By: Cortez H.B. No. 3951

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for certain tests to detect prostate cancer.

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

SECTION 1. Section 1362.001, Insurance Code, is amended to read as follows:

Sec. 1362.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that[~~:~~

[~~(1)~~] provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including[~~:~~

[~~(A)~~] an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

(1) [~~(i)~~] an insurance company;

(2) [~~(ii)~~] a group hospital service corporation operating under Chapter 842;

(3) [~~(iii)~~] a fraternal benefit society operating under Chapter 885;

(4) [~~(iv)~~] a stipulated premium company operating under Chapter 884; [~~or~~]

(5) [~~(v)~~] a health maintenance organization operating under Chapter 843; [~~and~~]

(6) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(7) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(8) a Lloyd's plan operating under Chapter 941; or

(9) an exchange operating under Chapter 942.

(b) Notwithstanding any other law, this chapter applies to [~~(B) to the extent permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a health benefit plan that is offered by:~~

[~~(i) a multiple employer welfare arrangement as defined by Section 3 of that Act; or~~

[~~(ii) another analogous benefit arrangement;~~

[~~(2) is offered by~~]:

(1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;

(2) a standard health benefit plan issued under Chapter 1507;

(3) a basic coverage plan under Chapter 1551;

(4) a basic plan under Chapter 1575;

(5) a primary care coverage plan under Chapter 1579;

(6) a plan providing basic coverage under Chapter 1601;

(7) health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business

Organizations Code;

(8) group health coverage made available by a school district in accordance with Section 22.004, Education Code;

(9) the state Medicaid program, including the Medicaid managed care program operated under Chapter 533, Government Code;

(10) the child health plan program under Chapter 62, Health and Safety Code;

(11) a regional or local health care program operated under Section 75.104, Health and Safety Code;

(12) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code;

(13) a health benefit plan offered by [~~(A) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844; or~~

[~~(B)~~] an entity not authorized under this code or another insurance law of this state that contracts directly for health care services on a risk-sharing basis, including a capitation basis; and [~~or~~]

(14) [~~(3) provides~~] health and accident coverage provided through a risk pool created under Chapter 172, Local Government Code[~~, notwithstanding Section 172.014, Local Government Code, or any other law~~].

SECTION 2. Section 1362.002, Insurance Code, is amended to read as follows:

Sec. 1362.002. EXCEPTION. This chapter does not apply to:

(1) a health benefit plan that provides coverage:

(A) only for a specified disease or for another

limited benefit;

(B) only for accidental death or dismemberment;

(C) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;

(D) as a supplement to a liability insurance policy; or

(E) only for indemnity for hospital confinement;

(2) [~~a small employer health benefit plan written under Chapter 1501;~~

[~~(3)~~] a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

(3) [~~(4)~~] a workers' compensation insurance policy;

(4) [~~(5)~~] medical payment insurance coverage provided under a motor vehicle insurance policy; or

(5) [~~(6)~~] a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1362.001.

SECTION 3. Section 1362.003, Insurance Code, is amended by adding Subsections (c), (d), and (e) to read as follows:

(c) A health benefit plan that provides coverage under this section may not charge any premium, copayment, coinsurance, deductible, or any other form of cost sharing for a covered benefit described by this section.

(d) Subsection (c) does not apply to a qualified health plan

if a determination is made under 45 C.F.R. Section 155.170 that:

(1) that subsection requires the plan to offer benefits in addition to the essential health benefits required under 42 U.S.C. Section 18022(b); and

(2) this state is required to defray the cost of the benefits mandated under that subsection.

(e) If a determination described by Subsection (d) is made as to a qualified health plan, Subsection (c) does not apply to a non-qualified health plan if the non-qualified health plan is offered in the same market as the qualified health plan.

SECTION 4. Section 1575.159, Insurance Code, is repealed.

SECTION 5. 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.

SECTION 6. The changes in law made by this Act apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2022. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2022, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 7. This Act takes effect September 1, 2021.