

By: Menéndez

S.B. No. 563

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 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) and (c) 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:

7 (i) screening for, preventing, diagnosing,  
8 managing, or treating an illness, injury, or condition, or the  
9 symptoms of that illness, injury, or condition, including by  
10 minimizing the progress of an illness, injury, or condition; or

11 (ii) preventing regression or ensuring  
12 maintenance of skills;

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

16 (D) is clinically appropriate in terms of type  
17 for the service or product; and

18 (E) is not provided primarily for:

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

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

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

27 (A) is generally recognized by health care

1 providers practicing in the applicable clinical specialty,  
2 including in psychiatry, psychology, clinical sociology, addiction  
3 medicine, counseling, applied behavioral analysis, or behavioral  
4 health treatment; and

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

8 (i) peer-reviewed scientific studies or  
9 medical literature; and

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

13 (a) patient placement criteria  
14 promulgated by the National Library of Medicine;

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

18 (c) the recommendation of a federal  
19 governmental agency;

20 (d) drug labeling approved by the  
21 United States Food and Drug Administration; and

22 (e) clinical practice guidelines,  
23 developed and promulgated by the Council of Autism Service  
24 Providers, for the treatment of autism spectrum disorder.

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

27 (1) evaluation and assessment services;

- 1 (2) applied behavior analysis;
- 2 (3) behavior training and behavior management;
- 3 (4) speech therapy;
- 4 (5) occupational therapy;
- 5 (6) physical therapy; or
- 6 (7) medications or nutritional supplements used to
- 7 address symptoms of autism spectrum disorder.

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. Section 1355.015(c-1), Insurance Code, is  
23 repealed.

24 SECTION 4. The changes in law made by this Act apply only to  
25 a health benefit plan delivered, issued for delivery, or renewed on  
26 or after January 1, 2026. A health benefit plan delivered, issued  
27 for delivery, or renewed before January 1, 2026, is governed by the

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1 law as it existed immediately before the effective date of this Act,  
2 and that law is continued in effect for that purpose.

3 SECTION 5. This Act takes effect September 1, 2025.