

By: Van de Putte

S.B. No. 1781

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. Subtitle E, Title 8, Insurance Code, as effective April 1, 2005, is amended by adding Chapter 1372 to read as follows:

CHAPTER 1372. COVERAGE FOR CERTAIN SELF-INFLICTED

PHYSICAL INJURIES BY MINORS

Sec. 1372.001. DEFINITIONS. In this chapter:

(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

1 depressive);

2 (vi) pervasive developmental disorders;

3 (vii) obsessive-compulsive disorders; and

4 (viii) depression; or

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

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

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

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

18 Sec. 1372.002. APPLICABILITY OF CHAPTER. (a) This chapter  
19 applies only to a health benefit plan that provides benefits for  
20 medical or surgical expenses incurred as a result of a health  
21 condition, accident, or sickness, including an individual, group,  
22 blanket, or franchise insurance policy or insurance agreement, a  
23 group hospital service contract, or an individual or group evidence  
24 of coverage or similar coverage document that is offered by:

25 (1) an insurance company;

26 (2) a group hospital service corporation operating  
27 under Chapter 842;

1           (3) a fraternal benefit society operating under  
2 Chapter 885;

3           (4) a stipulated premium insurance company operating  
4 under Chapter 884;

5           (5) a reciprocal exchange operating under Chapter 942;

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

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

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

12          (b) This chapter applies to group health coverage made  
13 available by a school district in accordance with Section 22.004,  
14 Education Code.

15          (c) Notwithstanding Section 172.014, Local Government Code,  
16 or any other law, this chapter applies to health and accident  
17 coverage provided by a risk pool created under Chapter 172, Local  
18 Government Code.

19          (d) Notwithstanding any provision in Chapter 1551, 1575,  
20 1579, or 1601 or any other law, this chapter applies to:

21           (1) a basic coverage plan under Chapter 1551;

22           (2) a basic plan under Chapter 1575;

23           (3) a primary care coverage plan under Chapter 1579;

24 and

25           (4) basic coverage under Chapter 1601.

26          (e) Notwithstanding any other law, a standard health  
27 benefit plan provided under Chapter 1507 or Article 3.80 or 20A.09N

1 must provide the coverage required by this chapter.

2 Sec. 1372.003. EXCEPTION. This chapter does not apply to:

3 (1) a plan that provides coverage:

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

7 (B) as a supplement to a liability insurance  
8 policy;

9 (C) for credit insurance;

10 (D) only for dental or vision care;

11 (E) only for hospital expenses; or

12 (F) only for indemnity for hospital confinement;

13 (2) a small employer health benefit plan written under  
14 Chapter 1501, except when an independent school district elects to  
15 participate in a small employer market in accordance with Section  
16 1501.009;

17 (3) a Medicare supplemental policy as defined by  
18 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

19 (4) a workers' compensation insurance policy;

20 (5) medical payment insurance coverage provided under  
21 a motor vehicle insurance policy; or

22 (6) a long-term care policy, including a nursing home  
23 fixed indemnity policy, unless the commissioner determines that the  
24 policy provides benefit coverage so comprehensive that the policy  
25 is a health benefit plan as described by Section 1372.002.

26 Sec. 1372.004. COVERAGE REQUIRED. Regardless of whether a  
27 health benefit plan provides mental health coverage, a health

1 benefit plan must provide coverage for an enrollee, from birth  
2 through the date the enrollee is 18 years of age, for a physical  
3 injury to the enrollee that is self-inflicted:

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

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

6 or

7 (B) whether the injury results in the death of  
8 the enrollee; or

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

10 Sec. 1372.005. DEDUCTIBLE, COINSURANCE, AND COPAYMENT  
11 REQUIREMENTS. The benefits required under this chapter may not be  
12 made subject to a deductible, coinsurance, or copayment requirement  
13 that exceeds the deductible, coinsurance, or copayment  
14 requirements applicable to other physical injury benefits provided  
15 under the health benefit plan.

16 Sec. 1372.006. RULES. The commissioner shall adopt rules as  
17 necessary to administer this chapter.

18 SECTION 2. This Act applies only to a health benefit plan  
19 that is delivered, issued for delivery, or renewed on or after  
20 January 1, 2006. A health benefit plan that is delivered, issued  
21 for delivery, or renewed before January 1, 2006, is governed by the  
22 law as it existed immediately before the effective date of this Act,  
23 and that law is continued in effect for that purpose.

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