

BILL ANALYSIS

H.B. 2219
By: Coleman
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties contend that the accurate collection of data on suicide attempts would help professionals working in suicide prevention to identify trends, enabling them to better target their efforts. These parties note that discussions with various stakeholders reveal that the main obstacle to obtaining this data is the tendency of hospitals and doctors to code treatments as something other than suicide or other self-inflicted injury, under the belief that insurance companies could exclude coverage for these claims. H.B. 2219 seeks to remedy this situation.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 of this bill.

ANALYSIS

H.B. 2219 amends the Insurance Code to prohibit a health benefit plan from excluding coverage for any emergency or other medical, hospital, or surgical expenses incurred by a covered individual as a result of and related to an injury that is self-inflicted or caused in an attempt to commit suicide, regardless of the individual's state of mental health or whether the injury results in the individual's death. The bill authorizes coverage for such injuries to be subject to deductibles, copayments, coinsurance, or annual or maximum payment limits that are consistent with deductibles, copayments, coinsurance, or annual or maximum payment limits applicable to other similar coverage under the health benefit plan. The bill requires the commissioner of insurance to adopt rules necessary to implement the bill's provisions.

H.B. 2219 applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness that is offered by certain specified types of health benefit plan providers, including a small employer health benefit plan subject to the Health Insurance Portability and Availability Act and a consumer choice of benefits plan. The bill exempts a qualified health plan from the bill's provisions if a determination is made under certain specified federal regulations that the bill requires the plan to offer benefits in addition to the essential health benefits required under the federal Patient Protection and Affordable Care Act and that the state is required to defray the cost of the benefits mandated under the bill's provisions.

H.B. 2219 applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2016.

EFFECTIVE DATE

September 1, 2015.