By: Walle H.B. No. 135

A BILL TO BE ENTITLED

1	AN ACT
2	relating to health benefit plan coverage for certain essential
3	health benefits.
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 OF ESSENTIAL HEALTH BENEFITS
8	Sec. 1380.001. APPLICABILITY OF CHAPTER. (a) This chapter
9	applies only to a health benefit plan that provides benefits for
10	medical or surgical expenses incurred as a result of a health
11	condition, accident, or sickness, including an individual, group,
12	blanket, or franchise insurance policy or insurance agreement, a
13	group hospital service contract, or an individual or group evidence
14	of coverage or similar coverage document that is issued by:
15	(1) an insurance company;
16	(2) a group hospital service corporation operating
17	under Chapter 842;
18	(3) a health maintenance organization operating under
19	Chapter 843;
20	(4) an approved nonprofit health corporation that
21	holds a certificate of authority under Chapter 844;
22	(5) a multiple employer welfare arrangement that holds
23	a certificate of authority under Chapter 846;
24	(6) a stipulated premium company operating under

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   Chapter 884;
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               (7) a fraternal benefit society operating under
   Chapter 885;
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               (8) a Lloyd's plan operating under Chapter 941; or
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               (9) an exchange operating under Chapter 942.
         (b) Notwithstanding any other law, this chapter applies to:
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               (1) a small employer health benefit plan subject to
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   Chapter 1501, including coverage provided through a health group
   cooperative under Subchapter B of that chapter;
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               (2) a standard health benefit plan issued under
   Chapter 1507;
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               (3) a basic coverage plan under Chapter 1551;
               (4) a basic plan under Chapter 1575;
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               (5) a primary care coverage plan under Chapter 1579;
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               (6) a plan providing basic coverage under Chapter
16
   1601;
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               (7) health benefits provided by or through a church
   benefits board under Subchapter I, Chapter 22, Business
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   Organizations Code;
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               (8) group health coverage made available by a school
   district in accordance with Section 22.004, Education Code;
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               (9) the state Medicaid program, including the Medicaid
   managed care program operated under Chapter 533, Government Code;
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               (10) the child health plan program under Chapter 62,
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   Health and Safety Code;
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               (11) a regional or local health care program operated
   under Section 75.104, Health and Safety Code;
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- 1 (12) a self-funded health benefit plan sponsored by a
- 2 professional employer organization under Chapter 91, Labor Code;
- 3 (13) county employee group health benefits provided
- 4 under Chapter 157, Local Government Code; and
- 5 (14) health and accident coverage provided by a risk
- 6 pool created under Chapter 172, Local Government Code.
- 7 (c) This chapter applies to coverage under a group health
- 8 benefit plan provided to a resident of this state regardless of
- 9 whether the group policy, agreement, or contract is delivered,
- 10 issued for delivery, or renewed in this state.
- 11 Sec. 1380.002. EXCEPTION. This chapter does not apply to an
- 12 individual health benefit plan issued on or before March 23, 2010,
- 13 that has not had any significant changes since that date that reduce
- 14 benefits or increase costs to the individual.
- 15 Sec. 1380.003. REQUIRED COVERAGE FOR ESSENTIAL HEALTH
- 16 BENEFITS. A health benefit plan must provide coverage for the
- 17 essential health benefits listed in 42 U.S.C. Section 18022(b)(1),
- 18 as that section existed on January 1, 2017, and other benefits
- 19 identified by the United States secretary of health and human
- 20 services as essential health benefits as of that date.
- 21 SECTION 2. The change in law made by this Act applies only
- 22 to a health benefit plan that is delivered, issued for delivery, or
- 23 renewed on or after April 1, 2018. A health benefit plan that is
- 24 delivered, issued for delivery, or renewed before April 1, 2018, is
- 25 governed by the law as it existed immediately before the effective
- 26 date of this Act, and that law is continued in effect for that
- 27 purpose.

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1 SECTION 3. This Act takes effect December 1, 2017.