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By:  Johnson of Dallas H.B. No. 410

A BILL TO BE ENTITLED

AN ACT

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

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

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 for a reconstruction, surgery, prostheses, or treatment described by Subsection (a). This subsection may not be construed to authorize a physician or other health care provider to provide the medical care or health care described by this section if providing the care is outside of the scope of the individual's applicable license.

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

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 preauthorization for the provision to a qualified enrollee of diabetes equipment, diabetes supplies, or self-management training described by Subsection (a). This subsection may not be construed to authorize a physician or other health care provider to provide the medical care or health care described by this section if providing the care is outside of the scope of the individual's applicable license.

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 preauthorization for the provision to a qualified enrollee of a bone mass measurement described by Subsection (a). This subsection may not be construed to authorize a physician or other health care provider to provide the medical care or health care described by this section if providing the care is outside of the scope of the individual's applicable license.

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

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

SECTION 8.  This Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2022.

SECTION 9.  This Act takes effect September 1, 2021.