

By: Gallego

H.B. No. 223

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for certain prosthetic devices, orthotic devices, and related services.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1371 to read as follows:

CHAPTER 1371. COVERAGE FOR CERTAIN PROSTHETIC DEVICES, ORTHOTIC DEVICES, AND RELATED SERVICES

Sec. 1371.001. DEFINITIONS. In this chapter:

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

(2) "Orthotic device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease.

(3) "Prosthetic device" means an artificial device designed to replace, wholly or partly, an arm or leg.

Sec. 1371.002. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan, including a small employer health benefit plan written under Chapter 1501 or coverage provided by a health group cooperative under Subchapter B of that chapter, 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

1 insurance agreement, a group hospital service contract, or an  
2 individual or group evidence of coverage or similar coverage  
3 document that is offered by:

4 (1) an insurance company;

5 (2) a group hospital service corporation operating  
6 under Chapter 842;

7 (3) a fraternal benefit society operating under  
8 Chapter 885;

9 (4) a stipulated premium company operating under  
10 Chapter 884;

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

12 (6) a Lloyd's plan operating under Chapter 941;

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

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

17 (9) an approved nonprofit health corporation that  
18 holds a certificate of authority under Chapter 844.

19 (b) Notwithstanding Section 172.014, Local Government Code,  
20 or any other law, this chapter applies to health and accident  
21 coverage provided by a risk pool created under Chapter 172, Local  
22 Government Code.

23 (c) Notwithstanding any provision in Chapter 1551, 1575,  
24 1579, or 1601 or any other law, this chapter applies to:

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

26 (2) a basic plan under Chapter 1575;

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

1 and

2 (4) basic coverage under Chapter 1601.

3 (d) Notwithstanding any other law, a standard health  
4 benefit plan provided under Chapter 1507 must provide the coverage  
5 required by this chapter.

6 Sec. 1371.003. REQUIRED COVERAGE FOR PROSTHETIC DEVICES,  
7 ORTHOTIC DEVICES, AND RELATED SERVICES. (a) A health benefit plan  
8 must provide coverage for prosthetic devices, orthotic devices, and  
9 professional services related to the fitting and use of those  
10 devices that equals the coverage provided under federal laws for  
11 health insurance for the aged and disabled under Sections 1832,  
12 1833, and 1834, Social Security Act (42 U.S.C. Sections 1395k,  
13 1395l, and 1395m), and 42 C.F.R. Sections 410.100, 414.202,  
14 414.210, and 414.228, as applicable.

15 (b) Covered benefits under this chapter are limited to the  
16 most appropriate model of prosthetic device or orthotic device that  
17 adequately meets the medical needs of the enrollee as determined by  
18 the enrollee's treating physician and prosthetist or orthotist, as  
19 applicable.

20 (c) Subject to applicable copayments and deductibles, the  
21 repair and replacement of a prosthetic device or orthotic device is  
22 a covered benefit under this chapter unless the repair or  
23 replacement is necessitated by misuse or loss by the enrollee.

24 (d) Coverage required under this section:

25 (1) must be provided in a manner determined to be  
26 appropriate in consultation with the treating physician and  
27 prosthetist or orthotist, as applicable, and the enrollee;

1           (2) may be subject to annual deductibles, copayments,  
2 and coinsurance that are consistent with annual deductibles,  
3 copayments, and coinsurance required for other coverage under the  
4 health benefit plan; and

5           (3) may not be subject to annual dollar limits.

6           Sec. 1371.004. PREAUTHORIZATION. A health benefit plan may  
7 require prior authorization for a prosthetic device or an orthotic  
8 device in the same manner that the health benefit plan requires  
9 prior authorization for any other covered benefit.

10          Sec. 1371.005. MANAGED CARE PLAN. A health benefit plan  
11 provider may require that, if coverage is provided through a  
12 managed care plan, the benefits mandated under this chapter are  
13 covered benefits only if the prosthetic devices or orthotic devices  
14 are provided by a vendor, and related services are rendered by a  
15 provider, that contracts with or is designated by the health  
16 benefit plan provider. If the health benefit plan provider  
17 provides in-network and out-of-network services, the coverage for  
18 prosthetic devices or orthotic devices provided through  
19 out-of-network services must be comparable to that provided through  
20 in-network services.

21          SECTION 2. Chapter 1371, Insurance Code, as added by this  
22 Act, applies only to a health benefit plan that is delivered,  
23 issued for delivery, or renewed on or after January 1, 2008. A  
24 health benefit plan that is delivered, issued for delivery, or  
25 renewed before January 1, 2008, is covered by the law in effect at  
26 the time the plan was delivered, issued for delivery, or renewed,  
27 and that law is continued in effect for that purpose.

1 SECTION 3. This Act takes effect September 1, 2007.