

BILL ANALYSIS

Senate Research Center
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S.B. 427
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DIGEST AND PURPOSE

The type and extent of medical care that is necessary for any given patient is something that is determined by that patient's physician on a case-by-case basis. This should be the case for any and all patients, regardless of their underlying diagnoses. As proposed, S.B. 427 prohibits an insurance carrier from using a diagnosis of autism or pervasive developmental disorder as justification for denying coverage of therapy to a patient.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Commission of Insurance in SECTION 1 (Article 21.53X, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.53X, as follows:

Art. 21.53X. INDIVIDUAL OR GROUP HEALTH BENEFIT PLAN COVERAGE FOR AUTISM AND PERVASIVE DEVELOPMENTAL DISORDERS

Sec. 1. DEFINITION. Defines "enrollee".

Sec. 2. APPLICABILITY OF ARTICLE. (a) Provides that this article applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by certain groups or companies.

(b) Provides that notwithstanding Section 172.014 (Application of Certain Laws), Local Government Code, or any other law, this article applies to health and accident coverage provided by a risk pool created under Chapter 172 (Texas Political Subdivisions Uniform Group Benefits Program), Local Government Code.

(c) Provides that this article does not apply to certain policies and plans.

Sec. 3. COVERAGE REQUIRED. (a) Requires a health benefit plan, in addition to any coverage a health benefit plan is required to provide under Article 3.51-14 of this code, to provide each enrollee with coverage for any medically necessary treatment, equipment, or therapy for the treatment of autism or a pervasive developmental disorder.

(b) Requires that coverage provided under this article be provided in a manner determined to be appropriate in consultation with the attending physician and the enrollee.

Sec. 4. DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT PERMITTED; DOLLAR LIMIT PROHIBITED. (a) Provides that coverage required by this article may be subject to annual deductibles, copayments, or coinsurance requirements that are consistent with annual deductibles, copayments, or coinsurance requirements for other coverage provided under the health benefit plan.

(b) Prohibits the coverage required by this article from being subject to dollar limitations other than the health benefit plan's lifetime benefits.

Sec. 5. RULES. Requires the commissioner to adopt rules as necessary to administer this article.

SECTION 2. Effective date: September 1, 2001.
Makes application of this Act prospective to January 1, 2002.