

By: J. Johnson of Dallas

H.B. No. 2408

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

1 preauthorization for diabetes equipment, diabetes supplies, or  
2 self-management training described by Subsection (a).

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

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

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

14 SECTION 6. Section 1362.003, 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 to an enrolled male may not require  
18 preauthorization of a diagnostic examination described by  
19 Subsection (a).

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

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

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

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