

## **80th Regular Session Legislative Summary - DADS**

### **HB 52, Chavez**

Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.

Currently the Personal Needs Allowance (PNA) being paid is \$60, but the minimum amount in statute is \$45. House Bill 52 raises the minimum amount required for PNA in statute to \$60.

### **HB 1168, Menendez**

Relating to licensing and regulation by a state agency.

- Requires the development and implementation of a pilot program to license boarding houses, subject to the appropriation of funds for the express purpose of implementing the pilot.
- Defines “boarding house” as an establishment that provides services, including community meals, light housework, meal preparation, transportation, grocery shopping, money management, or laundry services to three or more elderly or disabled persons who are unrelated to the proprietor. The definition excludes entities that are:
  - currently licensed by the Department of Aging and Disability Services (DADS) under Texas Health and Safety Code Chapters 142, 242, 246, 247, or 252;
  - exempted from licensure by DADS pursuant to Texas Health and Safety Code Sections 142.003(a)(19) (Home and Community-based Services Program providers) and 247.004(4) (MHMR exemption to assisted living facility licensure);
  - child-care facilities;
  - family violence centers;
  - hotels;
  - retirement communities;
  - monasteries; convents; and
  - sororities, fraternities and dormitories affiliated with an institution of higher learning.
- Requires that only subject to appropriated funds, the pilot must be implemented in each county or municipality that has adopted an order or ordinance regulating the operation of boarding houses. Rules to implement the pilot must address licensing, inspections, and enforcement. If the pilot program is implemented, the following information must be reported, by January 1, 2009:

- the number of houses licensed, rule violations, and investigations related to alleged abuse, neglect or exploitation of a resident;
  - a description of any penalties imposed on a boarding house; and
  - recommendations on the advisability of expanding the pilot statewide.
- Requires that if the pilot program has not been implemented, a study must be conducted and recommendations made regarding the most effective method for regulating boarding houses, including whether clarifying and expanding county and municipal authority to establish health and safety standards for boarding houses is recommended.
  - Includes provisions relating to the enforcement of civil penalties against assisted living facilities:
    - If the Office of the Attorney General (OAG) fails to notify DADS within 30 days of a referral that the OAG will accept the case, then DADS must refer the case to the local district attorney, county attorney, or city attorney for prosecution.
    - Investigation and attorney fees may be collected in these civil penalty cases if a civil penalty is assessed.
    - The state may seek satisfaction of any obligation to pay a civil penalty amount from any owner, other controlling person, or affiliate of the person who is liable for payment of said penalty.
  - Authorizes adoption of rules to establish a method for satisfying unpaid obligations from insurance policies, letters of credit, or other contingency funds.
  - Provides that a licensing authority may deny, suspend, or revoke a license if the licensing authority determines, after administrative notice and hearing, that:
    - the person knowingly made a false statement in applying for or renewing the license;
    - the person made a material misrepresentation on the application or renewal;
    - the person refused to provide information required by the licensing authority; or
    - the person failed to provide all of the person's criminal history information in response to a request by the licensing authority.

### **HB 2439, Truitt**

Relating to the functions of local mental health and mental retardation authorities.

\*Note: we have included those provisions of the bill that relate to both mental health authorities (MHAs) and mental retardation authorities (MRAs) and those provisions that relate only to MRAs. Those provisions that relate only to MHAs are not included.

- Requires the executive director of the Health and Human Services Commission (HHSC) to designate MHAs and MRAs.

- Requires an MRA and MHA to take into account a variety of factors (e.g., public input, ultimate cost-benefit, consumer choice, and best use of public money) in procuring services for its local service area.
- Permits an MRA to serve as a provider of an Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) and related waiver programs services only if:
  - the MRA complies with the limitations of Section 533.0355(d) of the Texas Health and Safety Code described below; or
  - the programs are necessary to ensure the availability of services and the MRA demonstrates that there is not a willing ICF/MR and related waiver program provider where the service is needed.
- Requires HHSC to adopt rules establishing the roles and responsibilities of MRAs including rules about access and intake, eligibility functions, enrollment, utilization management, service coordination, general revenue funded services, local planning functions, and accountability;
- Requires an MRA to offer a state school as an option among residential services offered to a person who meets the state school admission criteria.
- Requires an MRA in establishing its role as a qualified service provider of ICF/MR and waiver services, to: {limitations of Section 533.0355(d)}
  - base the MRA's provider capacity on August 2004 enrollment levels and if the enrollment levels exceed that to reduce levels by attrition; and
  - base any increase in the MRA's provider capacity on:
    - state-mandated conversion from ICF/MR to a waiver program allowing for a permanent increase in provider capacity;
    - the MRA's voluntary conversion from ICF/MR to a waiver program allowing for a temporary increase in provider capacity, to be reduced by attrition;
    - the MRA's refinancing from general revenue funded services to a Medicaid program allowing for a temporary increase in provider capacity, to be reduced by attrition; or
    - other extenuating circumstances approved and monitored by DADS that do not promote the MRA's provider role and may include the need to accommodate a family/consumer-specific circumstance and choice.
- Provides that any increase based on extenuating circumstances is considered a temporary increase in provider capacity, to be reduced by attrition.

