

## **BILL ANALYSIS**

Senate Research Center

H.B. 1610  
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Business & Commerce  
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Engrossed

### **DIGEST AND PURPOSE**

The impact of mandated benefits on the health insurance industry relating to general cost and premium increases is under debate. Current law does not require a health benefit plan issuer to collect and report cost and utilization data for specific mandated benefits. Without accurate data on the mandates, the state cannot study the impact. H.B. 1610 requires the commissioner of insurance to designate by rule the health benefit plan issuers that must collect and report cost and utilization data for specific mandated benefits and mandated offers of coverage.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 (Section 38.252, Insurance Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Chapter 38, Insurance Code, by adding Subchapter F, as follows:

#### **SUBCHAPTER F. DATA COLLECTING AND REPORTING RELATING TO MANDATED HEALTH BENEFITS AND MANDATED OFFERS OF COVERAGE**

Sec. 38.251. **APPLICABILITY.** Provides that this subchapter applies to any issuer of a health benefit plan that is subject to this code that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document.

Sec. 38.252. **COLLECTION OF INFORMATION; REPORT.** (a) Requires the commissioner of insurance (commissioner) to require a health benefit plan issuer to collect and report cost and utilization data for each mandated health benefit and mandated offer designated by the commissioner.

(b) Requires the commissioner to designate by rule certain criteria.

(c) Prohibits the commissioner from requiring reporting of certain data.

Sec. 38.253. **MAINTENANCE OF INFORMATION.** Requires each health benefit plan issuer to maintain at its principal place of business all data collected pursuant to this subchapter, including information and supporting documentation that demonstrates that the report submitted to the commissioner is complete and accurate. Requires each health benefit plan issuer to make this information and any supporting documentation available to the commissioner upon request.

Sec. 38.254. (a) Requires the Texas Health and Human Services Commission, upon request from the commissioner, to provide to the commissioner data, including utilization and cost data, which is related to the mandate being assessed to the population covered by the Medicaid

program, including a program administered under Chapter 32, Human Resources Code, and a program administered under Chapter 533, Government Code, even if the program is not necessarily subject to the mandate.

(b) Authorizes the commissioner to utilize data as defined in Subsection (a) to determine the impact of mandated benefits and mandated offers of coverage for which data collection and reporting is requested.

SECTION 2. Effective date: September 1, 2001.