

CONFERENCE COMMITTEE REPORT FORM

Austin, Texas

5/30/09

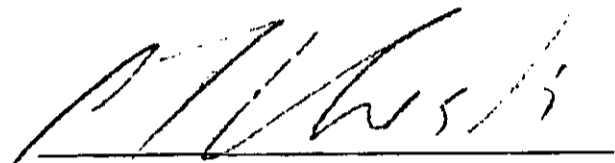
Date

Honorable David Dewhurst
President of the Senate

Honorable Joe Straus
Speaker of the House of Representatives

Sirs:

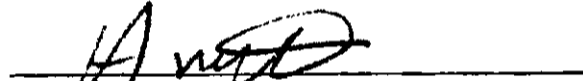
We, Your Conference Committee, appointed to adjust the differences between the Senate and the House of Representatives on ~~HB~~ SB 2080 have had the same under consideration, and beg to report it back with the recommendation that it do pass in the form and text hereto attached.



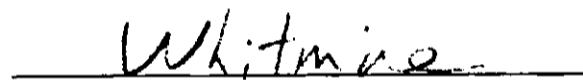
PAUL S. HAASE



WILLIAM

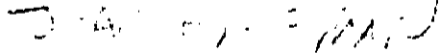


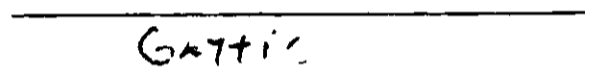
KIP ABBOTT



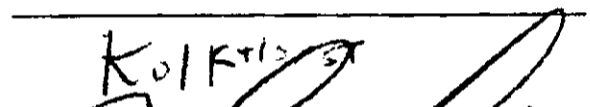
WHITMAN

On the part of the Senate

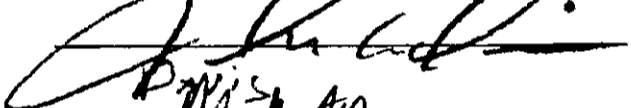





GATTIS



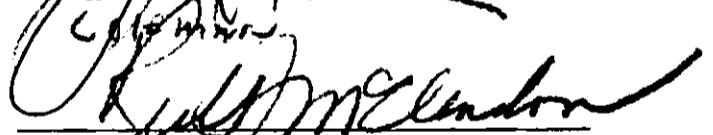
KOLKRIS

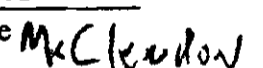


DAVIS



COLEMAN



On the part of the House 

Note to Conference Committee Clerk:

Please type the names of the members of the Conference Committee under the lines provided for signature. Those members desiring to sign the report should sign each of the six copies. Attach a copy of the Conference Committee Report and a Section by Section side by side comparison to each of the six reporting forms. The original and two copies are filed in house of origin of the bill, and three copies in the other house.

CONFERENCE
COMMITTEE REPORT

3rd Printing

S.B. No. 2080

A BILL TO BE ENTITLED

AN ACT

1
2 relating to improving the welfare of children in this state
3 by developing strategies for reducing child abuse and neglect
4 and improving child welfare, ^{and health} creating the Texas Medical Child
5 Abuse Resources and Education System grant program, and
6 increasing access to the child health insurance program.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. In this Act, "task force" means the task force
6 established under this Act to establish a strategy for reducing
7 child abuse and neglect and improving child welfare.

8 SECTION 2. (a) The task force consists of ^{nine} members
9 appointed as follows:

10 (1) five members appointed by the governor;

11 (2) ^{two} members appointed by the lieutenant governor;

12 and

13 (3) ^{two} members appointed by the speaker of the house
14 of representatives.

15 (b) Members of the task force must be individuals who are
16 actively involved in the fields of the prevention of child abuse and
17 neglect and child welfare. The appointment of members must reflect
18 the geographic diversity of the state.

19 (c) A member of the task force is not entitled to
20 compensation for service on the task force but is entitled to
21 reimbursement for travel expenses as provided by Chapter 660,
22 Government Code, and the General Appropriations Act.

23 (d) The task force shall elect a presiding officer by a
24 majority vote of the membership of the task force.

(4) study the effectiveness of the extension of the eligibility for the children's health insurance program for children whose net family income is at or below 300^{percent} ████████ of the federal poverty level on detecting, reducing, and treating child abuse;

S.B. No. 2080

1 (e) The task force shall meet at the call of the presiding
2 officer.

3 (f) Chapter 2110, Government Code, does not apply to the
4 task force.

5 SECTION 3. (a) The task force shall establish a strategy
6 for reducing child abuse and neglect and for improving child
7 welfare in this state. In establishing that strategy, the task
8 force shall:

9 (1) gather information concerning child safety, child
10 abuse and neglect, and child welfare throughout the state;

11 (2) review the exemptions from criminal liability
12 provided under the Penal Code to a mother who injures her unborn
13 child by using a controlled substance, as defined by Chapter 481,
14 Health and Safety Code, other than a controlled substance legally
15 obtained by prescription, during her pregnancy and examine the
16 effect that repealing the exemptions will have on reducing the
17 number of babies who are born addicted to a controlled substance;

18 (3) receive reports and testimony from individuals,
19 state and local agencies, community-based organizations, and other
20 public and private organizations;

21 (5) ████████ create goals for state policy that would improve
22 child safety, prevent child abuse and neglect, and improve child
23 welfare; and

24 (c) ████████ submit a strategic plan to accomplish those goals.

25 (b) The strategic plan submitted under Subsection (a) of
26 this section may include proposals for specific statutory changes,
27 the creation of new programs, and methods to foster cooperation

1 among state agencies and between the state and local government.

2 SECTION 4. (a) The task force shall consult with employees
3 of the Department of Family and Protective Services, the Department
4 of State Health Services, and the Texas Department of Criminal
5 Justice as necessary to accomplish the task force's
6 responsibilities under this Act.