- Requires DADS to determine an MRA's status as a qualified service provider taking into consideration the program stability, the area, and the number of other qualified providers in the area.
- Requires DADS to ensure that local services delivered further the goals of (1) providing individuals with information, opportunities, and support to make informed decisions regarding services; (2) respecting the rights, needs, and preferences of individuals receiving services; and (3) integrating individuals with mental retardation and developmental disabilities into the community in accordance with relevant independence initiatives and permanency planning laws.

### **SB 10, Nelson**

Relating to the operation and financing of the medical assistance program and other programs to provide health care benefits and services to persons in this state; providing penalties.

\*Note: We have highlighted those sections of the bill that will affect DADS. This summary does not address the other provisions of the bill.

- Requires implementation of a pilot program in one region under which Medicaid recipients are provided positive incentives to lead healthy lifestyles. Incentives can include expanded health care benefits or value-added services for participating in certain programs, individual health rewards accounts in which credits can be exchanged for items not covered by Medicaid, and other positive incentives as determined by HHSC. If feasible and cost-effective, an additional incentive program may be implemented to encourage children under 21 to make timely health care visits under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program; under this program, incentives must be provided for managed care organizations and Medicaid providers to encourage them to support delivery and documentation of timely and complete health care screenings.
- Requires implementation of a Medicaid health savings account pilot program to encourage health care cost awareness and promote appropriate use of Medicaid services by adult recipients, only if it is determined to be cost-effective and feasible. Participation must be voluntary and a participant can choose to discontinue participation and resume receiving benefits under the traditional Medicaid delivery model. A participant who resumes traditional Medicaid benefits before completing the health savings account enrollment period forfeits any funds remaining in the health savings account.
- Allows HHSC to seek an 1115 waiver to implement tailored benefit packages to provide Medicaid benefits that are customized to meet the health care needs of defined categories of recipients through a defined system of care, to improve health outcomes

and access to services, achieve cost containment and efficiency, and streamline delivery of benefits. If the waiver is approved, a tailored benefit package for children with special health care needs must be implemented and tailored benefit packages for other categories of recipients may be implemented as well.

- Requires, if it is feasible and allowed by federal and state law, that persons served under state or federal non-Medicaid programs be provided the applicable Medicaid-tailored benefit packages, and if appropriate or necessary, use blended funding methodologies to do so.
- Allows implementation of a demonstration project to determine whether paying an enhanced Medicaid reimbursement rate to a nursing facility that provides continuous, on-site oversight of residents by geriatric physician's results in improved overall health of residents and cost savings resulting from a reduction of hospitalization and pharmaceutical costs.
- Requires implementation of additional inquiries and statements during the Medicaid application and recertification process related to availability of a group health plan, to identify Medicaid-eligible individuals who are eligible to enroll in a group benefit plan. It also allows individuals to voluntarily opt out of Medicaid and enroll in the group plan instead even if it is not cost-effective. Such a person would still be considered a Medicaid recipient, but would have to pay the amount by which the group plan's employee's share of premiums exceeds the total estimated Medicaid costs for the person. The person would also have to pay all deductibles, co-payments, and other cost-sharing obligations under the group plan. A person who voluntarily opts out of Medicaid and enrolls in a group health plan is not ineligible for 1915(c) waiver services or other federal waiver programs solely because the person is in a group health plan; otherwise, the person is limited to the benefits coverage provided by the group health plan and may not receive any Medicaid benefits other than premium payment and, if applicable, waiver services.
- Amends the definition of "medical assistance waiver program," in Texas Human Resources Code Section 32.058 to mean a 1915(c) waiver program administered by DADS, other than Texas Home Living (TxHmL). Specifies that services may not be provided under a medical assistance waiver program if the projected cost over a 12-month period exceeds the individual cost limit in the waiver. Exceptions to the general prohibition are as follows:
  - the department must continue to provide services to a person who was receiving the services on September 1, 2005, at a cost that exceeded the cost limit, if continuation of the services is necessary for the person to live in the most integrated setting, and it does not affect the department's compliance with the federal average per capita expenditure requirement under 1915(c)(2)(D);

