

## **BILL ANALYSIS**

C.S.S.B. 984  
By: Wentworth  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Health insurance plans generally allow subscribers of the plan to appeal decisions to deny coverage under the plan. When these appeals are heard, it is necessary to go into detail regarding the details surrounding the subscriber's medical condition and treatment options in order to determine whether the health plan should cover the requested treatment.

Some political subdivisions are operating their own self-funded health plans in order to reduce costs. Because an appeals committee of a self-funded health plan issues a final ruling, the committee would likely be considered a governmental body for purposes of the Open Meetings Act and would be required to conduct these reviews in a meeting open to the public.

The Act proposes an exception to the Open Meetings Act for a benefits appeals committee for a public self-funded health plan or a government body that administers a public insurance, health, or retirement plan if the committee is meeting to deliberate or consider the medical or psychiatric records of an applicant for benefits under the plan.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

Subchapter D, Chapter 551, Government Code is amended by adding Section 551.0785 which does not require a benefits appeals committee for a public self-funded health plan or a government body that administers a public insurance, health, or retirement plan to conduct an open meeting to deliberate the medical or psychiatric records of an individual applicant for a benefit from the plan or a matter that includes a consideration of information in the medical or psychiatric records of an individual applicant for a benefit from the plan.

### **EFFECTIVE DATE**

Upon passage, or, if this Act does not receive the necessary vote, the Act takes effect September 1, 2003.

### **COMPARISON OF ORIGINAL TO SUBSTITUTE**

The substitute adds the language "or a governmental body that administers a public insurance, health, or retirement plan" and "or a matter that includes a consideration of information in the medical or psychiatric records of an individual applicant for a benefit from the plan" to Section 551.0785.