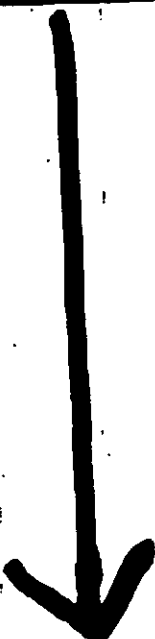
7 (b) The task force may cooperate as necessary with any other
8 appropriate state agency.

9 SECTION 5. (a) The governor, lieutenant governor, and
10 speaker of the house of representatives shall appoint the members
11 of the task force not later than October 1, 2009.

12 (b) Not later than ~~October 1, 2010~~ ^{October} ~~1, 2010~~, the task force shall
13 submit the strategic plan required by Section 3 of this Act to the
14 governor, lieutenant governor, and speaker of the house of
15 representatives.

16 (c) The task force is abolished ~~_____~~ on
17 September 1, 2011.

18 ~~_____~~



FLOOR AMENDMENT NO. _____

BY: Pat McDonald

1 Amend S.B. No. 2080 by adding the following appropriately
 2 numbered SECTIONS to the bill and renumbering subsequent
 3 SECTIONS of the bill as appropriate:

4 SECTION 6 Chapter 1001, Health and Safety Code, is
 5 amended by adding Subchapter F to read as follows:

6 SUBCHAPTER F. TEXAS MEDICAL CHILD ABUSE RESOURCES AND EDUCATION
 7 SYSTEM (MEDCARES)

8 Sec. 1001.151. TEXAS MEDICAL CHILD ABUSE RESOURCES AND
 9 EDUCATION SYSTEM GRANT PROGRAM. (a) The department shall
 10 establish the Texas Medical Child Abuse Resources and Education
 11 System (MEDCARES) grant program to award grants for the purpose
 12 of developing and supporting regional programs to improve the
 13 assessment, diagnosis, and treatment of child abuse and neglect
 14 as described by the report submitted to the 80th Legislature by
 15 the committee on pediatric centers of excellence relating to
 16 abuse and neglect in accordance with Section 266.0031, Family
 17 Code, as added by Chapter 1406 (S.B. 758), Acts of the 80th
 18 Legislature, Regular Session, 2007.

19 (b) The department may award grants to hospitals or
 20 academic health centers with expertise in pediatric health care
 21 and a demonstrated commitment to developing basic and advanced
 22 programs and centers of excellence for the assessment,
 23 diagnosis, and treatment of child abuse and neglect.

24 (c) The department shall encourage collaboration among
 25 grant recipients in the development of program services and
 26 activities.

27 Sec. 1001.152. USE OF GRANT. A grant awarded under this
 28 subchapter may be used to support:

29 (1) comprehensive medical evaluations, psychosocial

1 assessments, treatment services, and written and photographic
2 documentation of abuse;

3 (2) education and training for health professionals,
4 including physicians, medical students, resident physicians,
5 child abuse fellows, and nurses, relating to the assessment,
6 diagnosis, and treatment of child abuse and neglect;

7 (3) education and training for community agencies
8 involved with child abuse and neglect, law enforcement
9 officials, child protective services staff, and children's
10 advocacy centers involved with child abuse and neglect;

11 (4) medical case reviews and consultations and
12 testimony regarding those reviews and consultations;

13 (5) research, data collection, and quality assurance
14 activities, including the development of evidence-based
15 guidelines and protocols for the prevention, evaluation, and
16 treatment of child abuse and neglect;

17 (6) the use of telemedicine and other means to extend
18 services from regional programs into underserved areas; and

19 (7) other necessary activities, services, supplies,
20 facilities, and equipment as determined by the department.

21 Sec. 1001.153. MEDCARES ADVISORY COMMITTEE. The executive
22 commissioner shall establish an advisory committee to advise the
23 department and the executive commissioner in establishing rules
24 and priorities for the use of grant funds awarded through the
25 program. The advisory committee is composed of the following
26 nine members:

27 (1) the state Medicaid director or the state Medicaid
28 director's designee;

29 (2) the medical director for the Department of Family
30 and Protective Services or the medical director's designee; and

31 (3) as appointed by the executive commissioner;

1 (A) two pediatricians with expertise in child
2 abuse or neglect;

3 (B) a nurse with expertise in child abuse or
4 neglect;

5 (C) a representative of a pediatric residency
6 training program;

7 (D) a representative of a children's hospital;

8 (E) a representative of a children's advocacy
9 center; and

10 (F) a member of the Governor's EMS and Trauma
11 Advisory Council.

12 Sec. 1001.154. GIFTS AND GRANTS. The department may
13 solicit and accept gifts, grants, and donations from any public
14 or private source for the purposes of this subchapter.

15 Sec. 1001.155. REQUIRED REPORT. Not later than December 1
16 of each even-numbered year, the department, with the assistance
17 of the advisory committee established under this subchapter,
18 shall submit a report to the governor and the legislature
19 regarding the grant activities of the program and grant
20 recipients, including the results and outcomes of grants
21 provided under this subchapter.

22 Sec. 1001.156. RULES. The executive commissioner may
23 adopt rules as necessary to implement this subchapter.

24 Sec. 1001.157. APPROPRIATION REQUIRED. The department is
25 not required to award a grant under this subchapter unless the
26 department is specifically appropriated money for purposes of
27 this subchapter.

