By: Oliverson, Lambert, Plesa, Lozano, H.B. No. 1142 et al.

A BILL TO BE ENTITLED

1	AN ACT
2	relating to coverage for mental health conditions and substance use
3	disorders under certain governmental health benefit plans.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Section 1355.002(b), Insurance Code, is amended
6	to read as follows:
7	(b) Except as otherwise provided by this subchapter, but
8	notwithstanding [Notwithstanding any provision in Chapter 1575 or
9	1579 or] any other law, this subchapter [Section 1355.015] applies
10	to:
11	(1) <u>a basic coverage plan under Chapter 1551;</u>
12	(2) a basic plan under Chapter 1575; [and]
13	(3) [(2)] a primary care coverage plan under Chapter
14	1579; and
15	(4) a plan providing basic coverage under Chapter
16	<u>1601</u> .
17	SECTION 2. Section 1355.003(a), Insurance Code, is amended
18	to read as follows:
19	(a) This subchapter does not apply to coverage under:
20	(1) a blanket accident and health insurance policy, as
21	described by Chapter 1251;
22	<pre>(2) a short-term travel policy;</pre>
23	(3) an accident-only policy;
24	(4) a limited or specified-disease policy that does

```
H.B. No. 1142
```

- 1 not provide benefits for mental health care or similar services;
- 2 (5) [except as provided by Subsection (b), a plan
- 3 offered under Chapter 1551 or Chapter 1601;
- 4 $\left[\frac{(6)}{(6)}\right]$ a plan offered in accordance with Section
- 5 1355.151; or
- 6 (6) (7) a Medicare supplement benefit plan, as
- 7 defined by Section 1652.002.
- 8 SECTION 3. Section 1355.015(e), Insurance Code, is amended
- 9 to read as follows:
- 10 (e) Notwithstanding any other law, this section does not
- 11 apply to:
- 12 (1) a standard health benefit plan provided under
- 13 Chapter 1507;
- 14 (2) a basic coverage plan under Chapter 1551; or
- 15 (3) a plan providing basic coverage under Chapter
- 16 1601.
- 17 SECTION 4. Section 1355.252, Insurance Code, is amended by
- 18 adding Subsection (d) to read as follows:
- 19 (d) Notwithstanding any other law, this subchapter applies
- 20 to:
- 21 (1) a basic coverage plan under Chapter 1551;
- 22 (2) a basic plan under Chapter 1575;
- 23 (3) a primary care coverage plan under Chapter 1579;
- 24 and
- 25 <u>(4) a plan providing basic coverage under Chapter</u>
- 26 1601.
- 27 SECTION 5. Section 1355.255, Insurance Code, is amended to

```
1
   read as follows:
2
          Sec. 1355.255. COMPLIANCE.
                                        (a) Except as provided by
   Subsection (b), the [\frac{\mathrm{The}}{\mathrm{e}}] commissioner shall enforce compliance
 3
   with Section 1355.254 by evaluating the benefits and coverage
4
5
   offered by a health benefit plan for
                                                   quantitative
   nonquantitative treatment limitations in the following categories:
6
7
                    in-network and out-of-network inpatient care;
               (1)
8
               (2)
                    in-network and out-of-network outpatient care;
9
               (3)
                    emergency care; and
10
               (4) prescription drugs.
          (b) With respect to a plan described by Section 1355.252(d),
11
12
   the applicable trustee, board of trustees, or system shall enforce
   compliance with Section 1355.254 by evaluating the benefits and
13
14
   coverage offered by a health benefit plan for quantitative and
15
   nonquantitative treatment limitations in the following categories:
16
               (1) in-network and out-of-network inpatient care;
17
               (2) in-network and out-of-network outpatient care;
               (3) emergency care; and
18
19
               (4) prescription drugs.
20
          SECTION 6. Sections 1368.002, 1368.003, and
                                                            1368.004,
   Insurance Code, are amended to read as follows:
21
22
          Sec. 1368.002. APPLICABILITY OF CHAPTER. (a) This chapter
   applies only to a [group] health benefit plan that provides
23
24
   hospital and medical coverage or services on an expense incurred,
   service, or prepaid basis, including an individual or a group
25
   insurance policy or contract or self-funded or self-insured plan or
26
```

arrangement that is offered in this state by:

