

BILL ANALYSIS

S.B. 1291
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

There are currently five primary categories of licensed mental health providers in Texas—licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed chemical dependency counselors, and licensed marriage and family therapists. These mental health professionals play an important and cost-effective role in the delivery of critical care services, treating clients in a variety of settings, working directly through private insurance, public health, behavioral health, human services, criminal justice, and educational systems.

Currently, Chapter 1451, Insurance Code, relating to access to certain practitioners and facilities, provides that an insured individual may directly select the mental health services of a licensed psychologist, a licensed social worker, or a licensed chemical dependency counselor as may be medically necessary and specified within the terms and conditions set forth in the health insurance policy. However, Chapter 1451 also authorizes a health plan to limit an insured individual's direct access to the services of two of the five types of primary licensed mental health professionals, the marriage and family therapist and the professional counselor, which may require a recommendation from a physician.

S.B. 1291 removes provisions in the Insurance Code authorizing a health insurance policy to require that services of a licensed professional counselor or a marriage and family therapist be recommended by a physician.

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

S.B. 1291 amends the Insurance Code to remove provisions authorizing a health insurance policy to require that services of a licensed professional counselor or a marriage and family therapist be recommended by a physician. The bill makes its provisions applicable to an insurance policy or contract or evidence of coverage that is delivered, issued for delivery, or renewed on or after January 1, 2010.

EFFECTIVE DATE

September 1, 2009.