

1-1 AN ACT
 1-2 relating to health benefit plan coverage for certain benefits
 1-3 related to brain injury.

1-4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-5 SECTION 1. Subchapter E, Chapter 21, Insurance Code, is
 1-6 amended by adding Article 21.53Q to read as follows:

1-7 Art. 21.53Q. HEALTH BENEFIT PLAN COVERAGE FOR CERTAIN
 1-8 BENEFITS RELATED TO BRAIN INJURY

1-9 Sec. 1. APPLICABILITY OF ARTICLE. (a) This article
 1-10 applies only to a health benefit plan that provides benefits for
 1-11 medical or surgical expenses incurred as a result of a health
 1-12 condition, accident, or sickness, including an individual, group,
 1-13 blanket, or franchise insurance policy or insurance agreement, a
 1-14 group hospital service contract, or an individual or group evidence
 1-15 of coverage or similar coverage document that is offered by:

- 1-16 (1) an insurance company;
 1-17 (2) a group hospital service corporation operating
 1-18 under Chapter 20 of this code;
 1-19 (3) a fraternal benefit society operating under
 1-20 Chapter 10 of this code;
 1-21 (4) a stipulated premium insurance company operating
 1-22 under Chapter 22 of this code;
 1-23 (5) a reciprocal exchange operating under Chapter 19
 1-24 of this code;
 2-1 (6) a Lloyd's plan operating under Chapter 18 of this
 2-2 code;
 2-3 (7) a health maintenance organization operating under
 2-4 the Texas Health Maintenance Organization Act (Chapter 20A,
 2-5 Vernon's Texas Insurance Code);
 2-6 (8) a multiple employer welfare arrangement that holds
 2-7 a certificate of authority under Article 3.95-2 of this code; or
 2-8 (9) an approved nonprofit health corporation that
 2-9 holds a certificate of authority under Article 21.52F of this code.

2-10 (b) This article applies to a small employer health benefit
 2-11 plan written under Chapter 26 of this code.

- 2-12 (c) This article does not apply to:
 2-13 (1) a plan that provides coverage:
 2-14 (A) only for benefits for a specified disease or
 2-15 for another limited benefit other than an accident policy;
 2-16 (B) only for accidental death or dismemberment;
 2-17 (C) for wages or payments in lieu of wages for a
 2-18 period during which an employee is absent from work because of
 2-19 sickness or injury;
 2-20 (D) as a supplement to a liability insurance
 2-21 policy;

2-22 (E) for credit insurance;
 2-23 (F) only for dental or vision care;
 2-24 (G) only for hospital expenses; or
 2-25 (H) only for indemnity for hospital confinement;
 2-26 (2) a Medicare supplemental policy as defined by
 2-27 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss),
 3-1 as amended;
 3-2 (3) a workers' compensation insurance policy;
 3-3 (4) medical payment insurance coverage provided under
 3-4 a motor vehicle insurance policy; or
 3-5 (5) a long-term care insurance policy, including a
 3-6 nursing home fixed indemnity policy, unless the commissioner
 3-7 determines that the policy provides benefit coverage so
 3-8 comprehensive that the policy is a health benefit plan as described
 3-9 by Subsection (a) of this section.

3-10 Sec. 2. EXCLUSION OF COVERAGE PROHIBITED. (a) A health
 3-11 benefit plan may not exclude coverage for cognitive rehabilitation
 3-12 therapy, cognitive communication therapy, neurocognitive therapy
 3-13 and rehabilitation, neurobehavioral, neurophysiological,
 3-14 neuropsychological, and psychophysiological testing or treatment,
 3-15 neurofeedback therapy, remediation, post-acute transition services,
 3-16 or community reintegration services necessary as a result of and
 3-17 related to an acquired brain injury.

3-18 (b) Coverage required under this article may be subject to
 3-19 deductibles, copayments, coinsurance, or annual or maximum payment
 3-20 limits that are consistent with deductibles, copayments,
 3-21 cosurance, and annual or maximum payment limits applicable to
 3-22 other similar coverage under the plan.

3-23 (c) The commissioner shall adopt rules as necessary to
 3-24 implement this section.

3-25 Sec. 3. TRAINING FOR CERTAIN PERSONNEL REQUIRED. (a) In
 3-26 this section, "preauthorization" means the provision of a reliable
 3-27 representation to a physician or health care provider of whether
 4-1 the issuer of a health benefit plan will pay the physician or
 4-2 provider for proposed medical or health care services if the
 4-3 physician or provider renders those services to the patient for
 4-4 whom the services are proposed. The term includes
 4-5 precertification, certification, recertification, or any other
 4-6 activity that involves providing a reliable representation by the
 4-7 issuer of a health benefit plan to a physician or health care
 4-8 provider.

4-9 (b) The commissioner by rule shall require the issuer of a
 4-10 health benefit plan to provide adequate training to personnel
 4-11 responsible for preauthorization of coverage or utilization review
 4-12 under the plan to prevent wrongful denial of coverage required
 4-13 under this article and to avoid confusion of medical benefits with
 4-14 mental health benefits.

4-15 SECTION 2. (a) On or before September 1, 2006, the Sunset
4-16 Advisory Commission shall conduct a study to determine:

4-17 (1) to what extent the health benefit plan coverage
4-18 required by Article 21.53Q, Insurance Code, as added by this Act,
4-19 is being used by enrollees in health benefit plans to which that
4-20 article applies; and

4-21 (2) the impact of the required coverage on the cost of
4-22 those health benefit plans.

4-23 (b) The Sunset Advisory Commission shall report its findings
4-24 under this section to the legislature on or before January 1, 2007.

4-25 (c) The Texas Department of Insurance and any other state
4-26 agency shall cooperate with the Sunset Advisory Commission as
4-27 necessary to implement this section.

5-1 (d) This section expires September 1, 2007.

5-2 SECTION 3. This Act takes effect September 1, 2001, and
5-3 applies only to a health benefit plan delivered, issued for
5-4 delivery, or renewed on or after January 1, 2002. A health benefit
5-5 plan delivered, issued for delivery, or renewed before January 1,
5-6 2002, is governed by the law in effect immediately before the
5-7 effective date of this Act, and that law is continued in effect for
5-8 that purpose.

President of the Senate

I certify that H.B. No. 1676 was passed by the House on April 30, 2001, by a non-record vote.

Speaker of the House

Chief Clerk of the House

I certify that H.B. No. 1676 was passed by the Senate on May 22, 2001, by a viva-voce vote.

Secretary of the Senate

APPROVED: _____

Date

Governor