

1-1 By: Uresti S.B. No. 1391
1-2 (In the Senate - Filed March 7, 2007; March 20, 2007, read
1-3 first time and referred to Committee on State Affairs;
1-4 April 25, 2007, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 9, Nays 0; April 25, 2007,
1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1391 By: Ellis

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to requirements in certain health benefit plans that
1-11 certain health care services be obtained in a foreign country.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subtitle A, Title 8, Insurance Code, is amended
1-14 by adding Chapter 1215 to read as follows:

1-15 CHAPTER 1215. OUT-OF-COUNTRY COVERAGE PROHIBITED

1-16 Sec. 1215.001. DEFINITIONS. In this chapter:

1-17 (1) "Enrollee" means an individual entitled to
1-18 coverage under a health benefit plan.

1-19 (2) "Foreign country" means a governmental unit other
1-20 than:

1-21 (A) the United States;

1-22 (B) a state, district, commonwealth, territory,
1-23 or insular possession of the United States;

1-24 (C) the Panama Canal Zone; or

1-25 (D) the Trust Territory of the Pacific Islands.

1-26 (3) "Health care service" means a service to diagnose,
1-27 prevent, alleviate, cure, or heal a health condition, sickness, or
1-28 injury that is provided to an enrollee by a physician or other
1-29 health care provider.

1-30 Sec. 1215.002. APPLICABILITY OF CHAPTER. (a) This chapter
1-31 applies only to a health benefit plan that provides benefits for
1-32 health care services, including medical or surgical expenses,
1-33 incurred as a result of a health condition, accident, or sickness,
1-34 including:

1-35 (1) an individual, group, blanket, or franchise
1-36 insurance policy or insurance agreement, a group hospital service
1-37 contract, or an individual or group evidence of coverage that is
1-38 offered by:

1-39 (A) an insurance company;

1-40 (B) a group hospital service corporation
1-41 operating under Chapter 842;

1-42 (C) a fraternal benefit society operating under
1-43 Chapter 885;

1-44 (D) a stipulated premium company operating under
1-45 Chapter 884; or

1-46 (E) a health maintenance organization operating
1-47 under Chapter 843;

1-48 (2) to the extent permitted by the Employee Retirement
1-49 Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a
1-50 health benefit plan that is offered by:

1-51 (A) a multiple employer welfare arrangement as
1-52 defined by Section 3 of that Act; or

1-53 (B) another analogous benefit arrangement; and

1-54 (3) health and accident coverage provided by a risk
1-55 pool created under Chapter 172, Local Government Code,
1-56 notwithstanding Section 172.014, Local Government Code, or any
1-57 other law.

1-58 (b) For purposes of Subsection (a), a health benefit plan
1-59 includes a consumer choice of benefits plan issued under Chapter
1-60 1507.

1-61 Sec. 1215.003. EXCEPTION. This chapter does not apply to:

1-62 (1) a plan that provides coverage:

1-63 (A) only for a specified disease;

(B) only for accidental death or dismemberment;

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

(D) as a supplement to a liability insurance policy;

(E) only for dental or vision care;

(F) only for indemnity for hospital confinement;

or

(G) only for health care services provided to an enrollee while the enrollee is traveling to, visiting, or residing in a foreign country;

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

(3) a workers' compensation insurance policy;

(4) medical payment insurance coverage provided under a motor vehicle insurance policy; or

(5) a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1215.002.

Sec. 1215.004. OUT-OF-COUNTRY CARE PROHIBITED. A health benefit plan issuer may not issue or offer for sale in this state a health benefit plan that requires an enrollee to travel to a foreign country to receive:

(1) a particular health care service under the health benefit plan; or

(2) a discount on the amount an enrollee must pay to receive a particular health care service under the health benefit plan.

SECTION 2. The change in law made by this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2008. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2008, is covered by the law in effect at the time the plan was delivered, issued for delivery, or renewed, and that law is continued in effect for that purpose.

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

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