

By: Coleman

H.B. No. 3891

A BILL TO BE ENTITLED

AN ACT

relating to coverage for eating disorders under certain health benefit plans.

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

SECTION 1. Section 1355.001, Insurance Code, is amended by adding Subdivisions (5) to read as follows:

(5) "Eating disorder" means:

(A) any eating disorder described by the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, or a later edition adopted by the commissioner by rule, including:

(i) anorexia nervosa;

(ii) bulimia nervosa;

(iii) binge eating disorder;

(iv) rumination disorder;

(v) avoidant/restrictive food intake disorder; or

(vi) any eating disorder not otherwise specified; or

(B) any eating disorder contained in a subsequent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and adopted by the commissioner by rule.

SECTION 2. Subchapter A, Chapter 1355, Insurance Code, is

1 amended by adding Section 1355.008 to read as follows:

2 Sec. 1355.008. REQUIRED COVERAGE FOR EATING DISORDERS. (a)

3 A health benefit plan must provide coverage, based on medical  
4 necessity, for the diagnosis and treatment of an eating disorder.

5 (b) Coverage required under Subsection (a) is limited to a  
6 service or medication, to the extent the service or medication is  
7 covered by the health benefit plan, ordered by a licensed  
8 physician, psychiatrist, psychologist, or therapist within the  
9 scope of the practitioner's license and in accordance with a  
10 treatment plan.

11 (c) On request from the health benefit plan issuer, an  
12 eating disorder treatment plan must include all elements necessary  
13 for the issuer to pay a claim under the health benefit plan, which  
14 may include a diagnosis, goals, and proposed treatment by type,  
15 frequency, and duration.

16 (d) Coverage required under Subsection (a) is not subject to  
17 a limit on the number of days of medically necessary treatment  
18 except as provided by the treatment plan.

19 (e) A health benefit plan issuer may conduct a utilization  
20 review of an eating disorder treatment plan not more than once each  
21 six months unless the physician, psychiatrist, psychologist, or  
22 therapist treating the enrollee under the treatment plan agrees  
23 that a more frequent review is necessary. An agreement to conduct  
24 more frequent review under this subsection applies only to the  
25 enrollee who is the subject of the agreement.

26 (f) A health benefit plan issuer shall pay any costs of  
27 conducting a utilization review of coverage required under

1 Subsection (a) or obtaining a treatment plan.

2 (g) In conducting a utilization review of treatment for an  
3 eating disorder, including review of medical necessity or the  
4 treatment plan, a utilization review agent shall consider:

5 (1) the overall medical and mental health needs of the  
6 individual with the eating disorder;

7 (2) factors in addition to weight; and

8 (3) the most recent Practice Guideline for the  
9 Treatment of Patients with Eating Disorders adopted by the American  
10 Psychiatric Association.

11 SECTION 3. The changes in law made by this Act apply only to  
12 a health benefit plan that is delivered, issued for delivery, or  
13 renewed on or after January 1, 2018. A health benefit plan that is  
14 delivered, issued for delivery, or renewed before January 1, 2018,  
15 is governed by the law as it existed immediately before the  
16 effective date of this Act, and that law is continued in effect for  
17 that purpose.

18 SECTION 4. This Act takes effect September 1, 2017.