

Amend CSHB 1142 (house committee report) as follows:

(1) On page 4, strike lines 10 and 11 and substitute "a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2026. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2026, is governed by the law as it".

(2) Add the following appropriately numbered SECTIONS to the bill and renumber subsequent SECTIONS of the bill accordingly:

SECTION _____. Sections 1368.002, 1368.003, and 1368.004, Insurance Code, are amended to read as follows:

Sec. 1368.002. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a ~~[group]~~ health benefit plan that provides hospital and medical coverage or services on an expense incurred, service, or prepaid basis, including an individual or a group insurance policy or contract or self-funded or self-insured plan or arrangement that is offered in this state by:

(1) an insurer;

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

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

(4) an employer, trustee, or other self-funded or self-insured plan or arrangement.

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

(1) a basic coverage plan under Chapter 1551;

(2) a basic plan under Chapter 1575;

(3) a primary care coverage plan under Chapter 1579;

or

(4) a plan providing basic coverage under Chapter 1601.

Sec. 1368.003. EXCEPTION. This chapter does not apply to:

~~(1) [an employer, trustee, or other self-funded or self-insured plan or arrangement with 250 or fewer employees or members,~~

~~(2) an individual insurance policy,~~

~~(3) an individual evidence of coverage issued by a health maintenance organization,~~

~~[(4)]~~ a health insurance policy that provides only:

(A) cash indemnity for hospital or other confinement benefits;

(B) supplemental or limited benefit coverage;

(C) coverage for specified diseases or accidents;

(D) disability income coverage; or

(E) any combination of those benefits or coverages;

(2) ~~[(5)]~~ a blanket insurance policy;

(3) ~~[(6)]~~ a short-term travel insurance policy;

(4) ~~[(7)]~~ an accident-only insurance policy;

(5) ~~[(8)]~~ a limited or specified disease insurance policy;

(6) ~~[(9)]~~ an individual conversion insurance policy or contract;

(7) ~~[(10)]~~ a policy or contract designed for issuance to a person eligible for Medicare coverage or other similar coverage under a state or federal government plan; or

(8) ~~[(11)]~~ an evidence of coverage provided by a health maintenance organization if the plan holder is the subject of a collective bargaining agreement that was in effect on January 1, 1982, and that has not expired since that date.

Sec. 1368.004. COVERAGE REQUIRED. (a) A ~~[group]~~ health benefit plan shall provide coverage for the necessary care and treatment of chemical dependency.

(b) Coverage required under this section may be provided:

(1) directly by the ~~[group]~~ health benefit plan issuer; or

(2) by another entity, including a single service health maintenance organization, under contract with the ~~[group]~~ health benefit plan issuer.

SECTION _____. Section 1368.005(a), Insurance Code, is amended to read as follows:

(a) Coverage ~~[Except as provided by Subsection (b), coverage]~~ required under this chapter~~+~~

~~[(1)]~~ may not be less favorable than coverage provided

for physical illness generally under the plan[~~, and~~

~~[(2) shall be subject to the same durational limits, dollar limits, deductibles, and coinsurance factors that apply to coverage provided for physical illness generally under the plan].~~

SECTION _____. The heading to Section 1368.006, Insurance Code, is amended to read as follows:

Sec. 1368.006. LIFETIME LIMITATION ON COVERAGE PROHIBITED.

SECTION _____. Section 1368.006(b), Insurance Code, is amended to read as follows:

(b) Coverage [~~Notwithstanding Section 1368.005, coverage~~] required under this chapter may not be subject [~~is limited~~] to a lifetime maximum [~~of three separate treatment series for each covered individual~~].

SECTION _____. Sections 1368.005(b) and 1368.006(a), Insurance Code, are repealed.