

By: Uresti

S.B. No. 2076

A BILL TO BE ENTITLED

AN ACT

relating to health insurance coverage for diagnosis and treatment of conditions affecting the temporomandibular joint.

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

SECTION 1. Sections 1360.002, 1360.003, 1360.004, and 1360.005, Insurance Code, are amended to read as follows:

Sec. 1360.002. APPLICABILITY OF CHAPTER. (a) Except as provided by Subsection (b), this ~~[This]~~ chapter applies ~~[only]~~ to a group health benefit plan delivered or issued for delivery in this state that:

(1) provides benefits for dental, medical, or surgical expenses incurred as a result of a health condition, accident, or sickness, including:

(A) a group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or a group evidence of coverage that is offered by:

(i) an insurance company;

(ii) a group hospital service corporation operating under Chapter 842;

(iii) a fraternal benefit society operating under Chapter 885;

(iv) a stipulated premium company operating under Chapter 884; or

(v) a health maintenance organization

1 operating under Chapter 843; and

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

5 (i) a multiple employer welfare arrangement
6 as defined by Section 3 of that Act;

7 (ii) an entity not authorized under this
8 code or another insurance law of this state that contracts directly
9 for health care services on a risk-sharing basis, including a
10 capitation basis; or

11 (iii) another analogous benefit
12 arrangement; or

13 (2) is offered by an approved nonprofit health
14 corporation that holds a certificate of authority under Chapter
15 844.

16 (b) This chapter applies to an individual insurance policy
17 delivered or issued for delivery in this state that provides
18 benefits for dental, medical, or surgical expenses incurred as a
19 result of a health condition, accident, or sickness.

20 Sec. 1360.003. EXCEPTION. This chapter does not apply to:

21 (1) a plan or policy that provides coverage:

22 (A) only for a specified disease or another
23 limited benefit;

24 (B) only for accidental death or dismemberment;

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

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

3 (E) for credit insurance;

4 (F) only for vision care; or

5 (G) only for indemnity for hospital confinement;

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

8 (3) a workers' compensation insurance policy;

9 (4) a small employer health benefit plan written under
10 Chapter 1501;

11 (5) medical payment insurance coverage provided under
12 a motor vehicle insurance policy; or

13 (6) a long-term care insurance policy, including a
14 nursing home fixed indemnity policy, unless the commissioner
15 determines that the policy provides benefit coverage so
16 comprehensive that the policy is a health benefit plan as described
17 by Section 1360.002.

18 Sec. 1360.004. COVERAGE REQUIRED. (a) A health benefit
19 plan or individual insurance policy that provides coverage for
20 medically necessary diagnostic or surgical treatment of conditions
21 affecting skeletal joints must provide comparable coverage for
22 diagnostic or surgical treatment of conditions affecting the
23 temporomandibular joint if the treatment is medically necessary as
24 a result of:

25 (1) an accident;

26 (2) a trauma;

27 (3) a congenital defect;

1 (4) a developmental defect; or

2 (5) a pathology.

3 (b) Coverage required under this section may be subject to
4 any provision in the health benefit plan or individual insurance
5 policy that is generally applicable to surgical treatment,
6 including a requirement for precertification of coverage.

7 Sec. 1360.005. DENTAL SERVICES COVERAGE NOT REQUIRED.

8 (a) This chapter does not require a health benefit plan or
9 individual insurance policy to provide coverage for dental services
10 if dental services are not otherwise scheduled or provided as part
11 of the coverage provided under the plan.

12 (b) A health benefit plan or individual insurance policy may
13 not exclude from coverage under the plan or policy an individual who
14 is unable to undergo dental treatment in an office setting or under
15 local anesthesia due to a documented physical, mental, or medical
16 reason as determined by the individual's physician or by the
17 dentist providing the dental care.

18 SECTION 2. This Act applies only to an insurance policy that
19 is delivered, issued for delivery, or renewed on or after January 1,
20 2010. A policy delivered, issued for delivery, or renewed before
21 January 1, 2010, is governed by the law as it existed immediately
22 before the effective date of this Act, and that law is continued in
23 effect for that purpose.

24 SECTION 3. This Act takes effect September 1, 2009.