

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. Section 73.0051(b), 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.