27

H.B. No. 1142

```
1
               (1) an insurer;
                    a group hospital service corporation operating
 2
               (2)
   under Chapter 842;
 3
 4
                   a health maintenance organization operating under
 5
   Chapter 843; or
 6
               (4)
                    an employer, trustee, or other self-funded or
   self-insured plan or arrangement.
 7
8
          (b) Notwithstanding any other law, this chapter applies to:
 9
               (1) a basic coverage plan under Chapter 1551;
               (2) a basic plan under Chapter 1575;
10
               (3) a primary care coverage plan under Chapter 1579;
11
12
   or
               (4) a plan providing basic coverage under Chapter
13
14
   1601.
          Sec. 1368.003. EXCEPTION. This chapter does not apply to:
15
16
               (1) [an employer, trustee, or other self-funded or
   self-insured plan or arrangement with 250 or fewer employees or
17
   members;
18
               [(2) an individual insurance policy;
19
20
               [(3) an individual evidence of coverage issued by a
   health maintenance organization;
21
22
               [\frac{(4)}{1}] a health insurance policy that provides only:
23
                    (A) cash indemnity for hospital or other
24
   confinement benefits;
25
                         supplemental or limited benefit coverage;
                         coverage for specified diseases
26
                    (C)
                                                                   or
   accidents;
27
```

H.B. No. 1142

```
1 (D) disability income coverage; or
```

- 2 (E) any combination of those benefits or
- 3 coverages;
- 4 (2) [(5)] a blanket insurance policy;
- 5 (3) [(6)] a short-term travel insurance policy;
- 6 (4) (4) (4) an accident-only insurance policy;
- 7 $\underline{(5)}$ [$\frac{(8)}{(8)}$] a limited or specified disease insurance
- 8 policy;
- 9 $\underline{(6)}$ [$\frac{(9)}{}$] an individual conversion insurance policy
- 10 or contract;
- 11 (7) (10) a policy or contract designed for issuance
- 12 to a person eligible for Medicare coverage or other similar
- 13 coverage under a state or federal government plan; or
- (8) $\left[\frac{(11)}{(11)}\right]$ an evidence of coverage provided by a
- 15 health maintenance organization if the plan holder is the subject
- 16 of a collective bargaining agreement that was in effect on January
- 17 1, 1982, and that has not expired since that date.
- Sec. 1368.004. COVERAGE REQUIRED. (a) A [group] health
- 19 benefit plan shall provide coverage for the necessary care and
- 20 treatment of chemical dependency.
- 21 (b) Coverage required under this section may be provided:
- 22 (1) directly by the [group] health benefit plan
- 23 issuer; or
- 24 (2) by another entity, including a single service
- 25 health maintenance organization, under contract with the [group]
- 26 health benefit plan issuer.
- 27 SECTION 7. Section 1368.005(a), Insurance Code, is amended

- 1 to read as follows:
- 2 (a) Coverage [Except as provided by Subsection (b),
- 3 coverage] required under this chapter[+
- 4 $\left[\frac{(1)}{(1)}\right]$ may not be less favorable than coverage provided
- 5 for physical illness generally under the plan[; and
- 6 [(2) shall be subject to the same durational limits,
- 7 dollar limits, deductibles, and coinsurance factors that apply to
- 8 coverage provided for physical illness generally under the plan].
- 9 SECTION 8. The heading to Section 1368.006, Insurance Code,
- 10 is amended to read as follows:
- 11 Sec. 1368.006. LIFETIME LIMITATION ON COVERAGE PROHIBITED.
- 12 SECTION 9. Section 1368.006(b), Insurance Code, is amended
- 13 to read as follows:
- 14 (b) <u>Coverage</u> [Notwithstanding Section 1368.005, coverage]
- 15 required under this chapter <u>may not be subject</u> [is limited] to a
- 16 lifetime maximum [of three separate treatment series for each
- 17 covered individual].
- 18 SECTION 10. Section 1551.205, Insurance Code, is amended to
- 19 read as follows:
- Sec. 1551.205. LIMITATIONS. The board of trustees may not
- 21 contract for or provide a coverage plan that:
- 22 (1) excludes or limits coverage or services for
- 23 acquired immune deficiency syndrome, as defined by the Centers for
- 24 Disease Control and Prevention of the United States Public Health
- 25 Service, or human immunodeficiency virus infection; or
- 26 (2) [provides coverage for serious mental illness that
- 27 is less extensive than the coverage provided for any physical

1 illness; or

- 2 [(3)] may provide coverage for prescription drugs to
- 3 assist in stopping smoking at a lower benefit level than is provided
- 4 for other prescription drugs.
- 5 SECTION 11. Section 1355.003(b), Insurance Code, is
- 6 repealed.
- 7 SECTION 12. Sections 1368.005(b) and 1368.006(a),
- 8 Insurance Code, are repealed.
- 9 SECTION 13. The changes in law made by this Act apply only
- 10 to a health benefit plan that is delivered, issued for delivery, or
- 11 renewed on or after January 1, 2026. A health benefit plan
- 12 delivered, issued for delivery, or renewed before January 1, 2026,
- 13 is governed by the law as it existed immediately before the
- 14 effective date of this Act, and that law is continued in effect for
- 15 that purpose.
- 16 SECTION 14. This Act takes effect September 1, 2025.