

By: Johnson of Dallas

H.B. No. 757

A BILL TO BE ENTITLED

AN ACT

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

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 mammogram or diagnostic imaging described by Subsection (a) or
10 (a-1). This subsection may not be construed to authorize a
11 physician or other health care provider to provide the medical care
12 or health care described by this section if providing the care is
13 outside of the scope of the individual's applicable license or
14 other authorization issued under Title 3, Occupations Code.

15 SECTION 2. Section 1357.004, 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
19 reconstruction, surgery, prostheses, or treatment described by
20 Subsection (a). This subsection may not be construed to authorize a
21 physician or other health care provider to provide the medical care
22 or health care described by this section if providing the care is
23 outside of the scope of the individual's applicable license or
24 other authorization issued under Title 3, Occupations Code.

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

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

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

13 (c) A health benefit plan issuer that provides coverage
14 under this section may not require preauthorization for the
15 provision to a qualified enrollee of diabetes equipment, diabetes
16 supplies, or diabetes self-management training described by
17 Subsection (a). This subsection may not be construed to authorize a
18 physician or other health care provider to provide the medical care
19 or health care described by this section if providing the care is
20 outside of the scope of the individual's applicable license or
21 other authorization issued under Title 3, Occupations Code.

22 SECTION 5. Section 1361.003, Insurance Code, is amended to
23 read as follows:

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

1 associated with osteoporosis.

2 (b) A group health benefit plan issuer that provides
3 coverage under this section may not require preauthorization for
4 the provision to a qualified enrollee of a bone mass measurement
5 described by Subsection (a). This subsection may not be construed
6 to authorize a physician or other health care provider to provide
7 the medical care or health care described by this section if
8 providing the care is outside of the scope of the individual's
9 applicable license or other authorization issued under Title 3,
10 Occupations Code.

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

13 (c) A health benefit plan issuer that provides coverage
14 under this section to an enrolled male may not require
15 preauthorization for a diagnostic examination described by
16 Subsection (a). This subsection may not be construed to authorize a
17 physician or other health care provider to provide the medical care
18 or health care described by this section if providing the care is
19 outside of the scope of the individual's applicable license or
20 other authorization issued under Title 3, Occupations Code.

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

23 (d) A health benefit plan issuer that provides coverage
24 under this section may not require preauthorization for a screening
25 examination described by Subsection (a). This subsection may not
26 be construed to authorize a physician or other health care provider
27 to provide the medical care or health care described by this section

1 if providing the care is outside of the scope of the individual's
2 applicable license or other authorization issued under Title 3,
3 Occupations Code.

4 SECTION 8. This Act applies only to a health benefit plan
5 that is delivered, issued for delivery, or renewed on or after
6 January 1, 2024.

7 SECTION 9. This Act takes effect September 1, 2023.