By: Uresti S.B. No. 1391

A BILL TO BE ENTITLED

AN ACT

1

2	relating to requirements in certain health benefit plans that
3	certain health care services be obtained in a foreign country.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subtitle A, Title 8, Insurance Code, is amended
6	by adding Chapter 1215 to read as follows:
7	CHAPTER 1215. OUT-OF-COUNTRY COVERAGE PROHIBITED
8	Sec. 1215.001. DEFINITIONS. In this chapter:
9	(1) "Enrollee" means an individual entitled to
10	coverage under a health benefit plan.
11	(2) "Foreign country" means a governmental unit other
12	than:
13	(A) the United States;
14	(B) a state, district, commonwealth, territory,
15	or insular possession of the United States;
16	(C) the Panama Canal Zone; or
17	(D) the Trust Territory of the Pacific Islands.
18	(3) "Health care service" means a service to diagnose,
19	prevent, alleviate, cure, or heal a health condition, sickness, or
20	injury that is provided to an enrollee by a physician or other
21	health care provider.
22	Sec. 1215.002. APPLICABILITY OF CHAPTER. (a) This chapter
23	applies only to a health benefit plan that provides benefits for
24	health care services, including medical or surgical expenses,

- incurred as a result of a health condition, accident, or sickness, 1
- 2 including:
- 3 (1) an individual, group, blanket, or franchise
- 4 insurance policy or insurance agreement, a group hospital service
- contract, or an individual or group evidence of coverage that is 5
- 6 offered by:
- 7 (A) <u>an insurance company;</u>
- (B) a group hospital service corporation 8
- 9 operating under Chapter 842;
- 10 (C) a fraternal benefit society operating under
- 11 Chapter 885;
- 12 (D) a stipulated premium company operating under
- 13 Chapter 884; or
- 14 (E) a health maintenance organization operating
- 15 under Chapter 843;
- 16 (2) to the extent permitted by the Employee Retirement
- 17 Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a
- 18 health benefit plan that is offered by:
- (A) a multiple employer welfare arrangement as 19
- 20 defined by Section 3 of that Act; or
- (B) another analogous benefit arrangement; and 21
- 22 (3) health and accident coverage provided by a risk
- pool created under Chapter 172, Local Government Code, 23
- notwithstanding Section 172.014, Local Government Code, or any 24
- 25 other law.
- (b) For purposes of Subsection (a), a health benefit plan 26
- includes a consumer choice of benefits plan issued under Chapter 27

1	<u>1507.</u>
2	Sec. 1215.003. EXCEPTION. This chapter does not apply to:
3	(1) a plan that provides coverage:
4	(A) only for a specified disease;
5	(B) only for accidental death or dismemberment;
6	(C) for wages or payments in lieu of wages for a
7	period during which an employee is absent from work because of
8	sickness or injury;
9	(D) as a supplement to a liability insurance
10	<pre>policy;</pre>
11	(E) only for dental or vision care;
12	(F) only for indemnity for hospital confinement;
13	<u>or</u>
14	(G) only for health care services provided to an
15	enrollee while the enrollee is traveling to, visiting, or residing
16	in a foreign country;
17	(2) a Medicare supplemental policy as defined by
18	<pre>Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);</pre>
19	(3) a workers' compensation insurance policy;
20	(4) medical payment insurance coverage provided under
21	a motor vehicle insurance policy; or
22	(5) a long-term care insurance policy, including a
23	nursing home fixed indemnity policy, unless the commissioner
24	determines that the policy provides benefit coverage so
25	comprehensive that the policy is a health benefit plan as described
26	by Section 1215.002.
27	Sec. 1215.004. OUT-OF-COUNTRY CARE PROHIBITED. A health

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- 1 benefit plan issuer may not issue or offer for sale in this state a
- 2 health benefit plan that requires an enrollee to travel to a foreign
- 3 country to receive a particular health care service under the
- 4 health benefit plan.
- 5 SECTION 2. The change in law made by this Act applies only
- 6 to a health benefit plan that is delivered, issued for delivery, or
- 7 renewed on or after January 1, 2008. A health benefit plan that is
- 8 delivered, issued for delivery, or renewed before January 1, 2008,
- 9 is covered by the law in effect at the time the plan was delivered,
- 10 issued for delivery, or renewed, and that law is continued in effect
- 11 for that purpose.
- 12 SECTION 3. This Act takes effect September 1, 2007.