

1-1 By: King of Parker, Fallon, Flynn H.B. No. 2123
 1-2 (Senate Sponsor - Perry)
 1-3 (In the Senate - Received from the House May 11, 2015;
 1-4 May 12, 2015, read first time and referred to Committee on State
 1-5 Affairs; May 22, 2015, reported favorably by the following vote:
 1-6 Yeas 6, Nays 0; May 22, 2015, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15			X	
1-16			X	
1-17	X			

1-18 A BILL TO BE ENTITLED
 1-19 AN ACT

1-20 relating to participation of the state military forces in the state
 1-21 group benefits program.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. Section 437.212, Government Code, is amended by
 1-24 amending Subsections (f) and (g) and adding Subsections (g-1),
 1-25 (g-2), and (g-3) to read as follows:

1-26 (f) A member of the state military forces ~~[volunteer in the~~
 1-27 ~~Texas State Guard]~~ who is not a full-time or part-time state
 1-28 employee and who has been on state active duty or on state training
 1-29 or other duty for more than 60 ~~[90]~~ days is, notwithstanding Section
 1-30 1551.1055, Insurance Code, eligible to participate in the state
 1-31 group benefits program under Chapter 1551, Insurance Code, to
 1-32 purchase health or dental insurance coverage, subject to the
 1-33 following requirements:

1-34 (1) the participant must be a member of the state
 1-35 military forces ~~[Texas State Guard]~~ at the time of enrollment in the
 1-36 group benefits program;

1-37 (2) the participant must pay the full cost of health or
 1-38 dental insurance coverage under the group benefits program ~~[and may~~
 1-39 ~~not receive a state contribution for premiums]~~; and

1-40 (3) an application under this subsection for group
 1-41 benefit health or dental insurance coverage must be submitted in
 1-42 accordance with procedures established by the Employees Retirement
 1-43 System of Texas.

1-44 (g) The adjutant general and the Employees Retirement
 1-45 System of Texas shall coordinate and consult to implement the
 1-46 benefits program provided by Subsection (f) and shall adopt a
 1-47 memorandum of understanding to establish:

1-48 (1) the procedures that a member of the state military
 1-49 forces ~~[Texas State Guard]~~ may use to elect to participate in the
 1-50 state group benefits program; and

1-51 (2) an appropriate method to annually confirm
 1-52 continuing eligibility to participate in the group benefits
 1-53 program.

1-54 (g-1) A member of the state military forces described by
 1-55 Subsection (f) is eligible to receive a stipend to be paid by the
 1-56 department in an amount to be determined by the department under
 1-57 Subsection (g-3) for each month following the 60th day that the
 1-58 member:

1-59 (1) is on state active duty or on state training or
 1-60 other duty; and

1-61 (2) subject to verification by the adjutant general as

2-1 provided by Section 437.2121, pays the full cost of health or dental
 2-2 insurance coverage under:

2-3 (A) the state group benefits program;
 2-4 (B) a government-funded health or dental
 2-5 insurance plan; or

2-6 (C) a private or nongovernmental health or dental
 2-7 insurance plan for which the member is required to pay premiums.

2-8 (g-2) A member of the state military forces who is eligible
 2-9 to receive a stipend under Subsection (g-1) must notify the
 2-10 adjutant general of the member's health or dental insurance
 2-11 coverage by submitting the authorization form specified by Section
 2-12 437.2121. The adjutant general may adopt rules to implement and
 2-13 administer this subsection, including rules that prescribe the
 2-14 procedure a member must follow to submit an executed authorization
 2-15 form and the amount of time a member has to submit the authorization
 2-16 form. The comptroller may consult with the adjutant general to
 2-17 adopt rules governing the manner in which an eligible member may
 2-18 receive a stipend.

2-19 (g-3) A stipend paid to a member of the Texas National Guard
 2-20 may not exceed the amount of the member's TRICARE premium or an
 2-21 amount equal to that premium to be applied toward the member's
 2-22 private or nongovernmental insurance plan. A stipend paid to a
 2-23 member of the Texas State Guard or other member of a military force
 2-24 organized under state law may not exceed the amount of the member's
 2-25 health or dental insurance plan premium determined by the premium
 2-26 amount associated with the state group benefits program or an
 2-27 amount equal to that premium to be applied toward the member's
 2-28 private or nongovernmental insurance plan.

