

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

H.B. No. 3276

Substitute the following for H.B. No. 3276:

By: Morrison

C.S.H.B. No. 3276

A BILL TO BE ENTITLED

AN ACT

relating to the coverage by certain health benefit plans for the  
screening and treatment of autism spectrum disorder.

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

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

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

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

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