- the department may provide waiver services other than Home and Community-based Services (HCS), to a person whose cost of services over a 12-month period is between the cost limit and 133.3 percent of the cost limit if continuation of the services does not affect the department's compliance with the federal average per capita expenditure requirement;
  - the department may exempt a person from the 133.3 percent cost limit if the department determines that:
    - 1) the person's health and safety cannot be protected within the cost limit; and
    - 2) there is no alternative living arrangement available in which the person's health and safety can be protected, as evidenced by an assessment by clinical staff of the department and supporting documentation;
  - the department may continue to provide services under the HCS program to a person whose services exceed the cost limit if the department makes the same determinations as 1) and 2) above related to the person's health and safety and determines that continuation of the services does not affect the department's compliance with the federal average per capita expenditure requirement and any cost-effectiveness requirements provided by the General Appropriations Act.
  - If a federal agency determines that compliance with any provision related to medical assistance waiver programs would make the state ineligible to receive federal funds, a state agency may, but is not required to implement that provision. Changes made by this section apply only to a person receiving medical assistance on or after the section's effective date, regardless of when eligibility was determined.
- Requires a study regarding the feasibility and cost-effectiveness of an integrated Medicaid managed care model for recipients who are aging, blind, disabled, or have chronic health care needs and are not enrolled in a managed care plan using a capitated model.
  - If it is determined that federal waivers are needed, implementation of the bill may be delayed until any necessary waivers are requested and granted.

**SB 22, Nelson**

Relating to long-term care insurance and a partnership for long-term care program and to the eligibility for certain home and community-based services.

- Provides that in determining a home and community services applicant's eligibility for services through the Community Attendant Services (CAS) program, HHSC must exclude \$20 of unearned or earned income from the applicant's monthly income.
- Requires the establishment of a Long-Term Care (LTC) Partnership Program between HHSC and Texas Department of Insurance (TDI) consistent with provisions of the

federal Deficit Reduction Act of 2005, which allows individuals who purchase qualified LTC insurance policies to protect assets equal to the benefit value of those policies and still qualify for Medicaid.

- Requires consideration of a dollar-for-dollar asset disregard when determining medical assistance program eligibility and estate recovery obligations to any person who receives LTC services if the person is or was covered by a LTC benefit plan that meets applicable minimum benefit standards. A person's income or resources may not be considered if the person has exhausted his or her benefits under an approved plan if those resources are disregarded to determine:
  - eligibility for medical assistance,
  - the amount of medical assistance provided, or
  - any later recovery of the assistance provided to the person.
- Allows Texas to enter into reciprocal agreements with other states to extend asset protection to a Texas resident who bought a LTC benefit plan in another state if that state's plan has a substantially similar asset disregard program.
- Establishes the development and implementation of a public awareness and education campaign conducted jointly by DADS and the TDI. The campaign must be designed to:
  - educate the public on the cost of LTC, including the limits of Medicaid eligibility and the limits of Medicare benefits;
  - educate the public on the value and availability of LTC insurance; and
  - encourage individuals to obtain LTC insurance.

HHSC can combine the public education campaign with any other state outreach activity relating to long-term care issues.

- If it is determined that federal waivers or authorization are needed, implementation of the bill may be delayed until any necessary waivers are requested and granted.

### **SB 27, Nelson**

Relating to the community living options information process and to a pilot program to educate residents and families of residents of nursing homes and intermediate care facilities for the mentally retarded about advance care planning.

- Requires DADS to contract with local MRAs to implement the Community Living Options Information Process for adult residents of state schools. The contract must:
  - delegate DADS' duties as to implementation of the Community Living Options Information Process to the MRA;

- include performance measures to evaluate the effectiveness of the MRAs in implementing the Information Process; and
  - ensure that the MRA provides service coordination and relocation services to an adult resident who chooses, is eligible for, and is recommended for a community living option.
- Requires that DADS work with the interagency task force on ensuring appropriate care settings for persons with disabilities (the existing Promoting Independence Advisory Committee), as well as residents' family members or legally authorized representatives (LAR), persons with mental retardation, state schools and MRAs to:
    - develop an effective Information Process;
    - create uniform procedures for the implementation of the process; and
    - minimize any potential conflict of interest regarding the Information Process between a state school and an adult resident, the resident's LAR, or a local authority.
- Requires that the local MRA be allowed to participate in the planning process involving the consideration of community living options for an adult resident.
- State schools must:
    - provide the MRA with access to an adult resident and the resident's records as necessary, and as permitted by applicable state and federal confidentiality laws, to implement the Information Process; and
    - provide the adult resident or the resident's LAR with accurate information regarding the risks of moving the resident to a community living option.
- Requires DADS to develop and implement a pilot program to educate nursing facility residents, ICF/MR residents, and their families about advance care planning. The ultimate goal of the program is to increase the use of advanced directives. The program must include components dealing with:
    - the legal issues associated with advanced directives;
    - health care choices available to individuals with terminal or irreversible conditions;
    - the proper completion of an advanced directive; and
    - the importance of discussing advance directives with family, friends, and health care providers.
- Requires DADS to submit a report to the Governor, Lt. Governor, Speaker and legislative oversight committees by October 1, 2010, which includes an evaluation of the pilot program's effectiveness and a recommendation to continue, expand, or eliminate the program. The provisions regarding the pilot program expire September 1, 2011.



