### **BILL ANALYSIS**

Senate Research Center

S.B. 172 By: Zaffirini Health & Human Services 1-21-97 As Filed

## **DIGEST**

Currently, Texas law requires immunizations of children by the time they enter school, which is generally when they are six years old. The Insurance Code does not require health benefit plans to pay for immunizations of children of those insured. This bill would require certain health benefit plans to pay for certain immunizations of children between the years of 0 to 6 of those insured by the plans.

# **PURPOSE**

As proposed, S.B. 172 requires certain health care plans to provide childhood immunizations for certain diseases without requiring the insured to pay a deductible, copayment, or coinsurance requirement.

### **RULEMAKING AUTHORITY**

This bill does not grant any additional rulemaking authority to a state officer, institution, or agency.

## **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.53F, as follows:

Art. 21.53F. COVERAGE FOR CHILDHOOD IMMUNIZATIONS

- Sec. 1. DEFINITION. Defines "health benefit plan."
- Sec. 2. SCOPE OF ARTICLE. Sets forth the health benefit plans that are within the scope of this article and those that are not within the scope of this article. Provides that a long-term care policy is not within the scope of this article unless the commissioner of the Texas Department of Insurance (commissioner) determines that such a policy is comprehensive enough to be within the scope of this article.
- Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. Requires a health benefit plan that provides benefits for a family member of the insured to provide immunization for each newly born child of the insured, between the ages of 0 to 6 years, for diphtheria, haemophilus influenzae type b; hepatitis B; measles; mumps; pertussis; polio; rubella; tetanus; varicella; and any other immunization that the commissioner determines to be required by law for the child.
- Sec. 4. FIRST DOLLAR COVERAGE REQUIRED. Prohibits the benefits required under Section 3 from being made subject to a deductible, copayment, or coinsurance requirement.
- SECTION 2. Effective date: September 1, 1997.

  Makes application of this Act prospective to January 1, 1998.
- SECTION 3. Emergency clause.