By: Ellis S.B. No. 568

A BILL TO BE ENTITLED

1	AN ACT
2	relating to group health benefit plan coverage for an enrollee with
3	certain mental disorders.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	ARTICLE 1. AMENDMENTS TO CHAPTER 1355, INSURANCE CODE
6	SECTION 1.01. The heading to Subchapter A, Chapter 1355,
7	Insurance Code, is amended to read as follows:
8	SUBCHAPTER A. [GROUP] HEALTH BENEFIT PLAN COVERAGE FOR
9	CERTAIN MENTAL DISORDERS AND SERIOUS MENTAL ILLNESSES
LO	SECTION 1.02. Section 1355.001, Insurance Code, is amended
L1	to read as follows:
L2	Sec. 1355.001. DEFINITIONS. In this subchapter:
L3	(1) <u>"Enrollee" means an individual who is enrolled in</u>
L4	a group health benefit plan, including a covered dependent.
L5	(2) "Mental disorder" means a disorder defined by the
L6	American Psychiatric Association in the Diagnostic and Statistical
L7	Manual of Mental Disorders (DSM), fourth edition, or a subsequent
L8	edition of that manual that the commissioner by rule adopts to take
L9	the place of the fourth edition, except that the term does not
20	<pre>include:</pre>
21	(A) a mental disorder classified under that
22	<pre>manual as a "V-code" disorder;</pre>
23	(B) mental retardation;

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(C) a learning disorder;

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1
                      (D) a motor skill disorder; or
 2
                      (E) a communication disorder.
                     "Serious mental illness" means \underline{a} mental disorder
 3
     that is one of the following psychiatric illnesses as defined by the
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 5
     American Psychiatric Association in the Diagnostic and Statistical
 6
     Manual of Mental Disorders (DSM), fourth edition, or a subsequent
     edition of that manual that the commissioner by rule adopts to take
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 8
     the place of the fourth edition:
 9
                      (A)
                          bipolar disorders
                                                   (hypomanic,
                                                                 manic,
     depressive, and mixed);
10
                      (B) depression in childhood and adolescence;
11
12
                      (C)
                           major depressive disorders (single episode
13
     or recurrent);
14
                      (D)
                           obsessive-compulsive disorders;
15
                      (E)
                           paranoid and other psychotic disorders;
                      (F)
                           pervasive developmental disorders;
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17
                      (G)
                           schizo-affective disorders (bipolar
                                                                     or
     depressive); and
18
                          schizophrenia.
19
                      (H)
                (4) [(2)] "Small employer" has the meaning assigned by
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     Section 1501.002.
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           SECTION 1.03. Section 1355.002, Insurance Code, is amended
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     to read as follows:
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           Sec. 1355.002.
                           CONSTRUCTION AND
                                                   APPLICABILITY
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     SUBCHAPTER. (a) This subchapter may not be construed to limit any
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     medical treatment described in a billing code listed in the
     International Classification of Diseases, ninth edition, of the
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- 1 World Health Organization, or a subsequent edition of that
- 2 publication that the commissioner by rule adopts to take the place
- 3 of the ninth edition.
- 4 (b) This subchapter applies only to a group health benefit
- 5 plan that provides benefits for medical or surgical expenses
- 6 incurred as a result of a health condition, accident, or sickness,
- 7 including:
- 8 (1) a group insurance policy, group insurance
- 9 agreement, group hospital service contract, or group evidence of
- 10 coverage that is offered by:
- 11 (A) an insurance company;
- 12 (B) a group hospital service corporation
- 13 operating under Chapter 842;
- 14 (C) a fraternal benefit society operating under
- 15 Chapter 885;
- 16 (D) a stipulated premium company operating under
- 17 Chapter 884; [or]
- 18 (E) a health maintenance organization operating
- 19 under Chapter 843;
- 20 (F) a reciprocal exchange operating under
- 21 <u>Chapter 942;</u>
- 22 (G) a Lloyd's plan operating under Chapter 941;
- 23 <u>or</u>
- 24 (H) an approved nonprofit health corporation
- 25 that holds a certificate of authority under Chapter 844; and
- 26 (2) [to the extent permitted by the Employee
- 27 Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et

