

By: Nelson

S.B. No. 1219

A BILL TO BE ENTITLED

AN ACT

relating to services provided to children with developmental delay.

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

SECTION 1. Subsection (b), Section 73.0051, Human Resources Code, is amended to read as follows:

(b) The council by rule shall:

(1) provide for compliance with the terms and provisions of applicable federal and state laws in the administration of programs and the delivery of services under this chapter;

(2) establish a program to monitor fiscal and program implementation; ~~and~~

(3) establish appropriate sanctions for providers who fail to comply with statutory and regulatory fiscal and program requirements;

(4) establish selective criteria for measuring a child's developmental delay for purposes of establishing eligibility for services under this chapter; and

(5) establish a system of payments by families of children receiving services under this chapter, including a schedule of sliding fees, in a manner consistent with 34 C.F.R. Sections 303.12(a)(3)(iv), 303.520, and 303.521.

SECTION 2. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997,

1 is amended by adding Sections 8 and 9 to read as follows:

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

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

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

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

- 19 (1) be provided under each health benefit plan offered
20 by a health benefit plan issuer; and
21 (2) contain a maximum benefit of at least \$3,500 for
22 each insured or enrollee for each plan year.

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

- 24 (1) apply the cost of rehabilitative and habilitative
25 therapies described by Subsection (a) of this section to an annual
26 or lifetime maximum plan benefit or similar provision under the
27 plan; or

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

4 (A) increasing plan premiums; or
5 (B) terminating the insured's or enrollee's
6 participation in the plan.

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

10 (1) occupational therapy evaluations and services;
11 (2) physical therapy evaluations and services;
12 (3) speech therapy evaluations and services; and
13 (4) dietary or nutritional evaluations.

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

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

25 (d) A health benefit plan issuer may not:
26 (1) apply the cost of rehabilitative and habilitative
27 therapies described by Subsection (b) of this section to an annual

1 or lifetime maximum plan benefit or similar provision under the
2 plan; or

3 (2) use the cost of rehabilitative or habilitative
4 therapies described by Subsection (b) of this section as the sole
5 justification for:

6 (A) increasing plan premiums; or

7 (B) terminating the insured's or enrollee's
8 participation in the plan.

9 SECTION 3. (a) This Act takes effect September 1, 2003.

10 (b) Article 21.53F, Insurance Code, as amended by this Act,
11 applies only to a health benefit plan that is delivered, issued for
12 delivery, or renewed on or after January 1, 2004. A health benefit
13 plan that is delivered, issued for delivery, or renewed before
14 January 1, 2004, is governed by the law as it existed immediately
15 before the effective date of this Act, and the former law is
16 continued in effect for that purpose.