

## **BILL ANALYSIS**

Senate Research Center

H.B. 2371  
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State Affairs  
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Engrossed

### **AUTHOR'S/SPONSOR'S STATEMENT OF INTENT**

Currently, a health maintenance organization (HMO) or a preferred provider organization (PPO) may opt to reimburse only for benefits performed by a certain type of practitioner, other than a licensed acupuncturist. For example, a policy may say that it will cover acupuncture, but only if it is done by a physician.

H.B. 2371 requires an HMO or a PPO to pay licensed acupuncturists if the health plan claims to cover acupuncture services. This bill does not require HMOs or PPOs to cover acupuncture services.

### **RULEMAKING AUTHORITY**

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

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subchapter I, Chapter 843, Insurance Code, by adding Section 843.3041, as follows:

Sec. 843.3041. ACUPUNCTURIST SERVICES. (a) Prohibits a health maintenance organization that includes acupuncture in the services covered by the organization's health care plan from refusing to provide reimbursement for the performance of a covered acupuncture service solely because the service is performed by an acupuncturist.

(b) Provides that this section does not require a health maintenance organization to offer acupuncture as a covered service.

SECTION 2. Amends Subchapter B, Chapter 1301, Insurance Code, as effective April 1, 2005, by adding Section 1301.0515, as follows:

Sec. 1301.0515. ACUPUNCTURIST SERVICES. (a) Prohibits an insurer offering a preferred provider benefit plan that includes acupuncture in the services covered by the plan from refusing to provide reimbursement for the performance of a covered acupuncture service solely because the service is provided by an acupuncturist.

(b) Provides that this section does not require an insurer to offer acupuncture as a covered service.

SECTION 3. Makes application of this Act prospective.

SECTION 4. Effective date: September 1, 2005.