

FLOOR AMENDMENT NO.____

BY:

TIRVED

- 1 Amend C.S.H.B. 1142 (house committee report) as follows:
- 2 (1) On page 4, strike lines 10 and 11 and substitute "a
- 3 health benefit plan that is delivered, issued for delivery, or
- 4 renewed on or after January 1, 2026. A health benefit plan
- 5 delivered, issued for delivery, or renewed before January 1, 2026,
- 6 is governed by the law as it".
- 7 (2) Add the following appropriately numbered SECTIONS to
- 8 the bill and renumber subsequent SECTIONS of the bill accordingly:
- 9 SECTION ____. Sections 1368.002, 1368.003, and 1368.004,
- 10 Insurance Code, are amended to read as follows:
- 11 Sec. 1368.002. APPLICABILITY OF CHAPTER. (a) This chapter
- 12 applies only to a [group] health benefit plan that provides
- 13 hospital and medical coverage or services on an expense incurred,
- 14 service, or prepaid basis, including an individual or a group
- 15 insurance policy or contract or self-funded or self-insured plan or
- 16 arrangement that is offered in this state by:
- 17 (1) an insurer;
- 18 (2) a group hospital service corporation operating
- 19 under Chapter 842;
- 20 (3) a health maintenance organization operating under
- 21 Chapter 843; or
- 22 (4) an employer, trustee, or other self-funded or
- 23 self-insured plan or arrangement.
- (b) Notwithstanding any other law, this chapter applies to:
- 25 (1) a basic coverage plan under Chapter 1551;
- 26 (2) a basic plan under Chapter 1575;
- (3) a primary care coverage plan under Chapter 1579;
- 28 <u>or</u>
- 29 <u>(4) a plan providing basic coverage under Chapter</u>

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    1601.
          Sec. 1368.003. EXCEPTION. This chapter does not apply to:
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 3
                     [an employer, trustee, or other self-funded or
 4
    self-insured plan or arrangement with 250 or fewer employees or
 5
    members;
 6
                [(2) an individual insurance policy;
                [<del>(3)</del> an individual evidence of coverage issued by a
 7
 8
    health maintenance organization;
 9
                [\frac{4}{1}]
                      a health insurance policy that provides only:
10
                          cash
                                 indemnity
                                             for
                                                  hospital
                                                                  other
    confinement benefits;
11
12
                     (B)
                          supplemental or limited benefit coverage;
13
                     (C)
                          coverage
                                      for
                                             specified
                                                         diseases
                                                                     or
14
    accidents;
15
                     (D)
                          disability income coverage; or
16
                     (E)
                          any
                                combination
                                              of
                                                   those
                                                          benefits
                                                                     or
17
    coverages;
18
               (2) [(5)] a blanket insurance policy;
19
               (3) [(6)] a short-term travel insurance policy;
20
               (4) (4) an accident-only insurance policy;
21
                (5) [<del>(8)</del>] a limited or specified disease insurance
22
    policy;
23
               (6) [(9)] an individual conversion insurance policy
24
    or contract;
25
               (7) [(10)] a policy or contract designed for issuance
    to a person eligible for Medicare coverage or other similar
26
27
    coverage under a state or federal government plan; or
28
               (8) [(11)] an evidence of coverage provided by a
   health maintenance organization if the plan holder is the subject
29
    of a collective bargaining agreement that was in effect on January
30
31
    1, 1982, and that has not expired since that date.
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- Sec. 1368.004. COVERAGE REQUIRED. (a) A [group] health
- 2 benefit plan shall provide coverage for the necessary care and
- 3 treatment of chemical dependency.
- 4 (b) Coverage required under this section may be provided:
- 5 (1) directly by the [group] health benefit plan
- 6 issuer; or
- 7 (2) by another entity, including a single service
- 8 health maintenance organization, under contract with the [group]
- 9 health benefit plan issuer.
- 10 SECTION ____. Section 1368.005(a), Insurance Code, is
- 11 amended to read as follows:
- 12 (a) Coverage [Except as provided by Subsection (b),
- 13 coverage] required under this chapter[+
- 14 $\left[\frac{1}{2}\right]$ may not be less favorable than coverage provided
- 15 for physical illness generally under the plan[; and
- [(2) shall be subject to the same durational-limits,
- 17 dollar limits, deductibles, and coinsurance factors that apply to
- 18 coverage provided for physical illness generally under the plan].
- 19 SECTION ____. The heading to Section 1368.006, Insurance
- 20 Code, is amended to read as follows:
- 21 Sec. 1368.006. <u>LIFETIME LIMITATION ON COVERAGE PROHIBITED</u>.
- 22 SECTION _____. Section 1368.006(b), Insurance Code, is
- 23 amended to read as follows:
- (b) Coverage [Notwithstanding Section 1368.005, coverage]
- 25 required under this chapter <u>may not be subject</u> [is limited] to a
- 26 lifetime maximum [of-three separate treatment series for each
- 27 covered individual].
- 28 SECTION ____. Sections 1368.005(b) and 1368.006(a),
- 29 Insurance Code, are repealed.