

By: Capriglione

H.B. No. 1001

A BILL TO BE ENTITLED

AN ACT

relating to the definition of state-mandated health benefits for the purposes of consumer choice of benefits plans.

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

SECTION 1. Section 1507.003, Insurance Code, is amended to read as follows:

Sec. 1507.003. STATE-MANDATED HEALTH BENEFITS. (a) For purposes of this subchapter, "state-mandated health benefits" means coverage or another feature required under this code or other laws of this state to be provided in an individual, blanket, or group policy for accident and health insurance or a contract for a health-related condition that:

(1) includes coverage for specific health care services or benefits;

(2) places limitations or restrictions on deductibles, coinsurance, copayments, or any annual or lifetime maximum benefit amounts; ~~or~~

(3) includes a specific category of licensed health care practitioner from whom an insured is entitled to receive care;

(4) requires standard provisions or rights that are unrelated to a specific health illness, injury, or condition of an insured; or

(5) requires the policy or contract to exceed federal requirements.

(b) For purposes of this subchapter, "state-mandated health benefits" does not include benefits that are mandated by federal law or standard provisions or rights required under this code or other laws of this state to be provided in an individual, blanket, or group policy for accident and health insurance if those standard provisions or rights are also required to be provided in a basic coverage plan under Chapter 1551 ~~[that are unrelated to a specific health illness, injury, or condition of an insured, including provisions related to:~~

~~[(1) continuation of coverage under:~~

~~[(A) Subchapters F and G, Chapter 1251,~~

~~[(B) Section 1201.059, and~~

~~[(C) Subchapter B, Chapter 1253,~~

~~[(2) termination of coverage under Sections 1202.051 and 1501.108,~~

~~[(3) preexisting conditions under Subchapter D, Chapter 1201, and Sections 1501.102-1501.105,~~

~~[(4) coverage of children, including newborn or adopted children, under:~~

~~[(A) Subchapter D, Chapter 1251,~~

~~[(B) Sections 1201.053, 1201.061, 1201.063-1201.065, and Subchapter A, Chapter 1367,~~

~~[(C) Chapter 1504,~~

~~[(D) Chapter 1503,~~

~~[(E) Section 1501.157,~~

~~[(F) Section 1501.158, and~~

~~[(G) Sections 1501.607-1501.609,~~

~~[(5) services of practitioners under:~~

~~[(A) Subchapters A, B, and C, Chapter 1451, or~~

~~[(B) Section 1301.052,~~

~~[(6) supplies and services associated with the treatment of diabetes under Subchapter B, Chapter 1358,~~

~~[(7) coverage for serious mental illness under Subchapter A, Chapter 1355,~~

~~[(8) coverage for childhood immunizations and hearing screening as required by Subchapters B and C, Chapter 1367, other than Section 1367.053(c) and Chapter 1353,~~

~~[(9) coverage for reconstructive surgery for certain craniofacial abnormalities of children as required by Subchapter D, Chapter 1367,~~

~~[(10) coverage for the dietary treatment of phenylketonuria as required by Chapter 1359,~~

~~[(11) coverage for referral to a non-network physician or provider when medically necessary covered services are not available through network physicians or providers, as required by Section 1271.055, and~~

~~[(12) coverage for cancer screenings under:~~

~~[(A) Chapter 1356,~~

~~[(B) Chapter 1362,~~

~~[(C) Chapter 1363, and~~

~~[(D) Chapter 1370].~~

SECTION 2. Section 1507.053, Insurance Code, is amended to read as follows:

Sec. 1507.053. STATE-MANDATED HEALTH BENEFITS. (a) For

purposes of this subchapter, "state-mandated health benefits" means coverage or another feature required under this code or other laws of this state to be provided in an evidence of coverage that:

(1) includes coverage for specific health care services or benefits;

(2) places limitations or restrictions on deductibles, coinsurance, copayments, or any annual or lifetime maximum benefit amounts, including limitations provided in Section [1271.151](#); ~~[or]~~

(3) includes a specific category of licensed health care practitioner from whom an enrollee is entitled to receive care;

(4) requires standard provisions or rights that are unrelated to a specific health illness, injury, or condition of an enrollee; or

(5) requires the evidence of coverage to exceed federal requirements.

(b) For purposes of this subchapter, "state-mandated health benefits" does not include coverage that is mandated by federal law or standard provisions or rights required under this code or other laws of this state to be provided in an evidence of coverage if those standard provisions or rights are also required to be provided in a basic coverage plan under Chapter [1551](#) ~~[that are unrelated to a specific health illness, injury, or condition of an enrollee, including provisions related to:~~

~~[(1) continuation of coverage under Subchapter C, Chapter [1251](#),~~

~~[(2) termination of coverage under Sections 1202.051 and 1501.108,~~

~~[(3) preexisting conditions under Subchapter D, Chapter 1201, and Sections 1501.102-1501.105,~~

~~[(4) coverage of children, including newborn or adopted children, under:~~

~~[(A) Chapter 1504,~~

~~[(B) Chapter 1503,~~

~~[(C) Section 1501.157,~~

~~[(D) Section 1501.158, and~~

~~[(E) Sections 1501.607-1501.609,~~

~~[(5) services of providers under Section 843.304,~~

~~[(6) coverage for serious mental health illness under Subchapter A, Chapter 1355, and~~

~~[(7) coverage for cancer screenings under:~~

~~[(A) Chapter 1356,~~

~~[(B) Chapter 1362,~~

~~[(C) Chapter 1363, and~~

~~[(D) Chapter 1370].~~

SECTION 3. The changes in law made by this Act apply only to a standard health benefit plan delivered, issued for delivery, or renewed under Chapter 1507, Insurance Code, on or after January 1, 2024. A standard health benefit plan delivered, issued for delivery, or renewed under Chapter 1507, Insurance Code, before January 1, 2024, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

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1           SECTION 4.   This Act takes effect September 1, 2023.