By: Coleman, Morrison H.B. No. 2219

A BILL TO BE ENTITLED

1	AN ACT
2	relating to health benefit plan coverage for injuries related to
3	certain conduct of a covered individual.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subtitle E, Title 8, Insurance Code, is amended
6	by adding Chapter 1380 to read as follows:
7	CHAPTER 1380. COVERAGE RELATING TO INJURIES RELATED TO CERTAIN
8	CONDUCT
9	Sec. 1380.001. APPLICABILITY OF CHAPTER. (a) This chapter
10	applies only to a health benefit plan that provides benefits for
11	medical or surgical expenses incurred as a result of a health
12	condition, accident, or sickness, including an individual, group,
13	blanket, or franchise insurance policy or insurance agreement, a
14	group hospital service contract, or an individual or group evidence
15	of coverage or similar coverage document that is offered by:
16	(1) an insurance company;
17	(2) a group hospital service corporation operating
18	under Chapter 842;
19	(3) a health maintenance organization operating under
20	Chapter 843;
21	(4) an approved nonprofit health corporation that
22	holds a certificate of authority under Chapter 844;
23	(5) a multiple employer welfare arrangement that holds
24	a certificate of authority under Chapter 846;

- 1 (6) a stipulated premium company operating under
- 2 Chapter 884;
- 3 (7) a fraternal benefit society operating under
- 4 Chapter 885; or
- 5 (8) an exchange operating under Chapter 942.
- 6 (b) Notwithstanding Section 1501.251 or any other law, this
- 7 <u>chapter applies to coverage under a small employer health benefit</u>
- 8 plan subject to Chapter 1501.
- 9 (c) This chapter applies to a consumer choice of benefits
- 10 plan issued under Chapter 1507.
- 11 Sec. 1380.002. CONDITIONAL EXCEPTION. This chapter does
- 12 not apply to a qualified health plan if a determination is made
- 13 under 45 C.F.R. Section 155.170 that:
- 14 (1) this chapter requires the plan to offer benefits
- 15 in addition to the essential health benefits required under 42
- 16 <u>U.S.C. Section 18022(b); and</u>
- 17 (2) this state is required to defray the cost of the
- 18 benefits mandated under this chapter.
- 19 Sec. 1380.003. EXCLUSION OF COVERAGE PROHIBITED. (a) A
- 20 health benefit plan may not exclude coverage for any emergency or
- 21 other medical, hospital, or surgical expenses incurred by a covered
- 22 individual as a result of and related to an injury that is
- 23 self-inflicted or caused in an attempt to commit suicide,
- 24 regardless of:
- 25 (1) the individual's state of mental health; or
- 26 (2) whether the injury results in the individual's
- 27 death.

- H.B. No. 2219
- 1 (b) Coverage required under this chapter may be subject to
- 2 deductibles, copayments, coinsurance, or annual or maximum payment
- 3 limits that are consistent with deductibles, copayments,
- 4 coinsurance, or annual or maximum payment limits applicable to
- 5 other similar coverage under the health benefit plan.
- 6 Sec. 1380.004. RULES. The commissioner shall adopt rules
- 7 <u>necessary to implement this chapter.</u>
- 8 SECTION 2. The change in law made by this Act applies only
- 9 to a health benefit plan that is delivered, issued for delivery, or
- 10 renewed on or after January 1, 2016. A health benefit plan that is
- 11 delivered, issued for delivery, or renewed before January 1, 2016,
- 12 is governed by the law as it existed immediately before the
- 13 effective date of this Act, and that law is continued in effect for
- 14 that purpose.
- 15 SECTION 3. This Act takes effect September 1, 2015.