

By: Simmons, Bonnen of Galveston, Eiland,
et al.

H.B. No. 3276

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the coverage by certain health benefit plans for the
3 screening and treatment of autism spectrum disorder.

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

5 SECTION 1. Section 1355.015, Insurance Code, is amended by
6 amending Subsections (a) and (b) and adding Subsections (a-1) and
7 (f) to read as follows:

8 (a) At a minimum, a health benefit plan must provide
9 coverage for screening a child for autism spectrum disorder at the
10 ages of 18 and 24 months.

11 (a-1) At a minimum, a health benefit plan must provide
12 coverage for treatment of autism spectrum disorder as provided by
13 this section to an enrollee who is diagnosed with autism spectrum
14 disorder from the date of diagnosis until the enrollee completes
15 nine years of age. If an enrollee who is being treated for autism
16 spectrum disorder becomes 10 years of age or older and continues to
17 need treatment, this subsection does not preclude coverage of
18 treatment and services described by Subsection (b).

19 (b) The health benefit plan must provide coverage under this
20 section to the enrollee for all generally recognized services
21 prescribed in relation to autism spectrum disorder by the
22 enrollee's primary care physician in the treatment plan recommended
23 by that physician. An individual providing treatment prescribed
24 under this subsection must be:

1 (1) a health care practitioner:

2 (A) [~~(1)~~] who is licensed, certified, or
3 registered by an appropriate agency of this state;

4 (B) [~~(2)~~] whose professional credential is
5 recognized and accepted by an appropriate agency of the United
6 States; or

7 (C) [~~(3)~~] who is certified as a provider under
8 the TRICARE military health system; or

9 (2) an individual acting under the supervision of a
10 health care practitioner described by Subdivision (1).

11 (f) Subsection (a) does not apply to a qualified health plan
12 defined by 45 C.F.R. Section 155.20 if a determination is made under
13 45 C.F.R. Section 155.170 that:

14 (1) this subchapter requires the qualified health plan
15 to offer benefits in addition to the essential health benefits
16 required under 42 U.S.C. Section 18022(b); and

17 (2) this state must make payments to defray the cost of
18 the additional benefits mandated by this subchapter.

19 SECTION 2. Section 1355.015, Insurance Code, as amended by
20 this Act, applies only to a health benefit plan delivered, issued
21 for delivery, or renewed on or after January 1, 2014. A health
22 benefit plan delivered, issued for delivery, or renewed before
23 January 1, 2014, is governed by the law in effect immediately before
24 the effective date of this Act, and that law is continued in effect
25 for that purpose.

26 SECTION 3. This Act takes effect September 1, 2013.