## **SB 131, West**

Relating to the creation of nursing home family councils.

- Establishes, in statute, nursing home family councils, defined as a group of family members, friends, or legal guardians of residents who organize and meet privately or openly.
- Gives family councils the right to make recommendations to the nursing facility regarding policy and operational decisions affecting resident care and quality of life and to promote educational programs and projects.
- Allows a family council member to authorize another member to visit and observe a resident represented by the authorizing member, unless the resident objects.
- A nursing facility must:
  - consider the views and recommendations of the family council and make a reasonable effort to resolve the council's grievances;
  - upon admission of a resident, inform the resident's family members in writing of the right to form a family council, or if a family council already exists, provide information about the council;
  - include notice of a family council in a mailing that occurs at least semiannually;
  - permit a representative of a family council to discuss concerns with an individual conducting an inspection or survey of the facility;
  - provide a family council with space to post information;
  - designate a staff person to act as liaison for a family council;
  - respond in writing to a written request by a family council within five working days;
  - provide a copy of the final statement of violations to a representative of the family council no later than 5 days after the facility's receipt of the final statement of violations; and
  - allow a family council to meet in a common meeting room at least once a month.
- A facility may not:
  - prohibit the formation of a family council;
  - terminate an existing council;
  - deny a council the opportunity to meet or accept help from an outside resource;
  - willfully interfere with the operations of a council;
  - discriminate or retaliate against a family council participant; or

- willfully schedule events in conflict with scheduled council meeting if there are other scheduling options.
- Employees of the nursing facility or visitors may attend a family council meeting only at the council's invitation.

**SB 199, Nelson**

Relating to certain convictions barring employment at certain facilities serving the elderly or persons with disabilities.

- Amends the list of offenses for which conviction makes an individual permanently ineligible for employment in certain facilities. In particular, the bill adds the offenses of:
  - indecent exposure;
  - improper relationship between educator and student;
  - improper photography or visual recording;
  - deadly conduct;
  - aggravated sexual assault;
  - terroristic threat;
  - online solicitation of a minor;
  - money laundering;
  - Medicaid fraud; and
  - cruelty to animals.
- Amends the list of offenses for which conviction makes an individual ineligible for employment in a covered facility for five years from the conviction date. The bill adds to the current list of offenses:
  - false identification as a peace officer, and
  - some forms of disorderly conduct:
    - discharges a firearm in a public place other than a public road or a sport shooting range;
    - displays a firearm or other deadly weapon in a public place in a manner calculated to alarm; and
    - discharges a firearm on or across a public road.
- Provides that a person will not be considered to have been convicted of an offense if that person was placed on deferred adjudication community supervision, successfully completed the period of supervision, and received a dismissal and discharge.

**SB 291, Nelson**

Relating to criminal history record information for guardianship proceedings and to lists of certain public guardians; providing a criminal penalty.

- Requires DADS to obtain criminal history record information (a.k.a. criminal background checks or CBCs) from the Department of Public Safety (DPS) on employees and applicants who will provide guardianship services. It also requires DADS to obtain CBCs on volunteers and volunteer-applicants of DADS; employees and employee-applicants of contractors; and volunteers and volunteer-applicants of contractors. This bill does not prevent DADS from obtaining and using CBCs as provided by other law.
- Establishes timelines for obtaining CBC information. For an employee-applicant, the CBC must be obtained before an offer of employment. For a volunteer-applicant, the CBC must be obtained before the volunteer-applicant has contact with a ward.
- Requires DADS to share this information with county clerks on request of the court and with the Guardianship Certification Board (GCB) on request of the Board.
- Requires DADS to send a list of employees providing guardianship services and the counties they serve to the GCB.
- Extends county clerk's authority to obtain CBC information to any person proposed to serve as temporary, permanent or successor guardian and establishes a \$10 fee. Clarifies that these checks are not required of an attorney or the ward's family member. Adds language to exclude DADS from this process while maintaining the language to require DADS to obtain, and upon request, share the information with the clerks and the GCB.
- A person may obtain criminal history record information directly from DPS or the Federal Bureau of Investigation and provide it to the clerk no later than the 10th day before the guardianship hearing.
- The criminal background check record is for the exclusive use of the court or GCB. It is privileged and confidential. A person who makes an unauthorized release of the information can be charged with a Class A Misdemeanor.

### **SB 344, Carona**

Relating to the additional exit conference required following inspection, survey, or investigation of, and the temporary change of ownership licenses for, certain facilities.

- Provides that at the conclusion of a survey or complaint investigation at a Home and community support service agencies (HCSSA), DADS staff must conduct an exit conference with the provider and must leave a written list of the preliminary findings with the provider at the exit conference.

