By: Lopez, Johnson of Dallas H.B. No. 843

Substitute the following for H.B. No. 843:

C.S.H.B. No. 843 By: Oliverson

A BILL TO BE ENTITLED 1 AN ACT 2 relating to health benefit plan coverage for early childhood 3 intervention services. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 4 5 SECTION 1. The heading to Subchapter E, Chapter 1367, Insurance Code, is amended to read as follows: 6 7 SUBCHAPTER E. EARLY CHILDHOOD INTERVENTION SERVICES AND DEVELOPMENTAL DELAYS 8 9 SECTION 2. Section 1367.201, Insurance Code, is amended to read as follows: 10 Sec. 1367.201. DEFINITION. In this subchapter, rehabilitative and habilitative therapies include:

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- 12
- 13 (1) occupational therapy evaluations and services;
- 14 (2) physical therapy evaluations and services;
- speech therapy evaluations and services; [and] 15 (3)
- 16 dietary or nutritional evaluations;
- (5) specialized skills training by a person certified 17
- as an early intervention specialist; 18
- (6) applied behavior analysis treatment by a licensed 19
- behavior analyst or licensed psychologist; and 20
- 21 (7) case management provided by a licensed
- practitioner of the healing arts or a person certified as an early 22
- 23 intervention specialist.
- SECTION 3. Section 1367.202, Insurance Code, is amended to 24

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read as follows:
 1
2
          Sec. 1367.202. APPLICABILITY OF SUBCHAPTER.
                                                            (a)
                                                                   This
3
    subchapter applies only to a health benefit plan that:
4
                (1) provides benefits for medical or surgical expenses
5
    incurred as a result of a health condition, accident, or sickness,
    including an individual, group, blanket, or franchise insurance
6
   policy or insurance agreement, a group hospital service contract,
7
8
    or an individual or group evidence of coverage that is offered by:
9
                     (A)
                          an insurance company;
10
                     (B)
                              group
                                      hospital service
                                                           corporation
   operating under Chapter 842;
11
12
                     (C)
                          a fraternal benefit society operating under
   Chapter 885;
13
14
                     (D)
                          a stipulated premium company operating under
15
   Chapter 884;
16
                     (E)
                          a health maintenance organization operating
17
   under Chapter 843; or
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20 (2) is offered by an approved nonprofit health

a multiple employer welfare arrangement

(F)

subject to regulation under Chapter 846;

- 21 corporation that holds a certificate of authority under Chapter
- 22 **844;** or

18

19

- 23 (3) provides health and accident coverage through a
- 24 risk pool created under Chapter 172, Local Government Code,
- 25 notwithstanding Section 172.014, Local Government Code, or any
- 26 other law.
- 27 (b) Notwithstanding any other law, this subchapter also

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applies to a standard health benefit plan provided under Chapter
 1
   1507.
 2
          SECTION 4. Section 1367.203, Insurance Code, is amended to
 3
    read as follows:
 4
 5
          Sec. 1367.203. EXCEPTION.
                                       (a)
                                             This subchapter does not
 6
    apply to:
 7
                (1)
                     a plan that provides coverage:
 8
                          only for a specified disease or for another
    limited benefit;
 9
                          only for accidental death or dismemberment;
10
                     (B)
                         for wages or payments in lieu of wages for a
11
                     (C)
12
    period during which an employee is absent from work because of
    sickness or injury;
13
14
                     (D)
                          as a supplement to a liability insurance
15
   policy;
                     (E)
                          for credit insurance;
16
17
                     (F)
                          only for dental or vision care; or
                          only for indemnity for hospital confinement;
18
19
                     a small employer health benefit plan written under
    Chapter 1501;
20
                     a Medicare supplemental policy as defined by
21
    Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
22
23
                (4)
                     a workers' compensation insurance policy;
24
                    medical payment insurance coverage provided under
    a motor vehicle insurance policy; or
25
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nursing home fixed indemnity policy, unless the commissioner

