

BILL ANALYSIS

Senate Research Center
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S.B. 1219
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Health & Human Services
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As Filed

DIGEST AND PURPOSE

The 67th Texas Legislature established the Interagency Council on Early Childhood Intervention (ECI council) in 1981. The ECI council is designated as the state's lead agency for implementing a statewide, comprehensive system of early intervention services for infants and toddlers with disabilities and their families under the federal Individuals with Disabilities Education Act (IDEA). Under IDEA, services must be available to all eligible children and their families. The ECI council contracts with local service providers who develop an Individualized Family Service Plan for each child and ensure provision of the services required by the plan. Although IDEA permits a state to establish a fee system for certain early intervention services, Texas statute currently does not authorize the imposition of a fee system. As proposed, S.B. 1219 requires the ECI council to establish a system of payments for families of children receiving services, including a schedule of sliding fees. This bill also amends the Texas Insurance Code to prohibit insurance plans from denying reimbursement for services provided by the ECI council as part of an Individual Family Service Plan (IFSP) when those services are already covered by the family's plan and to require insurance policies to include coverage for medically necessary services when they are provided according to an IFSP.

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 Section 73.0051(b), Human Resources Code, to require the Interagency Council on Early Childhood Intervention, by rule, to take certain actions.

SECTION 2. Amends Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, by adding Sections 8 and 9, as follows:

Sec. 8. REQUIRED BENEFIT FOR CERTAIN THERAPIES FOR CHILDREN WITH DEVELOPMENTAL DELAY. (a) Requires a health benefit plan that provides benefits for a family member of the insured or enrollee to provide coverage for each covered child described by Section 5 of this article for early intervention rehabilitative and habilitative therapies determined to be necessary to and provided in accordance with an individualized family service plan developed by the Interagency Council on Early Childhood Intervention under Chapter 73 (Interagency Council on Early Childhood Intervention Services), Human Resources Code.

(b) Requires the coverage required by Subsection (a) of this section to include coverage for certain evaluations and services.

(c) Requires coverage for rehabilitative and habilitative therapies described by Subsection (a) of this section to be provided under each health benefit plan offered by a health benefit plan issuer and contain a maximum benefit of at least \$3,500 for each insured or enrollee for each plan year.

(d) Prohibits a health benefit plan issuer from taking certain actions.

Sec. 9. LEVEL OF COVERAGE REQUIRED FOR CERTAIN THERAPIES FOR CHILDREN WITH DEVELOPMENTAL DELAYS. (a) Provides that, for purposes of this section, rehabilitative and habilitative therapies include certain evaluations and services.

(b) Prohibits a health benefit plan that provides coverage for rehabilitative and habilitative therapies from prohibiting or restricting payment for covered services provided to a child and determined to be necessary to and provided in accordance with an individualized family service plan issued by the Interagency Council on Early Childhood Intervention under Chapter 73, Human Resources Code.

(c) Requires rehabilitative and habilitative therapies described by Subsection (b) of this section to be covered in the amount, duration, scope, and service setting established in the child's individualized family service plan.

(d) Prohibits a health benefit plan issuer from taking certain actions.

SECTION 3. (a) Effective date: September 1, 2003.

(b) Makes application of this Act prospective to January 1, 2004.