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SECTION 1. This Act may be cited as "Greyson's Law" in memory of Greyson Morris.

Same as House version.

SECTION 2. Section 33.011(a-1), Health and Safety Code, is amended to read as follows:

Same as House version.

(a-1) Except as provided by this subsection and to [To] the extent funding is available for the screening, the department shall require newborn screening tests to screen for disorders listed in the core ~~[uniform]~~ panel and in the secondary targets of the uniform newborn screening ~~panel [conditions]~~ recommended in the 2005 report by the American College of Medical Genetics entitled "Newborn Screening: Toward a Uniform Screening Panel and System" or another report determined by the department to provide more stringent ~~[more appropriate]~~ newborn screening guidelines to protect the health and welfare of this state's newborns. The department, with the advice of the Newborn Screening Advisory Committee, may require additional newborn screening tests under this subsection to screen for other disorders or conditions. The department may exclude from the newborn screening tests required under this subsection screenings for galactose epimerase and galactokinase.

SECTION 3. Subchapter B, Chapter 33, Health and Safety Code, is amended by adding Section 33.017 to read as follows:

Same as House version.

Sec. 33.017. NEWBORN SCREENING ADVISORY

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COMMITTEE. (a) The department shall establish the Newborn Screening Advisory Committee.

(b) The advisory committee consists of members appointed by the commissioner of state health services. The advisory committee must include the following members:

(1) health care providers;

(2) a hospital representative;

(3) persons who have family members affected by a condition for which newborn screening is or may be required under this subchapter; and

(4) persons who are involved in the delivery of newborn screening services, follow-up, or treatment in this state.

(c) The advisory committee shall advise the department regarding strategic planning, policy, rules, and services related to newborn screening and additional newborn screening tests.

(d) The advisory committee shall adopt bylaws governing the committee's operations.

(e) The advisory committee may appoint subcommittees.

(f) The advisory committee shall meet at least three times each year and at other times at the call of the commissioner of state health services.

(g) A member of the advisory committee is not entitled to compensation, but is entitled to reimbursement for travel or other expenses incurred by the member while conducting the business of the advisory committee, as provided by the General Appropriations Act.

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(h) The advisory committee is not subject to Chapter 2110, Government Code.

SECTION 4. (a) As soon as practicable after the effective date of this Act, the commissioner of state health services shall appoint members to the Newborn Screening Advisory Committee as required under Section 33.017, Health and Safety Code, as added by this Act.

(b) Notwithstanding Section 33.011, Health and Safety Code, as amended by this Act, a physician or person attending the delivery of a newborn child is not required to subject the child to the additional newborn screening tests required under Section 33.011(a-1), Health and Safety Code, as amended by this Act, until January 1, 2010.

No equivalent provision.

No equivalent provision.

Same as House version.

SECTION __. The heading to Section 81.090, Health and Safety Code, is amended to read as follows:
Sec. 81.090. DIAGNOSTIC [~~SEROLOGIC~~] TESTING DURING PREGNANCY AND AFTER BIRTH.

SECTION __. Section 81.090, Health and Safety Code, is amended by amending Subsections (a), (b), (c), (i), (j), (k), and (l) and adding Subsections (a-1), (c-1), and (c-2) to read as follows:
(a) A physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant shall:

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- (1) take or cause to be taken a sample of the woman's blood or other appropriate specimen at the first examination and visit;
 - (2) submit the sample to an appropriately certified [a] laboratory [approved under this section] for diagnostic testing approved by the United States Food and Drug Administration for:
 - (A) ~~[a standard serologic test for]~~ syphilis ~~[approved by the board];~~
 - (B) ~~[a standard serologic test for]~~ HIV infection ~~[approved by the board];~~ and
 - (C) ~~[a standard serologic test for]~~ hepatitis B infection ~~[approved by the board];~~ and
 - (3) retain a report of each case for nine months and deliver the report to any successor in the case.
- (a-1) A physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant shall:
- (1) take or cause to be taken a sample of the woman's blood or other appropriate specimen at an examination in the third trimester of the pregnancy;
 - (2) submit the sample to an appropriately certified laboratory for a diagnostic test approved by the United States Food and Drug Administration for HIV infection; and
 - (3) retain a report of each case for nine months and deliver the report to any successor in the case.
- (b) A successor is presumed to have complied with this section if the successor in good faith obtains a record that

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indicates compliance with Subsections (a) and (a-1), if applicable.

(c) A physician or other person in attendance at a delivery shall:

(1) take or cause to be taken a sample of blood or other appropriate specimen from the mother on admission for delivery; and

(2) submit the sample to an appropriately certified [a] laboratory [approved under this section] for diagnostic testing approved by the United States Food and Drug Administration for:

(A) [a standard serologic test for] syphilis [approved by the board]; and

(B) [a standard serologic test for HIV infection approved by the board; and

[(C) a standard serologic test for] hepatitis B infection [approved by the board].