28 **(b)** [REDACTED] Not later than November 1, 2009, the
29 executive commissioner of the Health and Human Services
30 Commission shall appoint the members of the advisory committee
31 as required by Section 1001.153, Health and Safety Code, as

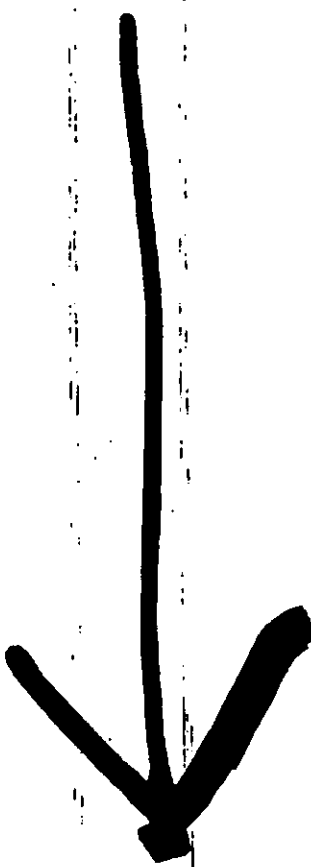
1 added by this [REDACTED] section.

2 (c) [REDACTED] Not later than January 1, 2010, the Department of
3 State Health Services shall establish and implement a grant
4 program as described by Subchapter F, Chapter 1001, Health and
5 Safety Code, as added by this [REDACTED] section.

6 (d) [REDACTED] Not later than December 1, 2010, the Department of
7 State Health Services shall provide the initial report to the
8 governor and the legislature, as required by Section 1001.155,
9 Health and Safety Code, as added by this [REDACTED] section.

10 (e) [REDACTED] If before implementing any provision of this section
11 [REDACTED] a state agency determines that a waiver or authorization
12 from a federal agency is necessary for implementation of that
13 provision, the agency affected by the provision shall request
14 the waiver or authorization and may delay implementing that
15 provision until the waiver or authorization is granted.

16 (f) [REDACTED] This [REDACTED] ^{Section} does not make an appropriation.
17 This ^{Section} [REDACTED] takes effect only if a specific appropriation for the
18 implementation of the [REDACTED] ^{Section} is provided in a general
19 appropriations act of the 81st Legislature.



By Averitt, et al.

S.B. No. 841

A BILL TO BE ENTITLED

relating to the child health plan program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS.

SECTION 7. Subdivision (2), Section 62.002, Health and Safety Code, is amended to read as follows:

(2) "Executive commissioner" or "commissioner [~~Commissioner~~]" means the executive commissioner of the Health [~~health~~] and Human Services Commission [~~human services~~].

(b) ~~Subsection~~ Subsection (b), Section 62.101, Health and Safety Code, is amended to read as follows:

(b) The commission shall establish income eligibility levels consistent with Title XXI, Social Security Act (42 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 of age and whose net family income is at or below 300 [~~200~~] percent of the federal poverty level is eligible for health benefits coverage under the program. In addition, the commission may establish eligibility standards regarding the amount and types of allowable assets for a family whose net family income is above 250 [~~150~~] percent of the federal poverty level.

(c) ~~Subsections~~ Subsections (b) and (c), Section 62.102, Health and Safety Code, are amended to read as follows:

(b) During the sixth month following the date of initial

[REDACTED]

1 enrollment or reenrollment of an individual whose net family income
2 exceeds 285, [~~195~~] percent of the federal poverty level, the
3 commission shall:

4 (1) review the individual's net family income and may
5 use electronic technology if available and appropriate; and

6 (2) continue to provide coverage if the individual's
7 net family income does not exceed the income eligibility limits
8 prescribed by Section 62.101 [~~this chapter~~].

9 (c) If, during the review required under Subsection (b), the
10 commission determines that the individual's net family income
11 exceeds the income eligibility limits prescribed by Section 62.101
12 [~~this chapter~~], the commission may not disenroll the individual
13 until:

14 (1) the commission has provided the family an
15 opportunity to demonstrate that the family's net family income is
16 within the income eligibility limits prescribed by Section 62.101
17 [~~this chapter~~]; and

18 (2) the family fails to demonstrate such eligibility.

19 (d) [REDACTED] Section 62.151, Health and Safety Code, is
20 amended by adding Subsection (g) to read as follows:

21 (g) In developing the plan, the commission, subject to
22 federal requirements, may choose to provide dental benefits at full
23 cost to the enrollee as an available plan option for a child whose
24 net family income is greater than 200 percent but not greater than
25 300 percent of the federal poverty level.

26 (e) [REDACTED] Section 62.153, Health and Safety Code, is
27 amended by amending Subsections (a) and (c) and adding Subsections



1 (a-1) and (a-2) to read as follows:

2 (a) To the extent permitted under 42 U.S.C. Section 1397cc,
3 as amended, and any other applicable law or regulations, the
4 commission shall require enrollees whose net family incomes are at
5 or below 200 percent of the federal poverty level to share the cost
6 of the child health plan, including provisions requiring enrollees
7 under the child health plan to pay:

8 (1) a copayment for services provided under the plan;

9 (2) an enrollment fee; or

10 (3) a portion of the plan premium.

11 (a-1) The commission shall require enrollees whose net
12 family incomes are greater than 200 percent but not greater than 300
13 percent of the federal poverty level to pay a share of the cost of
14 the child health plan through copayments, fees, and a portion of the
15 plan premium. The total amount of the share required to be paid
16 must:

17 (1) include a portion of the plan premium set at an
18 amount determined by the commission that is not more than 2.5
19 percent of an enrollee's net family income;

20 (2) exceed the amount required to be paid by enrollees
21 described by Subsection (a), but the total amount required to be
22 paid may not exceed five percent of an enrollee's net family income;
23 and

24 (3) increase incrementally, as determined by the
25 commission, as an enrollee's net family income increases.

26 (a-2) In establishing the cost required to be paid by an
27 enrollee described by Subsection (a-1) as a portion of the plan

1 premium, the commission shall ensure that the cost progressively
2 increases as the number of children in the enrollee's family
3 provided coverage increases.