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                      \left[\frac{A}{A}\right] a multiple employer welfare arrangement
     that holds a certificate of authority under Chapter 846 [as defined
 3
     by Section 3 of that Act; or
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 5
                      [(B) another analogous benefit arrangement].
 6
           SECTION 1.04. Section 1355.003, Insurance Code, is amended
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     to read as follows:
           Sec. 1355.003. EXCEPTION. [\frac{a}{a}] This subchapter does not
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     apply to coverage under:
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                     a blanket accident and health insurance policy, as
10
     described by Chapter 1251;
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12
                 (2) a short-term travel policy;
                     an accident-only policy;
13
                 (3)
14
                      a plan that provides coverage:
15
                      (A) only for benefits for a specified disease or
     for another limited benefit, other than a plan that provides
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     benefits for mental health or similar services;
                      (B) only for accidental death or dismemberment;
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19
                      (C) for wages or payments in lieu of wages for a
     period during which an employee is absent from work because of
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     sickness or injury;
                      (D) as a supplement to a liability insurance
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     policy;
24
                      (E) only for dental or vision care; or
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                      (F) only for indemnity for hospital confinement;
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                (5) a Medicare supplemental policy as defined by
     Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
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seq.), a plan offered under:

(6) a workers' compensation insurance policy; 1 2 (7) medical payment insurance coverage provided under 3 an automobile insurance policy; 4 (8) a credit insurance policy; 5 (9) a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner 6 7 determines that the policy provides benefit coverage so comprehensive that the policy is a group health benefit plan as 8 described by Section 1355.002 [limited or specified-disease policy 9 10 that does not provide benefits for mental health care or similar services]; 11 12 (10) $\left[\frac{(5)}{(5)}\right]$ except as provided by Section 1355.0035(b) [Subsection (b)], a plan offered under Chapter 1551 or Chapter 13 14 1601; or 15 (11) [(6)] a plan offered in accordance with Section 1355.151[; or 16 17 [(7) a Medicare supplement benefit plan, as defined by Section 1652.002]. 18 [(b) For the purposes of a plan described by Subsection 19 (a)(5), "serious mental illness" has the meaning assigned by 20 Section 1355.001. 21 SECTION 1.05. Subchapter A, Chapter 1355, Insurance Code, 22 is amended by adding Section 1355.0035 to read as follows: 23 24 Sec. 1355.0035. REQUIRED COVERAGE FOR MENTAL DISORDERS.

(a) Except as provided by Subsections (b) and (c), a group health

benefit plan must provide coverage for the diagnosis and medically

necessary treatment of an enrollee's mental disorder under terms at

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- 1 least as favorable as coverage provided to the enrollee for the
- 2 diagnosis and treatment of medical and surgical conditions.
- 3 (b) The group benefits program under Chapter 1551 must
- 4 provide coverage for mental disorders as required by Section
- 5 1551.205. The uniform program offered under Chapter 1601 may limit
- 6 coverage under this chapter to the coverage required under Section
- 7 1355.004.
- 8 <u>(c) This section does not apply to a consumer choice of</u>
- 9 benefits health insurance plan under Chapter 1507.
- 10 SECTION 1.06. Section 1355.004, Insurance Code, is amended
- 11 by adding Subsection (c) to read as follows:
- 12 (c) This section does not apply to a group health benefit
- 13 plan required to provide coverage under Section 1355.0035(a).
- SECTION 1.07. Section 1355.005, Insurance Code, is amended
- 15 to read as follows:
- 16 Sec. 1355.005. MANAGED CARE PLAN AUTHORIZED. A group
- 17 health benefit plan issuer may provide or offer coverage required
- 18 by Section 1355.0035 or 1355.004 through a managed care plan.
- 19 SECTION 1.08. Subchapter A, Chapter 1355, Insurance Code,
- is amended by adding Section 1355.0055 to read as follows:
- 21 Sec. 1355.0055. COVERAGE EQUITY. (a) A group health
- benefit plan subject to Section 1355.0035 may not impose treatment
- 23 <u>limitations or financial requirements on the provision of benefits</u>
- 24 under this subchapter for a mental disorder if identical
- 25 limitations or requirements are not imposed on coverage of benefits
- 26 for other medical conditions.
- 27 (b) A deductible or out-of-pocket limit required under a

