

## **BILL ANALYSIS**

C.S.H.B. 2371  
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Insurance  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Currently, a Health Maintenance Organization or a Preferred Provider Organization may opt to reimburse only for benefits performed by a certain type of practitioner, other than a licensed acupuncturist. For example, a policy may say that it will cover acupuncture, but only if it is done by a physician.

CSHB 2371 says that an HMO or a PPO must pay licensed acupuncturists if the health plan claims to cover acupuncture services. This bill does not require HMOs or PPOs to cover acupuncture services.

### **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**

SECTION 1: Amends Subchapter I, Chapter 843, Insurance Code, by adding Section 843.3041.

- (a) A HMO that covers acupuncture services may not refuse to provide reimbursement for the acupuncture service solely because the service is performed by an acupuncturist.
- (b) A HMO does not have to offer acupuncture as a covered service.

SECTION 2: Amends Subchapter B, Chapter 1301, Insurance Code, by adding Section 1301.0515 (a) A PPO that covers acupuncture services may not refuse to provide reimbursement for the acupuncture service solely because the service is performed by an acupuncturist.

- (b) A PPO does not have to offer acupuncture as a covered service.

SECTION 3: Prospective application

SECTION 4: Effective date

### **EFFECTIVE DATE**

September 1, 2005. The Act applies beginning with January 1, 2006.

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

The language of CSHB 2371 is the same as the language of the original bill, but the added sections of the code are numbered differently in the substitute version.