

1-1 By: Simmons, et al. (Senate Sponsor - Deuell) H.B. No. 3276  
 1-2 (In the Senate - Received from the House May 10, 2013;  
 1-3 May 10, 2013, read first time and referred to Committee on State  
 1-4 Affairs; May 20, 2013, reported favorably by the following vote:  
 1-5 Yeas 5, Nays 1; May 20, 2013, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10			X	
1-11			X	
1-12	X			
1-13	X			
1-14		X		
1-15	X			
1-16			X	

1-17 A BILL TO BE ENTITLED  
 1-18 AN ACT

1-19 relating to the coverage by certain health benefit plans for the  
 1-20 screening and treatment of autism spectrum disorder.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Section 1355.015, Insurance Code, is amended by  
 1-23 amending Subsections (a) and (b) and adding Subsections (a-1) and  
 1-24 (f) to read as follows:

1-25 (a) At a minimum, a health benefit plan must provide  
 1-26 coverage for screening a child for autism spectrum disorder at the  
 1-27 ages of 18 and 24 months.

1-28 (a-1) At a minimum, a health benefit plan must provide  
 1-29 coverage for treatment of autism spectrum disorder as provided by  
 1-30 this section to an enrollee who is diagnosed with autism spectrum  
 1-31 disorder from the date of diagnosis until the enrollee completes  
 1-32 nine years of age. If an enrollee who is being treated for autism  
 1-33 spectrum disorder becomes 10 years of age or older and continues to  
 1-34 need treatment, this subsection does not preclude coverage of  
 1-35 treatment and services described by Subsection (b).

1-36 (b) The health benefit plan must provide coverage under this  
 1-37 section to the enrollee for all generally recognized services  
 1-38 prescribed in relation to autism spectrum disorder by the  
 1-39 enrollee's primary care physician in the treatment plan recommended  
 1-40 by that physician. An individual providing treatment prescribed  
 1-41 under this subsection must be:

1-42 (1) a health care practitioner:  
 1-43 (A) ~~[(1)]~~ who is licensed, certified, or  
 1-44 registered by an appropriate agency of this state;  
 1-45 (B) ~~[(2)]~~ whose professional credential is  
 1-46 recognized and accepted by an appropriate agency of the United  
 1-47 States; or

1-48 (C) ~~[(3)]~~ who is certified as a provider under  
 1-49 the TRICARE military health system; or

1-50 (2) an individual acting under the supervision of a  
 1-51 health care practitioner described by Subdivision (1).

1-52 (f) Subsection (a) does not apply to a qualified health plan  
 1-53 defined by 45 C.F.R. Section 155.20 if a determination is made under  
 1-54 45 C.F.R. Section 155.170 that:

1-55 (1) this subchapter requires the qualified health plan  
 1-56 to offer benefits in addition to the essential health benefits  
 1-57 required under 42 U.S.C. Section 18022(b); and

1-58 (2) this state must make payments to defray the cost of  
 1-59 the additional benefits mandated by this subchapter.

1-60 SECTION 2. Section 1355.015, Insurance Code, as amended by  
 1-61 this Act, applies only to a health benefit plan delivered, issued

2-1 for delivery, or renewed on or after January 1, 2014. A health  
2-2 benefit plan delivered, issued for delivery, or renewed before  
2-3 January 1, 2014, is governed by the law in effect immediately before  
2-4 the effective date of this Act, and that law is continued in effect  
2-5 for that purpose.

2-6 SECTION 3. This Act takes effect September 1, 2013.

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