

By: Van de Putte

S.B. No. 1348

A BILL TO BE ENTITLED

AN ACT

1
2 relating to health benefit plan coverage for acquired brain
3 injuries.

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

5 SECTION 1. Section 1352.001, Insurance Code, is amended by
6 amending Subsection (a) and by adding Subsection (c) to read as
7 follows:

8 (a) This chapter applies only to a health benefit plan,
9 including[~~, subject to this chapter,~~] a small employer health
10 benefit plan written under Chapter 1501, that provides benefits for
11 medical or surgical expenses incurred as a result of a health
12 condition, accident, or sickness, including an individual, group,
13 blanket, or franchise insurance policy or insurance agreement, a
14 group hospital service contract, or an individual or group evidence
15 of coverage or similar coverage document that is offered by:

16 (1) an insurance company;

17 (2) a group hospital service corporation operating
18 under Chapter 842;

19 (3) a fraternal benefit society operating under
20 Chapter 885;

21 (4) a stipulated premium company operating under
22 Chapter 884;

23 (5) a reciprocal exchange operating under Chapter 942;

24 (6) a Lloyd's plan operating under Chapter 941;

1 (7) a health maintenance organization operating under
2 Chapter 843;

3 (8) a multiple employer welfare arrangement that holds
4 a certificate of authority under Chapter 846; or

5 (9) an approved nonprofit health corporation that
6 holds a certificate of authority under Chapter 844.

7 (c) Notwithstanding any other law, a standard health
8 benefit plan provided under Chapter 1507 must provide the coverage
9 required by this chapter.

10 SECTION 2. The heading to Section 1352.003, Insurance Code,
11 is amended to read as follows:

12 Sec. 1352.003. REQUIRED COVERAGES [~~HEALTH BENEFIT PLANS~~
13 ~~OTHER THAN SMALL EMPLOYER HEALTH BENEFIT PLANS~~].

14 SECTION 3. Section 1352.005, Insurance Code, is amended to
15 read as follows:

16 Sec. 1352.005. NOTICE TO INSUREDS AND ENROLLEES. (a) A
17 health benefit plan issuer subject to this chapter [~~, other than a~~
18 ~~small employer health benefit plan issuer,~~] must annually notify
19 each insured or enrollee under the plan in writing about
20 the coverages described by Section 1352.003.

21 SECTION 4. Section 1352.006(b), Insurance Code, is amended
22 to read as follows:

23 (b) Notwithstanding Chapter 4201 or any other law relating
24 to the determination of medical necessity under this code, a health
25 benefit plan shall respond to a person requesting utilization
26 review or appealing for an extension of coverage based on an
27 allegation of medical necessity not later than three business days

1 after the date on which the person makes the request or submits the
2 appeal. The person must make the request or submit the appeal in
3 the manner prescribed by the terms of the plan's health insurance
4 policy or agreement, contract, evidence of coverage, or similar
5 coverage document. To comply with the requirements of this
6 section, the health benefit plan issuer must respond through a
7 direct telephone contact made by a representative of the
8 issuer. [~~This subsection does not apply to a small employer health~~
9 ~~benefit plan.~~]

10 SECTION 5. Section 1352.007, Insurance Code, is amended to
11 read as follows:

12 Sec. 1352.007. TREATMENT FACILITIES. [~~(a)~~] A health
13 benefit plan may not deny coverage under this chapter based solely
14 on the fact that the treatment or services are provided at a
15 facility other than a hospital. Treatment for an acquired brain
16 injury may be provided under the coverage required by this chapter,
17 as appropriate, at a facility at which appropriate services may be
18 provided, including:

19 (1) a hospital regulated under Chapter 241, Health and
20 Safety Code, including an acute or post-acute rehabilitation
21 hospital; and

22 (2) an assisted living facility regulated under
23 Chapter 247, Health and Safety Code.

24 [~~(b) This section does not apply to a small employer health~~
25 ~~benefit plan.~~]

26 SECTION 6. The following laws are repealed:

27 (1) Section 1352.003(h), Insurance Code; and

1 (2) Section 1352.0035, Insurance Code.

2 SECTION 7. This Act applies only to a health benefit plan
3 delivered, issued for delivery, or renewed on or after January 1,
4 2010. A health benefit plan delivered, issued for delivery, or
5 renewed before January 1, 2010, is governed by the law as it existed
6 immediately before the effective date of this Act, and that law is
7 continued in effect for that purpose.

8 SECTION 8. This Act takes effect September 1, 2009.