

By: Johnson

S.B. No. 2247

A BILL TO BE ENTITLED

AN ACT

relating to limitations on health benefit plan cost-sharing requirements for preventive services.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1380 to read as follows:

CHAPTER 1380. CERTAIN COST-SHARING FOR PREVENTIVE SERVICES

PROHIBITED

Sec. 1380.001. 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 issued 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;

1 (6) a stipulated premium company operating under
2 Chapter 884;

3 (7) a fraternal benefit society operating under
4 Chapter 885;

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

6 (9) an exchange operating under Chapter 942.

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

8 (1) a small employer health benefit plan subject to
9 Chapter 1501, including coverage provided through a health group
10 cooperative under Subchapter B of that chapter;

11 (2) a standard health benefit plan issued under
12 Chapter 1507;

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

14 (4) a basic plan under Chapter 1575;

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

16 (6) a plan providing basic coverage under Chapter
17 1601;

18 (7) health benefits provided by or through a church
19 benefits board under Subchapter I, Chapter 22, Business
20 Organizations Code;

21 (8) group health coverage made available by a school
22 district in accordance with Section 22.004, Education Code;

23 (9) the state Medicaid program, including the Medicaid
24 managed care program operated under Chapter 533, Government Code;

25 (10) the child health plan program under Chapter 62,
26 Health and Safety Code;

27 (11) a regional or local health care program operated

1 under Section 75.104, Health and Safety Code;

2 (12) a self-funded health benefit plan sponsored by a
3 professional employer organization under Chapter 91, Labor Code;

4 (13) county employee group health benefits provided
5 under Chapter 157, Local Government Code; and

6 (14) health and accident coverage provided by a risk
7 pool created under Chapter 172, Local Government Code.

8 (c) This chapter applies to coverage under a group health
9 benefit plan provided to a resident of this state regardless of
10 whether the group policy, agreement, or contract is delivered,
11 issued for delivery, or renewed in this state.

12 Sec. 1380.002. EXCEPTION. This chapter does not apply to an
13 individual health benefit plan issued on or before March 23, 2010,
14 that has not had any significant changes since that date that reduce
15 benefits or increase costs to the individual.

16 Sec. 1380.003. CERTAIN COST-SHARING PROVISIONS FOR
17 PREVENTIVE SERVICES PROHIBITED. A health benefit plan issuer may
18 not impose a deductible, copayment, coinsurance, or other
19 cost-sharing provision applicable to benefits for:

20 (1) a preventive item or service that has in effect a
21 rating of "A" or "B" in the most recent recommendations of the
22 United States Preventive Services Task Force;

23 (2) an immunization recommended for routine use in the
24 most recent immunization schedules published by the United States
25 Centers for Disease Control and Prevention of the United States
26 Public Health Service; or

27 (3) preventive care and screenings supported by the

1 most recent comprehensive guidelines adopted by the United States
2 Health Resources and Services Administration, including additional
3 preventive care and screenings for women not described in
4 Subdivision (1).

5 Sec. 1380.004. RULES. (a) Subject to Subsection (b), the
6 commissioner may adopt rules as necessary to implement this
7 chapter.

8 (b) Rules adopted by the commissioner to implement this
9 chapter must be consistent with the Patient Protection and
10 Affordable Care Act (Pub. L. No. 111-148), as that Act existed on
11 January 1, 2017.

12 SECTION 2. If before implementing any provision of this Act
13 a state agency determines that a waiver or authorization from a
14 federal agency is necessary for implementation of that provision,
15 the agency affected by the provision shall request the waiver or
16 authorization and may delay implementing that provision until the
17 waiver or authorization is granted.

18 SECTION 3. The change in law made by this Act applies only
19 to a health benefit plan that is delivered, issued for delivery, or
20 renewed on or after January 1, 2024. A health benefit plan that is
21 delivered, issued for delivery, or renewed before January 1, 2024,
22 is governed by the law as it existed immediately before the
23 effective date of this Act, and that law is continued in effect for
24 that purpose.

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