- Requires that if any additional violations at a nursing facility, assisted living facility, ICF/MR, or HCSSA are discovered during review of field notes or preparation of the final list of violations, an additional exit conference must be conducted in person and not via telephone, e-mail or fax.
- Clarifies the 10-day time frames for submission of a plan of correction by these facilities (excluding HCSSA) as 10 working days after the facility receives the final official statement of violations.
- Prohibits DADS from issuing a temporary change of ownership license before the 31<sup>st</sup> day after receipt of a license application from the incoming owner and notification of change of ownership from the current license holder. Requires establishment of criteria under which this requirement may be waived.
- Allows a hold to be placed on payments to the outgoing license holder, the release of funds under certain conditions, and deductions to be made for funds owed to the state.
- Requires the development of rules defining a change of ownership and provides examples of events and circumstances that must be considered. Allows the development of rules requiring license holders to notify DADS of any change, including notification of an event or circumstance that is determined to not be a change of ownership.
- Allows a desk review to be conducted in lieu of on-site inspection or survey in certain circumstances and requires establishment of criteria under which a desk review may be substituted for the inspection or survey.
- Requires DADS to permanently retain at least one copy or one electronic source of information pertaining to complaints and investigations of unlicensed assisted living facilities (facilities operating in violation of Texas Health and Safety Code Chapter 247).

**SB 1318, Janek**

Relating to the regulation of adult day-care facilities and certain long-term care facilities, including the establishment of late fees and changes to administrative penalties, and relating to the office of the state long-term care ombudsman.

- Requires the establishment, by rule, of criteria under which a requirement to terminate a Medicaid agreement with a nursing facility may be waived. This situation would

apply when the department has imposed Category 2 or Category 3 remedies on a nursing facility three times within a 24-month period.

- Provides long term care ombudsmen access to client records for assisted living facility residents receiving ombudsman advocacy services.
- Standardizes all provider types to a two-year licensing cycle. The change would not affect the frequency of inspections, which would continue to be done annually. ICFs/MR and nursing facilities currently have two-year licenses. Other provider types have one-year licenses. This bill changes the license to two years and adjusts the licensing fees accordingly for:
  - Adult day care;
  - Assisted living facilities; and
  - HCSSAs.
- Standardizes the timeline for submittal of licensure renewal applications to no later than 45 days before the expiration of the current license, and establishes a late fee.
- Makes consistent, across all provider types, administrative penalties for which there is no right to correct. This means adding a new no-right-to-correct provision to statute for HCSSAs and expanding the current no-right-to-correct provisions for ICFs/MR to include the same list of violations as other providers, for example, serious violations, such as those that:
  - result in serious harm or death of a consumer;
  - constitute a serious threat to the health or safety of a consumer; or
  - substantially limit the agency's capacity to provide care.
- Establishes, for nursing facilities, confidentiality of information related to financial condition, consistent with confidentiality provisions for HCSSAs.
- Establishes an administrative penalty for nursing facilities and assisted living facilities for failure to notify DADS of a change of ownership prior to the effective date.
- Provides authority to DADS to investigate allegations of abuse, neglect and exploitation (ANE) involving children served by HCSSAs and authority to report findings of ANE by a HCSSA employee, volunteer, or contractor to the Employee Misconduct Registry.

## **SB 1766, Watson**

Relating to expansion of the use of consumer direction for delivery of certain services to persons with disabilities and elderly persons.

- Replaces the voucher program currently required in law with consumer direction models and expands the use of consumer direction for delivery of certain Medicaid services. The section is expanded to include elderly persons as well as disabled persons.
- Requires the development and oversight of a "consumer direction model" under which a person or LAR controls the development and implementation of the individual service plan or controls the persons who directly deliver the services.
- Requires the Consumer-Directed Services work group to add advocates for consumers of services provided through consumer direction and, in coordination with HHSC, to decide which services are appropriate for delivery through consumer direction.
- Requires that the consumer or LAR be provided with adequate and appropriate information and that the consumer or LAR sign a statement acknowledging receipt of the information. Requires that the services not being delivered through consumer direction are provided by a provider agency chosen by the consumer or LAR.
- Establishes additional work group duties, including advising appropriate agencies about delivery of services through consumer direction in all long-term services and support programs and assisting in the development and implementation of the consumer direction models and expansion of service delivery through consumer direction. Other new duties include making recommendations to:
  - expand consumer direction service delivery to other programs;
  - expand the array of services delivered through consumer direction;
  - increase the use of consumer direction models;
  - optimize the provider base of consumer direction; and
  - expand access to support advisors for consumers receiving services through consumer direction.
- Requires the work group to monitor national research for best practices in self-determination and consumer direction and develop recommendations and provide assistance regarding consumer outreach to increase informed choices, skills, opportunities and supports to lead self-determined lives by using consumer direction models.

