

By: Lucio III

H.B. No. 1847

A BILL TO BE ENTITLED

1 AN ACT
2 relating to a requirement that certain health benefit plans cover
3 certain mental disorders.

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, this chapter 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 11 [~~six~~] years of age who is diagnosed
14 with autism spectrum disorder. If an enrollee who is being treated
15 for autism spectrum disorder becomes 11 [~~six~~] years of age or older
16 and continues to need treatment, this subsection does not preclude
17 coverage of treatment and services described by Subsection (b).

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

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