

By: Coleman

H.B. No. 690

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for certain physical injuries that are self-inflicted by a minor.

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

SECTION 1. Subchapter E, Chapter 21, Insurance Code, is amended by adding Article 21.53P to read as follows:

Art. 21.53P. COVERAGE FOR CERTAIN SELF-INFLICTED PHYSICAL INJURIES BY MINORS

Sec. 1. DEFINITIONS. In this article:

(1) "Enrollee" means an individual entitled to coverage under a health benefit plan.

(2) "Serious mental illness" means:

(A) the following psychiatric illnesses as described by the American Psychiatric Association's Diagnostic and Statistical Manual designated DSM-IV-TR:

(i) schizophrenia;

(ii) paranoid and other psychotic disorders;

(iii) bipolar disorders (hypomanic, manic, depressive, and mixed);

(iv) major depressive disorders (single episode or recurrent);

(v) schizo-affective disorders (bipolar or depressive);

- (vi) pervasive developmental disorders;
- (vii) obsessive-compulsive disorders; and
- (viii) depression; or

(B) a diagnosable behavioral or emotional disorder or a neuropsychiatric condition:

(i) that results in a serious disability requiring sustained treatment interventions;

(ii) that is of sufficient duration to meet diagnostic criteria specified in the American Psychiatric Association's Diagnostic and Statistical Manual designated DSM-IV-TR; and

(iii) with respect to which the person exhibits impairment in thought, perception, affect, or behavior that substantially interferes with or limits the person's role or functioning in the person's community, school, family, or peer group.

Sec. 2. APPLICABILITY. (a) This article applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842 of this code;

(3) a fraternal benefit society operating under

1 Chapter 885 of this code;

2 (4) a stipulated premium insurance company operating
3 under Chapter 884 of this code;

4 (5) an exchange operating under Chapter 942 of this
5 code;

6 (6) a health maintenance organization operating under
7 Chapter 843 of this code;

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

10 (8) an approved nonprofit health corporation that
11 holds a certificate of authority under Chapter 844 of this code;

12 (9) an agency of the state under Chapter 1551, 1575, or
13 1601 of this code;

14 (10) a political subdivision under Chapter 172, Local
15 Government Code; or

16 (11) a school district in accordance with Section
17 22.004, Education Code.

18 (b) This article does not apply to:

19 (1) a plan that provides coverage:

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

23 (B) as a supplement to a liability insurance
24 policy;

25 (C) for credit insurance;

26 (D) only for dental or vision care;

27 (E) only for hospital expenses; or

1 (F) only for indemnity for hospital confinement;

2 (2) a small employer health benefit plan written under
3 Chapter 26 of this code, except when an independent school district
4 elects to participate in a small employer market in accordance with
5 Article 26.036 of this code;

6 (3) a Medicare supplemental policy as defined by
7 Section 1882(q)(1), Social Security Act (42 U.S.C. Section 1395ss),
8 as amended;

9 (4) a workers' compensation insurance policy;

10 (5) medical payment insurance coverage provided under
11 a motor vehicle insurance policy; or

12 (6) a long-term care policy, including a nursing home
13 fixed indemnity policy, unless the commissioner determines that the
14 policy provides benefit coverage so comprehensive that the policy
15 is a health benefit plan as described by Subsection (a) of this
16 section.

17 Sec. 3. COVERAGE REQUIRED. Regardless of whether a health
18 benefit plan provides mental health coverage, a health benefit plan
19 must provide coverage for an enrollee, from birth through the date
20 the enrollee is 18 years of age, for a physical injury to the
21 enrollee that is self-inflicted:

22 (1) in an attempt to commit suicide, regardless of:

23 (A) the state of mental health of the enrollee;

24 or

25 (B) whether the injury results in the death of
26 the enrollee; or

27 (2) by an enrollee with a serious mental illness.

1 Sec. 4. DEDUCTIBLE, COINSURANCE, AND COPAYMENT
2 REQUIREMENTS. The benefits required under this article may not be
3 made subject to a deductible, coinsurance, or copayment requirement
4 that exceeds the deductible, coinsurance, or copayment
5 requirements applicable to other physical injury benefits provided
6 under the health benefit plan.

7 Sec. 5. RULES. The commissioner shall adopt rules as
8 necessary to administer this article.

9 SECTION 2. This Act takes effect September 1, 2003, and
10 applies only to a health benefit plan that is delivered, issued for
11 delivery, or renewed on or after January 1, 2004. A health benefit
12 plan that is delivered, issued for delivery, or renewed before
13 January 1, 2004, is governed by the law as it existed immediately
14 before the effective date of this Act, and that law is continued in
15 effect for that purpose.