4 (c) ~~The [If cost-sharing provisions imposed under~~
5 ~~Subsection (a) include requirements that enrollees pay a portion of~~
6 ~~the plan premium, the]~~ commission shall specify the manner of
7 payment for any portion of the plan premium required to be paid by
8 an enrollee under this section [in which the premium is paid]. The
9 commission may require that the premium be paid to the [Texas
10 ~~Department of]~~ Health and Human Services Commission, the [Texas]
11 Department of State Health [Human] Services, or the health plan
12 provider. The commission shall develop an option for an enrollee to
13 pay monthly premiums using direct debits to bank accounts or credit
14 cards.

15 (f) ~~Section 62.154, Health and Safety Code, is~~
16 amended by amending Subsection (d) and adding Subsection (e) to
17 read as follows:

18 (d) The waiting period required by Subsection (a) for a
19 child whose net family income is at or below 200 percent of the
20 federal poverty level must:

21 (1) extend for a period of 90 days after the last date
22 on which the applicant was covered under a health benefits plan; and

23 (2) apply to a child who was covered by a health
24 benefits plan at any time during the 90 days before the date of
25 application for coverage under the child health plan.

26 (e) The waiting period required by Subsection (a) for a
27 child whose net family income is greater than 200 percent but not

1 greater than 300 percent of the federal poverty level must:

2 (1) extend for a period of 180 days after the last
3 date on which the applicant was covered under a health benefits
4 plan; and

5 (2) apply to a child who was covered by a health
6 benefits plan at any time during the 180 days before the date of
7 application for coverage under the child health plan.

8 (9) Subchapter D, Chapter 62, Health and Safety
9 Code, is amended by adding Section 62.1551 to read as follows:

10 Sec. 62.1551. TERMINATION OF COVERAGE FOR NONPAYMENT OF
11 PREMIUMS. (a) In this section, "lock-out period" means a period
12 after coverage is terminated for nonpayment of premiums during
13 which a child may not be reenrolled in the child health plan
14 program.

15 (b) The executive commissioner by rule shall establish a
16 process that allows for the termination of coverage under the child
17 health plan of an enrollee whose net family income is greater than
18 200 percent but not greater than 300 percent of the federal poverty
19 level if the enrollee does not pay the premiums required under
20 Section 62.153(a-1).

21 (c) The rules required by Subsection (b) must:

22 (1) address the number of payments that may be missed
23 before coverage terminates;

24 (2) address the process for notifying an enrollee of
25 pending coverage termination; and

26 (3) provide for an appropriate lock-out period after
27 termination for nonpayment.

(h) The purpose of this section is to promote child welfare in this state by assisting certain families in this state establish a health care strategy for their children, thereby reducing child abuse and neglect and promoting child welfare.

1 [REDACTED] (i) If before implementing any provision of this [REDACTED] Section
2 a state agency determines that a waiver or authorization from a
3 federal agency is necessary for implementation of that provision,
4 the agency affected by the provision shall request the waiver or
5 authorization and may delay implementing that provision until the
6 waiver or authorization is granted.

7 [REDACTED] (j) This [REDACTED] Section does not make an appropriation. This Section
8 [REDACTED] takes effect only if a specific appropriation for the
9 implementation of the [REDACTED] Section is provided in a general appropriations
10 act of the 81st Legislature.

11 SECTION [REDACTED] 8. This Act takes effect September 1, 2009.

Senate Bill 2080
Conference Committee Report
Section-by-Section Analysis

SENATE VERSION

SECTION 1. In this Act, "task force" means the task force established under this Act to establish a strategy for reducing child abuse and neglect and improving child welfare.

SECTION 2. (a) The task force consists of 15 members appointed as follows:

- (1) five members appointed by the governor;
- (2) five members appointed by the lieutenant governor; and
- (3) five members appointed by the speaker of the house of representatives.

(b) Members of the task force must be individuals who are actively involved in the fields of the prevention of child abuse and neglect and child welfare. The appointment of members must reflect the geographic diversity of the state.

(c) A member of the task force is not entitled to compensation for service on the task force but is entitled to reimbursement for travel expenses as provided by Chapter 660, Government Code, and the General Appropriations Act.

(d) The task force shall elect a presiding officer by a majority vote of the membership of the task force.

(e) The task force shall meet at the call of the presiding officer.

(f) Chapter 2110, Government Code, does not apply to the task force.

HOUSE VERSION

Same as Senate version.

SECTION 2. (a) The task force consists of nine members appointed as follows:

- (1) five members appointed by the governor;
- (2) two members appointed by the lieutenant governor; and
- (3) two members appointed by the speaker of the house of representatives.

(b) Members of the task force must be individuals who are actively involved in the fields of the prevention of child abuse and neglect and child welfare. The appointment of members must reflect the geographic diversity of the state.

(c) A member of the task force is not entitled to compensation for service on the task force but is entitled to reimbursement for travel expenses as provided by Chapter 660, Government Code, and the General Appropriations Act.

(d) The task force shall elect a presiding officer by a majority vote of the membership of the task force.

(e) The task force shall meet at the call of the presiding officer.

(f) Chapter 2110, Government Code, does not apply to the task force.

CONFERENCE

SECTION 1. Same as Senate version.

SECTION 2. Same as House version.

