By: Bernal H.B. No. 3948

## A BILL TO BE ENTITLED

1	AN ACT
2	relating to coverage for childhood screening, diagnosis, and
3	treatment for dyslexia under certain health benefit plans.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Chapter 1367, Insurance Code, is amended by
6	adding Subchapter G to read as follows:
7	SUBCHAPTER G. CHILDHOOD SCREENING, DIAGNOSIS, AND TREATMENT FOR
8	DYSLEXIA
9	Sec. 1367.301. APPLICABILITY OF SUBCHAPTER. (a) This
10	subchapter applies only to a health benefit plan that provides
11	benefits for medical or surgical expenses incurred as a result of a
12	health condition, accident, or sickness, including an individual,
13	group, blanket, or franchise insurance policy or insurance
14	agreement, a group hospital service contract, or an individual or
15	group evidence of coverage or similar coverage document that is
16	offered by:
17	(1) an insurance company;
18	(2) a group hospital service corporation operating
19	under Chapter 842;
20	(3) a health maintenance organization operating under
21	<pre>Chapter 843;</pre>
22	(4) an approved nonprofit health corporation that
23	holds a certificate of authority under Chapter 844;
24	(5) a multiple employer welfare arrangement that holds

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   a certificate of authority under Chapter 846;
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               (6) a stipulated premium company operating under
   Chapter 884;
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               (7) a fraternal benefit society operating under
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   Chapter 885;
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               (8) a Lloyd's plan operating under Chapter 941; or
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               (9) an exchange operating under Chapter 942.
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          (b) This subchapter applies to coverage under a group health
   benefit plan described by Subsection (a) provided to a resident of
   this state, regardless of whether the group policy or contract is
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   delivered, issued for delivery, or renewed within or outside this
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   state.
          (c) Notwithstanding any other law, this subchapter applies
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   to:
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               (1) a small employer health benefit plan subject to
   Chapter 1501, including coverage provided through a health group
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   cooperative under Subchapter B of that chapter;
               (2) a standard health benefit plan issued under
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   Chapter 1507;
               (3) a basic coverage plan under Chapter 1551;
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               (4) a basic plan under Chapter 1575;
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               (5) a primary care coverage plan under Chapter 1579;
               (6) a plan providing basic coverage under Chapter
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   1601;
               (7) group health coverage made available by a school
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   district in accordance with Section 22.004, Education Code;
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               (8) the state Medicaid program, including the Medicaid
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- 1 managed care program operated under Chapter 533, Government Code;
- 2 (9) the child health plan program under Chapter 62,
- 3 Health and Safety Code; and
- 4 (10) a regional or local health care program operated
- 5 under Section 75.104, Health and Safety Code.
- 6 (d) This subchapter does not apply to an individual health
- 7 benefit plan issued on or before March 23, 2010, that has not had
- 8 any significant changes since that date that reduce benefits or
- 9 increase costs to the individual.
- Sec. 1367.302. COVERAGE REQUIRED. (a) A health benefit
- 11 plan must provide coverage for the screening, diagnosis, and
- 12 treatment for dyslexia for a covered individual who is 4 years of
- 13 age or older and younger than 10 years of age.
- 14 (b) The coverage required under Subsection (a) must
- 15 <u>include:</u>
- 16 (1) screening for dyslexia conducted at a medical
- 17 appointment using a validated tool or parental questionnaire for
- 18 dyslexia; and
- 19 (2) a complete evaluation upon referral by the person
- 20 conducting the screening described by Subdivision (1) if the result
- 21 of the screening is positive for dyslexia.
- 22 SECTION 2. If before implementing any provision of this Act
- 23 a state agency determines that a waiver or authorization from a
- 24 federal agency is necessary for implementation of that provision,
- 25 the agency affected by the provision shall request the waiver or
- 26 authorization and may delay implementing that provision until the
- 27 waiver or authorization is granted.

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- 1 SECTION 3. The change in law made by this Act applies only
- 2 to a health benefit plan that is delivered, issued for delivery, or
- 3 renewed on or after January 1, 2024.
- 4 SECTION 4. This Act takes effect September 1, 2023.