BILL ANALYSIS

H.B. 3227 By: Coleman Insurance Committee Report (Unamended)

BACKGROUND AND PURPOSE

Under current law, certain health maintenance organizations and group insurance plans are required to provide coverage for medical treatment for those who suffer from a serious mental illness. However, anorexia nervosa, bulimia nervosa, and other eating disorders are not currently considered serious mental illnesses for such purposes. Untreated eating disorders may lead to serious health problems and may even be life threatening, and health care professionals observe that anorexia nervosa has a higher premature mortality rate than any other psychiatric disorder.

Without health care coverage, individuals suffering from eating disorders may not be able to receive the proper medical treatment. H.B. 3227 seeks to aid individuals who suffer from such disorders in obtaining medical treatment by extending the requirement to provide certain coverage for serious mental illnesses to eating disorders.

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

H.B. 3227 amends the Insurance Code to redefine "serious mental illness," for the purposes of statutory provisions governing group health benefit plan coverage for such illnesses, to include anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders. The bill's provisions apply to a group health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2014.

H.B. 3227 requires the Sunset Advisory Commission, on or before September 1, 2016, to conduct a study to determine to what extent the health benefit plan coverage required by the bill's provisions is being used by enrollees in applicable group health benefit plans and to determine the impact of the required coverage on the cost of those health benefit plans. The bill requires the commission to report its findings to the legislature on or before January 1, 2017, and requires the Texas Department of Insurance and any other state agency to cooperate with the commission as necessary to implement the study.

EFFECTIVE DATE

September 1, 2013.

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