- Requires HHSC to coordinate with the work group to set a timetable to complete the implementation of consumer direction models and requires the work group to report on its activities to the legislature by September 1 of each even-numbered year.



# DADS

## Bill Tracking 80<sup>th</sup> Regular Session

<b>Total Bills Filed as of 05-28-07</b>	6,190
<b>Tracked Bills</b>	539
<b>Enrolled Bills</b>	118

### Enrolled (Passed) Bills

Bill Number	Author	Caption
HB 1	Chisum	General Appropriations Bill.
HB 8	Riddle	Relating to the prosecution, punishment and supervision of certain sex offenders and to certain crime involving sex offenders.
HB 15	Chisum	Relating to making supplemental appropriations and reductions in appropriations and giving direction, transfer authority, and other adjustment authority regarding appropriations.
HB 41	Paxton	Relating to the confidentiality of home address information of certain public officials and their spouses and to the immunity from liability of certain agencies.
HB 52	Chavez	Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.
HB 66	Leibowitz	Relating to power management software for state agencies.
HB 75	Naishtat	Relating to administrative and judicial review of certain decisions about public assistance benefits.



Bill Number	Author	Caption
HB 119	Brown, Fred	Relating to the exemption from competitive bidding for certain purchases.
HB 321	Dukes	Relating to the establishment of a pilot program by the Health and Human Services Commission to accept importation of electronic eligibility information from a regional indigent care provider.
HB 342	Naishtat	Relating to concurrent guardianship proceedings in this state and in a foreign jurisdiction.
HB 374	Pickett	Relating to use of state buildings and grounds by a television or film production company.
HB 391	Hartnett	Relating to the estates of decedents.
HB 407	Chisum	Relating to the establishment of a home-delivered meal grant program in the Department of Agriculture.
HB 417	Hartnett	Relating to guardianship matters and proceedings.
HB 429	Madden	Relating to a study of the expenses of health care for certain elderly inmates.
HB 431	Madden	Relating to the release of a defendant convicted of a state jail felony on medically recommended intensive supervision.
HB 462	Miller	Relating to the authority of certain municipalities to collect an infrastructure fee from certain governmental entities.
HB 518	Naishtat	Relating to the detention and examination of certain persons for whom an application for emergency detention or a motion for an order of protective custody has been filed.
HB 519	Naishtat	Relating to the creation of a trust for the management of an incapacitated person's estate.
HB 530	Madden	Relating to the operation and funding of drug court programs.
HB 564	Hartnett	Relating to the administration and operation of certain trusts and other property interests held for the benefit of another.
HB 585	Laubenberg	Relating to the jurisdiction and procedures of a probate court in certain guardianship proceedings.
HB 590	Delisi	Relating to standards of conduct for and conflicts of interest of state officers and employees.
HB 662	Dukes	Relating to the coordination, improvement, and funding of certain programs and services for the prevention of and early intervention in child abuse and neglect.
HB 889	Delisi	Relating to certain actions that constitute unlawful acts against the Medicaid program.
HB 921	Delisi	Relating to the sharing of information among state agencies.
HB 957	Orr	Relating to participation by certain state employees in a default investment product under a deferred compensation plan.
HB 1066	Delisi	Relating to health information technology and the creation of the Texas Health Services Authority.
HB 1168	Menendez	Relating to licensing and regulation by a state agency.
HB 1230	Rodriguez	Relating to services provided to youth with disabilities transitioning from school-oriented living to post-schooling activities, services for adults, and community living.
HB 1237	Farabee	Relating to the confidentiality of certain information of a person licensed to practice law held by the State Bar of Texas.
HB 1268	Van Arsdale	Relating to the award of attorney's fees under the terms of certain contracts with a governmental entity.

