

By: Lucio

S.B. No. 563

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for an enrollee with autism and pervasive developmental disorders.

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

SECTION 1. Subchapter E, Chapter 21, Insurance Code, is amended by adding Article 21.53X to read as follows:

Art. 21.53X. INDIVIDUAL OR GROUP HEALTH BENEFIT PLAN COVERAGE FOR ENROLLEE WITH AUTISM OR PERVASIVE DEVELOPMENTAL DISORDER

Sec. 1. DEFINITION. In this article, "enrollee" means a person entitled to coverage under a health benefit plan.

Sec. 2. APPLICABILITY OF ARTICLE. (a) This article applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842 of this code;

(3) a fraternal benefit society operating under Chapter 885 of this code;

(4) a stipulated premium insurance company operating

1 under Chapter 884 of this code;

2 (5) a reciprocal exchange operating under Chapter 942
3 of this code;

4 (6) a Lloyd's plan operating under Chapter 941 of this
5 code;

6 (7) a health maintenance organization operating under
7 Chapter 843 of this code;

8 (8) a multiple employer welfare arrangement that holds
9 a certificate of authority under Chapter 846 of this code; or

10 (9) an approved nonprofit health corporation that
11 holds a certificate of authority under Chapter 844 of this code.

12 (b) Notwithstanding Section 172.014, Local Government Code,
13 or any other law, this article applies to health and accident
14 coverage provided by a risk pool created under Chapter 172, Local
15 Government Code.

16 (c) This article does not apply to:

17 (1) a plan that provides coverage:

18 (A) only for benefits for a specified disease or
19 for another limited benefit, other than a plan that provides
20 benefits for mental health or similar services;

21 (B) only for accidental death or dismemberment;

22 (C) for wages or payments in lieu of wages for a
23 period during which an employee is absent from work because of
24 sickness or injury;

25 (D) as a supplement to a liability insurance
26 policy;

27 (E) only for dental or vision care; or

- 1 (F) only for indemnity for hospital confinement;
2 (2) a small employer health benefit plan written under
3 Chapter 26 of this code;
4 (3) a Medicare supplemental policy as defined by
5 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss),
6 as amended;
7 (4) a workers' compensation insurance policy;
8 (5) medical payment insurance coverage provided under
9 a motor vehicle insurance policy; or
10 (6) a long-term care insurance policy, including a
11 nursing home fixed indemnity policy, unless the commissioner
12 determines that the policy provides benefit coverage so
13 comprehensive that the policy is a health benefit plan as described
14 by Subsection (a) of this section.

15 Sec. 3. EXCLUSION OF COVERAGE AND DENIAL OF BENEFITS
16 PROHIBITED. A health benefit plan may not exclude coverage or deny
17 benefits otherwise available to an enrollee for treatment,
18 equipment, or therapy based on the enrollee's having autism or a
19 pervasive developmental disorder.

20 Sec. 4. RULES. The commissioner shall adopt rules as
21 necessary to administer this article.

22 SECTION 2. This Act takes effect September 1, 2003, and
23 applies only to a health benefit plan delivered, issued for
24 delivery, or renewed on or after January 1, 2004. A health benefit
25 plan delivered, issued for delivery, or renewed before January 1,
26 2004, is governed by the law as it existed immediately before the
27 effective date of this Act, and that law is continued in effect for

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1 that purpose.