

1-1 By: Lucio S.B. No. 563  
1-2 (In the Senate - Filed February 18, 2003; February 24, 2003,  
1-3 read first time and referred to Committee on State Affairs;  
1-4 May 8, 2003, reported adversely, with favorable Committee  
1-5 Substitute by the following vote: Yeas 5, Nays 1; May 8, 2003, sent  
1-6 to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 563 By: Madla

1-8 A BILL TO BE ENTITLED  
1-9 AN ACT

1-10 relating to health benefit plan coverage for an enrollee with  
1-11 autism or a pervasive developmental disorder.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subchapter E, Chapter 21, Insurance Code, is  
1-14 amended by adding Article 21.53X to read as follows:

1-15 Art. 21.53X. INDIVIDUAL HEALTH BENEFIT PLAN COVERAGE FOR  
1-16 ENROLLEE WITH AUTISM OR PERVASIVE DEVELOPMENTAL DISORDER

1-17 Sec. 1. DEFINITION. In this article, "enrollee" means an  
1-18 individual who is enrolled in a health benefit plan, including a  
1-19 covered dependent.

1-20 Sec. 2. APPLICABILITY OF ARTICLE. (a) This article  
1-21 applies only to a health benefit plan that provides benefits for  
1-22 medical or surgical expenses incurred as a result of a health  
1-23 condition, accident, or sickness, including an individual  
1-24 insurance policy or insurance agreement, an individual evidence of  
1-25 coverage, or similar coverage document that is offered by:

1-26 (1) an insurance company;

1-27 (2) a group hospital service corporation operating  
1-28 under Chapter 842 of this code;

1-29 (3) a fraternal benefit society operating under  
1-30 Chapter 885 of this code;

1-31 (4) a stipulated premium insurance company operating  
1-32 under Chapter 884 of this code;

1-33 (5) a reciprocal exchange operating under Chapter 942  
1-34 of this code;

1-35 (6) a Lloyd's plan operating under Chapter 941 of this  
1-36 code;

1-37 (7) a health maintenance organization operating under  
1-38 Chapter 843 of this code;

1-39 (8) a multiple employer welfare arrangement that holds  
1-40 a certificate of authority under Chapter 846 of this code; or

1-41 (9) an approved nonprofit health corporation that  
1-42 holds a certificate of authority under Chapter 844 of this code.

1-43 (b) Notwithstanding Section 172.014, Local Government Code,  
1-44 or any other law, this article applies to health and accident  
1-45 coverage provided by a risk pool created under Chapter 172, Local  
1-46 Government Code.

1-47 (c) This article does not apply to:

1-48 (1) a plan that provides coverage:

1-49 (A) only for benefits for a specified disease or  
1-50 for another limited benefit, other than a plan that provides  
1-51 benefits for mental health or similar services;

1-52 (B) only for accidental death or dismemberment;

1-53 (C) for wages or payments in lieu of wages for a  
1-54 period during which an employee is absent from work because of  
1-55 sickness or injury;

1-56 (D) as a supplement to a liability insurance  
1-57 policy;

1-58 (E) only for dental or vision care; or

1-59 (F) only for indemnity for hospital confinement;

1-60 (2) a small employer health benefit plan written under  
1-61 Chapter 26 of this code;

1-62 (3) a Medicare supplemental policy as defined by  
1-63 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss),

2-1 as amended;  
 2-2 (4) a workers' compensation insurance policy;  
 2-3 (5) medical payment insurance coverage provided under  
 2-4 a motor vehicle insurance policy; or  
 2-5 (6) a long-term care insurance policy, including a  
 2-6 nursing home fixed indemnity policy, unless the commissioner  
 2-7 determines that the policy provides benefit coverage so  
 2-8 comprehensive that the policy is a health benefit plan as described  
 2-9 by Subsection (a) of this section.  
 2-10 Sec. 3. EXCLUSION OF COVERAGE AND DENIAL OF BENEFITS  
 2-11 PROHIBITED. A health benefit plan may not exclude coverage or deny  
 2-12 benefits otherwise available to an enrollee for treatment,  
 2-13 equipment, or therapy based on the enrollee's having autism or a  
 2-14 pervasive developmental disorder.  
 2-15 Sec. 4. RULES. The commissioner shall adopt rules as  
 2-16 necessary to administer this article.  
 2-17 SECTION 2. Subdivision (1), Section 1, Article 3.51-14,  
 2-18 Insurance Code, is amended to read as follows:  
 2-19 (1) "Serious mental illness" means the following  
 2-20 psychiatric illnesses as defined by the American Psychiatric  
 2-21 Association in the Diagnostic and Statistical Manual (DSM):  
 2-22 (A) schizophrenia;  
 2-23 (B) paranoid and other psychotic disorders;  
 2-24 (C) bipolar disorders (hypomanic, manic,  
 2-25 depressive, and mixed);  
 2-26 (D) major depressive disorders (single episode  
 2-27 or recurrent);  
 2-28 (E) schizo-affective disorders (bipolar or  
 2-29 depressive);  
 2-30 (F) pervasive developmental disorders, including  
 2-31 autism;  
 2-32 (G) obsessive-compulsive disorders; and  
 2-33 (H) depression in childhood and adolescence.  
 2-34 SECTION 3. Section 2, Article 3.51-14, Insurance Code, is  
 2-35 amended to read as follows:  
 2-36 Sec. 2. SCOPE OF ARTICLE. (a) This article applies only to  
 2-37 a group health benefit plan that provides benefits for medical or  
 2-38 surgical expenses incurred as a result of a health condition,  
 2-39 accident, or sickness, including:  
 2-40 (1) a group, blanket, or franchise insurance policy or  
 2-41 insurance agreement, a group hospital service contract, or a group  
 2-42 evidence of coverage that is offered by:  
 2-43 (A) an insurance company;  
 2-44 (B) a group hospital service corporation  
 2-45 operating under Chapter 20 of this code;  
 2-46 (C) a health maintenance organization operating  
 2-47 under the Texas Health Maintenance Organization Act (Chapter 20A,  
 2-48 Vernon's Texas Insurance Code);  
 2-49 (D) a fraternal benefit society operating under  
 2-50 Chapter 10 of this code; ~~or~~  
 2-51 (E) a stipulated premium insurance company  
 2-52 operating under Chapter 22 of this code;  
 2-53 (F) a reciprocal exchange operating under  
 2-54 Chapter 942 of this code;  
 2-55 (G) a Lloyd's plan operating under Chapter 941 of  
 2-56 this code; or  
 2-57 (H) an approved nonprofit health corporation  
 2-58 that holds a certificate of authority under Chapter 844 of this  
 2-59 code; and  
 2-60 (2) to the extent permitted by the Employee Retirement  
 2-61 Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a  
 2-62 group health benefit plan that is offered under:  
 2-63 (A) a multiple employer welfare arrangement as  
 2-64 defined by Section 3, Employee Retirement Income Security Act of  
 2-65 1974 (29 U.S.C. Section 1002); or  
 2-66 (B) another analogous benefit arrangement.  
 2-67 (b) This article does not apply to coverage under:  
 2-68 (1) ~~a blanket accident and health insurance policy as~~  
 2-69 ~~that term is defined under Section 2, Article 3.51-6, of this code,~~

