By: Miles H.B. No. 3121

A BILL TO BE ENTITLED

| 1 | AN ACT |
|----|--|
| 2 | relating to health coverage or health services for Texans. |
| 3 | BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: |
| 4 | SECTION 1. The Health and Safety Code is amended by adding |
| 5 | Title 13 to read as follows: |
| 6 | TITLE 13. HEALTH COVERAGE OR HEALTH SERVICES |
| 7 | SUBTITLE A. GENERAL PROVISIONS |
| 8 | CHAPTER 2001. DEFINITIONS |
| 9 | Sec. 2001.001. GENERAL DEFINITIONS. In this title: |
| 10 | (1) "Commission" means the Health and Human Services |
| 11 | Commission. |
| 12 | (2) "Executive commissioner" means the executive |
| 13 | commissioner of the Health and Human Services Commission. |
| 14 | [Chapters 2002-2100 reserved for expansion] |
| 15 | SUBTITLE B. DUTIES OF EMPLOYERS |
| 16 | CHAPTER 2101. EMPLOYER CONTRIBUTIONS |
| 17 | Sec. 2101.001. DEFINITIONS. In this chapter: |
| 18 | (1) "Large employer" means a person who employed an |
| 19 | average of at least 100 eligible employees on business days during |
| 20 | the preceding calendar year. |
| 21 | (2) "Medium-sized employer" means a person who |
| 22 | employed an average of at least 20 but not more than 99 eligible |
| 23 | employees on business days during the preceding calendar year. |
| 24 | Sec. 2101.002. DETERMINATION OF EMPLOYER STATUS. For an |

- 1 employer that did not exist throughout the calendar year preceding
- 2 the year in which the determination of whether the employer is a
- 3 large or medium-sized employer is made, the determination is based
- 4 on the average number of employees and eligible employees the
- 5 employer reasonably expects to employ on business days in the
- 6 calendar year in which the determination is made.
- 7 Sec. 2101.003. BASIC HEALTH CARE RATE EXPENDITURE
- 8 DETERMINED. The comptroller shall compute the basic health care
- 9 expenditure rate for each state fiscal year. The rate is equal to
- the average monthly amount paid by the Teacher Retirement System of
- 11 Texas during the preceding state fiscal year for coverage for a
- 12 covered employee under the primary care coverage plan offered under
- 13 Chapter 1579, Insurance Code, divided by 172.
- 14 Sec. 2101.004. COMPUTATION OF EMPLOYEE HOURS; LIMIT. In
- this chapter, "employee hour" means each hour for which an employee
- is entitled to payment from an employer, whether the payment is made
- on an hourly basis or as salary, and including amounts paid for
- 18 vacation, sick leave, and personal leave. Notwithstanding the
- 19 number of hours actually worked, the maximum monthly number of
- 20 employee hours for which a contribution must be made under this
- 21 chapter for an employee is 172.
- 22 Sec. 2101.005. REQUIRED EMPLOYER CONTRIBUTION. Each large
- 23 or medium-sized employer in this state shall contribute the amount
- 24 required by this chapter for health coverage or health services for
- 25 the employer's employees.
- Sec. 2101.006. AMOUNT OF REQUIRED CONTRIBUTION. (a) A
- large employer shall contribute for each month an amount equal to 75

- 1 percent of the basic health care expenditure rate multiplied by the
- 2 employer's total number of employee hours for that month. The
- 3 contribution under this subsection may not be less than \$1.60 for
- 4 each employee hour.
- 5 (b) A medium-sized employer shall contribute for each month
- 6 an amount equal to 50 percent of the basic health care expenditure
- 7 rate multiplied by the employer's total number of employee hours
- 8 for that month. The contribution under this subsection may not be
- 9 less than \$1.06 for each employee hour.
- 10 Sec. 2101.007. MANNER OF MAKING CONTRIBUTION; HEALTH
- 11 COVERAGE OR STATE CONTRIBUTION. A large or medium-sized employer
- may make the contribution required by this chapter by:
- (1) expending the amount of the contribution to
- 14 provide health coverage to the employer's employees through any
- 15 plan or program that meets the requirements established by the
- 16 <u>executive commissioner</u>, including any type of coverage that is
- 17 creditable coverage for purposes of Chapter 1205, Insurance Code;
- 18 or
- 19 (2) contributing to the Texas Health Access Program
- 20 established under Subtitle C.
- 21 CHAPTER 2102. ADMINISTRATION BY COMPTROLLER
- Sec. 2102.001. <u>REPORTING REQUIREMENTS</u>. The comptroller by
- 23 rule shall establish reporting requirements to verify compliance
- 24 with Section 2101.007.
- 25 Sec. 2102.002. COLLECTION OF CONTRIBUTIONS. The
- 26 <u>comptroller shall collect contributions made under Section</u>
- 27 2101.007 and may by rule establish applicable deadlines and

