

## **BILL ANALYSIS**

H.B. 923  
By: Zedler  
Insurance  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

It has been noted that when a patient is preauthorized under certain health benefit plans for treatment of a condition their treatment is restricted to a specific procedure when there could be more effective alternatives. H.B. 923 seeks to allow a patient to pursue an alternate treatment by prohibiting the denial of the alternative treatment if the treatment does not exceed the cost of the initially approved treatment and meets certain conditions.

### **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. 923 amends the Insurance Code to prohibit a payor who is an insurer that writes health insurance policies, a preferred provider organization, health maintenance organization, or self-insurance plan, or any other person or entity that provides, offers to provide, or administers certain health benefits or the payor's administrator, if a health care service is approved by a utilization review, from denying coverage for an alternate health care service if the alternate health care service is approved by the U.S. Food and Drug Administration to treat the condition for which the utilization review was requested and the cost of the alternate health care service does not exceed the cost of the approved health care service. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2020.

### **EFFECTIVE DATE**

September 1, 2019.