

By: Dukes

H.B. No. 2247

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to certain required coverages for children under health  
3 benefit plans.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Article 21.53F, Insurance Code, as added by  
6 Chapter 683, Acts of the 75th Legislature, Regular Session, 1997,  
7 is amended by adding Section 9 to read as follows:

8 Sec. 9. LEVEL OF COVERAGE REQUIRED FOR CERTAIN THERAPIES  
9 FOR CHILDREN WITH DEVELOPMENTAL DELAYS. (a) For purposes of this  
10 section, rehabilitative and habilitative therapies include:

11 (1) occupational therapy evaluations and services;

12 (2) physical therapy evaluations and services;

13 (3) speech therapy evaluations and services; and

14 (4) dietary or nutritional evaluations.

15 (b) A health benefit plan that provides coverage for  
16 rehabilitative and habilitative therapies may not prohibit or  
17 restrict payment for covered services provided to a child and  
18 determined to be necessary to and provided in accordance with an  
19 individualized family service plan issued by the Interagency  
20 Council on Early Childhood Intervention under Chapter 73, Human  
21 Resources Code.

22 (c) Rehabilitative and habilitative therapies described by  
23 Subsection (b) of this section must be covered in the amount,  
24 duration, scope, and service setting established in the child's

1 individualized family service plan.

2 (d) A health benefit plan issuer may not:

3 (1) apply the cost of rehabilitative and habilitative  
4 therapies described by Subsection (b) of this section to an annual  
5 or lifetime maximum plan benefit or similar provision under the  
6 plan; or

7 (2) use the cost of rehabilitative or habilitative  
8 therapies described by Subsection (b) of this section as the sole  
9 justification for:

10 (A) increasing plan premiums; or

11 (B) terminating the insured's or enrollee's  
12 participation in the plan.

13 SECTION 2. This Act takes effect September 1, 2003, and  
14 applies only to a health benefit plan that is delivered, issued for  
15 delivery, or renewed on or after January 1, 2004. A health benefit  
16 plan that is delivered, issued for delivery, or renewed before  
17 January 1, 2004, is governed by the law as it existed immediately  
18 before the effective date of this Act, and the former law is  
19 continued in effect for that purpose.