

By: J. Johnson of Dallas, et al.

H.B. No. 2408

Substitute the following for H.B. No. 2408:

By: Lucio III

C.S.H.B. No. 2408

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to preauthorization by certain health benefit plan issuers  
3 of certain benefits.

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

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

7 (c) A health benefit plan issuer that provides coverage  
8 under this section may not require preauthorization for a screening  
9 described by Subsection (a). This subsection may not be construed  
10 to authorize a physician or other health care provider to provide  
11 the medical care or health care described by this section if  
12 providing the care is outside of the scope of the individual's  
13 applicable license.

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

16 (c) A health benefit plan issuer that provides coverage  
17 under this section may not require preauthorization for a  
18 reconstruction, surgery, prostheses, or treatment described by  
19 Subsection (a). This subsection may not be construed to authorize a  
20 physician or other health care provider to provide the medical care  
21 or health care described by this section if providing the care is  
22 outside of the scope of the individual's applicable license.

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

1       (c) A health benefit plan issuer that provides coverage  
2 under this section may not require preauthorization for inpatient  
3 care described by Subsection (a). This subsection may not be  
4 construed to authorize a physician or other health care provider to  
5 provide the medical care or health care described by this section if  
6 providing the care is outside of the scope of the individual's  
7 applicable license.

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

10       (c) A health benefit plan issuer that provides coverage  
11 under this section may not require preauthorization for the  
12 provision to a qualified enrollee of diabetes equipment, diabetes  
13 supplies, or self-management training described by Subsection (a).  
14 This subsection may not be construed to authorize a physician or  
15 other health care provider to provide the medical care or health  
16 care described by this section if providing the care is outside of  
17 the scope of the individual's applicable license.

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

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

25       (b) A group health benefit plan issuer that provides  
26 coverage under this section may not require preauthorization for  
27 the provision to a qualified enrollee of a bone mass measurement

1 described by Subsection (a). This subsection may not be construed  
2 to authorize a physician or other health care provider to provide  
3 the medical care or health care described by this section if  
4 providing the care is outside of the scope of the individual's  
5 applicable license.

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

8 (c) A health benefit plan issuer that provides coverage  
9 under this section to an enrolled male may not require  
10 preauthorization for a diagnostic examination described by  
11 Subsection (a). This subsection may not be construed to authorize a  
12 physician or other health care provider to provide the medical care  
13 or health care described by this section if providing the care is  
14 outside of the scope of the individual's applicable license.

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

17 (c) A health benefit plan issuer that provides coverage  
18 under this section may not require preauthorization for a screening  
19 examination described by Subsection (a). This subsection may not  
20 be construed to authorize a physician or other health care provider  
21 to provide the medical care or health care described by this section  
22 if providing the care is outside of the scope of the individual's  
23 applicable license.

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

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