2-29 SECTION 2. Subchapter E, Chapter 437, Government Code, is
 2-30 amended by adding Section 437.2121 to read as follows:

2-31 Sec. 437.2121. AUTHORIZATION FORM FOR RELEASE OF PROTECTED
 2-32 HEALTH INFORMATION. (a) A member of the state military forces who
 2-33 meets the eligibility requirements under Section 437.212(g-1) may
 2-34 not receive a stipend under that section unless the member submits
 2-35 to the adjutant general the authorization form specified by this
 2-36 section. The adjutant general must verify that the member has paid
 2-37 the full cost of the member's health or dental insurance coverage
 2-38 before the department may issue a stipend to the member.

2-39 (b) The authorization form specified by this section may not
 2-40 be altered or modified. A member who alters or modifies the
 2-41 authorization form, or who revokes an executed authorization, may
 2-42 not receive a stipend to which the member may otherwise be eligible
 2-43 until 60 days following receipt by the adjutant general of a newly
 2-44 executed authorization form.

2-45 (c) The authorization form required by this section shall be
 2-46 in the following form and shall be construed in accordance with the
 2-47 Standards for Privacy of Individually Identifiable Health
 2-48 Information (45 C.F.R. Parts 160 and 164):

2-49 AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

2-50 A. I, _____ (name of state military forces member or
 2-51 authorized representative), hereby authorize _____ (name of
 2-52 health or dental insurance coverage provider to whom the
 2-53 authorization form is directed) to obtain and disclose (within the
 2-54 parameters set out below) the protected health information
 2-55 described below for the purpose of verifying that _____ (name
 2-56 of state military forces member), as a member of the state military
 2-57 forces called to state active duty or on state training or other
 2-58 duty for more than 60 days, is eligible for a stipend as provided by
 2-59 Section 437.212, Government Code.

2-60 B. The health information to be obtained, used, or disclosed
 2-61 extends to and includes the verbal as well as the written and is
 2-62 specifically described as all records documenting payment of health
 2-63 or dental insurance coverage premiums by _____ (name of state
 2-64 military forces member), including information related to the
 2-65 eligibility for coverage, dates of coverage, billing, payments
 2-66 received, and termination of coverage.

2-67 C. The persons or class of persons to whom the health
 2-68 information of _____ (state military forces member) will be
 2-69 disclosed or who will make use of said information are:

3-1 1. The adjutant general of the state military forces;
3-2 2. Any agent, contractor, or staff of the state
3-3 military forces, including secretarial, clerical, accounting,
3-4 information technology, or administrative staff, designated by the
3-5 adjutant general to assist with the determination of eligibility
3-6 for a stipend or the processing or issuing of stipends;

3-7 3. The comptroller;
3-8 4. Any agent, contractor, or staff of the comptroller
3-9 designated by the comptroller to assist with the determination of
3-10 eligibility for a stipend or the processing or issuing of stipends.

3-11 D. This authorization shall expire on the discharge of the
3-12 member from the state military forces.

3-13 E. I understand that, without exception, I have the right to
3-14 revoke this authorization by providing written notice to a person
3-15 or class of persons designated by the adjutant general. I further
3-16 understand the consequence of any such revocation as set out in
3-17 Section 437.2121, Government Code.

3-18 F. I understand that the signing of this authorization is
3-19 not a condition for continued treatment, payment, enrollment, or
3-20 eligibility for health plan benefits.

3-21 G. I understand that information used or disclosed under
3-22 this authorization may be subject to redisclosure by the recipient
3-23 and may no longer be protected by federal HIPAA privacy
3-24 regulations.

3-25 Signature of state military forces member/representative

3-26 _____
3-27 Date

3-28 _____
3-29 Name of state military forces member/representative

3-30 _____
3-31 Description of representative's authority

3-32 _____
3-33 SECTION 3. This Act takes effect January 1, 2016.

3-34 * * * * *