Bill Number	Author	Caption
HB 1275	McClendon	Relating to the appeal by an individual entitled to a veteran's preference of certain adverse employment decisions.
HB 1295	Hartnett	Relating to filing fees for certain actions filed in a court with probate jurisdiction.
HB 1297	Delisi	Relating to the creation of the state employee wellness program.
HB 1370	Coleman	Relating to the Interagency Coordinating Council for HIV and Hepatitis.
HB 1396	Dukes	Relating to the Office for the Elimination of Health Disparities and the health disparities task force.
HB 1497	Van Arsdale	Relating to the consequences of the failure by a person requesting information under the public information law to timely respond to certain written communications from a governmental body.
HB 1709	Naishtat	Relating to bonds required of guardians and other personal representatives.
HB 1759	Deshotel	Relating to the transfer of certain state property from the Health and Human Services Commission, the Department of State Health Services, or the Department of Aging and Disability Services to Spindletop MHMR Services.
HB 1788	Pitts	Relating to the planning, reporting, and review of the state's information resources.
HB 1789	Pitts	Relating to the management and oversight of information resources projects.
HB 1919	Smith, Todd	Relating to health benefit plan coverage for treatment of certain brain injuries and serious mental illnesses.
HB 2061	Keffer	Relating to the acquisition or disclosure of the social security number of a living person by a governmental body, including by a district or county clerk.
HB 2248	Van Arsdale	Relating to the ability of a governmental body under the public information law to request a redetermination from the attorney general on dismissal of litigation relating to the same issue.
HB 2256	McReynolds	Relating to the requirements for uniform fair hearing rules for Medicaid services, including services that require prior authorization.
HB 2293	Noriega	Relating to a requirement that state agencies purchase low-emissions vehicles as a minimum percentage of their vehicles purchased.
HB 2365	Truitt	Relating to financial accounting and reporting for this state and political subdivisions of this state.
HB 2439	Truitt	Relating to the functions of local mental health and mental retardation authorities.
HB 2540	Isett	Relating to implementing a pilot project to simplify, streamline, and reduce costs associated with the Medicaid cost reporting and auditing process for certain providers.
HB 2564	Hancock	Relating to the authority of a governmental body to require the payment of a charge before complying with certain requests for the production of public information or for copies of public information.
HB 2611	Madden	Relating to the eligibility of certain inmates of the Texas Department of Criminal Justice for medically recommended intensive supervision.
HB 2691	Truitt	Relating to grants provided to local guardianship programs.
HB 2694	Hamilton	Relating to the disaster contingency fund.

<b>Bill Number</b>	<b>Author</b>	<b>Caption</b>
HB 2714	Bonnen	Relating to a program for the recycling of computer equipment of consumers in this state; providing administrative penalties.
HB 2918	Isett	Relating to state information technology contracting and procurement practices.
HB 3106	Isett	Relating to the implementation of enterprise resource planning by the comptroller.
HB 3107	Isett	Relating to the creation and re-creation of funds and accounts in the state treasury, the dedication and rededication of revenue, and the exemption of unappropriated money from use for general governmental purposes.
HB 3169	Swinford	Relating to the transfer of certain state property from the Texas Health and Human Services Commission, on behalf of the Department of State Health Services ... to Texas Panhandle Mental Health Mental Retardation.
HB 3249	Truitt	Relating to the powers and duties of, and the entities reviewed by, the Sunset Advisory Commission.
HB 3261	Chavez	Relating to the use of electronic signatures in the administration of health and human services programs.
HB 3290	Otto	Relating to expanding the scope of an audit by the state auditor when the state auditor finds evidence of gross mismanagement.
HB 3430	Strama	Relating to the availability of information about state expenditures and rules, including the creation of a state database containing information on state expenditures, and to certain comptroller reports, and to certain amounts received by institutions of higher education.
HB 3473	Delisi	Relating to consent for medical treatment.
HB 3560	Swinford	Relating to transferring to the comptroller the duties of the Texas Building and Procurement Commission that do not primarily concern state facilities and renaming the commission the Texas Facilities Commission.
HB 3571	Rose	Relating to a pilot program to facilitate food stamp program outreach efforts and eligibility determination processes.
HB 3575	Rose	Relating to enhancing the health and human services integrated eligibility and benefits determination system to meet the needs of persons in this state.
HB 3693	Straus	Relating to energy demand, energy load, energy efficiency incentives, energy programs, and energy performance measures.
SB 10	Nelson	Relating to the operation and financing of the medical assistance program and other programs to provide health care benefits and services to persons in this state; providing penalties.
SB 11	Carona	Relating to homeland security and protection of the public, including protections against human trafficking; providing penalties.
SB 22	Nelson	Relating to long-term care insurance and a partnership for long-term care program and to the eligibility for certain home and community-based services.

