

SUBJECT: Requiring coverage of eating disorders in group health benefit plans

COMMITTEE: Insurance — favorable, without amendment

VOTE: 7 ayes — Smithee, Eiland, G. Bonnen, Morrison, Muñoz, Taylor, C. Turner

0 nays

2 absent — Creighton, Sheets

WITNESSES: For — Carolyn Dower, Neda; Lindsay Ewan, Texas Childrens' Hospital; Theresa Fassihi, Mental Health American of Greater Houston and Houston Eating Disorder Specialists; Mara Gittess, Houston Eating Disorder Specialists; Hawley Poinsett, Texas Academy of Nutrition and Dietetics; Clayton Travis, Texans Care for Children and nine individuals; (*Registered, but did not testify*: Lily Houseman, Texas AFL-CIO; Patricia Kolodezy, Texas Medical Association; Marcia Laviage, Texas Psychological Association; Katharine Ligon, Center for Public Policy Priorities; John Stuart, National Association of Social Workers Texas Chapter; Gyl Switzer, Mental Health America of Texas; Neathery Thurmond, Austin Foundation for Eating Disorders; and 14 individuals)

Against — (*Registered, but did not testify*: Kathy Barber, NFIB/Texas; Kandice Sanaie, Texas Association of Business)

On — Doug Danzeiser, Texas Department of Insurance

BACKGROUND: Insurance Code, ch. 1355, requires group health benefit plans to provide a certain amount of coverage for specified serious mental illnesses.

DIGEST: HB 3227 would include anorexia nervosa, bulimia nervosa, and other eating disorders within the definition of "serious mental illness" for the purpose of group health benefit plan coverage.

The Sunset Advisory Commission would have to determine the extent to which enrollees were using eating disorder coverage and the impact of this coverage on the cost of group health benefit plans by September 1, 2016, and would report the findings to the Legislature by January 1, 2017. The

Texas Department of Insurance and other state agencies would need to cooperate with the commission to review these coverage changes.

The bill would apply to group health benefit plans that were delivered, issued, or renewed on or after January 1, 2014.

The bill would take effect September 1, 2013.

**SUPPORTERS
SAY:**

HB 3227 would increase access to treatment for individuals with eating disorders. According to one estimate, nearly 11 million Americans suffer from these life-threatening illnesses. Although treatment for these disorders is often successful, few individuals receive the necessary medical and mental health services. By requiring coverage for eating disorders, this bill would recognize the seriousness of these illnesses and enable affected individuals to obtain treatment.

By complementing Affordable Care Act provisions, this bill would not require group health benefit plans to defray the cost of providing benefits that exceed the essential benefits package established by the federal government. Moreover, this bill would minimally impact small businesses because it likely would apply only to the health benefit plans of large employers.

**OPPONENTS
SAY:**

HB 3227 would be an expensive government mandate. By requiring coverage for eating disorders, the bill could increase costs to employers, raise insurance premiums and co-pays, and reduce wages. Ultimately, a new mandate could add to the growing number of uninsured individuals in Texas. Moreover, the health care insurance market is undergoing substantial changes due to the Affordable Care Act, and new mandates should be considered only after this market has stabilized.