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- 1 health benefit plan that is subject to Section 1355.0035 must be
- 2 comprehensive for coverage of both mental health and physical
- 3 health conditions.
- 4 SECTION 1.09. Subchapter A, Chapter 1355, Insurance Code,
- is amended by adding Section 1355.008 to read as follows:
- 6 Sec. 1355.008. RULES. The commissioner shall adopt rules
- 7 as necessary to administer this subchapter.
- 8 SECTION 1.10. Section 1355.151, Insurance Code, is amended
- 9 to read as follows:
- 10 Sec. 1355.151. PROHIBITION ON EXCLUSION OR LIMITATION OF
- 11 CERTAIN COVERAGES. (a) In this section, "mental disorder"
- 12 ["serious mental illness"] has the meaning assigned by Section
- 13 1355.001.
- 14 (b) A political subdivision that provides group health
- insurance coverage, health maintenance organization coverage, or
- 16 self-insured health care coverage to the political subdivision's
- 17 officers or employees may not contract for or provide coverage that
- is less extensive for a mental disorder [serious mental illness]
- 19 than the coverage provided for any [other] physical illness.
- 20 ARTICLE 2. CONFORMING AMENDMENTS
- 21 SECTION 2.01. Section 1551.003, Insurance Code, is amended
- 22 by adding Subdivision (10-a) to read as follows:
- 23 (10-a) "Mental disorder" has the meaning assigned by
- 24 Section 1355.001(2).
- 25 SECTION 2.02. Section 1551.205, Insurance Code, is amended
- 26 to read as follows:
- Sec. 1551.205. LIMITATIONS. The board of trustees may not

- 1 contract for or provide a coverage plan that:
- 2 (1) excludes or limits coverage or services for
- 3 acquired immune deficiency syndrome, as defined by the Centers for
- 4 Disease Control and Prevention of the United States Public Health
- 5 Service, or human immunodeficiency virus infection;
- 6 (2) provides coverage for <u>a mental disorder</u> [serious
- 7 mental illness] that is less extensive than the coverage provided
- 8 for any physical illness; or
- 9 (3) may provide coverage for prescription drugs to
- 10 assist in stopping smoking at a lower benefit level than is provided
- 11 for other prescription drugs.
- 12 SECTION 2.03. Section 1601.109, Insurance Code, is amended
- 13 to read as follows:
- 14 Sec. 1601.109. COVERAGE FOR AIDS, HIV, OR [SERIOUS] MENTAL
- 15 DISORDER [HLLNESS]. (a) In this section, "mental disorder"
- 16 ["serious mental illness"] has the meaning assigned by Section
- 17 1355.001 [1, Article 3.51-14].
- 18 (b) A system may not contract for or provide for group
- insurance or HMO coverage or provide self-insured coverage, that:
- 20 (1) excludes or limits coverage or services for
- 21 acquired immune deficiency syndrome, as defined by the Centers for
- 22 Disease Control and Prevention of the United States Public Health
- 23 Service, or human immunodeficiency virus infection; or
- 24 (2) provides coverage for a mental disorder [serious
- 25 mental illness] that is less extensive than the coverage provided
- 26 for any [other] physical illness.

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ARTICLE 3. TRANSITION; EFFECTIVE DATE

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SECTION 3.01. The change in law made by this Act applies only to a group health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2008. A group health benefit plan delivered, issued for delivery, or renewed before January 1, 2008, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

9 SECTION 3.02. This Act takes effect September 1, 2007.