

## **BILL ANALYSIS**

H.B. 3891  
By: Coleman  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Informed observers note the debilitating effects of eating disorders such as anorexia, bulimia, and binge eating disorder and express the need for health benefit plans to include coverage for these disorders, which have been associated with serious physical health issues such as heart attacks, stroke, and diabetes. H.B. 3891 seeks to address this issue by requiring a group health benefit plan to provide coverage for the diagnosis and treatment of an eating disorder.

### **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**

H.B. 3891 amends the Insurance Code to require a group health benefit plan to provide coverage, based on medical necessity, for the diagnosis and treatment of an eating disorder. The bill limits that coverage to a service or medication, to the extent the service or medication is covered by the plan, ordered by a licensed physician, psychiatrist, psychologist, or therapist within the scope of the practitioner's license and in accordance with a treatment plan. The bill requires an eating disorder treatment plan, on request from the group health benefit plan issuer, to include all elements necessary for the issuer to pay a claim under the group health benefit plan and establishes that coverage for the diagnosis and treatment of an eating disorder is not subject to a limit on the number of days of medically necessary treatment except as provided by the treatment plan.

H.B. 3891 authorizes a group health benefit plan issuer to conduct a utilization review of an eating disorder treatment plan not more than once each six months unless the physician, psychiatrist, psychologist, or therapist treating the enrollee under the treatment plan agrees that a more frequent review is necessary and limits the application of such an agreement to the enrollee who is the subject of the agreement. The bill requires a group health benefit plan issuer to pay any costs of conducting a utilization review of coverage required by the bill or obtaining a treatment plan. The bill requires a utilization review agent, in conducting a utilization review of treatment for an eating disorder, to consider the overall medical and mental health needs of the individual with the eating disorder, factors in addition to weight, and the most recent Practice Guideline for the Treatment of Patients with Eating Disorders adopted by the American Psychiatric Association. The bill's provisions apply only to a group health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018.

**EFFECTIVE DATE**

September 1, 2017.