

By: Sheets

H.B. No. 2929

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for brain injury.

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

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

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

(1) a basic coverage plan under Chapter 1551;

(2) a basic plan under Chapter 1575;

(3) [~~2~~] a primary care coverage plan under Chapter 1579; and

(4) [~~3~~] basic coverage under Chapter 1601.

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

SECTION 2. Section 1352.002, Insurance Code, is amended to read as follows:

Sec. 1352.002. EXCEPTION; APPLICATION TO QUALIFIED HEALTH PLAN. (a) This chapter does not apply to:

(1) a plan that provides coverage:

(A) only for a specified disease or for another limited benefit other than an accident policy;

(B) only for accidental death or dismemberment;

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

4 (D) as a supplement to a liability insurance
5 policy;

6 (E) for credit insurance;

7 (F) only for dental or vision care;

8 (G) only for hospital expenses; or

9 (H) only for indemnity for hospital confinement;

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

13 (3) a workers' compensation insurance policy;

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

16 (5) a long-term care insurance policy, including a
17 nursing home fixed indemnity policy, unless the commissioner
18 determines that the policy provides benefit coverage so
19 comprehensive that the policy is a health benefit plan as described
20 by Section 1352.001.

21 (b) This chapter does not apply to a standard health benefit
22 plan issued under Chapter 1507.

23 (c) To the extent that a change in law made to this chapter
24 after January 1, 2013, would otherwise require this state to make a
25 payment under 42 U.S.C. Section 18031(d)(3)(B)(ii), a qualified
26 health plan, as defined by 45 C.F.R. Section 155.20, is not required
27 to provide a benefit under this section that exceeds the specified

1 essential health benefits required under 42 U.S.C. Section
2 18022(b).

3 SECTION 3. Section 1352.003, Insurance Code, is amended by
4 amending Subsections (c) and (d) and adding Subsection (c-1) to
5 read as follows:

6 (c) A health benefit plan may not include, in any annual or
7 lifetime limitation on the number of days of acute care treatment
8 covered under the plan, any post-acute care treatment covered under
9 the plan. [~~Any limitation imposed under the plan on days of~~
10 ~~post-acute care treatment must be separately stated in the plan.]~~

11 (c-1) A health benefit plan may not limit the number of days
12 of covered post-acute care, including any therapy or treatment or
13 rehabilitation, testing, remediation, or other service described
14 by Subsections (a) and (b), or the number of days of covered
15 inpatient care to the extent that the treatment or care is
16 determined to be medically necessary as a result of and related to
17 an acquired brain injury. The insured's or enrollee's treating
18 physician shall determine whether treatment or care is medically
19 necessary for purposes of this subsection in consultation with the
20 treatment or care provider, the insured or enrollee, and, if
21 appropriate, members of the insured's or enrollee's family. The
22 determination is subject to review under Section 1352.006.

23 (d) Except as provided by Subsection (c) or (c-1), a health
24 benefit plan must include the same amount [~~payment~~] limitations,
25 deductibles, copayments, and coinsurance factors for coverage
26 required under this chapter as applicable to other medical
27 conditions for which [~~similar~~] coverage is provided under the

1 health benefit plan.

2 SECTION 4. Section 1352.0035(b), Insurance Code, is amended
3 to read as follows:

4 (b) Coverage required under this section may be subject to
5 deductibles, copayments, coinsurance, or annual or maximum amount
6 ~~[payment]~~ limits that are consistent with the deductibles,
7 copayments, coinsurance, or annual or maximum amount ~~[payment]~~
8 limits applicable to other medical conditions for which ~~[similar]~~
9 coverage is provided under the small employer health benefit plan.

10 SECTION 5. Section 1352.007, Insurance Code, is amended by
11 adding Subsections (c), (d), (e), and (f) to read as follows:

12 (c) The issuer of a health benefit plan, including a
13 preferred provider benefit plan or health maintenance organization
14 plan, that contracts with or approves admission to a service
15 provider under this chapter may not, solely because a facility is
16 licensed by this state as an assisted living facility, refuse to
17 contract with or approve admission to that facility to provide
18 services that are:

19 (1) required under this chapter;
20 (2) within the scope of the license of an assisted
21 living facility; and

22 (3) within the scope of the services provided under a
23 CARF-accredited rehabilitation program for brain injury or another
24 nationally recognized accredited rehabilitation program for brain
25 injury.

26 (d) The issuer of a health benefit plan that requires or
27 encourages insureds or enrollees to use health care providers

1 designated by the plan shall ensure that the services required by
2 this chapter that are within the scope of the license of an assisted
3 living facility and that may be provided under a program described
4 by Subsection (c)(3) are made available and accessible to the
5 insureds or enrollees at an adequate number of assisted living
6 facilities.

7 (e) A health benefit plan may not treat care provided in
8 accordance with this chapter as custodial care solely because it is
9 provided by an assisted living facility if the facility holds a CARF
10 accreditation or other nationally recognized accreditation for a
11 rehabilitation program for brain injury.

12 (f) To ensure the health and safety of insureds and
13 enrollees, the commissioner may require that a licensed assisted
14 living facility that provides covered post-acute care other than
15 custodial care under this chapter to an insured or enrollee with
16 acquired brain injury hold a CARF accreditation or other nationally
17 recognized accreditation for a rehabilitation program for brain
18 injury.

19 SECTION 6. Chapter 1352, Insurance Code, as amended by this
20 Act, applies only to a health benefit plan delivered, issued for
21 delivery, or renewed on or after January 1, 2014. A health benefit
22 plan delivered, issued for delivery, or renewed before January 1,
23 2014, is governed by the law in effect immediately before the
24 effective date of this Act, and that law is continued in effect for
25 that purpose.

26 SECTION 7. This Act takes effect September 1, 2013.