

1-1 By: Nelson S.B. No. 1219
1-2 (In the Senate - Filed March 12, 2003; March 19, 2003, read
1-3 first time and referred to Committee on Health and Human Services;
1-4 May 14, 2003, reported favorably by the following vote: Yeas 7,
1-5 Nays 0; May 14, 2003, sent to printer.)

1-6 A BILL TO BE ENTITLED
1-7 AN ACT

1-8 relating to services provided to children with developmental delay.

1-9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-10 SECTION 1. Subsection (b), Section 73.0051, Human Resources
1-11 Code, is amended to read as follows:

1-12 (b) The council by rule shall:

1-13 (1) provide for compliance with the terms and
1-14 provisions of applicable federal and state laws in the
1-15 administration of programs and the delivery of services under this
1-16 chapter;

1-17 (2) establish a program to monitor fiscal and program
1-18 implementation; ~~and~~

1-19 (3) establish appropriate sanctions for providers who
1-20 fail to comply with statutory and regulatory fiscal and program
1-21 requirements;

1-22 (4) establish selective criteria for measuring a
1-23 child's developmental delay for purposes of establishing
1-24 eligibility for services under this chapter; and

1-25 (5) establish a system of payments by families of
1-26 children receiving services under this chapter, including a
1-27 schedule of sliding fees, in a manner consistent with 34 C.F.R.
1-28 Sections 303.12(a)(3)(iv), 303.520, and 303.521.

1-29 SECTION 2. Article 21.53F, Insurance Code, as added by
1-30 Chapter 683, Acts of the 75th Legislature, Regular Session, 1997,
1-31 is amended by adding Sections 8 and 9 to read as follows:

1-32 Sec. 8. REQUIRED BENEFIT FOR CERTAIN THERAPIES FOR CHILDREN
1-33 WITH DEVELOPMENTAL DELAY. (a) A health benefit plan that provides
1-34 benefits for a family member of the insured or enrollee shall
1-35 provide coverage for each covered child described by Section 5 of
1-36 this article for early intervention rehabilitative and
1-37 habilitative therapies determined to be necessary to and provided
1-38 in accordance with an individualized family service plan developed
1-39 by the Interagency Council on Early Childhood Intervention under
1-40 Chapter 73, Human Resources Code.

1-41 (b) The coverage required by Subsection (a) of this section
1-42 must include coverage for:

1-43 (1) occupational therapy evaluations and services;

1-44 (2) physical therapy evaluations and services;

1-45 (3) speech therapy evaluations and services; and

1-46 (4) dietary and nutritional evaluations.

1-47 (c) Coverage for rehabilitative and habilitative therapies
1-48 described by Subsection (a) of this section must:

1-49 (1) be provided under each health benefit plan offered
1-50 by a health benefit plan issuer; and

1-51 (2) contain a maximum benefit of at least \$3,500 for
1-52 each insured or enrollee for each plan year.

1-53 (d) A health benefit plan issuer may not:

1-54 (1) apply the cost of rehabilitative and habilitative
1-55 therapies described by Subsection (a) of this section to an annual
1-56 or lifetime maximum plan benefit or similar provision under the
1-57 plan; or

1-58 (2) use the cost of rehabilitative and habilitative
1-59 therapies described by Subsection (a) of this section as the sole
1-60 justification for:

1-61 (A) increasing plan premiums; or

1-62 (B) terminating the insured's or enrollee's
1-63 participation in the plan.

1-64 Sec. 9. LEVEL OF COVERAGE REQUIRED FOR CERTAIN THERAPIES

2-1 FOR CHILDREN WITH DEVELOPMENTAL DELAYS. (a) For purposes of this
2-2 section, rehabilitative and habilitative therapies include:

- 2-3 (1) occupational therapy evaluations and services;
- 2-4 (2) physical therapy evaluations and services;
- 2-5 (3) speech therapy evaluations and services; and
- 2-6 (4) dietary or nutritional evaluations.

2-7 (b) A health benefit plan that provides coverage for
2-8 rehabilitative and habilitative therapies may not prohibit or
2-9 restrict payment for covered services provided to a child and
2-10 determined to be necessary to and provided in accordance with an
2-11 individualized family service plan issued by the Interagency
2-12 Council on Early Childhood Intervention under Chapter 73, Human
2-13 Resources Code.

2-14 (c) Rehabilitative and habilitative therapies described by
2-15 Subsection (b) of this section must be covered in the amount,
2-16 duration, scope, and service setting established in the child's
2-17 individualized family service plan.

2-18 (d) A health benefit plan issuer may not:

2-19 (1) apply the cost of rehabilitative and habilitative
2-20 therapies described by Subsection (b) of this section to an annual
2-21 or lifetime maximum plan benefit or similar provision under the
2-22 plan; or

2-23 (2) use the cost of rehabilitative or habilitative
2-24 therapies described by Subsection (b) of this section as the sole
2-25 justification for:

- 2-26 (A) increasing plan premiums; or
- 2-27 (B) terminating the insured's or enrollee's
2-28 participation in the plan.

2-29 SECTION 3. (a) This Act takes effect September 1, 2003.

2-30 (b) Article 21.53F, Insurance Code, as amended by this Act,
2-31 applies only to a health benefit plan that is delivered, issued for
2-32 delivery, or renewed on or after January 1, 2004. A health benefit
2-33 plan that is delivered, issued for delivery, or renewed before
2-34 January 1, 2004, is governed by the law as it existed immediately
2-35 before the effective date of this Act, and the former law is
2-36 continued in effect for that purpose.

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