conviction occurred as if the person were an employee of the county.			
HB 2165/Perry	3.3.11	Relating to the establishment of a medical reinsurance system and to certain insurance reforms necessary to the efficient operation of that system providing an administrative penalty.	9.1.11	Yes	
HB 2151/Eiland	3.3.11	Relating to the method of payment of insurance benefits. Appropriate reserves for insurance policies subject to this chapter. Prudent investment of premiums collected from insurance policies subject to this chapter regardless of any other provision of this code related to the investment of money by an insurance company.	9.1.11	N/A	
HB 2102		Relating to the requirement that certain health benefit plans provide coverage for supplemental breast screenings. Supplemental breast cancer screening means a method of screening designed to supplement mammography by detecting breast cancers that may not be visible using only mammography. The term may include: breast MRI, any other screening methods recommended by a professional association or agency with expertise in mammography, including the National Cancer Institute and the National Comprehensive Cancer Network, based on a patient's specific risk factors.	9.1.11	Yes	
HB 2368/Parker	3.7.11	Relating to copayments under the medical assistance program. Recipients of medical assistance to share the cost of medical assistance, including provisions requiring recipients to pay: enrollment fee, deductible, coinsurance, copayment	9.1.11	N/A	
HB 2427/ Thompson	3.7.11	Relating to the rights and duties of hospital patients and certain health care providers; providing civil penalties. Acuity-based patient classification system or acuity system means an established measurement tool that predicts registered nursing care requirements for individual patients based on the severity of patient illness, the need for specialized equipments and technology, the intensity of required nursing interventions, and the complexity of clinical nursing judgment required to design, implement, and evaluate the patient's nursing care plan consistent with professional standards, the ability for self-care, including motor, sensory, and congnitive deficits and the need for advocacy intervention, artificial life support, clinical judgment, clinical supervision, competence, critical accesss hospital, critical care unit, direct care registered nurse, health care facility, hospital, hospital unit, long-term acute care hospital, medical or surgical unit, patient assessment, professional judgment, rehabilitation unit, skilled nursing facility, specialty unit, step-down or intermedicate unit, telemetry unit, transparency of services	9.1.11	N/A	

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HB 2392/Harris	3.7.11	Relating to ambulatory surgical centers and to the provision of services at those centers by certain designated physician groups.	9.1.11		
SB 25/ Nelson, Huffman	3.7.11	Relating to the Interstate health Care compact. This state enacts the Interstate health Care Compact and enters into the compact with all other states legally joining in the compact in substantially the following form; whereas, the separation of powers, both between the branches of the Federal government and between Federal and State authority, is essential to the preservation of individual liberty; Interstate Advisory Health Care Commission is established to study issues of Health Care regulation that are of particular concern to the Member States.	9.1.11		
HB 2430/Kolkhorst	3.7.11	Relating to the price charged by a health care provider for health care service or supply; providing penalties. Each health care provider shall: compile a pricing information list; post on the provider's Internet website the pricing information list and the effective date of the list before providing a health care service or supply or bundled health care services and supplies to a patient. A health care provider may not charge an amount different from the amount listed as the health care price in the pricing information list for a health care service or supply or bundled health care services and supplies provided to a patient; or include a discount, bonus, fee, or other charge that changes the health care price listed in the pricing information list.	9.1.11		
HB 2576/Truitt	3.8.11	Relating to the amount charged by certain health care facilities for health care services and supplies provided to consumers receiving outpatient care. A facility that provides inpatient and outpatient health care may not charge for a health care service or supply provided to a consumer receiving outpatient care at the facility an amount that exceeds the amount the consumer's third-party payor pays, computed without consideration of any copayment, deductible, or coinsurance for which the consumer is responsible, for the same health care service or supply provided by a facility to a consumer in an outpatient care setting.	9.1.11		
HB 2933/Castro	3.10.11	Relating to the collection of data related to health benefit plan claims for the treatment of a child's serious mental illness. Child being defined as younger than 18 years of age.	9.1.11		
HB 13/Kolkhorst	3.10.11	Relating to the Medicaid program and alternate methods of providing health services to low-income persons in this state. Global Medicaid Demonstration Project waiver. Making a Lone Star Health electronic benefits card available in accordance with Section 536.006 to any person eligible to receive Medicaid benefits that is linked to an account containing funds to assist the cardholder	9.1.11		

