

By: Coleman

H.B. No. 1511

A BILL TO BE ENTITLED

AN ACT

relating to required coverage for eating disorders under 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 adding Subdivision (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 group 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 group 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 group 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 group health benefit plan,
14 which may include a diagnosis, goals, and proposed treatment by
15 type, 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 group health benefit plan issuer may conduct a
20 utilization review of an eating disorder treatment plan not more
21 than once each six months unless the physician, psychiatrist,
22 psychologist, or therapist treating the enrollee under the
23 treatment plan agrees that a more frequent review is necessary. An
24 agreement to conduct more frequent reviews under this subsection
25 applies only to the enrollee who is the subject of the agreement.

26 (f) A group health benefit plan issuer shall pay any costs
27 of 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 group health benefit plan delivered, issued for delivery, or
13 renewed on or after January 1, 2020.

14 SECTION 4. This Act takes effect September 1, 2019.