<b>Bill Number</b>	<b>Author</b>	<b>Caption</b>
SB 24	Nelson	Relating to certain health care services provided through telemedicine or telehealth under the state Medicaid program.
SB 27	Nelson	Relating to the community living options information process and to a pilot program to educate residents and families of residents of nursing homes and intermediate care facilities for the mentally retarded about advance care planning.
SB 29	Nelson	Relating to creation of a minimum data set for the collection of information on health professionals by the statewide health coordinating council.
SB 74	Lucio	Relating to the confidentiality of certain information regarding victims of family violence, sexual assault, or stalking, including the creation of an address confidentiality program; providing a penalty.
SB 123	Deuell	Relating to excepting from required disclosure under the public information law certain personal information maintained by a municipality that pertains to a minor.
SB 129	West, Royce	Relating to reporting of gifts of cash or cash equivalent to public officials.
SB 131	West, Royce	Relating to the creation of nursing home family councils.
SB 175	Wentworth	Relating to the calculation of certain deadlines under the public information law.
SB 199	Nelson	Relating to certain convictions barring employment at certain facilities serving the elderly or persons with disabilities.
SB 228	Harris	Relating to suits affecting the parent-child relationship, including proceedings for the establishment, modification, and enforcement of child support, parentage, and possession of and access to a child; providing a civil penalty.
SB 291	Nelson	Relating to criminal history record information for certain guardianship services and to lists of certain public guardians; providing a penalty.
SB 300	Ellis, Rodney	Relating to the duration of judgment liens in favor of the state.
SB 344	Carona	Relating to the additional exit conference required following inspection, survey, or investigation of, and the temporary change of ownership licenses for, certain facilities.
SB 362	Janek	Relating to civil remedies and qui tam provisions under the Medicaid fraud prevention act.
SB 470	Brimer	Relating to the submission of uniform financial reports.
SB 505	Uresti	Relating to access to criminal history record information by the Guardianship Certification Board.
SB 506	Uresti	Relating to provisional certification for certain guardians.
SB 507	Uresti	Relating to reimbursement of members of the Guardianship Certification Board for certain expenses.
SB 592	Wentworth	Relating to special notice to the news media of the meeting of a governmental body in certain situations under the open meetings law.
SB 608	Ellis, Rodney	Relating to restrictions on state contracts with certain contractors.
SB 625	Janek	Relating to restrictions on the interchange of transplant immunosuppressant drugs.
SB 687	Shapleigh	Relating to the use of TexasOnline by state agencies and local governments.

<b>Bill Number</b>	<b>Author</b>	<b>Caption</b>
SB 744	Seliger	Relating to retaliation for reports of possible abuse, neglect, or exploitation of certain persons receiving home and community-based services.
SB 757	Hegar	Relating to the planning and management of state telecommunications services by the Department of Information Resources.
SB 760	Nelson	Relating to participation and reimbursement of telemedicine medical service providers under the Medicaid program.
SB 839	Duncan	Relating to the exchange of information among agencies related to the Texas Correctional Office on Offenders with Medical or Mental Impairments and the agencies responsible for continuity of care for offenders in the criminal justice system who are physically disabled, terminally ill, or significantly ill; providing a criminal penalty.
SB 867	Duncan	Relating to procedures regarding certain criminal defendants who are or may be persons with mental illness or mental retardation.
SB 870	Uresti	Relating to the definition of "institution" in the law regulating convalescent and nursing homes.
SB 908	Brimer	Relating to the continuation and functions of the State Office of Risk Management.
SB 909	Whitmire	Relating to the continuation and functions of the Texas Board of Criminal Justice, the Texas Department of Criminal Justice, and the Correctional Managed Health Care Committee, and to the functions of the Board of Pardons and Paroles.
SB 924	Brimer	Relating to the rules and policies adopted by state agencies regarding engineering or architectural errors or omissions.
SB 993	Nelson	Relating to nursing peer review and the regulation of the practice of nursing.
SB 994	Nelson	Relating to prescriptions for certain controlled substances.
SB 1306	Wentworth	Relating to the attendance by a quorum of a governmental body at certain events under the open meetings law.
SB 1310	Wentworth	Relating to the reimbursement of travel expenses for state employees.
SB 1315	Uresti	Relating to a silver alert for missing senior citizens.
SB 1318	Janek	Relating to the regulation of adult day-care facilities and certain long-term care facilities, including the establishment of late fees and changes to administrative penalties, and relating to the office of the state long-term care ombudsman.
SB 1499	Zaffirini	Relating to the meeting notice that a governmental body may post in certain emergency situations.
SB 1615	Averitt	Relating to the collection of delinquent obligations owed to the state.
SB 1658	Nichols	Relating to the authority of a pharmacist to fill certain prescriptions in the event of disaster.
SB 1694	Nelson	Relating to fraud investigations and criminal offenses involving the Medicaid Program; providing criminal penalties.
SB 1719	Ogden	Relating to the authority of the comptroller to pay certain claims and to directing payment, after approval, of certain miscellaneous claims and judgments against the state out of funds designated by this Act; making appropriations.

Bill Number	Author	Caption
SB 1766	Watson	Relating to expansion of the use of consumer direction for delivery of certain services to persons with disabilities and elderly persons.
SB 1879	Williams	Relating to the regulation of controlled substances; providing an administrative penalty.
SB 2031	Ogden	Relating to requiring legislative consent or approval of the settlement or compromise of a claim or action against the state that will involve state expenditures exceeding a certain amount.
SB 2033	Williams	Relating to the issuance of general obligation bonds by the Texas Public Finance Authority for certain maintenance, improvement, repair, and construction projects and for the purchase of needed equipment.
SJR 65	Williams	Proposing a constitutional amendment authorizing the issuance of general obligation bonds for maintenance, improvement, repair, and construction projects and for the purchase of needed equipment.