- H.B. No. 3121
- 1 procedures for collecting the contributions. Subtitles A and B,
- 2 Title 2, Tax Code, apply to the administration, collection, and
- 3 enforcement by the comptroller of contributions collected under
- 4 this section.
- 5 Sec. 2102.003. COOPERATION OF OTHER AGENCIES. In adopting
- 6 rules under this chapter, the comptroller may consult with any
- 7 agency of this state, including the Texas Workforce Commission.
- 8 [Chapters 2103-2200 reserved for expansion]
- 9 SUBTITLE C. TEXAS HEALTH ACCESS PROGRAM
- 10 <u>CHAPTER 2201. ADMINISTRATION OF PROGRAM</u>
- 11 Sec. 2201.001. DEFINITIONS. In this title:
- 12 (1) "Fund" means the Texas Health Access Program fund.
- 13 (2) "Program" means the Texas Health Access Program.
- 14 Sec. 2201.002. ADMINISTRATION BY COMMISSION; RULEMAKING.
- 15 (a) The commission administers the program.
- 16 (b) The executive commissioner may adopt rules in
- 17 accordance with Subchapter B, Chapter 2001, Government Code, as
- 18 necessary or appropriate for the administration of the program.
- 19 Sec. 2201.003. ELIGIBILITY. (a) A resident of this state
- 20 is eligible to receive health care services through the program if
- 21 the person is a resident of this state and is not covered under
- 22 health coverage that satisfies the requirements of Section
- 23 <u>2101.007(1)</u>. The executive commissioner by rule may establish
- 24 additional eligibility requirements but may not require that an
- 25 individual be employed to be eligible for enrollment in the
- 26 program.
- 27 (b) The executive commissioner by rule may establish

- 1 procedures for verifying eligibility for enrollment in the program.
- 2 Sec. 2201.004. ENROLLMENT. The executive commissioner by
- 3 <u>rule shall establish procedures for application and enrollment for</u>
- 4 the program.
- 5 Sec. 2201.005. ENROLLEE CONTRIBUTION. An eligible resident
- 6 enrolled in the program shall pay a monthly contribution as
- 7 required by the executive commissioner by rule.
- 8 Sec. 2201.006. EVIDENCE OF COVERAGE. The commission may
- 9 issue a card or other evidence of coverage to be used by an eligible
- 10 resident to show proof that the resident is enrolled in the program.
- 11 CHAPTER 2202. HEALTH CARE PROVIDERS
- 12 Sec. 2202.001. DEFINITIONS. In this chapter:
- 13 (1) "Health care facility" means a public or private
- 14 hospital, emergency clinic, outpatient clinic, or other facility
- providing health care services. The term includes a community-based
- 16 facility and a facility operated by a hospital district or another
- 17 political subdivision of this state.
- 18 (2) "Health care practitioner" means an individual who
- 19 is licensed to provide health care services. The term includes a
- 20 physician.
- 21 <u>(3) "Health care provider" means a health care</u>
- 22 facility or health care practitioner.
- 23 Sec. 2202.002. NETWORK OF HEALTH CARE PROVIDERS. The
- 24 executive commissioner shall contract with health care providers to
- 25 provide services to eligible residents enrolled in the program.
- Sec. 2202.003. CREDENTIALING. The executive commissioner
- 27 may establish standards for participation in the program as a

- 1 health care provider to ensure the quality of the health care
- 2 services provided and the level of service provided.
- 3 Sec. 2202.004. PAYMENT RATES. The executive commissioner
- 4 may establish payment rates for participating health care
- 5 providers.
- 6 <u>CHAPTER 2203. HEALTH CARE SERVICES</u>
- 7 Sec. 2203.001. HEALTH CARE SERVICES PROVIDED DIRECTLY; NOT
- 8 INSURANCE. (a) The program provides health care services directly
- 9 to enrollees through contracted health care providers and is not
- 10 liable to reimburse the cost of services that are provided to
- 11 enrollees by health care providers that have not contracted with
- 12 the program.
- 13 (b) The program is not insurance and does not provide
- 14 coverage as a health maintenance organization. The program is not
- 15 <u>subject to regulation under the Insurance Code.</u>
- Sec. 2203.002. SCOPE OF HEALTH CARE SERVICES PROVIDED. The
- 17 program provides health care services that the executive
- 18 commissioner determines are reasonably needed to maintain good
- 19 health and that are medically necessary for the enrollee.
- Sec. 2203.003. MEDICAL HOME. The program must provide
- 21 health care services through a primary care model, in which a
- 22 physician, nurse practitioner, or physician assistant develops and
- 23 directs a plan of care for the enrollee, coordinates referrals for
- 24 medical testing and specialty services, and monitors the management
- of chronic conditions and diseases.
- 26 CHAPTER 2204. TEXAS HEALTH ACCESS PROGRAM FUND
- Sec. 2204.001. FUND. (a) The Texas Health Access Program

- 1 fund is a fund in the state treasury. The fund is composed of:
- 2 (1) contributions of employers made to the fund under
- 3 <u>Section 2101.007;</u>
- 4 (2) contributions of enrollees to the fund under
- 5 Section 2201.005;
- 6 (3) federal money allocated to the fund in accordance
- 7 with law;
- 8 (4) state contributions to the fund; and
- 9 (5) the earnings of the fund.
- 10 (b) The comptroller shall administer the fund in accordance
- 11 with this title.
- 12 Sec. 2204.002. APPLICATION FOR FEDERAL FUNDING. The
- 13 executive commissioner, through application for an appropriate
- 14 waiver from the Centers for Medicare and Medicaid Services or
- another appropriate funding source, shall seek federal funding for
- 16 the operation of the program.
- Sec. 2204.003. USE OF FUND. Money in the fund may be used
- only to pay for contracted health care services under the program
- 19 and to administer the program in accordance with this chapter.
- 20 SECTION 2. The Health and Human Services Commission shall
- 21 implement the Texas Health Access Program not later than January 1,
- 22 2010. An employer is not required to make a contribution under
- 23 Section 2101.007, Health and Safety Code, as added by this Act, for
- 24 an employee hour that occurs before January 1, 2010.
- 25 SECTION 3. This Act takes effect immediately if it receives
- 26 a vote of two-thirds of all the members elected to each house, as
- 27 provided by Section 39, Article III, Texas Constitution. If this

H.B. No. 3121

- 1 Act does not receive the vote necessary for immediate effect, this
- 2 Act takes effect September 1, 2007.