

By: Lopez

H.B. No. 2636

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of at-home diagnostic medical devices.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1381 to read as follows:

CHAPTER 1381. AT-HOME DIAGNOSTIC MEDICAL DEVICES

Sec. 1381.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(6) a stipulated premium company operating under

1 Chapter 884;

2 (7) a fraternal benefit society operating under

3 Chapter 885;

4 (8) a Lloyd's plan operating under Chapter 941; or

5 (9) an exchange operating under Chapter 942.

6 (b) Notwithstanding any other law, this chapter applies to:

7 (1) a small employer health benefit plan subject to

8 Chapter 1501, including coverage provided through a health group

9 cooperative under Subchapter B of that chapter;

10 (2) a standard health benefit plan issued under

11 Chapter 1507;

12 (3) a basic coverage plan under Chapter 1551;

13 (4) a basic plan under Chapter 1575;

14 (5) a primary care coverage plan under Chapter 1579;

15 (6) a plan providing basic coverage under Chapter

16 1601;

17 (7) health benefits provided by or through a church

18 benefits board under Subchapter I, Chapter 22, Business

19 Organizations Code;

20 (8) the state Medicaid program, including the Medicaid

21 managed care program operated under Chapter 533, Government Code;

22 (9) the child health plan program under Chapter 62,

23 Health and Safety Code;

24 (10) a regional or local health care program operated

25 under Section 75.104, Health and Safety Code;

26 (11) a self-funded health benefit plan sponsored by a

27 professional employer organization under Chapter 91, Labor Code;

1 (12) county employee group health benefits provided
2 under Chapter 157, Local Government Code; and

3 (13) health and accident coverage provided by a risk
4 pool created under Chapter 172, Local Government Code.

5 Sec. 1381.002. COVERAGE REQUIRED. A health benefit plan
6 must provide coverage for a covered individual who is 55 years of
7 age or older or who has a chronic medical condition for the cost of
8 any at-home diagnostic medical device recommended by the
9 individual's primary care provider, including a device used to
10 measure:

11 (1) blood pressure;

12 (2) heart rate;

13 (3) blood glucose levels;

14 (4) oxygen saturation levels; and

15 (5) respiratory rate.

16 SECTION 2. Chapter 1381, Insurance Code, as added by this
17 Act, applies only to a health benefit plan delivered, issued for
18 delivery, or renewed on or after January 1, 2022. A health benefit
19 plan delivered, issued for delivery, or renewed before January 1,
20 2022, is governed by the law as it existed immediately before the
21 effective date of this Act, and that law is continued in effect for
22 that purpose.

23 SECTION 3. This Act takes effect September 1, 2021.