Senate Bill 2080
Conference Committee Report
Section-by-Section Analysis

SENATE VERSION

HOUSE VERSION

CONFERENCE

SECTION 3. (a) The task force shall establish a strategy for reducing child abuse and neglect and for improving child welfare in this state. In establishing that strategy, the task force shall:

- (1) gather information concerning child safety, child abuse and neglect, and child welfare throughout the state;
- (2) review the exemptions from criminal liability provided under the Penal Code to a mother who injures her unborn child by using a controlled substance, as defined by Chapter 481, Health and Safety Code, other than a controlled substance legally obtained by prescription, during her pregnancy and examine the effect that repealing the exemptions will have on reducing the number of babies who are born addicted to a controlled substance;
- (3) receive reports and testimony from individuals, state and local agencies, community-based organizations, and other public and private organizations;
- (4) create goals for state policy that would improve child safety, prevent child abuse and neglect, and improve child welfare; and
- (5) submit a strategic plan to accomplish those goals.

(b) The strategic plan submitted under Subsection (a) of this section may include proposals for specific statutory changes, the creation of new programs, and methods to foster cooperation among state agencies and between the

Same as Senate version.

SECTION 3. Same as Senate version, except adds a requirement for the task force, in establishing the strategy, to study the effectiveness of the extension of the eligibility for the children's health insurance program for children whose net family income is at or below 300 percent of the federal poverty level on detecting, reducing, and treating child abuse.

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SENATE VERSION

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state and local government.

SECTION 4. (a) The task force shall consult with employees of the Department of Family and Protective Services, the Department of State Health Services, and the Texas Department of Criminal Justice as necessary to accomplish the task force's responsibilities under this Act.

(b) The task force may cooperate as necessary with any other appropriate state agency.

SECTION 5. (a) The governor, lieutenant governor, and speaker of the house of representatives shall appoint the members of the task force not later than October 1, 2009.

(b) Not later than *August 1, 2011*, the task force shall submit the strategic plan required by Section 3 of this Act to the governor, lieutenant governor, and speaker of the house of representatives.

(c) The task force is abolished and this Act expires on September 1, 2011.

No equivalent provision.

Same as Senate version.

Same as Senate version.

SECTION __. Chapter 1001, Health and Safety Code, is amended by adding Subchapter F to read as follows:
SUBCHAPTER F. TEXAS MEDICAL CHILD ABUSE
RESOURCES AND EDUCATION SYSTEM
(MEDCARES)

SECTION 4. Same as Senate version.

SECTION 5. Same as Senate version, except amends (b) to change the date for submitting the strategic plan to not later than *October 1, 2010* and amends (c) to remove language relating to the expiration of the Act.

SECTION 6. (a) Same as House version.

Senate Bill 2080
Conference Committee Report
Section-by-Section Analysis

SENATE VERSION

HOUSE VERSION

CONFERENCE

Sec. 1001.151. TEXAS MEDICAL CHILD ABUSE RESOURCES AND EDUCATION SYSTEM GRANT PROGRAM. (a) The department shall establish the Texas Medical Child Abuse Resources and Education System (MEDCARES) grant program to award grants for the purpose of developing and supporting regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect as described by the report submitted to the 80th Legislature by the committee on pediatric centers of excellence relating to abuse and neglect in accordance with Section 266.0031, Family Code, as added by Chapter 1406 (S.B. 758), Acts of the 80th Legislature, Regular Session, 2007.

(b) The department may award grants to hospitals or academic health centers with expertise in pediatric health care and a demonstrated commitment to developing basic and advanced programs and centers of excellence for the assessment, diagnosis, and treatment of child abuse and neglect.

(c) The department shall encourage collaboration among grant recipients in the development of program services and activities.

Sec. 1001.152. USE OF GRANT. A grant awarded under this subchapter may be used to support:

(1) comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;

(2) education and training for health professionals, including physicians, medical students, resident

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Section-by-Section Analysis

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CONFERENCE

physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect;

(3) education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;

(4) medical case reviews and consultations and testimony regarding those reviews and consultations;

(5) research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect;

(6) the use of telemedicine and other means to extend services from regional programs into underserved areas; and

(7) other necessary activities, services, supplies, facilities, and equipment as determined by the department.

Sec. 1001.153. MEDCARES ADVISORY COMMITTEE. The executive commissioner shall establish an advisory committee to advise the department and the executive commissioner in establishing rules and priorities for the use of grant funds awarded through the program. The advisory committee is composed of the following nine members:

(1) the state Medicaid director or the state Medicaid director's designee;

(2) the medical director for the Department of Family

Senate Bill 2080
Conference Committee Report
Section-by-Section Analysis

SENATE VERSION

HOUSE VERSION

CONFERENCE

and Protective Services or the medical director's designee; and

(3) as appointed by the executive commissioner:

(A) two pediatricians with expertise in child abuse or neglect;

(B) a nurse with expertise in child abuse or neglect;

(C) a representative of a pediatric residency training program;

(D) a representative of a children's hospital;

(E) a representative of a children's advocacy center; and

(F) a member of the Governor's EMS and Trauma Advisory Council.

Sec. 1001.154. GIFTS AND GRANTS. The department may solicit and accept gifts, grants, and donations from any public or private source for the purposes of this subchapter.

Sec. 1001.155. REQUIRED REPORT. Not later than December 1 of each even-numbered year, the department, with the assistance of the advisory committee established under this subchapter, shall submit a report to the governor and the legislature regarding the grant activities of the program and grant recipients, including the results and outcomes of grants provided under this subchapter.

Sec. 1001.156. RULES. The executive commissioner may adopt rules as necessary to implement this subchapter.

Sec. 1001.157. APPROPRIATION REQUIRED. The department is not required to award a grant under this

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subchapter unless the department is specifically appropriated money for purposes of this subchapter.

No equivalent provision.

SECTION __. (a) Not later than November 1, 2009, the executive commissioner of the Health and Human Services Commission shall appoint the members of the advisory committee as required by Section 1001.153, Health and Safety Code, as added by this Act.
(b) Not later than January 1, 2010, the Department of State Health Services shall establish and implement a grant program as described by Subchapter F, Chapter 1001, Health and Safety Code, as added by this Act.
(c) Not later than December 1, 2010, the Department of State Health Services shall provide the initial report to the governor and the legislature as required by Section 1001.155, Health and Safety Code, as added by this Act.