(6) a long-term care insurance policy, including a

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- 1 determines that the policy provides benefit coverage so
- 2 comprehensive that the policy is a health benefit plan as described
- 3 by Section 1367.202.
- 4 (b) This subchapter does not apply to a qualified health
- 5 plan to the extent that a determination is made under 45 C.F.R.
- 6 <u>Section 155.170 that:</u>
- 7 (1) this subchapter requires the plan to offer
- 8 benefits in addition to the essential health benefits required
- 9 under 42 U.S.C. Section 18022(b); and
- 10 (2) this state is required to defray the cost of the
- 11 benefits mandated under this subchapter.
- 12 SECTION 5. Section 1367.204, Insurance Code, is amended to
- 13 read as follows:
- 14 Sec. 1367.204. [OFFER OF] COVERAGE REQUIRED. [(a)] A
- 15 health benefit plan issuer must provide [offer] coverage that
- 16 complies with this subchapter.
- 17 [(b) The individual or group policy or contract holder may
- 18 reject coverage required to be offered under this section.
- 19 SECTION 6. Section 1367.205, Insurance Code, is amended by
- 20 amending Subsections (a) and (b) and adding Subsections (d), (e),
- 21 and (f) to read as follows:
- (a) Except as provided by Subsection (d), a [A] health
- 23 benefit plan that provides coverage for rehabilitative and
- 24 habilitative therapies under this subchapter may not prohibit or
- 25 restrict payment for covered services provided to a child and
- 26 determined to be necessary to and provided in accordance with an
- 27 individualized family service plan [issued by the Interagency

- 1 Council on Early Childhood Intervention] under Chapter 73, Human
- 2 Resources Code.
- 3 (b) Except as provided by Subsection (d),
- 4 rehabilitative [Rehabilitative] and habilitative therapies
- 5 described by Subsection (a) must be covered in the amount,
- 6 duration, scope, and service setting established in the child's
- 7 individualized family service plan.
- 8 (d) Coverage required by this section for specialized
- 9 skills training may be subject to an annual limit of \$9,000,
- 10 including case management costs, for each child. A health benefit
- 11 plan may not apply this limit to:
- 12 (1) coverage for other rehabilitative and
- 13 habilitative therapies described by Subsection (a); or
- 14 (2) coverage required by any other law, including:
- 15 (A) Section 1355.015; and
- 16 <u>(B) the Medicaid program operated under Chapter</u>
- 17 32, Human Resources Code.
- 18 (e) A health benefit plan prior authorization requirement,
- 19 or any other utilization management requirement, otherwise
- 20 applicable to a covered rehabilitative or habilitative therapy
- 21 <u>service is satisfied if the service is specified in a child's</u>
- 22 individualized family service plan.
- 23 (f) In accordance with Part C, Individuals with
- 24 Disabilities Education Act (IDEA) (20 U.S.C. Section 1431 et seq.),
- 25 a child must exhaust available coverage under this section before
- 26 the child may receive benefits provided by this state for early
- 27 childhood intervention services. This section does not reduce the

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- 1 obligation of this state or the federal government under Part C,
- 2 Individuals with Disabilities Education Act (IDEA) (20 U.S.C.
- 3 Section 1431 et seq.).
- 4 SECTION 7. Section 1367.206, Insurance Code, is amended to
- 5 read as follows:
- 6 Sec. 1367.206. PROHIBITED ACTIONS. Under the coverage
- 7 required to be offered under this subchapter, a health benefit plan
- 8 issuer may not:
- 9 (1) except as provided by Section 1367.205(d), apply
- 10 the cost of rehabilitative and habilitative therapies described by
- 11 Section 1367.205(a) to an annual or lifetime maximum plan benefit
- 12 or similar provision under the plan;
- (2) apply visits to a physician or health care
- 14 provider, as applicable, to receive the rehabilitative and
- 15 habilitative therapies described by Section 1367.205(a) to an
- 16 annual limit on an insured's or enrollee's number of visits to a
- 17 physician or provider; or
- (3) $\left[\frac{(2)}{2}\right]$ use the cost of rehabilitative or
- 19 habilitative therapies described by Section 1367.205(a) as the sole
- 20 justification for:
- 21 (A) increasing plan premiums; or
- 22 (B) terminating the insured's or enrollee's
- 23 participation in the plan.
- SECTION 8. Subchapter E, Chapter 1367, Insurance Code, as
- 25 amended by this Act, applies only to a health benefit plan
- 26 delivered, issued for delivery, or renewed on or after January 1,
- 27 2022. A health benefit plan delivered, issued for delivery, or

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- 1 renewed before January 1, 2022, is governed by the law as it existed
- 2 immediately before the effective date of this Act, and that law is
- 3 continued in effect for that purpose.
- 4 SECTION 9. This Act takes effect September 1, 2021.