By:  Menéndez S.B. No. 107

A BILL TO BE ENTITLED

AN ACT

relating to coverage for serious mental illness under certain group health benefit plans.

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

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

(1)  "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders (DSM), fifth edition, or a later edition adopted by the commissioner:

(A)  bipolar disorders (hypomanic, manic, depressive, and mixed);

(B)  depression in childhood and adolescence;

(C)  major depressive disorders (single episode or recurrent);

(D)  obsessive-compulsive disorders;

(E)  paranoid and other psychotic disorders;

(F)  posttraumatic stress disorder;

(G)  schizo-affective disorders (bipolar or depressive); and

(H) [~~(G)~~]  schizophrenia.

(5)  "Posttraumatic stress disorder" means a disorder that:

(A)  meets the diagnostic criteria for posttraumatic stress disorder specified by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, or a later edition adopted by the commissioner; and

(B)  results in an impairment of a person's functioning in the person's community, employment, family, school, or social group.

SECTION 2.  The heading to Section 1355.003, Insurance Code, is amended to read as follows:

Sec. 1355.003.  EXCEPTIONS [~~EXCEPTION~~].

SECTION 3.  Section 1355.003, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  This subchapter, or the applicable portion of this subchapter, does not apply to a qualified health plan to the extent that a determination is made under 45 C.F.R. Section 155.170 that:

(1)  this subchapter or a portion of this subchapter requires the plan to offer benefits in addition to the essential health benefits required under 42 U.S.C. Section 18022(b); and

(2)  this state is required to defray the cost of the benefits mandated under this subchapter or a portion of this subchapter.

SECTION 4.  The change in law made by this Act applies only to a group health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018. A group health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2018, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 5.  This Act takes effect September 1, 2017.