

## **BILL ANALYSIS**

Senate Research Center  
76R4483 DB-D

S.B. 288  
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Economic Development  
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### **DIGEST**

Under current Texas law, a health plan that offers benefits for individuals enrolled in certain insurance plans must automatically issue coverage to a newborn for congenital defects or abnormalities in the infant's first 31 days of life. Otherwise, the providers have no continuing obligation. This bill provides coverage for a child from birth to 18 years of age. The plan must cover medical procedures to treat abnormal structures of the head and neck, including craniofacial deformities caused by congenital defects or abnormalities, but not cosmetic surgery procedures. S.B. 288 requires certain health benefit plans to cover congenital defects or abnormalities for children up to 18 years old.

### **PURPOSE**

As proposed, S.B. 288 requires certain health benefit plans to cover medical procedures to treat congenital defects or abnormalities for children up to 18 years old.

### **RULEMAKING AUTHORITY**

Rulemaking authority is granted to the Commissioner of the Texas Department of Insurance in SECTION 1 (Article 21.53W, Chapter 21E, Insurance Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

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

#### Art. 21.53W. COVERAGE FOR CRANIOFACIAL ABNORMALITIES

Sec. 1. DEFINITIONS. Defines "enrollee" and "health benefit plan."

Sec. 2. SCOPE OF ARTICLE. Applies this article to certain health insurance providers and other insurance companies. Sets forth the criteria for a company that qualifies under this article. Provides that this article does not apply to certain situations and policies. Sets forth the situations and policies to which this article does not apply.

Sec. 3. COVERAGE REQUIRED. Requires a health benefit plan to provide benefits to a child of an enrollee who may have a condition under Subsection (c), from birth through 18 years of age, for certain medical procedures and treatments. Sets forth conditions to provide the procedures and treatments. Entitles a child to benefits under this section if the child would be entitled to the health benefit plan under Article 3.70-2, V.T.I.C.

Sec. 4. PREEXISTING CONDITION RESTRICTION PROHIBITED. Prohibits any provision from denying, excluding, or limiting coverage of the benefits under this section.

Sec. 5. DEDUCTIBLE, COINSURANCE, AND COPAYMENT REQUIREMENTS. Prohibits the benefits under this article to from being made subject to a deductible, coinsurance, or copayment requirement that exceeds those requirements applicable to other similar benefits provided under the health insurance plan.

Sec. 6. LIMITATIONS. Prohibits coverage under this article for cosmetic surgery purposes, except as provided by Section 3(a)(2), to solely improve an enrollee's appearance or self-esteem.

Sec. 7. NOTICE. Requires all health benefit plans to provide each enrollee under the plan written

notice regarding the coverage under this article.

Sec. 8. RULES. Requires the Commissioner of the Texas Department of Insurance to adopt rules necessary to administer this article.

SECTION 2. Effective date: September 1, 1999.  
Makes application of this Act prospective to January 1, 2000.

SECTION 3. Emergency clause.