

**SUBJECT:** Authorizing integrated applications for HHS programs

**COMMITTEE:** Human Services — favorable, without amendment

**VOTE:** 9 ayes — Hupp, Eissler, A. Allen, J. Davis, Gonzalez Toureilles, Goodman, Naishtat, Paxton, Reyna

0 nays

**SENATE VOTE:** On final passage, April 4 — 27-4 (Barrientos, Ellis, Shapleigh, Zaffirini)

**WITNESSES:** For — Bruce Bower, Texas Legal Services Center; Anne Dunkleberg, Center for Public Policy Priorities; (*Registered, but did not testify*: Hilary Dennis, Texas Medical Association; Patricia Kolodzey, Texas Hospital Association; Neville Pattinson, AXALTO; Josette Saxton, Texans Care for Children

Against — None

On — Aurora Le Brun, Health and Human Services Commission; Mary Alice Winfree, Department of State Health Services, WIC Program

**BACKGROUND:** In 2003, the 78th Legislature enacted HB 2292 by Wohlgemuth, an omnibus bill that directed the Health and Human Services Commission (HHSC) to integrate eligibility determination functions for all health and human services (HHS) programs, including Medicaid, the Children's Health Insurance Program, food stamps, and Temporary Assistance for Needy Families.

**DIGEST:** SB 46 would permit HHSC to develop and implement a method to collect eligibility information from applicants for use by all programs. The method could employ an electronic card to store applicant data. It could replace multiple forms, enable immediate verification of eligibility, and incorporate a fingerprint imaging under the authority permitted by the Medicaid fingerprint pilot project, Government Code, sec. 531.1063.

HHSC would have to ensure that the integrated system allowed only

providers participating in a particular program to access information about a recipient. Those providers would be unable to determine if the recipient was enrolled in other programs. The information also would be stored in a manner that complied with state and federal privacy laws.

A study of the feasibility of consolidated eligibility information would have to be conducted by HHSC by January 1, 2006, and the results reported to the Legislature by July 1, 2006. If a waiver or other federal authorization were required, HHSC would be directed to obtain it.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2005.

**SUPPORTERS  
SAY:**

SB 46 would make it simpler for an eligible person to apply for multiple HHS programs. A person who is eligible for several HHS programs still must fill out separate forms containing the same information for each. This process can be time consuming and result in unnecessary errors. HB 2292 set the groundwork for integrated eligibility by creating a single point of contact for all applicants, and the bill would continue those efforts by reducing the accompanying paperwork.

HHSC completed a biometric pilot program that used a smart card with a biometric identifier (fingerprint) terminal to authenticate the identification of Medicaid users. Although it showed no reduction in fraud, the pilot did establish the feasibility of such a system. The pilot exempted children and the elderly from the study.

**OPPONENTS  
SAY:**

While facilitating the application for assistance is a noble goal, the state should never require children to be fingerprinted to obtain assistance. Although HHSC did not include children in the pilot project, the statute would not prohibit it.

**OTHER  
OPPONENTS  
SAY:**

Integrated applications could benefit low-income individuals and families, but Texas must ensure that integrated eligibility in the form of call centers does not take the place of in-person eligibility workers. Call centers may reduce the state's cost, but they also have the potential to reduce access to programs and increase the hurdles applicants must overcome to receive assistance.

NOTES:

A separate bill, SB 47 by Nelson, which would direct HHSC to expand the Medicaid Integrity Pilot program statewide, passed the Senate on April 6 by 24-6 (Barrientos, Ellis, Gallegos, Shapleigh, West, Zaffirini) and has been referred the House Public Health Committee.