

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:

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, 2022.

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