

By: Allen, Lucio III, Thompson

H.B. No. 451

A BILL TO BE ENTITLED

1 AN ACT  
2 relating to health benefit plan coverage for autism spectrum  
3 disorder.

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

5 SECTION 1. Section 1355.002, Insurance Code, is amended to  
6 read as follows:

7 Sec. 1355.002. APPLICABILITY OF SUBCHAPTER. (a) This  
8 subchapter applies only to a group health benefit plan that  
9 provides benefits for medical or surgical expenses incurred as a  
10 result of a health condition, accident, or sickness, including:

11 (1) a group insurance policy, group insurance  
12 agreement, group hospital service contract, or group evidence of  
13 coverage that is offered by:

14 (A) an insurance company;

15 (B) a group hospital service corporation  
16 operating under Chapter 842;

17 (C) a fraternal benefit society operating under  
18 Chapter 885;

19 (D) a stipulated premium company operating under  
20 Chapter 884; or

21 (E) a health maintenance organization operating  
22 under Chapter 843; and

23 (2) to the extent permitted by the Employee Retirement  
24 Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a plan

1 offered under:

2 (A) a multiple employer welfare arrangement as  
3 defined by Section 3 of that Act; or

4 (B) another analogous benefit arrangement.

5 (b) Notwithstanding any provision in Chapter 1575 or 1579 or  
6 any other law, Section 1355.015 applies to:

7 (1) a basic plan under Chapter 1575; and

8 (2) a primary care coverage plan under Chapter 1579.

9 SECTION 2. Section 1355.015(a), Insurance Code, is amended  
10 to read as follows:

11 (a) At a minimum, a health benefit plan must provide  
12 coverage as provided by this section to an enrollee [~~older than two~~  
13 ~~years of age and younger than six years of age~~] who is diagnosed  
14 with autism spectrum disorder from the date of diagnosis until the  
15 enrollee completes nine years of age. If an enrollee who is being  
16 treated for autism spectrum disorder becomes 10 [~~six~~] years of age  
17 or older and continues to need treatment, this subsection does not  
18 preclude coverage of treatment and services described by Subsection  
19 (b).

20 SECTION 3. This Act applies only to a health benefit plan  
21 delivered, issued for delivery, or renewed on or after January 1,  
22 2010. A health benefit plan delivered, issued for delivery, or  
23 renewed before January 1, 2010, is governed by the law as it existed  
24 immediately before the effective date of this Act, and that law is  
25 continued in effect for that purpose.

26 SECTION 4. This Act takes effect September 1, 2009.