

By: Coleman

H.B. No. 2228

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for certain physical injuries that are self-inflicted by a minor.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1373 to read as follows:

CHAPTER 1373. COVERAGE FOR CERTAIN SELF-INFLICTED

PHYSICAL INJURIES BY MINORS

Sec. 1373.001. DEFINITIONS. In this chapter:

(1) "Enrollee" means an individual entitled to coverage under a health benefit plan.

(2) "Serious mental illness" has the meaning assigned by Section 1355.001 and also includes a diagnosable behavioral or emotional disorder or a neuropsychiatric condition:

(A) that results in a serious disability requiring sustained treatment interventions;

(B) that is of sufficient duration to meet diagnostic criteria specified in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders designated DSM-IV-TR; and

(C) with respect to which the affected person exhibits impairment in thought, perception, affect, or behavior that substantially interferes with or limits the person's role or functioning in the person's community, school, family, or peer

1 group.

2 Sec. 1373.002. APPLICABILITY OF CHAPTER. (a) This chapter
3 applies only to a health benefit plan that provides benefits for
4 medical or surgical expenses incurred as a result of a health
5 condition, accident, or sickness, including an individual, group,
6 blanket, or franchise insurance policy or insurance agreement, a
7 group hospital service contract, or an individual or group evidence
8 of coverage or similar coverage document that is offered by:

9 (1) an insurance company;

10 (2) a group hospital service corporation operating
11 under Chapter 842;

12 (3) a fraternal benefit society operating under
13 Chapter 885;

14 (4) a stipulated premium insurance company operating
15 under Chapter 884;

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

17 (6) a health maintenance organization operating under
18 Chapter 843;

19 (7) a multiple employer welfare arrangement that holds
20 a certificate of authority under Chapter 846; or

21 (8) an approved nonprofit health corporation that
22 holds a certificate of authority under Chapter 844.

23 (b) This chapter applies to group health coverage made
24 available by a school district in accordance with Section 22.004,
25 Education Code.

26 (c) Notwithstanding Section 172.014, Local Government Code,
27 or any other law, this chapter applies to health and accident

1 coverage provided by a risk pool created under Chapter 172, Local
2 Government Code.

3 (d) Notwithstanding any provision in Chapter 1551, 1575,
4 1579, or 1601 or any other law, this chapter applies to:

5 (1) a basic coverage plan under Chapter 1551;

6 (2) a basic plan under Chapter 1575;

7 (3) a primary care coverage plan under Chapter 1579;

8 and

9 (4) basic coverage under Chapter 1601.

10 (e) Notwithstanding any other law, a standard health
11 benefit plan provided under Chapter 1507 must provide the coverage
12 required by this chapter.

13 Sec. 1373.003. EXCEPTION. This chapter does not apply to:

14 (1) a plan that provides coverage:

15 (A) for wages or payments in lieu of wages for a
16 period during which an employee is absent from work because of
17 sickness or injury;

18 (B) as a supplement to a liability insurance
19 policy;

20 (C) for credit insurance;

21 (D) only for dental or vision care;

22 (E) only for hospital expenses; or

23 (F) only for indemnity for hospital confinement;

24 (2) a small employer health benefit plan written under
25 Chapter 1501, except when an independent school district elects to
26 participate in a small employer market in accordance with Section
27 1501.009;

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

3 (4) a workers' compensation insurance policy;

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

6 (6) a long-term care policy, including a nursing home
7 fixed indemnity policy, unless the commissioner determines that the
8 policy provides benefit coverage so comprehensive that the policy
9 is a health benefit plan as described by Section 1373.002.

10 Sec. 1373.004. COVERAGE REQUIRED. Regardless of whether a
11 health benefit plan provides mental health coverage, a health
12 benefit plan must provide coverage for an enrollee, from birth
13 through the date the enrollee is 18 years of age, for a physical
14 injury to the enrollee that is self-inflicted:

15 (1) in an attempt to commit suicide, regardless of:

16 (A) the state of mental health of the enrollee;

17 or

18 (B) whether the injury results in the death of
19 the enrollee; or

20 (2) by an enrollee with a serious mental illness.

21 Sec. 1373.005. DEDUCTIBLE, COINSURANCE, AND COPAYMENT
22 REQUIREMENTS. The benefits required under this chapter may not be
23 made subject to a deductible, coinsurance, or copayment requirement
24 that exceeds the deductible, coinsurance, or copayment
25 requirements applicable to other physical injury benefits provided
26 under the health benefit plan.

27 Sec. 1373.006. RULES. The commissioner shall adopt rules as

1 necessary to administer this chapter.

2 SECTION 2. This Act applies only to a health benefit plan
3 that is delivered, issued for delivery, or renewed on or after
4 January 1, 2012. A health benefit plan that is delivered, issued
5 for delivery, or renewed before January 1, 2012, is governed by the
6 law as it existed immediately before the effective date of this Act,
7 and that law is continued in effect for that purpose.

8 SECTION 3. This Act takes effect September 1, 2011.