

By: Zedler

H.B. No. 923

A BILL TO BE ENTITLED

AN ACT

relating to coverage of an alternative treatment after the approval of a utilization review.

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

SECTION 1. Subchapter A, Chapter 4201, Insurance Code, is amended by adding Section 4201.005 to read as follows:

Sec. 4201.005. COVERAGE OF ALTERNATE HEALTH CARE SERVICES.

If a health care service is approved by a utilization review, the payor or the payor's administrator may not deny coverage for an alternate health care service if:

(1) the alternate health care service is approved by the United States Food and Drug Administration to treat the condition for which the utilization review was requested; and

(2) the cost of the alternate health care service does not exceed the cost of the approved health care service.

SECTION 2. The change in law made by this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2020. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2020, 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 3. This Act takes effect September 1, 2019.