

BILL ANALYSIS

C.S.H.B. 838
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Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Posttraumatic stress disorder (PTSD) is an anxiety disorder that develops following exposure to a traumatic or life-threatening event. According to mental health professionals, this disorder can cause significant emotional distress and functional impairment and has the potential to affect anyone who has experienced such an event, regardless of age or gender. Interested parties note that recovery from PTSD is an ongoing process for many survivors, often requiring the intervention of a mental health professional to return them to their previous level of functioning. Currently, PTSD is not included as a serious mental illness for which group health benefit plans are required to provide coverage, which may create significant financial barriers to mental health care for this disorder. C.S.H.B. 838 seeks to provide the same help for survivors suffering from this disorder as is provided for other serious mental illnesses, such as major depressive disorders, bipolar disorders, obsessive-compulsive disorders, and schizophrenia.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 838 amends the Insurance Code to classify posttraumatic stress disorder as a serious mental illness for the purposes of statutory provisions governing group health benefit plan coverage for such illnesses and other disorders. The bill defines "posttraumatic stress disorder" for such purposes to mean a disorder that meets the diagnostic criteria for posttraumatic stress disorder specified by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, or a later edition adopted by the commissioner of insurance, and that results in an impairment of a person's functioning in the person's community, employment, family, school, or social group.

C.S.H.B. 838 specifies that statutory provisions relating to group health benefit plan coverage for certain serious mental illnesses and other disorders, or the applicable portion thereof, do not apply to a qualified health plan to the extent that a determination is made with regard to certain federal regulations that such provisions require the plan to offer benefits in addition to federally required essential health benefits and that the state is required to defray the cost of the benefits mandated under such provisions. The bill's provisions apply to a group health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2016.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 838 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Section 1355.001, Insurance Code, is amended.

No equivalent provision.

No equivalent provision.

SECTION 2. The change in law made by this Act applies only to a group health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2016. A group health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2016, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 3. This Act takes effect September 1, 2015.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Same as introduced version.

SECTION 2. The heading to Section 1355.003, Insurance Code, is amended to read as follows:

Sec. 1355.003. EXCEPTIONS
~~[EXCEPTION]~~.

SECTION 3. Section 1355.003, Insurance Code, is amended by adding Subsection (c) to read as follows:

(c) This subchapter, or the applicable portion of this subchapter, does not apply to a qualified health plan to the extent that a determination is made under 45 C.F.R. Section 155.170 that:

(1) this subchapter or a portion of this subchapter requires the plan to offer benefits in addition to the essential health benefits required under 42 U.S.C. Section 18022(b); and

(2) this state is required to defray the cost of the benefits mandated under this subchapter or a portion of this subchapter.

SECTION 4. Same as introduced version.

SECTION 5. Same as introduced version.