

By: Cortez

H.B. No. 4505

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for treatment of autism spectrum disorders.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 1355.001(3), Insurance Code, is amended to read as follows:

(3) "Autism spectrum disorder" means:

(A) a neurobiological disorder or developmental disability that significantly affects verbal communication, nonverbal communication, and social interaction and that meets the diagnostic criteria for autism spectrum disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, or a later edition; or

(B) a diagnosis made using a previous edition of the Diagnostic and Statistical Manual of Mental Disorders of ~~[includes]~~ autism, Asperger's syndrome, or Pervasive Developmental Disorder--Not Otherwise Specified.

SECTION 2. Section 1355.015, Insurance Code, is amended by amending Subsections (a-1), (c), and (c-1) and adding Subsections (a-2) and (c-2) to read as follows:

(a-1) At a minimum, a health benefit plan must provide coverage for any medically necessary treatment of autism spectrum disorder as provided by this section to an enrollee who is diagnosed with autism spectrum disorder from the date of diagnosis~~[, only if~~

1 ~~the diagnosis was in place prior to the child's 10th birthday]~~.

2 (a-2) For purposes of Subsection (a-1):

3 (1) "Medically necessary" means a service or product
4 that:

5 (A) addresses the specific needs of a patient;

6 (B) is provided for the purpose of screening for,
7 preventing, diagnosing, managing, or treating an illness, injury,
8 or condition, or the symptoms of that illness, injury, or
9 condition, including by minimizing the progression of an illness,
10 injury, condition, or symptom;

11 (C) is delivered in accordance with the generally
12 recognized independent standards of mental health and substance use
13 disorder care;

14 (D) is clinically appropriate in terms of type,
15 frequency, extent, site, and duration, as applicable, for the
16 service or product; and

17 (E) is not provided primarily for:

18 (i) the economic benefit of the health
19 benefit plan issuer or person who purchases the service or product;
20 or

21 (ii) the convenience of the patient,
22 treating physician, or other health care provider.

23 (2) "Generally recognized independent standards of
24 mental health and substance use disorder care" means a standard of
25 care and clinical practice that:

26 (A) is generally recognized by health care
27 providers practicing in the applicable clinical specialty,

1 including in psychiatry, psychology, clinical sociology, addiction
2 medicine, counseling, or behavioral health treatment; and

3 (B) is based on valid, evidence-based sources
4 reflecting generally accepted standards of mental health and
5 substance use disorder care, including:

6 (i) peer-reviewed scientific studies or
7 medical literature; and

8 (ii) the recommendation of a governmental
9 agency or relevant nonprofit health care provider professional
10 association or specialty society, including:

11 (a) patient placement criteria
12 promulgated by the National Library of Medicine;

13 (b) clinical practice guidelines
14 promulgated by the National Center for Complementary and
15 Integrative Health;

16 (c) the recommendation of a federal
17 governmental agency; and

18 (d) drug labeling approved by the
19 United States Food and Drug Administration.

20 (c) For purposes of Subsections [~~Subsection~~] (b) and (c-2),
21 "generally recognized services" may include services such as:

- 22 (1) evaluation and assessment services;
- 23 (2) applied behavior analysis;
- 24 (3) behavior training and behavior management;
- 25 (4) speech therapy;
- 26 (5) occupational therapy;
- 27 (6) physical therapy; or

1 (7) medications or nutritional supplements used to
2 address symptoms of autism spectrum disorder.

3 (c-1) The health benefit plan may ~~[is]~~ not require ~~[required~~
4 ~~to provide coverage under Subsection (b) for benefits for]~~ an
5 enrollee to be evaluated for autism spectrum disorder more than
6 once every 10 years ~~[of age or older for applied behavior analysis~~
7 ~~in an amount that exceeds \$36,000 per year]~~.

8 (c-2) The health benefit plan may not:

9 (1) prohibit or place a limitation on a health care
10 practitioner described by Subsection (b)(1) from performing an
11 evaluation or reevaluation, or soliciting a confirmation of
12 diagnosis of autism spectrum disorder from a primary care physician
13 or a diagnostician who has previously provided a diagnosis of
14 autism spectrum disorder for an enrollee; or

15 (2) restrict the setting in which generally recognized
16 services prescribed in relation to autism spectrum disorder are
17 provided to the enrollee, including assessments, evaluation,
18 therapeutic intervention, or observations, except for a setting in
19 which the enrollee qualifies for reimbursable services under the
20 state Medicaid program, including under the school health and
21 related services program.

22 SECTION 3. The changes in law made by this Act apply only to
23 a health benefit plan delivered, issued for delivery, or renewed on
24 or after January 1, 2024. A health benefit plan delivered, issued
25 for delivery, or renewed before January 1, 2024, is governed by the
26 law as it existed immediately before the effective date of this Act,
27 and that law is continued in effect for that purpose.

1 SECTION 4. This Act takes effect September 1, 2023.