

By: Simmons

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 to read as follows:

Sec. 1355.015. REQUIRED COVERAGE FOR CERTAIN CHILDREN.

(a) A health benefit plan must provide coverage for screening for autism spectrum disorder.

(b) At a minimum, a health benefit plan providing coverage under Subsection (a) must provide coverage for screening at 18 and 24 months.

(c) 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)~~ (d).

~~(b)~~ (d) 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

1 by that physician. An individual providing treatment prescribed
2 under this subsection must be:

3 (1) a health care practitioner:

4 ~~(1)~~(A) who is licensed, certified, or registered by an
5 appropriate agency of this state;

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

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

10 (2) an individual acting under the supervision of a health
11 care practitioner under Subsection (d)(1).

12 ~~(e)~~(e) For purpose of Subsection ~~(b)~~(d), "generally
13 recognized services" may include services such as:

14 (1) evaluation and assessment services;

15 (2) applied behavior analysis;

16 (3) behavior training and behavior management;

17 (4) speech therapy;

18 (5) occupational therapy;

19 (6) physical therapy; or

20 (7) medications or nutritional supplements used to
21 address symptoms of autism spectrum disorder.

22 ~~(d)~~(f) Coverage under Subsection ~~(b)~~(d) may be subject to
23 annual deductibles, copayments, and coinsurance that are
24 consistent with annual deductibles, copayments, and coinsurance
25 required for other coverage under the health benefit plan.

26 ~~(e)~~(g) Notwithstanding any other law, this section does not
27 apply to a standard health benefit plan provided under Chapter

1 1507.

2 (h) Subsection (a) does not apply to a qualified health plan
3 as defined by 45 C.F.R. Section 155.20 if a determination has been
4 made pursuant to 45 C.F.R. Section 155.170 that:

5 (1) this subchapter requires the qualified health plan
6 to offer benefits in addition to the essential health benefits
7 required under 42 U.S.C. 18022(b); and

8 (2) the State of Texas must make payments to defray the
9 cost of the additional benefits mandated by this subchapter.

10 SECTION 2. Chapter 1355, Insurance Code, as amended by this
11 act, applies only to a health benefit plan delivered, issued for
12 delivery, or renewed on or after January 1, 2014. A health benefit
13 plan delivered, issued for delivery, or renewed before January 1,
14 2014 is governed by the law in effect immediately before the
15 effective date of this act, and that law is continued in effect for
16 that purpose.

17 SECTION 3. This act takes effect September 1, 2013.