

By: Dukes

H.B. No. 2399

A BILL TO BE ENTITLED

AN ACT

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

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

SECTION 1. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by adding Section 8 to read as follows:

Sec. 8. REQUIRED BENEFIT FOR CERTAIN THERAPIES FOR CHILDREN WITH DEVELOPMENTAL DELAY. (a) A health benefit plan that provides benefits for a family member of the insured or enrollee shall 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, Human Resources Code.

(b) The coverage required by Subsection (a) of this section must include coverage for:

- (1) occupational therapy evaluations and services;
- (2) physical therapy evaluations and services;
- (3) speech therapy evaluations and services; and
- (4) dietary and nutritional evaluations.

(c) Coverage for rehabilitative and habilitative therapies described by Subsection (a) of this section must:

1 (1) be provided under each health benefit plan offered
2 by a health benefit plan issuer; and

3 (2) contain a maximum benefit of at least \$3,500 for
4 each insured or enrollee for each plan year.

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

6 (1) apply the cost of rehabilitative and habilitative
7 therapies described by Subsection (a) of this section to an annual
8 or lifetime maximum plan benefit or similar provision under the
9 plan; or

10 (2) use the cost of rehabilitative and habilitative
11 therapies described by Subsection (a) of this section as the sole
12 justification for:

13 (A) increasing plan premiums; or

14 (B) terminating the insured's or enrollee's
15 participation in the plan.

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