86R12011 JES-F

By:  Menéndez S.B. No. 1741

A BILL TO BE ENTITLED

AN ACT

relating to preauthorization by certain health benefit plan issuers of certain benefits.

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

SECTION 1.  Section 1356.005, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  A health benefit plan issuer that provides coverage under this section may not require preauthorization of a screening described by Subsection (a).

SECTION 2.  Section 1357.004, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  A health benefit plan issuer that provides coverage under this section may not require preauthorization of a reconstruction, surgery, prostheses, or treatment described by Subsection (a).

SECTION 3.  Section 1357.054, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  A health benefit plan issuer that provides coverage under this section may not require preauthorization for inpatient care described by Subsection (a).

SECTION 4.  Section 1358.054, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  A health benefit plan issuer that provides coverage under this section may not require a qualified enrollee to obtain preauthorization for diabetes equipment, diabetes supplies, or self-management training described by Subsection (a).

SECTION 5.  Section 1361.003, Insurance Code, is amended to read as follows:

Sec. 1361.003.  COVERAGE REQUIRED. (a) A group health benefit plan must provide to a qualified enrollee coverage for medically accepted bone mass measurement to detect low bone mass and to determine the enrollee's risk of osteoporosis and fractures associated with osteoporosis.

(b)  A group health benefit plan issuer that provides coverage under this section may not require a qualified enrollee to obtain preauthorization for a bone mass measurement described by Subsection (a).

SECTION 6.  Section 1362.003, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  A health benefit plan issuer that provides coverage under this section to an enrolled male may not require preauthorization of a diagnostic examination described by Subsection (a).

SECTION 7.  Section 1363.003, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c)  A health benefit plan issuer that provides coverage under this section may not require preauthorization of a screening examination described by Subsection (a).

SECTION 8.  This Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2020.

SECTION 9.  This Act takes effect September 1, 2019.