(b) - (d) Substantially the same as House version.

No equivalent provision.

SECTION __. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

(e) Substantially the same as House version.

No equivalent provision.

SECTION __. This Act does not make an appropriation.

(f) Substantially the same as House version.

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This Act takes effect only if a specific appropriation for the implementation of the Act is provided in a general appropriations act of the 81st Legislature.

No equivalent provision.

No equivalent provision.

SECTION 7. (a) Subdivision (2), Section 62.002, Health and Safety Code, is amended to read as follows:
(2) "Executive commissioner" or "commissioner [Commissioner]" means the executive commissioner of the Health [health] and Human Services Commission [human services].

(b) Subsection (b), Section 62.101, Health and Safety Code, is amended to read as follows:

(b) The commission shall establish income eligibility levels consistent with Title XXI, Social Security Act (42 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 of age and whose net family income is at or below 300 [200] percent of the federal poverty level is eligible for health benefits coverage under the program. In addition, the commission may establish eligibility standards regarding the amount and types of allowable assets for a family whose net family income is above 250 [150] percent of the federal poverty level.

(c) Subsections (b) and (c), Section 62.102, Health and

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Safety Code, are amended to read as follows:

(b) During the sixth month following the date of initial enrollment or reenrollment of an individual whose net family income exceeds 285 [185] percent of the federal poverty level, the commission shall:

(1) review the individual's net family income and may use electronic technology if available and appropriate; and

(2) continue to provide coverage if the individual's net family income does not exceed the income eligibility limits prescribed by Section 62.101 [this chapter].

(c) If, during the review required under Subsection (b), the commission determines that the individual's net family income exceeds the income eligibility limits prescribed by Section 62.101 [this chapter], the commission may not disenroll the individual until:

(1) the commission has provided the family an opportunity to demonstrate that the family's net family income is within the income eligibility limits prescribed by Section 62.101 [this chapter]; and

(2) the family fails to demonstrate such eligibility.

(d) Section 62.151, Health and Safety Code, is amended by adding Subsection (g) to read as follows:

(g) In developing the plan, the commission, subject to federal requirements, may choose to provide dental benefits at full cost to the enrollee as an available plan option for a child whose net family income is greater than 200 percent but not greater than 300 percent of the

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federal poverty level.

(e) Section 62.153, Health and Safety Code, is amended by amending Subsections (a) and (c) and adding Subsections (a-1) and (a-2) to read as follows:

(a) To the extent permitted under 42 U.S.C. Section 1397cc, as amended, and any other applicable law or regulations, the commission shall require enrollees whose net family incomes are at or below 200 percent of the federal poverty level to share the cost of the child health plan, including provisions requiring enrollees under the child health plan to pay:

- (1) a copayment for services provided under the plan;
- (2) an enrollment fee; or
- (3) a portion of the plan premium.

(a-1) The commission shall require enrollees whose net family incomes are greater than 200 percent but not greater than 300 percent of the federal poverty level to pay a share of the cost of the child health plan through copayments, fees, and a portion of the plan premium.

The total amount of the share required to be paid must:

- (1) include a portion of the plan premium set at an amount determined by the commission that is not more than 2.5 percent of an enrollee's net family income;
- (2) exceed the amount required to be paid by enrollees described by Subsection (a), but the total amount required to be paid may not exceed five percent of an enrollee's net family income; and
- (3) increase incrementally, as determined by the

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commission, as an enrollee's net family income increases.

(a-2) In establishing the cost required to be paid by an enrollee described by Subsection (a-1) as a portion of the plan premium, the commission shall ensure that the cost progressively increases as the number of children in the enrollee's family provided coverage increases.

(c) The [If cost-sharing provisions imposed under Subsection (a) include requirements that enrollees pay a portion of the plan premium, the] commission shall specify the manner of payment for any portion of the plan premium required to be paid by an enrollee under this section [in which the premium is paid]. The commission may require that the premium be paid to the [Texas Department of] Health and Human Services Commission, the [Texas] Department of State Health [Human] Services, or the health plan provider. The commission shall develop an option for an enrollee to pay monthly premiums using direct debits to bank accounts or credit cards.

(f) Section 62.154, Health and Safety Code, is amended by amending Subsection (d) and adding Subsection (e) to read as follows:

(d) The waiting period required by Subsection (a) for a child whose net family income is at or below 200 percent of the federal poverty level must:

(1) extend for a period of 90 days after the last date on which the applicant was covered under a health benefits

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plan; and

(2) apply to a child who was covered by a health benefits plan at any time during the 90 days before the date of application for coverage under the child health plan.

(e) The waiting period required by Subsection (a) for a child whose net family income is greater than 200 percent but not greater than 300 percent of the federal poverty level must:

(1) extend for a period of 180 days after the last date on which the applicant was covered under a health benefits plan; and

(2) apply to a child who was covered by a health benefits plan at any time during the 180 days before the date of application for coverage under the child health plan.

(g) Subchapter D, Chapter 62, Health and Safety Code, is amended by adding Section 62.1551 to read as follows:

Sec. 62.1551. TERMINATION OF COVERAGE FOR NONPAYMENT OF PREMIUMS. (a) In this section, "lock-out period" means a period after coverage is terminated for nonpayment of premiums during which a child may not be reenrolled in the child health plan program.

(b) The executive commissioner by rule shall establish a process that allows for the termination of coverage under the child health plan of an enrollee whose net family income is greater than 200 percent but not greater than

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300 percent of the federal poverty level if the enrollee does not pay the premiums required under Section 62.153(a-1).

