

By: Bolton

H.B. No. 1121

A BILL TO BE ENTITLED

AN ACT

relating to group health benefit plan coverage for certain mental illnesses.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 1355.003, Insurance Code, is amended to read as follows:

Sec. 1355.003. EXCEPTION. ~~[(a)]~~ This subchapter does not apply to coverage under:

(1) a blanket accident and health insurance policy, as described by Chapter 1251;

(2) a short-term travel policy;

(3) an accident-only policy;

(4) a limited or specified-disease policy that does not provide benefits for mental health care or similar services;

(5) ~~[except as provided by Subsection (b), a plan offered under Chapter 1551 or Chapter 1601,~~

~~[(6)]~~ a plan offered in accordance with Section 1355.151; or

(6) ~~[(7)]~~ a Medicare supplement benefit plan, as defined by Section 1652.002.

~~[(b) For the purposes of a plan described by Subsection (a)(5), "serious mental illness" has the meaning assigned by Section 1355.001.]~~

SECTION 2. Section 1355.004, Insurance Code, is amended to

1 read as follows:

2 Sec. 1355.004. REQUIRED COVERAGE FOR SERIOUS MENTAL  
3 ILLNESS; COVERAGE PARITY. (a) A group health benefit plan:

4 (1) must provide coverage, based on medical necessity,  
5 for the diagnosis and treatment of a serious mental illness under  
6 terms at least as favorable as those provided for the diagnosis and  
7 treatment of medical and surgical conditions, and in no case [not]  
8 less than the following treatments [~~of serious mental illness~~] in  
9 each calendar year:

10 (A) 45 days of inpatient treatment; and

11 (B) 60 visits for outpatient treatment,  
12 including group and individual outpatient treatment;

13 (2) may not include a lifetime limitation on the  
14 number of days of inpatient treatment or the number of visits for  
15 outpatient treatment covered under the plan; [~~and~~]

16 (3) must include the same amount limitations,  
17 deductibles, copayments, and coinsurance factors for serious  
18 mental illness as the plan includes for physical illness; and

19 (4) may not impose treatment limitations or financial  
20 requirements on the provision of benefits under this subchapter for  
21 a serious mental illness if identical limitations or requirements  
22 are not imposed on coverage of benefits for other medical  
23 conditions.

24 (b) A group health benefit plan issuer:

25 (1) may not count an outpatient visit for medication  
26 management against the number of outpatient visits required to be  
27 covered under Subsection (a)(1)(B); and

1           (2) must provide coverage for an outpatient visit  
2 described by Subsection (a)(1)(B) under the same terms as the  
3 coverage the issuer provides for an outpatient visit for the  
4 treatment of physical illness.

5           SECTION 3. The change in law made by this Act applies only  
6 to a group health benefit plan delivered, issued for delivery, or  
7 renewed on or after January 1, 2010. A group health benefit plan  
8 delivered, issued for delivery, or renewed before January 1, 2010,  
9 is governed by the law as it existed immediately before the  
10 effective date of this Act, and that law is continued in effect for  
11 that purpose.

12           SECTION 4. This Act takes effect September 1, 2009.