

By: Rose

H.B. No. 1436

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for the diagnosis and treatment of eating disorders.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1375 to read as follows:

CHAPTER 1375. DIAGNOSIS AND TREATMENT OF EATING DISORDERS

Sec. 1375.001. DEFINITION. In this subchapter, "eating disorder" means anorexia nervosa, bulimia nervosa, or an eating disorder not otherwise specified, as those terms are defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th edition.

Sec. 1375.002. APPLICABILITY OF CHAPTER. (a) Except as provided by this section and notwithstanding any other law, 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 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

1 under Chapter 842;

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

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

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

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

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

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

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

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

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

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

21 (2) a basic plan under Chapter 1575;

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

23 and

24 (4) basic coverage under Chapter 1601.

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

Sec. 1375.003. REQUIRED COVERAGE FOR EATING DISORDERS. (a)

A health benefit plan must provide coverage for the diagnosis of eating disorders.

(b) A health benefit plan, based on medical necessity:

(1) must provide coverage for not less than the following treatments of eating disorders in each calendar year:

(A) 60 days of inpatient treatment; and

(B) 60 visits for outpatient treatment, including group and individual outpatient treatment;

(2) may not include a lifetime limitation on the number of days of inpatient treatment or the number of visits for outpatient treatment covered under the plan; and

(3) must include the same amount limitations, deductibles, copayments, and coinsurance factors for eating disorders as the plan includes for physical illness not related to an eating disorder and, if applicable, for serious mental illness.

(c) A health benefit plan issuer:

(1) may not treat an outpatient visit for medication or weight management as an outpatient visit required to be covered under Subsection (b)(1)(B); and

(2) must provide coverage for an outpatient visit described by Subsection (b)(1)(B) under the same terms as the coverage the issuer provides for an outpatient visit for the treatment of physical illness not related to an eating disorder and, if applicable, for serious mental illness.

Sec. 1375.004. ACCESS TO PROVIDERS AND FACILITIES. (a)

Notwithstanding any other law, Subchapter B, Chapter 1451, applies

1 to a health benefit plan issuer with reference to coverage for the  
2 diagnosis and treatment of eating disorders.

3 (b) A health benefit plan issuer:

4 (1) may not exclude or limit coverage for diagnosis or  
5 treatment of an eating disorder based on the type of facility in  
6 which the diagnosis or treatment occurs; and

7 (2) must allow an insured to receive diagnosis or  
8 treatment of an eating disorder at an outpatient, inpatient, or  
9 residential facility.

10 SECTION 2. Chapter 1375, Insurance Code, as added by this  
11 Act, applies only to a health benefit plan that is delivered,  
12 issued for delivery, or renewed on or after January 1, 2008. A  
13 health benefit plan that is delivered, issued for delivery, or  
14 renewed before January 1, 2008, is covered by the law in effect at  
15 the time the plan was delivered, issued for delivery, or renewed,  
16 and that law is continued in effect for that purpose.

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