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		with paying for a high deductible health plan. Subsidy described by Subsection (a) is determined on a sliding scale based on a person's net family income, where a person with the lowest net family income on scale receives a 100% subsidy and a person with the highest net family income on the scale receives a 25% subsidy. Reinsurance; wrap around benefits. A program developed in conjunction with the Texas Department of Insurance fro the provision of reinsurance to health benefits plan providers that participate in the demonstration project. The department shall operate a demonstration project through the medical assistance program to expand access to preventive health and family planning services for women.			
SB 11510/West	3.10.11	Relating to creation of the Texas Health Insurance Connector. Definition of Health Benefit Plan, in this chapter mans an insurance policy, insurance agreement, evidence of coverage, or other similar coverage document that provides coverage for medical or surgical expenses incurred as a result of a health condition, accident or sickness. Eligibility and electronic calculator will be required to access during the enrollment process. Participate in both individual and small employer market. The connector shall require an issuer of a qualified health plan to file with the connector an explanation of any premium increase before implementation of the increase.	9.1.11		
HB 2946/Coleman	3.10.11	Relating to group health benefit plan coverage for loss or impairment of speech, language, or hearing. A group health benefit plan issuer shall provide coverage under the plan for the necessary care and treatment of loss or impairment of speech, language, or hearing for a person covered as a dependent child under the plan. May not be less favorable than coverage for a physical illness under the plan. Must be subject to the same durational limits, dollar limits, deductibles and coinsurance factors as coverage for a physical illness under the plan.	9.1.11		
HB 3017/Smithee	3.10.11	Relating to the prohibited use of discretionary clauses in certain health maintenance organization and insurance contracts. Must allow for appeal process to occur.	9.1.11		
HB 3136/Shelton	3.10.11	Relating to greater flexibility over the administration and operation of the Medicaid program.	9.1.11		
SB 1430/Duncan	3.10.11	Relating to the regulation of certain exclusive benefit plans.	9.1.11		
SB 1446/Zaffirinii	3.10.11	Relating to modifications of eligibility criteria, processes and systems used in certain state benefits programs designed to improve efficiency. Standardization of Eligibility criteria and processes across benefit programs.	9.1.11		

Bill Number	Date Filed	Brief Description	Effective Date	Applicable to Chapter 172	Comments
SB 1495/Uresti	3.10.11	Relating to payment of OON ambulatory surgery benefits by certain health benefit plans. Reference to usual and customary charge meaning fair market value—no other definition.	9.1.11		
HB 3402/Coleman	3.10.11	Relating to regulation of health benefit plan issuers in this State. Qualified health plan means a health benefit plan that has been certified by the board as meeting the criteria specified by Section 1311(c), Patient Protection and Affordable Care Act. Small Employer is less than 50. The exchange may not make available any health benefit plan that is not a qualified health plan. Important Services: claim adjudication, financial disclosures, enrollment procedures, website, data on disenrollment, denial of claims, cost sharing payments network and non-network, other information as deemed appropriate, network access, annual reporting, change opportunity for primary care physician, dependent coverage. Healthcare Reform mandates are recognized.	9.1.11		Version of Exchange
HB 3164/Hancock	3.10.11	Relating to contracts between advance practice registered nurses and health maintenance organization, preferred provider benefit plans or other insurers. Services must be provided within the limits of their knowledge, skills and training pursuant to a contract with a health maintenance organization is not subject to the requirements in Chapter 157 of the Occupation Code.	9.1.11		
SB 1782/Ellis	3.11.11	Relating to regulation of health benefit plan issuers in this state. "Qualified health plan means a health benefit plan that has been certified by the board as meeting the criteria specified by Section 1311 (c), patient Protection and Affordable Care Act. Shop Exchange means a Small Business Health Options Program as defined by Section 1311 (b) (1) (B) Patient Protection and Affordable Care Act (Pub. L. No. 111.-148.	9.1.11		Similar to HB 3402/Coleman
SB 1855/Deull	3.11.11	Relating to the authority of certain foreign insurers to engage in the business of health and accident insurance in this state.	9.1.11		
SB 1786	3.11.11	Relating to the coverage by health benefit plans of expenses or procedures that violate certain religious convictions.	9.1.11		
SB 1686	3.1.11	Relating to group health insurance coverage for persons wrongfully imprisoned.	9.1.11		
HCR 102/Morrison	3.1.11	Whereas, religious liberty is a cornerstone on which our nation was founded, and the right of individual conscience has also long been held sacrosanct in this country; however, neither are adequately addressed in the provisions of the Patient Protection and Affordable Care Act of 2010	9.1.11		
HB 3744/Gonzales of Hidalgo	3.1.11	Relating to the reimbursement methodology used for certain services provided to Medicaid recipients. Provision of incentives for hospitals to provide	9.1.11		

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		higher quality of care. 1% 2012, 1.25 2013, 1.5 2014, 1.75% 2015.			
HB 3557/Lucio III	3.11.11	Relating to coverage for autism spectrum disorder under certain health benefit plans.	9.1.11		
HB 3493/Coleman	3.1.11	Relating to the creation of the employee wellness program.	9.1.11		
HB 3291/Harper-Brown	3.1.11	Relating to a deceptive act or practice in connection with a consumer's health benefit plan benefits	9.1.11		
HB 273/Zerwas	3.1.11	Relating to creation of a study committee for the Ineterstate Health Care Compact	8.31.2013		
HB 3277/Shelton	3.1.11	Relating to creation of portable insurance plans. A portable insurance plan may exclude or limit coverage for a preexisting disease or condition for not more than the 180 days immediately after the effective date of coverage.	9.1.11		
HB 3256/Strama	3.1.11	Relating to the extension of an expansion of eligibility for the Women's Health Program Project. Preventive health and family planning services including : medical history, physical examinations, health screenings: diabetes, cervical cancer, breast cancer, sexually transmitted diseases, hypertension, cholesterol and tuberculosis.	8.31.11		