(c-1) If the physician or other person in attendance at the delivery does not find in the woman's medical records results from the diagnostic test for HIV infection performed under Subsection (a-1), the physician or person shall:

(1) take or cause to be taken a sample of blood or other appropriate specimen from the mother;

(2) submit the sample to an appropriately certified laboratory for diagnostic testing approved by the United States Food and Drug Administration for HIV infection; and

(3) instruct the laboratory to expedite the processing of

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the test so that the results are received less than six hours after the time the sample is submitted.

(c-2) If the physician or other person in attendance at the delivery does not find in the woman's medical records results from a diagnostic test for HIV infection performed under Subsection (a-1), and the diagnostic test for HIV infection was not performed before delivery under Subsection (c-1), the physician or other person in attendance at delivery shall:

(1) take or cause to be taken a sample of blood or other appropriate specimen from the newborn child less than two hours after the time of birth;

(2) submit the sample to an appropriately certified laboratory for a diagnostic test approved by the United States Food and Drug Administration for HIV infection;
and

(3) instruct the laboratory to expedite the processing of the test so that the results are received less than six hours after the time the sample is submitted.

(i) Before conducting or causing to be conducted a diagnostic [~~standard serologic~~] test for HIV infection under this section, the physician or other person shall advise the woman that the result of a test taken under this section is confidential as provided by Subchapter F, but that the test is not anonymous. The physician or other person shall explain the difference between a confidential and an anonymous test to the woman and that an anonymous test may be available from another entity. The physician or other person shall make the

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information available in another language, if needed, and if resources permit. The information shall be provided by the physician or another person, as needed, in a manner and in terms understandable to a person who may be illiterate if resources permit.

(j) The result of a [~~standard~~] test for HIV infection under Subsection (a)(2)(B), (a-1), (c-1), or (c-2) [~~(e)(2)(B)~~] is a test result for purposes of Subchapter F.

(k) Before the [~~blood~~] sample is taken, the health care provider shall distribute to the patient printed materials about AIDS, HIV, hepatitis B, and syphilis. A health care provider shall verbally notify the patient that an HIV test shall be performed if the patient does not object. If the patient objects, the patient shall be referred to an anonymous testing facility or instructed about anonymous testing methods. The health care provider shall note on the medical records that the distribution of printed materials was made and that verbal notification was given. The materials shall be provided to the health care provider by the department [~~Texas Department of Health~~] and shall be prepared and designed to inform the patients about:

- (1) the incidence and mode of transmission of AIDS, HIV, hepatitis B, and syphilis;
- (2) how being infected with HIV, AIDS, hepatitis B, or syphilis could affect the health of their child;
- (3) the available cure for syphilis;
- (4) the available treatment to prevent maternal-infant HIV transmission; and

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(5) methods to prevent the transmission of the HIV virus, hepatitis B, and syphilis.

(1) A physician or other person may not conduct a diagnostic [standard] test for HIV infection under Subsection (a)(2)(B), (a-1), or (c-1) [~~(e)(2)(B)~~] if the woman objects. A physician or other person may not conduct a diagnostic test for HIV infection under Subsection (c-2) if a parent, managing conservator, or guardian objects.

No equivalent provision.

SECTION __. Sections 81.090(d), (e), (f), and (h), Health and Safety Code, are repealed.

No equivalent provision.

SECTION __. (a) Sections 81.090(a), (c), (i), and (k), Health and Safety Code, as amended by this Act, apply only to a test performed on or after the effective date of this Act. A test performed before the effective date of this Act is covered by the law in effect immediately before the effective date of this Act, and the former law is continued in effect for that purpose.

(b) Sections 81.090(a-1), (c-1), and (c-2), Health and Safety Code, as added by this Act, and Sections 81.090(b), (j), and (l), Health and Safety Code, as amended by this Act, apply only to a physician or other person attending a pregnant woman during gestation or at delivery of an infant on or after January 1, 2010.

No equivalent provision.

SECTION __. This Act does not make an appropriation. A provision in this Act that creates a new governmental

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program, creates a new entitlement, or imposes a new duty on a governmental entity is not mandatory during a fiscal period for which the legislature has not made a specific appropriation to implement the provision.

SECTION 5. This Act takes effect September 1, 2009.

Same as House version.

The following rows were presented as identical to language in the engrossed version of Senate Bill 841, relating to the child health plan program.

No equivalent provision.

SECTION __. 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~~].

No equivalent provision.

SECTION __. 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

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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.

No equivalent provision.

SECTION __. 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 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.

No equivalent provision.

SECTION __. Section 62.151, Health and Safety Code,

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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 federal poverty level.

No equivalent provision.

SECTION __. 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

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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 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.

SECTION __. Section 62.154, Health and Safety Code, is amended by amending Subsection (d) and adding

No equivalent provision.

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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 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.

No equivalent provision.

SECTION __. 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

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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 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.

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.

No equivalent provision.

SECTION __. This Act does not make an appropriation. This Act takes effect only if a specific appropriation for the implementation of the Act is provided in a general

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appropriations act of the 81st Legislature.

