

BILL ANALYSIS

Senate Research Center

H.B. 1676
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Engrossed

DIGEST AND PURPOSE

Each year thousands of Texans sustain brain injuries or are diagnosed with neurological diseases that require health care services. Survivors of a brain injury and individuals diagnosed with neurological diseases can lead meaningful lives with proper health care, medical techniques, and rehabilitation services. However, these individuals may not be covered by certain health benefit plans. In some cases, insurers exclude coverage of rehabilitation services as part of a health benefit plan on the basis that these conditions are a mental rather than physical illness. H.B. 1676 prohibits insurers from excluding coverage for survivors of brain injuries and individuals diagnosed with neurological diseases for therapy and neurological care.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 (Section 2, Article 21.53Q, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.53Q, as follows:

Art. 21.53Q. HEALTH BENEFIT PLAN COVERAGE FOR CERTAIN BENEFITS RELATED TO BRAIN INJURY

Sec. 1. **APPLICABILITY OF ARTICLE.** Sets forth to what this article applies.

Sec. 2. **EXCLUSION OF COVERAGE PROHIBITED.** Prohibits a health benefit plan from excluding coverage for certain therapies and treatments. Authorizes coverage required under this article to be subject to deductibles, copayments, coinsurance, or annual or maximum payment limits that are consistent with deductibles, copayments, coinsurance, and annual or maximum payment limits applicable to other similar coverage under the plan. Requires the commissioner of insurance (commissioner) to adopt rules as necessary to implement this section.

Sec. 3. **TRAINING FOR CERTAIN PERSONNEL REQUIRED.** Defines "preauthorization." Requires the commissioner by rule to require the issuer of a health benefit plan to provide adequate training to personnel responsible for preauthorization of coverage or utilization review under the plan to prevent wrongful denial of coverage required under this article and to avoid confusion of medical benefits with medical health benefits.

SECTION 2. Requires the Sunset Advisory Commission (commission), on or before September 1, 2006, to conduct a study to make certain determinations. Requires the commission to report its findings under this section to the legislature on or before January 1, 2007. Requires the Texas Department of Insurance and any other state agency to cooperate with the commission as necessary to implement this section. Provides that this section expires September 1, 2007.

SECTION 3. Effective date: September 1, 2001.
Makes application of this Act prospective to January 1, 2002.