(c) The rules required by Subsection (b) must:

(1) address the number of payments that may be missed before coverage terminates;

(2) address the process for notifying an enrollee of pending coverage termination; and

(3) provide for an appropriate lock-out period after termination for nonpayment.

(h) The purpose of this section is to promote child welfare in this state by assisting certain families in this state establish a health care strategy for their children, thereby reducing child abuse and neglect and promoting child welfare.

(i) If before implementing any provision of this section a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

(j) This section does not make an appropriation. This section takes effect only if a specific appropriation for the implementation of the section is provided in a general appropriations act of the 81st Legislature.

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(The conference committee may have exceeded the limitations imposed on its jurisdiction, but only the presiding officer can make the final determination on this issue.)

SECTION 6. This Act takes effect September 1, 2009.

Same as Senate version.

SECTION 8. Same as Senate version.

No equivalent provision.

SECTION __. Section 162.3041, Family Code, is amended by adding Subsection (a-1) and amending Subsection (d) to read as follows:

(a-1) Notwithstanding Subsection (a), if the department first entered into an adoption assistance agreement with a child's adoptive parents after the child's 16th birthday, the department shall, in accordance with rules adopted by the executive commissioner of the Health and Human Services Commission, offer adoption assistance after the child's 18th birthday to the child's adoptive parents under an existing adoption agreement until the last day of the month of the child's 21st birthday, provided the child is:

- (1) regularly attending high school or enrolled in a program leading toward a high school diploma or high school equivalency certificate;
- (2) regularly attending an institution of higher education or a postsecondary vocational or technical program;
- (3) participating in a program or activity that promotes, or removes barriers to, employment;
- (4) employed for at least 80 hours a month; or

Same as Senate version.

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(5) incapable of doing any of the activities described by Subdivisions (1) through (4) due to a documented medical condition.

(d) If the legislature does not appropriate sufficient money to provide adoption assistance to the adoptive parents of all children described by Subsection (a), the department shall provide adoption assistance only to the adoptive parents of children described by Subsection (a)(1). The department is not required to provide adoption assistance benefits under Subsection (a-1) unless the department is specifically appropriated funds for purposes of that subsection.

No equivalent provision.

SECTION __. Section 264.101, Family Code, is amended by amending Subsections (a-1) and (d) and adding Subsection (a-2) to read as follows:

(a-1) The department shall continue to pay the cost of foster care for a child for whom the department provides care, including medical care, until the last day of the month in which ~~later of~~ [(1) the date] the child attains the age of 18. The department shall continue to pay the cost of foster care for a child after the month in which the child attains the age of 18 as long as the child is:

(1) regularly attending ~~;~~ ~~or~~ [(2) the date the child graduates from] high school or ~~ceases to be~~ enrolled in a ~~[secondary school in a]~~ program leading toward a high school diploma or high

Same as Senate version.

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school equivalency certificate;
(2) regularly attending an institution of higher education or a postsecondary vocational or technical program;
(3) participating in a program or activity that promotes, or removes barriers to, employment;
(4) employed for at least 80 hours a month; or
(5) incapable of performing the activities described by Subdivisions (1) through (4) due to a documented medical condition.
(a-2) The department shall continue to pay the cost of foster care under:
(1) Subsection (a-1)(1) until the last day of the month in which the child attains the age of 22; and
(2) Subsections (a-1)(2) through (5) until the last day of the month the child attains the age of 21.
(d) The executive commissioner of the Health and Human Services Commission may adopt rules that establish criteria and guidelines for the payment of foster care, including medical care, for a child and for providing care for a child after the child becomes 18 years of age if the child meets the requirements for continued foster care under Subsection (a-1) [is regularly attending an institution of higher education or a vocational or technical program].

No equivalent provision.

SECTION __. Sections 264.751(1) and (3), Family Code, are amended to read as follows:
(1) "Designated caregiver" means an individual who has

Same as Senate version.

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a longstanding and significant relationship with a child for whom the department has been appointed managing conservator and who:

(A) is appointed to provide substitute care for the child, but is not licensed by the department or verified by a licensed child-placing agency or the department [certified] to operate a foster home, foster group home, agency foster home, or agency foster group home under Chapter 42, Human Resources Code; or

(B) is subsequently appointed permanent managing conservator of the child after providing the care described by Paragraph (A).

(3) "Relative caregiver" means a relative who:

(A) provides substitute care for a child for whom the department has been appointed managing conservator, but who is not licensed by the department or verified by a licensed child-placing agency or the department [certified] to operate a foster home, foster group home, agency foster home, or agency foster group home under Chapter 42, Human Resources Code; or

(B) is subsequently appointed permanent managing conservator of the child after providing the care described by Paragraph (A).

No equivalent provision.

SECTION __. Subchapter I, Chapter 264, Family Code, is amended by adding Section 264.760 to read as follows:

Sec. 264.760. ELIGIBILITY FOR FOSTER CARE

Same as Senate version.

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PAYMENTS AND PERMANENCY CARE ASSISTANCE. Notwithstanding any other provision of this subchapter, a relative or other designated caregiver who becomes licensed by the department or verified by a licensed child-placing agency or the department to operate a foster home, foster group home, agency foster home, or agency foster group home under Chapter 42, Human Resources Code, may receive foster care payments in lieu of the benefits provided by this subchapter, beginning with the first month in which the relative or other designated caregiver becomes licensed or is verified.

No equivalent provision.

SECTION __. Chapter 264, Family Code, is amended by adding Subchapter K to read as follows:

Same as Senate version.

SUBCHAPTER K. PERMANENCY CARE ASSISTANCE PROGRAM

Sec. 264.851. DEFINITIONS. In this subchapter:

(1) "Foster child" means a child who is or was in the temporary or permanent managing conservatorship of the department.

