

1-1 By: Watson, Davis, Lucio S.B. No. 1484
 1-2 (In the Senate - Filed March 7, 2013; March 18, 2013, read
 1-3 first time and referred to Committee on State Affairs;
 1-4 April 24, 2013, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 5, Nays 4; April 24, 2013,
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
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		X		

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 1484 By: Lucio

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to health benefit plan coverage for enrollees diagnosed
 1-22 with autism spectrum disorder.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Section 1355.015, Insurance Code, is amended by
 1-25 amending Subsection (a) and adding Subsection (f) to read as
 1-26 follows:

1-27 (a) At a minimum, a health benefit plan must provide
 1-28 coverage as provided by this section to an enrollee who is diagnosed
 1-29 with autism spectrum disorder from the date of diagnosis [~~until the~~
 1-30 ~~enrollee completes nine years of age. If an enrollee who is being~~
 1-31 ~~treated for autism spectrum disorder becomes 10 years of age or~~
 1-32 ~~older and continues to need treatment, this subsection does not~~
 1-33 ~~preclude coverage of treatment and services described by Subsection~~
 1-34 ~~(b)].~~

1-35 (f) To the extent that this section would otherwise require
 1-36 this state to make a payment under 42 U.S.C. Section
 1-37 18031(d)(3)(B)(ii), a qualified health plan, as defined by 45
 1-38 C.F.R. Section 155.20, is not required to provide a benefit under
 1-39 this section that exceeds the specified essential health benefits
 1-40 required under 42 U.S.C. Section 18022(b).

1-41 SECTION 2. The heading to Section 1355.015, Insurance Code,
 1-42 is amended to read as follows:

1-43 Sec. 1355.015. REQUIRED COVERAGE FOR CERTAIN ENROLLEES
 1-44 [CHILDREN].

1-45 SECTION 3. (a) Subsection (a), Section 1355.015,
 1-46 Insurance Code, as amended by this Act, applies only to a health
 1-47 benefit plan that is delivered, issued for delivery, or renewed on
 1-48 or after the effective date of this Act. A health benefit plan that
 1-49 is delivered, issued for delivery, or renewed before the effective
 1-50 date of this Act is covered by the law in effect at the time the
 1-51 health benefit plan is delivered, issued for delivery, or renewed,
 1-52 and that law is continued in effect for that purpose.

1-53 (b) Subsection (f), Section 1355.015, Insurance Code, as
 1-54 added by this Act, applies only to a health benefit plan that is
 1-55 delivered, issued for delivery, or renewed on or after January 1,
 1-56 2014. A health benefit plan that is delivered, issued for delivery,
 1-57 or renewed before January 1, 2014, is covered by the law in effect
 1-58 at the time the health benefit plan is delivered, issued for
 1-59 delivery, or renewed, and that law is continued in effect for that
 1-60 purpose.

2-1 SECTION 4. This Act takes effect September 1, 2013.

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