

BILL ANALYSIS

H.B. 2967
By: Coleman
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Certain health maintenance organizations and group insurance plans are required to provide coverage to individuals for the treatment of a serious mental illness, but current law excludes from such coverage individuals who suffer from anorexia nervosa and bulimia nervosa because these illnesses are not included in the definition of "serious mental illness." In the United States, 10 million women and one million men suffer from these life-threatening eating disorders, and anorexia nervosa has the highest premature mortality rate of any psychiatric disorder. Without treatment, individuals who suffer from eating disorders can develop serious health problems, resulting in a 20 percent mortality rate. Individuals suffering from anorexia nervosa and bulimia nervosa may not receive the proper medical treatment without required health care coverage.

H.B. 2967 extends mental health coverage under certain group health benefit plans to anorexia nervosa and bulimia nervosa by adding these disorders to the list of psychiatric illnesses in the definition for "serious mental illness."

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 2967 amends the Insurance Code to include anorexia nervosa and bulimia nervosa as psychiatric illnesses, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, in the definition of "serious mental illness," for purposes of coverage under certain group health benefit plans.

H.B. 2967 requires the Sunset Advisory Commission (SAC), on or before September 1, 2012, to conduct a study to determine to what extent the health benefit plan coverage required by the change made by the bill is being used by enrollees in group health benefit plans and the impact of such coverage on the cost of those plans. The bill requires SAC to report its findings to the legislature on or before January 1, 2013. The bill requires the Texas Department of Insurance and any other state agency to cooperate with the commission as necessary to implement this provision.

H.B. 2967 applies its provisions to a group health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2010.

EFFECTIVE DATE

September 1, 2009.