(2) "Kinship provider" means a relative of a foster child, or another adult with a longstanding and significant relationship with a foster child before the child was placed with the person by the department, with whom the child resides for at least six consecutive months after the person becomes licensed by the department or verified by a licensed child-placing agency or the department to

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provide foster care.

(3) "Permanency care assistance agreement" means a written agreement between the department and a kinship provider for the payment of permanency care assistance benefits as provided by this subchapter.

(4) "Permanency care assistance benefits" means monthly payments paid by the department to a kinship provider under a permanency care assistance agreement.

(5) "Relative" means a person related to a foster child by consanguinity or affinity.

Sec. 264.852. PERMANENCY CARE ASSISTANCE AGREEMENTS. (a) The department shall enter into a permanency care assistance agreement with a kinship provider who is eligible to receive permanency care assistance benefits.

(b) The department may enter into a permanency care assistance agreement with a kinship provider who is the prospective managing conservator of a foster child only if the kinship provider meets the eligibility criteria under federal and state law and department rule.

(c) A court may not order the department to enter into a permanency care assistance agreement with a kinship provider unless the kinship provider meets the eligibility criteria under federal and state law and department rule, including requirements relating to the criminal history background check of a kinship provider.

(d) A permanency care assistance agreement may provide for reimbursement of the nonrecurring expenses a kinship provider incurs in obtaining permanent

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managing conservatorship of a foster child, including attorney's fees and court costs. The reimbursement of the nonrecurring expenses under this subsection may not exceed \$2,000.

Sec. 264.853. RULES. The executive commissioner shall adopt rules necessary to implement the permanency care assistance program. The rules must:

(1) establish eligibility requirements to receive permanency care assistance benefits under the program; and

(2) ensure that the program conforms to the requirements for federal assistance as required by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. No. 110-351).

Sec. 264.854. MAXIMUM PAYMENT AMOUNT. The executive commissioner shall set the maximum monthly amount of assistance payments under a permanency care assistance agreement in an amount that does not exceed the amount of the monthly foster care maintenance payment the department would pay to a foster care provider caring for the child for whom the kinship provider is caring.

Sec. 264.855. CONTINUED ELIGIBILITY FOR PERMANENCY CARE ASSISTANCE BENEFITS AFTER AGE 18. If the department first entered into a permanency care assistance agreement with a foster child's kinship provider after the child's 16th birthday, the department may continue to provide permanency care assistance payments until the last day of the month of the

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child's 21st birthday, provided the child is:

(1) regularly attending high school or enrolled in a program leading toward a high school diploma or high school equivalency certificate;

(2) regularly attending an institution of higher education or a postsecondary vocational or technical program;

(3) participating in a program or activity that promotes, or removes barriers to, employment;

(4) employed for at least 80 hours a month; or

(5) incapable of any of the activities described by Subdivisions (1) through (4) due to a documented medical condition.

Sec. 264.856. APPROPRIATION REQUIRED. The department is not required to provide permanency care assistance benefits under this subchapter unless the department is specifically appropriated money for purposes of this subchapter.

Sec. 264.857. DEADLINE FOR NEW AGREEMENTS. The department may not enter into a permanency care assistance agreement after August 31, 2017. The department shall continue to make payments after that date under a permanency care assistance agreement entered into on or before August 31, 2017, according to the terms of the agreement.

No equivalent provision.

SECTION __. Not later than April 1, 2010, the executive commissioner of the Health and Human Services Commission shall adopt rules to implement and

Same as Senate version.

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administer the permanency care assistance program under Subchapter K, Chapter 264, Family Code, as added by this Act.

No equivalent provision.

SECTION __. Sections 162.3041 and 264.101, Family Code, as amended by this Act, and Section 264.855, Family Code, as added by this Act, take effect October 1, 2010.

Same as Senate version.

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 30, 2009

TO: Honorable David Dewhurst , Lieutenant Governor, Senate
Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: **SB2080** by Uresti (Relating to improving the welfare of children in this state by developing strategies for reducing child abuse and neglect and improving child welfare, and health creating the Texas Medical Child Abuse Resources and Education System grant program, and increasing access to the child health insurance program.), **Conference Committee Report**

The fiscal implications of the bill cannot be determined at this time.

Local Government Impact

The fiscal implications of the bill cannot be determined at this time.

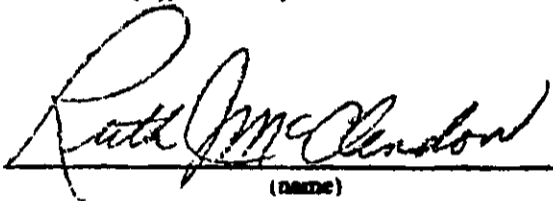
Source Agencies:

LBB Staff: JOB, CL

Certification of Compliance with Rule 13, Section 6(b), House Rules of Procedure

Rule 13, Section 6(b), House Rules of Procedure, requires that a copy of a conference committee report signed by a majority of each committee of the conference must be furnished to each member of the committee in person or if unable to deliver in person by placing a copy in the member's newspaper mailbox at least one hour before the report is furnished to each member of the house under Section 10(a) of this rule. The paper copies of the report submitted to the chief clerk under Section 10(b) of this rule must contain a certificate that the requirement of this subsection has been satisfied, and that certificate must be attached to the printed copy of the report furnished to each member under Section 10(d) of this rule. Failure to comply with this subsection is not a sustainable point of order under this rule.

I certify that a copy of the conference committee report on S. B. 2080 was furnished to each member of the conference committee in compliance with Rule 13, Section 6(b), House Rules of Procedure, before submission of the paper copies of the report to the chief clerk under Section 10(b), Rule 13, House Rules of Procedure.



(name)

05/30/09
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