

By: Springer

S.B. No. 605

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to the definition of state-mandated health benefits for  
3 the purposes of consumer choice of benefits plans.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 [~~(B) Sections 1201.053, 1201.061,~~  
22 ~~1201.063-1201.065, and Subchapter A, Chapter 1367,~~

23 [~~(C) Chapter 1504,~~

24 [~~(D) Chapter 1503,~~

25 [~~(E) Section 1501.157,~~

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

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

- 1           ~~[(5) services of practitioners under:~~  
2                   ~~[(A) Subchapters A, B, and C, Chapter 1451; or~~  
3                   ~~[(B) Section 1301.052;~~  
4           ~~[(6) supplies and services associated with the~~  
5 ~~treatment of diabetes under Subchapter B, Chapter 1358;~~  
6           ~~[(7) coverage for serious mental illness under~~  
7 ~~Subchapter A, Chapter 1355;~~  
8           ~~[(8) coverage for childhood immunizations and hearing~~  
9 ~~screening as required by Subchapters B and C, Chapter 1367, other~~  
10 ~~than Section 1367.053(c) and Chapter 1353;~~  
11           ~~[(9) coverage for reconstructive surgery for certain~~  
12 ~~craniofacial abnormalities of children as required by Subchapter D,~~  
13 ~~Chapter 1367;~~  
14           ~~[(10) coverage for the dietary treatment of~~  
15 ~~phenylketonuria as required by Chapter 1359;~~  
16           ~~[(11) coverage for referral to a non-network physician~~  
17 ~~or provider when medically necessary covered services are not~~  
18 ~~available through network physicians or providers, as required by~~  
19 ~~Section 1271.055; and~~  
20           ~~[(12) coverage for cancer screenings under:~~  
21                   ~~[(A) Chapter 1356;~~  
22                   ~~[(B) Chapter 1362;~~  
23                   ~~[(C) Chapter 1363; and~~  
24                   ~~[(D) Chapter 1370].~~

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

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

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

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

6 (2) places limitations or restrictions on  
7 deductibles, coinsurance, copayments, or any annual or lifetime  
8 maximum benefit amounts, including limitations provided in Section  
9 [1271.151](#); ~~[or]~~

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

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

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

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

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

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

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

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

7                   ~~[(A) Chapter 1504,~~

8                   ~~[(B) Chapter 1503,~~

9                   ~~[(C) Section 1501.157,~~

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

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

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

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

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

16                   ~~[(A) Chapter 1356,~~

17                   ~~[(B) Chapter 1362,~~

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

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

20           SECTION 3. The changes in law made by this Act apply only to  
21 a standard health benefit plan delivered, issued for delivery, or  
22 renewed under Chapter 1507, Insurance Code, on or after January 1,  
23 2024. A standard health benefit plan delivered, issued for  
24 delivery, or renewed under Chapter 1507, Insurance Code, before  
25 January 1, 2024, is governed by the law as it existed immediately  
26 before the effective date of this Act, and that law is continued in  
27 effect for that purpose.

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