

By: Rose

H.B. No. 1947

A BILL TO BE ENTITLED

AN ACT

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

relating to health benefit plan coverage for certain minimum inpatient stays following the birth of a child and post-delivery care.

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

SECTION 1. Section 1366.053, Insurance Code, as effective April 1, 2005, is amended to read as follows:

Sec. 1366.053. APPLICABILITY OF SUBCHAPTER. (a) This subchapter 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:

(i) an insurance company;

(ii) a group hospital service corporation operating under Chapter 842;

(iii) a fraternal benefit society operating under Chapter 885;

(iv) a stipulated premium company operating under Chapter 884; or

(v) a health maintenance organization

1 operating under Chapter 843; and

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

5 (i) a multiple employer welfare arrangement
6 as defined by Section 3 of that Act;

7 (ii) an entity not authorized under this
8 code or another insurance law of this state that contracts directly
9 for health care services on a risk-sharing basis, including a
10 capitation basis; or

11 (iii) another analogous benefit
12 arrangement; or

13 (2) is offered by an approved nonprofit health
14 corporation that holds a certificate of authority under Chapter
15 844.

16 (b) Notwithstanding any other law, a standard health
17 benefit plan provided under Chapter 1507 or Article 3.80 or 20A.09N
18 must provide the coverage required by this subchapter.

19 SECTION 2. The change in law made by this Act applies only
20 to a health benefit plan that is delivered, issued for delivery, or
21 renewed on or after January 1, 2006. A health benefit plan that is
22 delivered, issued for delivery, or renewed before January 1, 2006,
23 is covered by the law in effect at the time the health benefit plan
24 was delivered, issued for delivery, or renewed, and that law is
25 continued in effect for that purpose.

26 SECTION 3. This Act takes effect September 1, 2005.