

- SUBJECT:** Health benefit plan coverage for injuries related to attempted suicide
- COMMITTEE:** Insurance — favorable, without amendment
- VOTE:** 8 ayes — Frullo, Muñoz, G. Bonnen, Guerra, Meyer, Paul, Sheets, Vo
1 nay — Workman
- WITNESSES:** For — Gyl Switzer, Mental Health America of Texas; (*Registered, but did not testify*: Katharine Ligon, Center for Public Policy Priorities; Robin Peyson, Communities for Recovery; Eric Woomer, Federation of Texas Psychiatry; Cinde Weatherby, League of Women Voters of Texas; Greg Hansch, National Alliance on Mental Illness Texas; Will Francis, National Association of Social Workers-Texas Chapter; Ashley Harris, Texans Care for Children; Carl Isett, Texas Council of Community Centers; Lee Johnson, Texas Council of Community Centers; Stacy Wilson, Texas Hospital Association; Patricia Kolodzey, Texas Medical Association; Clayton Travis, Texas Pediatric Society)

Against — None

On — James Baker; (*Registered, but did not testify*: Jan Graber, Texas Department of Insurance)
- BACKGROUND:** Federal law requires health insurance coverage for self-inflicted injuries related to an underlying mental illness. State law does not have this same requirement. Some have called for state statute to prohibit health insurance plans from excluding coverage for self-inflicted injuries, citing that such a law would improve the accurate collection of data on suicide attempts.
- DIGEST:** HB 2219 would prohibit certain health insurance plans from excluding coverage for any emergency or other medical, hospital, or surgical expenses incurred by a covered individual as a result of and related to an injury that was self-inflicted or caused in an attempt to commit suicide, regardless of:

- the individual's state of mental health; or
- whether the injury resulted in the individual's death.

The bill would not apply to a qualified health plan if a determination were made that the bill would require the plan to offer benefits in addition to the federally required essential health benefits and if the state were required to defray the cost of an additional benefit.

The bill would allow coverage required under the bill to be subject to cost sharing requirements or annual or maximum payment limits that were consistent with cost sharing requirements or annual or maximum payment limits applicable to other similar coverage under a health insurance plan. The commissioner of insurance would adopt necessary rules to implement the provisions of the bill.

The change in law made by the bill would apply only to a health insurance plan that was delivered, issued for delivery, or renewed on or after January 1, 2016.

The bill would take effect September 1, 2015.