

By: Cortez, et al.

H.B. No. 118

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;

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

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

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

6 (9) an exchange operating under Chapter 942.

7 (b) Notwithstanding any other law, this chapter applies to
8 [and

9 ~~[(B) to the extent permitted by the Employee~~
10 ~~Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et~~
11 ~~seq.), a health benefit plan that is offered by:~~

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

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

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

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

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

22 (3) a basic coverage plan under Chapter 1551;

23 (4) a basic plan under Chapter 1575;

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

25 (6) a plan providing basic coverage under Chapter
26 1601;

27 (7) group health coverage made available by a school

1 district in accordance with Section 22.004, Education Code;

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

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

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

8 (11) a self-funded health benefit plan sponsored by a
9 professional employer organization under Chapter 91, Labor Code;
10 and

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

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

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

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

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

25 (1) a health benefit plan that provides coverage:

26 (A) only for a specified disease or for another
27 limited benefit;

1 (B) only for accidental death or dismemberment;

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

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

7 (E) only for indemnity for hospital confinement;

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

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

12 (3) [~~(4)~~] a workers' compensation insurance policy;

13 (4) [~~(5)~~] medical payment insurance coverage provided
14 under a motor vehicle insurance policy; or

15 (5) [~~(6)~~] a long-term care insurance policy,
16 including a nursing home fixed indemnity policy, unless the
17 commissioner determines that the policy provides benefit coverage
18 so comprehensive that the policy is a health benefit plan as
19 described by Section 1362.001.

20 SECTION 3. Section 1362.003, Insurance Code, is amended by
21 adding Subsection (c) to read as follows:

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

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

27 SECTION 5. If before implementing any provision of this Act

1 a state agency determines that a waiver or authorization from a
2 federal agency is necessary for implementation of that provision,
3 the agency affected by the provision shall request the waiver or
4 authorization and may delay implementing that provision until the
5 waiver or authorization is granted.

6 SECTION 6. The changes in law made by this Act apply only to
7 a health benefit plan delivered, issued for delivery, or renewed on
8 or after January 1, 2024. A health benefit plan delivered, issued
9 for delivery, or renewed before January 1, 2024, is governed by the
10 law as it existed immediately before the effective date of this Act,
11 and that law is continued in effect for that purpose.

12 SECTION 7. This Act takes effect September 1, 2023.